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CASE REPORT

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To evaluate the effect of Nimbadi Pindi and Patoladi Kashaya Parisheka in the management of Anjananamika (External Hordeolum) - A Single Case Study

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ABSTRACT

Anjananamika is a Raktapradhana Vartmagata Sadhya Netra Vikara caused by the vitiation of Rakta and Mamsa of Vartma due to improper Ahara and Viharas. The Lakshanas of Anjannamika appears to be similar to that of External Hordeolum, acute suppurative inflammation of the eyelash follicles and its associated glands of Zeis or Moll. It is a Raktapradhana Vyadhi along with the involvement of other Doshas, Pittahara and Doshahara treatment can be done. All the drugs in Nimbadi Pindi and Patoladi Kashaya Parisheka are Chakshushya and have Pitta Shamaka properties. The case selected in this study, patient has been suffering from pain, foreign body sensation, discomfort, congestion, mild watering and photophobia in the upper palpebral conjunctiva of the right eye. Nimbadi Pindi and Parisheka were administered once a day for 7 days, with follow up of one week in Anjananamika. Here, a sincere effort is made to evaluate the effect of Nimbadi Pindi and Patoladi Kashaya Parisheka. This study showed that both Nimbadi Pindi and Patoladi Kashaya Parisheka have significant effect in Anjananamika.

Key words: Anjananamika, External Hordeolum, Pindi, Netraparisheka.

INTRODUCTION

According to Acharya Sushruta, Anjananamika is a small boil on the lid margin which is soft, moderately painful, copper red in colour and characterized by burning and pricking sensation.[1] In addition to this, Acharya Vagbhatta mentioned Anjananamika situated in the middle or the end of the eye lids, and the shape and size of the Pitika resemble green gram. [2] It can be compared to as External hordeolum or Stye or Zeis gland cyst. An external hordeolum (stye) is an acute

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staphylococcal abscess of a lash follicle and its associated gland of Zeis that is common in children and young adults. A stye presents as a tender swelling in the lid margin pointing anteriorly through the skin, usually with a lash at its apex.

Multiple lesions may be present and occasionally an abscess may involve the entire lid margin. Treatment involves topical (occasionally oral) antibiotics hot compresses and epilation of the associated eye lashes.[3] The causative organism involved is Staphylococcus aureus.

In India more than one million cases of Stye is report per year. Constant rubbing of the eyes or fingering of the lids and nose, chronic blepharitis and diabetes mellitus are usually associated with recurrent Stye. The Ayurvedic intervention of Anjananamika includes Nishpeedana Swedana (Hot compresses), spontaneously burst open, it should be well pressed and rubbed), Bhedana (Puncturing of the Pitika), Pratisarana (Paste should be applied with the pressure of the fingers) Raktamokshana Jaloukavacharana. [4,5] In modern medicine the signs of

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stye have two stages. Stage of cellulitis is characterized by localized swelling at the lid margin associated with marked edema and Stage of abscess formation is characterized by a visible pus point at the lid margin in relation to the afflicted cilia. It is treated with hot compresses 2-3 times a day, Antibiotic eyedrops (3-4 times a day), Systemic anti-inflammatory and analgesics relieve pain and reduce edema, and eye ointment at bed time, which may have many side effects. These may cause temporary stinging, swelling, burning sensation and irritation to the eyes. In addition to that, these drugs should be used frequently at a gap of 1-2 hours which may not be convenient for the student's group and working class also takes its own time to act and provides results. Its prolonged use can cause irritation and dryness to the eyes. Due to the prevalence of the disease and the effect of the topical antibiotics and ointments, an attempt has been made to evaluate the effect of Nimbadi Pindi and Patoladi Kashaya Parisheka in Anjananamika.

AIMS AND OBJECTIVES

To evaluate the efficacy of *Nimbadi Pindi* and *Patoladi Kashaya Parisheka* in *Anjananamika*.

MATERIALS AND METHODS

Study setting

OPD (Outpatient Department) of *Shalakya Tantra* Department, Government *Ayurvedic* Hospital, Nagpur, India.

CASE STUDY

A 33 years old male patient having symptoms of pain, foreign body sensation, discomfort, congestion, mild watering and photophobia in the upper palpebral conjunctiva of the right eye for 3 days, had chosen for the study.

History of present illness

Patient was apparently normal before 3 days, due to his overtime work in the factory near fire more than 7 hours at night, the patient to felt pain and irritation in the right eye associated with foreign body sensation, discomfort, mild watering and photophobia, later the patient noticed marked congestion in upper palpebral conjunctiva with mild swelling. Patient was willing to take *Ayurvedic* medication, so he came to Eye OPD of *Shalakya Tantra department, GAC Nagpur*, for better management.

History of past illness

No history of Hypertension, Diabetes mellitus and Thyroid disorders

Assessment on Examination

Structures	Right Eye	Left Eye	
Eyelids	Generalized swelling in the upper eye lid. Pus point with marked congestion visible on the lid margin in the center cilia of upper eyelid.	NAD	
Palpebral Conjunctiva	Swelling with marked Congestion	NAD	
Bulbar conjunctiva	NAD	NAD	
Cornea	Clear	Clear	
Pupil	NS/NR	NS/NR	
Lens	Transparent	Transparent	

Signs and symptoms of *Anjananamika* (External Hordeolum) are according to *Ayurvedic* and Modern signs and symptoms.

