



AYURVEDIC MANAGEMENT FOR *SIRAJPIDAKA* W.S.R. TO NODULAR EPISCLERITIS: A CASE REPORT

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ABSTRACT:

Nodular episcleritis is characterized by a discrete, elevated area of inflamed episcleral tissue. In simple episcleritis, vascular congestion is present in the absence of an obvious nodule. The episclera is a fibroelastic structure consisting of two layers loosely joined together. By appearance it looks similar to conjunctivitis, but there is no mucoid discharge. It typically affects young adults. There are many treatments available for nodular episcleritis but all include the use of corticosteroids which on long run produces side effects like posterior subcapsular cataract, glaucoma, allergic conjunctivitis. Development of a treatment protocol devoid of corticosteroids is the need of today's era. In Ayurveda, the signs and symptoms of episcleritis can be compared with the *Lakshanas* of *Sirajpidaka*, described in *Shuklagatropa*. Application of *Jalaukavacharana* at *Aapang Sandhi*, *Ashchyotana* of *Yashtimadhu* and *Daruharidra Kwatha* & systemic administration of *Aarogyavardhini Vati* and *Gandhak Rasayana Vati* for 14 days, patient got relief from symptoms of *Sirajpidaka*. The present paper discusses a case of Nodular episcleritis management with Ayurvedic principles.

KEYWORDS: Episcleritis, Nodular-Episcleritis, *Sirajpidaka*, *Jalaukavacharana*

INTRODUCTION

The episclera is a thin outermost layer of loose connective tissue between the conjunctiva and sclera that receives blood supply from superficial and deep vascular plexus that are derivatives from the anterior ciliary arteries, which is a branch from the ophthalmic artery. Episcleritis is defined by the sudden onset of inflammation in the episclera and superficial episcleral vascular plexus. The cardinal features include irritation, localized redness and watering of the eye with preservation of vision. Episcleritis may be unilateral or bilateral. Two different clinical patterns, i.e., simple/diffuse, sectoral, or focal/nodular, were recognized. The most common type is the diffuse type, which is characterized by recurrent sessions of inflammation ranging from moderate to severe lasting for 10 days, and may be prolonged as in cases associated with systemic diseases. The diffuse type usually resolves within two to three weeks with one to three-month recurrent intervals. Nodular episcleritis implies a localized process with a well-defined elevated area. Patients with nodular, sectoral, or focal episcleritis revealed prolonged bouts of inflammation that are characteristically more painful than the diffuse type. Those patients are usually linked with systemic disorders.^[1]

Pathophysiology :

The pathophysiology of episcleritis is inadequately understood. Histopathological examination revealed that the inflammatory

reaction is restricted only to the superficial episcleral vascular network and the presence of non-granulomatous inflammation, along with vasodilatation and perivascular mononuclear infiltrates .

Sirajpidaka

Sirajapidaka is one of the *Netra Shukla Gata Roga*.

- ✓ *Sira* = veins, blood vessels
- ✓ *Pidaka* = Swelling / boil / lump / eruption

Classification :

- Classification based on the location- *Sirajapidaka* is a *Netra Shuklagata Roga* i.e. disease occurring in the white part of the eye.
- Classification based on Predominant *Dosha* - *Siraja Pidaka* is a *Sannipataja Netra Roga* i.e. it is caused by simultaneous vitiation of all the three *doshas*.
- Classification based on prognosis- *Sirajapidaka* is a *Sadhya roga* i.e. curable disease.
- Classification based on predominant treatment process - It is classified as *Chedyo Vyadhis* i.e. diseases which can be cured by excision method.

Signs and Symptoms of *Sirajpidaka*^[2]:

- *Shuklasthaah*- situated in white part
- *Sitaa pidakaah*- whitish nodule
- *Siraa avrutaa*- Surrounded and covered by vessels.

- *Asita sameepajah* – Near black part/ cornea i.e. near limbus

CASE REPORT:

A 21 years old male patient visited to Ophthalmology OPD of *Shalakyatantra* department in Government Ayurved College and Hospital, Nanded on 7th May 2024 with chief complaint of Nodular swelling at lateral scleral part of left eye, hyperaemia, tenderness, lacrimation, photophobia. He was diagnosed as a case of Nodular Episcleritis clinically.

Personal history:

- Male, 21yrs, non-diabetic, non-hypertensive patient
- Diet-Mixed
- Appetite-Normal
- Bowel-Regular
- Habbits- No any

Ashtavidha Parikshana :

- *Nadi- Pittapradhan vata*
- *Mala- Prakrut*
- *Mutra- Prakrut*
- *Jivha- Sama*
- *Shabda- Prakrut*
- *Sparsha- Anushna*
- *Druka- Prakrut*
- *Akruti- Madhyama*

Family History: No any major illness.

General Examination :

- Pallor - Absent
- Icterus - Absent
- Cyanosis - Absent
- Clubbing - Absent
- Lymphadenopathy - Non palpable

- Edema – Absent
- BP - 120/70 mmhg.
- Pulse - 74/bpm

Systemic Examination: CVS, CNS, RS, GIT - NAD.

Local Examination :

- Occular posture: Eyes are parallel to each other in primary position and is maintained in all position of gaze
- **Visual acuity:**

Table 1: Visual acuity

Result	Right Eye	Left Eye	Both Eye
Before Rx.	6/6	6/6 (p)	6/6
After Rx.	6/6	6/6	6/6

- Eyebrows: Symmetrically placed on each side of face above eyelids Curved with convexity upwards. NAD.
- Eyelids: Upper eyelid covers 1/6th of cornea. Lower eyelid touches the limbus. NAD.
- Eye lashes:
 - Upper eye lid – directed forwards, upwards and backwards
 - Lower eye lids – directed forwards downwards and backwards
 - No trichiasis/ poliosis.
- Lacrimal apparatus: skin over lacrimal sac – redness/ swelling absent. NAD
- Eye ball: proptosis/ enophthalmos – absent, Movements uniocular and binocular movements normal.

