



ISSN 2456-3110

Vol 2 - Issue 1

Jan-Feb 2017

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

JAIMS



Charaka  
Publications

Indexed

# 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 *Sirapidaka*. The present paper discusses a case of episcleritis and its Ayurvedic treatment.

**Key words:** Episcleritis, *Sirapidaka*.

## INTRODUCTION

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

*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 (*Sirapidaka*).

## CASE REPORT

A 21 years old female patient, residing in Hassan, visited the Shalaky 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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Submission Date: 25/01/2017

Accepted Date: 28/02/2017

Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: 10.21760/jaims.v2i1.7521

- **Pulse** - 74/bpm

**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:**

	Right Eye	Left Eye	Both Eye
Before Treatment	6/6 (p)	6/6 (p)	6/6 (p)
After Treatment	6/6	6/6	6/6

- **Eyebrows:** Symmetrically placed on each side of face above eyelids
  - Curved with convexity upwards
- **Eyelids:** Upper eyelid covers 1/6<sup>th</sup> 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

- Follicles : present
- Papillae : present
- Pterygium and pingecula : absent
- **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
- **Anterior chamber :** Shallow - torch light method
- **Iris :** Pattern - presence of crypts, ridges and collarettes
- **Pupil :** number – one in number
  - Site - centrally placed
  - Shape - round
  - Colour - black
  - Reflexes - good
  - mydriasis, miosis - absent

#### TREATMENT

- *Seka with Triphala Choorna,<sup>[5]</sup> Yastimadhu Choorna,<sup>[6]</sup> Lodhra Choorna*
- *Avagundana<sup>[7]</sup> with Chinch, Tulasi in Triphalakashaya.*
- *Pindi<sup>[8]</sup> with Guduchi and Kumari*
- Oral medications
  - Tab. Triphala Guggulu<sup>[9]</sup> 1 Bd A/F
  - Tab. Laghu Sootashekara Vati<sup>[10]</sup> 1 Bd A/F
  - Guduchyadi Kashaya<sup>[11]</sup> 3 tsp Bd with 6 tsp water B/F

#### Improvement

Significant changes were noted in the signs and symptoms.

- 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.<sup>[12]</sup> *Sirapidaka* is a *Tridoshaja Sadhyavyadhi*. 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*.<sup>[13]</sup> For initial presentations such as Burning sensation, foreign body sensation and gritty eyes, *Shamaka* medicines like *Triphala Guggulu* and *Guduchyadi Kashaya* can be given. *Triphala Guggulu* is *Deepana, Pachana, Amahara, Tridoshahara* and *Shothahara*. It has anti-microbial, anti-oxidant and anti-inflammatory properties. *Guduchyadi Kashaya* is *Pittakaphahara, Dahahara, Trishnahara* and *Agnivivardhana*. *Sirapidaka* being *Pittaraktapradhanaja Tridoshajavyadhi*, with *Daha, Pidaka, Raga* etc. *Lakshanas*, above mentioned medicaments serves good in the management. *Lekhana Karma*<sup>[14]</sup> 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, Yashtikashaya* and *Pindi* with *Guduchi* and *Kumari* paste. Ocular discomforts can be relieved effectively by these *Seetaveerya Yuktastanika 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 *Pittaraktahara, Shotahara* medicines along with external treatments including *Seka, Pindi* are very good drug and services of choice as episcleritis management is concerned.

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**How to cite this article:** Anju D, Pushpa RP, Ashwini MJ. Ayurvedic management of Episcleritis (Sira Pidaka) - A Case Study. J Ayurveda Integr Med Sci 2017;1:254-257.

<http://dx.doi.org/10.21760/jajims.v2i1.7521>

**Source of Support:** Nil, **Conflict of Interest:** None declared.

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