

**EFFECT OF SEKA IN THE MANAGEMENT OF SEBORRHIC
BLEPHARITIS – A CASE STUDY**

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ABSTRACT

Seborrhoeic blepharitis is an anterior blepharitis characterized by accumulation of white scales on lid margin and lashes. On removing these scales underlying surface is found to be hyperaemic, lid margin will be thickened and the lashes fall out easily. It is usually associated with seborrhoea of scalp. Treatment includes improvement of general health and balanced diet. Local measures - removal of scales with the help of lukewarm solution of 3% soda bicarb or baby shampoo and frequent application of antibiotic and steroid eye ointment to the lid margin. Associated seborrhoea of the scalp should be treated. This condition can be correlated to *Krimigranthi* mentioned under *sandhigata netraroga*, is characterized by itching in lid margin and *krimi utpatti* if not treated properly. *Krimigranthi* treatment involves *swedana*, *bhedana*, *pratisarana* and *lekhana*. In this study, a 19 year female patient visited our OPD complaining of itching of eyelids, falling of eyelashes with scales over lid margin since 6 months. She was treated with tropical and oral antibiotic medicine for which she did not get relief. We treated with seka of *triphala* and *yasthimadhu kashaya*, *Ophthacare* eye drops and capsule *Netramruta* orally for 15 days and dandruff was treated with surfol lotion, patient got relief.

KEYWORDS: Sebhorrhic blepharitis, *Krimigranthi*, *Seka*.

INTRODUCTION

Seborrhoeic blepharitis is primarily anterior blepharitis wherein glands of Zeis secrete abnormal excessive neutral lipids which are split by *Corynebacterium* acne into irritating free fatty acids. It causes to deposition of whitish material (soft scales) at the lid margin associated with mild discomfort, irritation, occasional watering and a history of falling of eyelashes. It is usually associated with seborrhoea of scalp (dandruff). Signs include Accumulation of

white dandruff-like scales is seen on the lid margin, among the lashes. On removing these scales underlying surface is found to be hyperemic and greasy (no ulcers). The lashes fall out easily but are usually replaced quickly without distortion.

Treatment includes improvement of general health, balanced diet and adequate treatment of seborrhoea of the scalp. Local measures include removal of scales from the lid margin with the help of lukewarm solution of

3% soda bicarb or baby shampoo and frequent application of combined antibiotic and steroid eye ointment at the lid margin¹. Prevalence of blepharitis in north india is about 16.85%². Based on similar clinical manifestation it can be correlated to the Sandhigata netra roga, *krimigranthi*. It is a *kaphaja bhedana sadhya vyadhi* having the symptoms like *kandu kuryuhu*(produces itching),*krimayaha sandhi jatah*³ (germination of *krimis* in *netra sandhi*), *pakshmapotavan* (clubbing of lashes), *pooyasrava*⁴ (pus discharge). In *ayurveda* classics specific treatment has been mentioned for *krimigranthi* such as *svedana*, *bhedana*, *pratisarana* with *triphala*, *kasisa*, *saindhava kalka* and *Rasakriya-pariseka* with *triphala kwatha*⁵.

CASE HISTORY: A 19 year old female patient came to our OPD with chief complaints of itching over lid margin; associated with falling of lashes and scales over lid margin with the H/O dandruff since 6 months. She was diagnosed as a case of seborrhoeic blepharitis.

Clinical findings: The pulse rate was 76/minute. Respiratory rate was 18/minute and blood pressure was 110/70mmhg. Systemic examination was within normal limits.

Ocular examination: Eye ball, eye brows, eyelid were normal in both eyes. White scale deposition and medarosis on lid margin was seen. In both eyes distant visual acuity was 6/6.

Table 3: Improvement in diagnostic criteria

DIAGNOSTIC CRITERIA	RIGHT EYE		LEFT EYE	
	BT	AT	BT	AT
Lid margin-Scales	Present	Reduced	Present	Reduced
Eye lashes- medarosis	Severe	Reduced	Moderate	Reduced

Dashavidha pareeksha: she was *vatapitta prakruti*. *Vikruti* was found to be *kapha*. She was in *yuvavasta*. Her *Saara*, *satva*, *samhanana*, *akruti*, *Vyayamashakthi*, *pramana* and *satmya* were *madyama*.

Ashtavidha pareeksha: Her *nadi*, *mutra*, *shabda* were *sadharana*. *Mala* was *abadha*. *Jihva* was *alipta*. *sparsha* was *anushnasheetha*. *Akruti* was *madyama* and *Drik* was *prakrita*(6/6).