Left Eye :

• **Conjunctiva:**

- Congestion in lower palpebral conjunctiva
- Chemosis : Present
- Discolouration : Localized redness at lateral part of bulbar conjunctiva.
- Follicles : absent
- Papillae : present
- Pterygium and pingecula : absent
- Sclera : engorged episcleral vessels
- Vessels run in radial direction beneath the conjunctiva.

• **Cornea :**

- size – microcornea/macrocorna - absent
- Shape : Normal

➤ Keratoconus/keratoglobus : absent

➤ Surface : smooth

➤ Transparency : no opacities found

• **Anterior chamber:**

- Shallow - torchlight method
- Iris : Pattern - presence of crypts, ridges and collarete. NAD.
- Pupil : Normal size, reactive, regular, circular.
- Site - centrally placed
- Shape - round
- Colour - black
- Reflexes - good
- mydriasis, miosis – absent

Timeline of Intervention:

Table 2: Timeline of Intervention:

Date	Mangement	Details
07.05.2024	<i>Dushtaraktahara,</i> <i>Tridosha-shamak</i>	<ul style="list-style-type: none"> • <i>Raktamokshana</i> on 1st day <i>Ashchotana= Daruharidra-Choorna + Yashtiamdhu-Choorna= (20ml kwatha) Twice a Day</i> continued for 2 weeks
07.05.2024 To 21.05.2024	<i>Deepan,</i> <i>Pachana,</i> <i>Shodhana,</i> <i>Rasayana</i>	<ul style="list-style-type: none"> • <i>Aarogyawardhini Vati</i> 500mg • <i>Gandhaka Rasayana Vati</i> 500mg <p>1 Tablet of Each Twice a Day Before Meal with Warm Water</p>

Table 3. Follow up findings :

Symptoms	Day 1	Day 7	Day 14
Localized congestion	+++	+	-
Tenderness	++	-	-
Lacrimation	+	-	-
Photophobia	++	-	-
F.B. Sensation	++	+	-
Nodule	+++	+	-

RESULT:

After application of *jalaaukavacharana* at left *Aapang Sandhi*(near lateral canthus), *Ashchyotana* of an Ayurvedic medicines & systemic medications administration for 14 days, patient got relief from symptoms of Nodular Episcleritis.

DISCUSSION:

Nodular Episcleritis is inflammatory condition but few cases recur so frequently needing continued medications and may result in complications like various uveitis, visual disturbances, glaucoma and advance to cataracts. Medications include steroids or NSAIDs to relieve pain and other symptoms but condition recur frequently. Ayurveda can be of

immense assistance with various herbal formulations. In Ayurveda, Nodular Episcleritis is similar to a condition called as *Sirajpidaka*, a type of *Shuklagat netraroga* (Disease of sclera) as explained by Acharya Sushruta. It is a *Chedana Sadhyavyadhi* (curable through excision). It presenting with symptoms like *Krushnasanna-Pitika*(nodular lump near cornea), *Daha*(burning sensation) & *Gharshana* (f.b. sensation)^[3]. The general line of management for *Sirajpidaka* is *Arnavat*(pterygium like)^[4] *Bheshaja* as a first line of treatment. If not cured by *Bheshaja* then *chedana*(excision) is indicated. While planning for treatment protocol normal status of *Agni*^[5] is very important so *Deepana*, *Pachana* and *Anulomana* was initiated in the beginning as Ayurveda treatment believes all conditions start due to errors in metabolism. According to Ayurvedic aspect all auto-immune diseases are caused due to *Ama Sanchaya*. The *Ama* is caused by low *Agni*(digestive power) and low *Ojas*(immunity). Thus, the root of auto-immune disorders are poor digestive capacity and weak immune system. Hence the ayurved management focuses on restoring *Agni* & *Ojas*.



Fig. no.1 Before Treatment



Fig. no.2 Raktamokshana



Fig. no.3 After Treatment

Ayurvedic view of pathology and measures:

Mithya Ahar Viharadi Hetu Seavana (Ama Sanchaya)

↓ *(Deepana, pachana, Shodhana)

Tridosha Prakopa, rakta dushti (Blood Getting Vitiated with 3 Doshas)

↓ *(Raktamokshana)

Netra Sira Dwara Netra Sthita (Reach in eye via siras)

↓ *(Raktamokshana)

Shuklamandala Avrutta(pathology occurs in sclera)

↓ *(Rasayana)

Sirajpidaka (Nodular Episcleritis)

Flow chart 1: Pathogeneis and measures

i.e. *Aarogyavardhini vati* helps to promote *Deepan, Pachan, Shodhana*(detoxification), owing to its property balancing all three *Doshas*(*Vata, Pitta & Kapha*) and *Gandhak Rasayana Vati* is *Shoolahara* (reduces pain) *dushta-raktahara* (reduced vitiation of blood) *Rasayana* (rejuvenative).

CONCLUSION:

Nodular Episcleritis is usually encountered at the primary care settings. It is

benign inflammatory disease involving autoimmune response. *Raktamokshana* is useful in nodular episcleritis by resolving localized inflammatory pathology without use of steroids. In Ayurveda symptoms of Nodular Episcleritis are similar as that of *Sirajpidaka*. In the present study *Tridosha Shamak & Rejuvenative* line of treatment was implemented. The above mentioned treatment

protocol was found effective for nodular episcleritis.

DECLARATION OF PATIENT CONSENT:

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

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