

AYURVEDIC MANAGEMENT OF SIRAJALA (EPISCLERITIS) – A CASE REPORT

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ABSTRACT

Episcleritis is inflammation of the thin, loose, highly vascular connective tissue layer that lies between the conjunctiva and sclera, its incidence is less than 1/1000 and most cases are found to be idiopathic. It is classified into simple and nodular types and most attacks resolve within 1-3 months. The nodular type tends to be more recurrent and painful. It presents with acute onset of redness, lacrimation and photophobia. Episcleritis mentioned in modern ophthalmology can be understood as Siraja in ayurvedic classics. Its management with a case report has been mentioned in the present article with a female patient aged 16 years who visited eye OPD with complaints of redness and mild discomfort in the right eye since 3-4 days. The case was managed effectively with Beshaja (medical management)

KEYWORDS: Episcleritis, Sirajala

INTRODUCTION

Episcleritis is benign recurrent inflammation of the episclera, involving the overlying tenon's capsule but not the underlying sclera¹. It typically affects young adults, being twice as common in women as men. Most cases are idiopathic, but it can be associated with connective tissue diseases or caused by an exogenous stimulus. It is usually a mild and self-limiting disease and can be recurrent without any complications. The above presented disease can be compared with Sirajala a rakthaja (vitiated by blood) chedhana (excision) sadhya (curable) vyadhi (disease) described under suklagata netra roga (diseases of the sclera) in ayurveda². The signs and symptoms of sirajala are *jalabha* (network of vessels), *Katina sira Mahan* (tough raised vessels).

Protocol for treatment of this disease is surgical excision if not cured or managed well by Beshaja³. In the present case, Rakthapittahara line of medical management is administered to the patient.

Pathophysiology

The hypothesized pathophysiology is non-granulomatous inflammation of superficial vascular network of the episclera that leads to vascular dilatation and pre-vascular infiltration.

Episcleritis is classified into simple and nodular. Simple episcleritis is characterized by intense but non-raised engorgement of the subconjunctival vessels affecting one or more quadrants of one or both eye. It is more common (70%) than the nodular (30%)⁴. In contrast nodular episcleritis

presents with intense engorgement of episcleral blood vessels surrounded by a localized tender and movable swelling. Frequency of its incidence in most patients are intermittent bouts of moderate or severe inflammation at intervals of 1-3 months, lasting for 7-10 days and occurring more commonly during spring and autumn than in summer or winter⁵.

Clinical presentation

As arule, episcleritis presents with acute onset of redness, lacrimation and photophobia. Generally, it is painless with minor eye tenderness, while scleritis is severely painful. It commonly affects a single quadrant in one eye as opposed to scleritis that may involve more than one quadrant. Bilateral involvement suggests underlying systemic disease. Other symptoms of underlying conditions might be helpful in the diagnosis (rheumatoid arthritis, scleroderma, systemic lupus erythematosus and dermatomyositis).

Consent:

Informed consent was taken prior to case study.

CASE REPORT

A 16 years female patient resident of Arkalgudu, Hassan district visited the Eye Out patient department of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan complaining of sudden onset of redness and mild discomfort in the right eyes since 3-4 days. Patient did not present with any other associated complains like photophobia or lacrimation. There was no history of diabetes mellitus or hypertension. Her vitals were within normal limits. On general examination, there was no pallor, icterus, clubbing of nails, oedema or

lymphadenopathy. CNS examination revealed no abnormalities.

Investigations-

Routine haematological and urine investigations were carried out and findings were not of any pathological significance.

Examination of Adnexa and Eye:-

Head posture of the patient was normal with head placed in straight and erect posture. Facial symmetry with eyebrows and eyelid of both the eyes were placed at same level. Ocular posture was normal, visual axes of two eyes are parallel to each other in primary position and is maintained in all positions of gaze.

On eyelid examination, positions of upper eyelid in both the affected and non-affected eyes were covering 1/6th of the cornea and lower lid was touching the limbus. The upper eyelashes of the affected and non-affected eye were directed forwards, upwards and backwards. Similarly, the lower eye lashes were directed forwards, downwards and backwards. There was no visible trichiasis and poliosis.

