Ayurvedic management of Episcleritis (Sira Pidaka) - A Case Study

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ABSTRACT

Episcleritis is an inflammatory condition of the episclera producing local redness and mild soreness or discomfort. By appearance it looks similar to conjunctivitis, but there will be no discharge or tearing. It typically affects young adults, being twice more common in women than men. There are many treatments available for episcleritis but they all include the use of corticosteroids which on long run produces side effects like posterior subcapsular cataract, glaucoma, allergic conjunctivitis. So the development of a treatment protocol devoid of corticosteroids is the need of today’s era. In Ayurveda, the signs and symptoms of this can be compared with the lakshanas of Sīrāpīdaka. The present paper discusses a case of episcleritis and its Ayurvedic treatment.

Key words: Episcleritis, Sīrāpīdaka.

INTRODUCTION

Episcleritis benign recurrent inflammation of the episclera, involving the overlying Tenon’s capsule but not the underlying sclera.[¹] It typically affects the young adults, being twice as common in women than men.[²] In Ayurveda, it can be considered under the heading of Sīrā Pidaka.[³] It is defined as the condition in which there is presence of Sarṣhapoma Pidaka (mustard seed like granules) near Krishna Mandalā (cornea) associated with Dāha (burning sensation) and is Garṣhavati (irritation or foreign body sensation).[⁴]

Ayurveda gives the physicians opportunity to incorporate new medication in the explained conditions and name the newly diagnosed condition based on Nidana, Dosha, Dhatu and Dushya. Keeping this point in mind a case study was done on Episcleritis (Sīrāpīdaka).

CASE REPORT

A 21 years old female patient, residing in Hassan, visited the Shalakya Tantra OPD of Shri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan. She presented with chief complaints of redness of eyes associated with foreign body sensation since 1 week. Initially for the above complaints she consulted an ophthalmologist. There antibiotic and analgesic eye drops were given. There was no significant relief after using the drops. Within 5 days the symptoms increased and she complained of burning sensation and photophobia of both eyes. For these complaints she got admitted to our hospital.

General Examination

- Pallor - Absent
- Icterus - Absent
- Cyanosis - Absent
- Clubbing - Absent
- Lymphadenopathy - Non palpable
- Edema - Absent
- BP - 120/80 mmhg.

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**Systemic Examination:** CVS, CNS, RS, GIT - No abnormality.

**Local Examination**

- **Head posture:** Head is kept in straight and erect posture without any tilt of head.
- **Facial Symmetry:** Both eyebrows and eyelids are at the same level
  - Symmetrical nasolabial folds
  - Symmetrical angle of mouth on both sides
- **Ocular posture:** visual axes of two eyes are parallel to each other in primary position and is maintained in all position of gaze
- **Visual acuity:**

<table>
<thead>
<tr>
<th></th>
<th>Right Eye</th>
<th>Left Eye</th>
<th>Both Eye</th>
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<tbody>
<tr>
<td>Before</td>
<td>6/6 (p)</td>
<td>6/6 (p)</td>
<td>6/6 (p)</td>
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<tr>
<td>After</td>
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- **Eyebrows:** Symmetrically placed on each side of face above eyelids
  - Curved with convexity upwards
- **Eyelids:** Upper eyelid covers 1/6th of cornea
  - Lower eyelid touches the limbus
- **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
- **Eye ball:** proptosis, enophthalmos – absent, Movements uniocular and binocular movements possible
- **Conjunctiva:** congestion ; resent in lower palpebral conjunctiva
  - Chemosis : absent
  - Discolouration : reddish

- **Sclera:** engorged episcleral vessels
  - Vessels run in radial direction beneath the conjunctiva
- **Cornea:** size - microcornea, macrocornea - absent
  - Shape : concavo-convex shaped
  - keratoconus, keratoglobus : absent
  - Surface : smooth
  - Transparency : no opacities found
- **Antreior chamber:** Shallow - torch light method
- **Iris:** Pattern - presence of crypts, ridges and collaretes
- **Pupil:** number – one in number
  - Site - centrally placed
  - Shape - round
  - Colour - black
  - Reflexes - good
  - mydriasis, miosis - absent

**TREATMENT**

- **Seka with Triphala Choorna,**
- **Yastimadhu Choorna,**
- **Lodhra Choorna**
- **Avagundana** with **Chincha, Tulasi in Triphalakashaya.**
- **Pindi** with **Guduchi and Kumari**
- **Oral medications**
  - Tab. Triphala Guggulu 1 Bd A/F
  - Tab. Laghu Sootashekara Vati 1 Bd A/F
  - Guduchyadi Kashaya 3 tsp Bd with 6 tsp water B/F

**Improvement**

Significant changes were noted in the signs and symptoms.

a) On first day, she was complaining of photophobia and severe burning sensation of both the eyes
and after 2 days of treatment she got 50% relief of those complaints.

b) Redness of eyes was present more in left eye than right which was completely resolved after the treatment.

c) Compared to first day and last day she had complete relief from the symptoms of redness, burning sensation and watering of both eyes.

**Figure 1: Day 1 before treatment**

**Figure 2: Day 3 during treatment**

**Figure 3: Day 7 after treatment**

**DISCUSSION**

Episcleritis is a benign inflammation of the episclera, involving the overlying Tenon’s capsule but not the underlying sclera. Considering the symptoms of Sirapidaka, similar symptoms such as redness, foreign body sensation and burning sensation of eyes can be seen in episcleritis. Sirapidaka is a Tridoshaja Sadhyavayadhi. The management of episcleritis include instillation of topical artificial tear, topical NSAIDS, topical mild cortico steroid eye drops. In Sirapidaka, the disease is managed either as Aushadhasadhya or Shasthrasadhya along with Stanika Chikitsa according to the symptoms. Initial stages of episcleritis can effectively be managed with Aushadha along with Sthanika Chikitsa. For initial presentations such as Burning sensation, foreign body sensation and gritty eyes, Shamaka medicines like Triphala Guggulu and Guduchiya Kashaya can be given. Triphala Guggulu is Deepana, Pachana, Amahara, Tridosahara and Shothahara. It has antimicrobial, anti-oxidant and anti-inflammatory properties. Guduchiya Kashaya is Pittakaphahara, Dahahara, Trishnahara and Aagnivivarohana. Sirapidaka being Pittaraktapradhanaja Tridoshajavyadhi, with Daha, Pidaka, Raga etc. Lakshanas, above mentioned medicaments serves good in the management. Lekhana Karma with Mandalagra Shastra is the surgical measure adopted when Pidaka size is very minute. For larger Pidakas Chedana Karma is explained by holding with Mandalagra Shastra. Stanikachikitsa adopted include Seka with Triphala, Lodhra, Yaashikashaya and Pindi with Guduchi and Kumari paste. Ocular discomforts can be releaved effectively by these Seetaveerya Yukktastanika Chikitsas explained.

**CONCLUSION**

On understanding proper Nidana, Lakshanas and Samprapti of Sirapidaka, it can be compared with clinical presentations of episcleritis. Samprapti Vighatana can be done with Aushadha along with Stanika Chikitsa to a greater extent. Appropriate Pittaraktaahara, Shotahara medicines along with external treatments including Seka, Pindi are very good drug and services of choice as episcleritis management is concerned.

**REFERENCES**


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