Srotopareeksha: *Rasa*, *Rakta*, *majja*, and *meda vaha srotas* were involved.

Table 1: Diagnostic criteria

	Right Eye	Left Eye
Lid margin	Scales present	Scales present
Eye lashes	Severe Medarosis	Moderate Medarosis

THERAPEUTIC INTERVENTION:

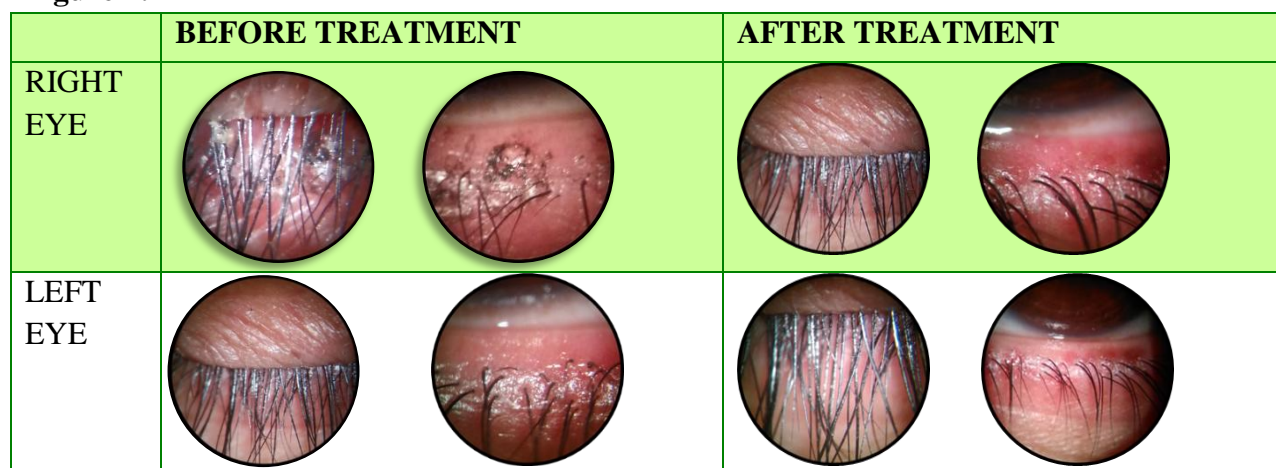
Seka was done with *Triphala* and *Yastimadhu kashaya* for 7 days followed by *aschotana* of ophthocare eye drops for 7 days. Capsule *Netramrit* (tid) was given orally for 15 days and scurfol lotion is advised for dandruff. Follow up after 15 days.

Table 2: Treatment adopted

Treatment given	Drug name	Duratio n	Dosage
<i>Seka</i>	<i>Triphala</i>	7days	100ml
<i>Aschotana</i>	Ophthacare	7days	1 drop each eye
<i>Shamanoushadhi</i>	Capsule netrmrit	15days	TID

RESULTS: Itching, medarosis, scales were reduced.

Figure 1:



DISCUSSION

Line of management of *krimigranthi* include *svedana*, *bhedana*, *pratisarana* with *manashiladi lepa* and *rasakriya-pariseka* with *triphala kashaya*. *Patya* and *Apatya* are also advised to follow like avoid exposure to *Rajo* and *Dhooma*, Lid Heigine should be maintained. *Seka* was done with *Triphala* and *yashtimadhu Kashaya*, *Aschotana* of ophthacare eye drops and Capsule *Netramrita* (TID) was given orally. *Sukhoshna seka* reaches to the deeper tissues through *Siramukha* & *Swedavahi Srotas*, clears the obstruction in *Swedavahi Srotas* thus clearing out the micro channels. Which helps to removing the scales and increasing the blood flow which enhances absorption of drugs and new metabolites formation. *Triphala* is *tridosha hara* and *yashtimadhu* is *vata-pittahara* and having the antimicrobial, anti-inflammatory, antioxidant action so pacifying the *doshas* involved in the *krimigranthi*. During follow up there is no recurrence and patient got complete relief from signs and symptoms.

CONCLUSION

Thus it can be concluded that *Seka Karma* can be advised for successful treatment in

patients of *krimigranti* (Seborrhoeic Blepharitis) as it is cost effective and given better efficacy in treatment. *Nidana parivarjana* is main treatment by treating the seborrhoea of scalp. Local and oral treatment also plays an important role in treatment of Seborrhoeic blepharitis.

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