Examination of lacrimal apparatus appears to be normal, skin over lacrimal sac was normal, redness and swelling at medial canthus were not found. Examination of eye ball conditions like proptosis and exophthalmos were absent. Conjunctival examination of left eye revealed absence of congestion, chemosis, discolouration, follicles, papillae, pterygium or pingeculae.

In right eye congestion with engorgements of vessels in the temporal quadrant was found with no chemosis, follicles, papillae, pterygium or pingeculae.

Size, shape, surface and transparency of Corneal were normal. Anterior chamber

examination using slitlamp revealed normal presentation of crypts, ridges and collarettes in the iris. Pupillary reflex was normal on examination in both the eyes.

The visual acuity right eye left eye as well as both eyes, were 6/6; before and after treatment

Differential diagnosis - scleritis, conjunctivitis, keratitis, acute anterior uveitis and acute angle-closure glaucoma can be considered for differential diagnosis. Use of phenylephrine hydrochloride 2.5% drops is indicated in distinguishing episcleritis (blood vessels blanch) from

scleritis (does not blanch); but the same is not available at most primary care sites.

Treatment protocol

Patient was given Nimbhadi guggulu in the dose of 2 tablets twice a day before food, Panchathikatha Gritha 10 ml was administered with hot water at night after food and Gandhaka Rasayana 1 tablet three times a day after food followed by topical instillation of Optha care eye drops 4 times a day with gap of 6 hours for 5 days.

Patient was observed from second day till sixth day and photographs were documented (Fig1,2,3,4,5,6,7,8,9,10)



FIRST DAY (BEFORE TREATMENT)- Fig 1

FIRST DAY (BEFORE TREATMENT)- Fig 2

SECOND DAY (ON TREATMENT)- Fig 3

SECOND DAY (ON TREATMENT)- Fig 4



THIRD DAY (ONTREATMENT)- Fig 5



THIRD DAY (ON TREATMENT)- Fig 6



FOURTH DAY (ON TREATMENT)- Fig 7



FOURTH DAY(ON TREATMENT)- Fig 8



SIXTH DAY (AFTER TREATMENT)- Fig 9



SIXTH DAY(AFTERTREATMENT) – Fig 10

RESULTS: Significant changes in signs and symptoms were noticed before treatment and after treatment with short course of 5 days.

On first day, patient presented with redness and mild irritation in right eye. Later, on third day redness of right eye reduced by 50% and irritation by 100%; and on day 6th day complete reduction in redness of

conjunctiva was observed with normal appearance of conjunctiva.

DISCUSSION

Episcleritis is a benign inflammation of the episclera involving the overlying tenon's capsule but not the underlying sclera; its management include cortico-steroids, tropical NASIDS, tropical artificial tears which gives symptomatic relief⁶ Sirajala is

managed either with Medical management or surgical excision according to Ayurveda. Blood investigation and radiographic test are seldom helpful and are mainly used to rule out auto immune condition. Conjunctival culture or corneal staining are rarely needed. Scleral biopsy should be done if histologic diagnosis is needed to evaluate failure of therapy

Nimbadi guggulu having property of tridosha shamaka (maintain the normalcy of all the three doshas) most of the ingredients of this formulations have got tikta (bitter) kashaya (pungent) rasawhich acts on kaphavatahara. Gandhaka rasayana is shoolahara (reduces pain) rakthahara (reduced vitiation of blood) rasayana (rejuvenative) Panchatiktha Gritha having property of tridosha hara (pacifies tridosha)and ophthacare eye drops have antimicrobial, anti-inflammatory, antioxidant properties⁷which makes it effective and usefull in cases of inflammatory ophthalmic disorder

CONCLUSION

Episcleritis is usually encountered at the primary care settings. It is benign disease. Primary care physician should be able to reassure their patients. Symptomatic management is the rule thumb as the disease is a self-limited disease without complications. In ayurveda it can be considered under Sirajala in the present study Rakthapittahara line of treatment were implemented. The above mentioned treatment protocol were found effective.

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