Assessment Criteria

Subjective Parameters

- Pitaka (Eruption)
- Daha (Burning Sensation)
- Kandu (Itching)
- Toda (Pricking Pain)
- Sthira (Immovable)
- Tamra Varna (Coppered Colour)

- Tenderness
- Congestion
- Swelling

Treatment protocol

SN	Drug	Dose	Mode of Administration	Duration
1.	Patoladi Kashaya	500ml for 10 minutes / once daily.	<i>Parisheka</i> (Eye wash)	7 Days
2.	Nimbadi Pindi	Quantity sufficient for Pindi for 10 minutes / once daily.	<i>Pindi</i> (Ocular anointment)	7 Days

Follow up

After completion of treatment, the patient was followed up for 7days. Patient was completely free from the previous signs and symptoms and no any new complaints were found during the 7th day of follow up.

RESULTS

After 7th day of assessments, variations in results were found on each symptom associated with *Anjananamika*. Results of the treatment were tabulated and analysed. Patient got relief in signs and symptoms with gradual improvement.

Assessment on considering symptoms of *Anjananamika*.

SN	Signs and Symptoms	1 st Day (Before Treatment)	7 th day (After treatment)
1.	Pitaka (Eruption)	Present	Absent
2.	<i>Toda</i> (Pricking Pain)	Present	Absent
3.	Kandu (Itching)	Present	Absent
4.	Daha (Burning Sensation)	Present	Absent
5.	Tenderness	Present	Absent

6.	Congestion	Present	Absent
7.	Swelling	Present	Absent

Before Treatment



After Treatment



Rasa Panchaka of Nimb and Patoladi Kashaya.

Drug	Rasa	Guna	Virya	Vipaka	Karma
Patola	Tikta, Katu	Laghu, Ruksha	Ushna	Katu	Tridosha Shamaka
Nimba	Tikta, Kashaya	Laghu	Sheeta	Katu	Vranahara, Dahahara, Kandughna

Mode of action

Patoladi Kashaya

If the symptoms are mild then hot compression is enough to reduce the disease. If the symptoms are severe, incision and drainage is the only choice which is performed under local anaesthesia. *Ayurveda* also advices to perform *Bhedana Karma*. *Netra Seka* with

Patoladi Kashaya having Mrudu Swedana Tridosha Shamaka property may act as Dosha Vilayana which relieves the blockage of Meibomian glands. So, Patoladi Kashaya can perform Shamana and Shodana of Doshas.

Patola has an excellent quality which purifies the Raktadhatu. It also possesses qualities like Sarvadoshaghna, Kandughna (which reduces itching), Krumighna (Anti-Microbial). It also supports the body's immune system and also good for eyes. [6]

Nimbadi Pindi

Nimba is Chakshushya, Krimihara, Kandughna and Rakta Shodhaka. Pitta Shamana occurs due to its Tikta, Kashaya Rasa, Laghu, Ruksha Guna and Sheeta Veerya. Lodhra have Tikta, Kashaya Rasa, Laghu, Ruksha Guna and Sheeta Veerya, it does Pitta Shamana. It also has Chakshushya, Shothahara and Shleshmahara properties.^[7]

Probable mode of Action

The Ayurvedic scientists Acharya Charaka and Acharya Vagabhata have mentioned about this therapy. They were aware of drug delivery through skin of eye- lids. The skin of eye lids is extremely thin, subcutaneous fat is very sparse and stratum corneum layer of skin which acts as barrier is a single layer in eye lids, so absorption of drugs through skin of eye lids will be very fast. In Pindi the paste of drugs is left for 10 minutes so tissue contact is more and helps in large absorption of drugs reduces the local temperature there by relieves inflammation, itching, imparting soothing effect and relieving pain. The drugs having anti-infective and anti-inflammatory properties, patient could get quick relief from the symptoms.

Instillation of medicated solution in to the partially opened eye, continuously for a stipulated time period. It is indicated in the acute phase of inflammation whereas in the corneal and conjunctival epithelia permeability is high, hence the absorption is more. Disposal and tissue contact time is more in *Parisheka* than in *Aschyotana*. Absorption of drug through conjunctival epithelia reduces the sign and symptoms of *Anjananamika* (Stye).

OBSERVATIONS

It was observed that the patient got complete relief from *Anjananamika* (Stye) in 5 days. He was asked to come for follow-up after 7 days; Patient was not on any medication at that time. There was no recurrence during the time of follow up.

CONCLUSION

Nimbadi Pindi and Patoladi Kashaya Parisheka in Anjananamika found to be effective in reducing signs and symptoms of *Anjananamika* and significant results were seen. No adverse and toxic effects were observed during and after the completion of treatment. Modern ophthalmologists suggest Systemic anti-inflammatory and analgesics relieve pain and reduce edema, and eye ointment at bed time, which may have many side effects. These may cause temporary stinging, swelling, burning sensation and irritation to the eyes. But in Ayurveda, Anjananamika (Stye) can be treated with Netra Kriyakalpa like Parisheka and Bidalaka to prevent the recurrence of the disease. Therefore, Nimbadi Pindi and Patoladi Kashaya Parisheka can be used safely and effectively in the treatment of Anjananamika (Stye). The recovery in the present case was promising and worth documenting. Further, more trials with these medicines for a large number of patients can be done since enough studies have not carried out with this combination of the drugs.

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