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A single case report on Ocular Rhinosporidiosis

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ABSTRACT

Rhinosporidiosis is an enigmatic disease which has been known to medicine since 1900. It is a chronic infestation caused by *Rhinosporidium seeberi*, which predominantly affects the mucus membrane of eye, nose and nasopharynx. We report a case of rhinosporidiosis with presentation of mass which looks like a chalazia present in left upper lid. Here the case ultimately managed by surgical resection followed by Ayurvedic treatment and antibiotic eye drops for a duration of one month. Despite it has chance of recurrence but here after an year also patient doesn't have any complaints regarding the same. Here 24 year old female patient diagnosed with Rhinosporidiosis was advised to undergo *Pratisarana* followed with *Bidalaka* and later excision. Patient came for follow-up after 1 year, there was no recurrence as well as no complaints particular to rhinosporidiasis.

Key words: Rhinosporidiosis, Surgical resection, Ayurveda, Pratisarana, Bidalaka.

INTRODUCTION

Rhinosporidiosis is a chronic, granulomatous infection of mucocutaneous skin surfaces caused by *Rhinosporidium seeberi*, an organism thought to be fungus recently. Rhinosporidiosis is an infection found in both in large domestic animals and humans. The disease has been reported from about 70 countries with diverse geographical features although the highest incidence has been from India and Srilanka. It mainly occurs in the age group of 15-40 years. Rhinosporidiosis is having spores in it, spores is the ultimate infecting unit. It measures about 7 microns, about the size of a red cell. It is also known as spherule, it has a clear cytoplasm with 15-20

vacuoles, mainly present in the connective tissue spaces and rarely intracellular. Rhinosporidiosis cardinal features mainly are chronicity, recurrence and dissemination. Common sites mainly affected are Nose, Nasopharynx, Tonsils, Eye(1%), Skin which is very rare.^{[1],[2]}

History of the disease^[2]

G. Seeber originally described rhinosporidiosis in Argentina in 1900. He believed the etiological agent to be protozoan. In 1923, J. Ashworth concluded that the agent of rhinosporidiosis was a fungus and gave it the name *Rhinosporidium seeberi*. It has been observed that most cases are associated with working or bathing in stagnant water, This has led to the conclusion that *R.seeberi* is an aquatic fungus, though its natural reservoir and life cycle remain mysteries. Later few opinion stating that *R.seeberi* is a prokaryotic cyanobacteria of micro cystic genus of blue-green algae.

Diagnosis^[2]

It is a painless and non life threatening infections, The main effects are discomfort when the lesion becomes large enough to obstruct the passage or put pressure on nerve or vascular tracts. Infection which produces like a small growing mass that degenerates, it looks

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like pink, purple, friable mass with grey-white or yellow sporangia on their surface. In ocular surface it presents as a sessile growth, degenerating to friable peduncular polyps. If it is large there will be tearing, redness, discharge, photophobia, lid eversion and later to conjunctival infection.

CASE REPORT

Patient was 24 year old female from middle economic background. She presented at out patient department of SKAMCH and RC on April 17th 2017 with small slightly raised swelling over the left upper eyelid since 1 year. Associated with pricking sensation in the left upper eye lid since 1 year.

Presenting history

Before 1 year she didn't have any complaint pertaining to eye. Gradually she developed slightly raised small swelling in left upper eyelid. On the same day she could notice redness and watering from the left eye, which was aggravating during morning hours on exposing to sun light and also while riding the vehicle for the same complaints she consulted and an ophthalmologist and cyst was excised. For another one year she did not have any complaints pertaining to eye, after 1 year she developed redness in the left eye which she found predominant in morning hours. Later it was associated with pricking sensation and she noticed slightly raised swelling in left upper eyelid, for this complaint she came to SKAMCH and RC Bengaluru for better treatment.

On general examination: No abnormality detected.

OBSERVATIONS AND RESULTS

Ocular examination

DV	NV
BE:6/6	N6
RE:6/6	N6
LE:6/6	N6

On Palpaberal Conjunctiva

Upper eye lid (left eye): Pinkish mass present (center), which appears as chalazion.

On Bulbar conjunctiva

Hyperemic in the left eye.

Treatment given in SKAMCH and RC

17/04/2017 to 20/04/2017 - *Bidalaka* with *Triphala*, *Yashti* with a pinch of *Shunti*.

21/04/2017 - *Pratisarana* at the site of inner palpebral conjunctiva.

Bidalaka was continued for another 10 days

By this treatment the patient started responding but complete resolution of the cyst was not obtained for which we have posted the patient for surgery.

Surgery

Excision in toto from sessile base

Surface anaesthesia is obtained by instillation of xylocaine drops in the eye and the lid in the region of the mass, is infiltrated with 2% xylocaine solution.

Excision from the sessile base was done by using 15 no. sterile surgical blade.

Patching was done, after instilling antibiotic eye ointment, for about 12 hrs.

Post operative: Antibiotic eye drops - 1 month along with *Bidalaka* (*Triphala* + *Yashti*) for 5 days was given.

Follow up: After 1 week of follow up, she found complete relief from her complaints.

Reports

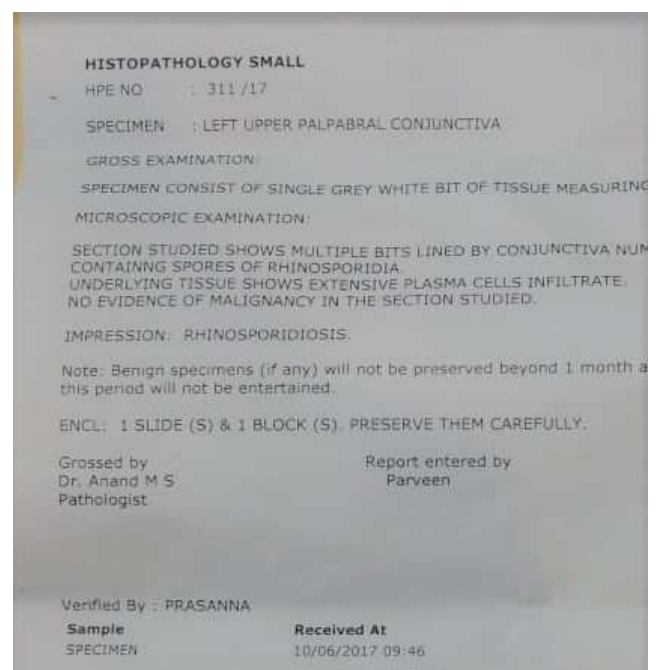




Fig. 1: Before treatment

DISCUSSION

Rhinosporidiosis predominantly affect the mucus membrane, here in the case the disease affected to the palpebral conjunctiva of eye. Water and soil are said to be the reservoir of infection, it's found to be the increased incidence of disease found in sand workers, farmers and people those bathing in stagnant water.^[3]

Mode of transmission is through water or dust, from which spores penetrate the nasal mucosa, then it becomes sporangia and later maturation burst with releasing spores. Even though surgical excision is the main stay of treatment. We have tried with our Ayurvedic medicines to reduce the size of mass and reduce the inflammation.

Ayurvedic treatment

Bidalaka^[4]: Absorption of medicine is mainly due to

1. Drug contact time and surface area.

2. Maximum absorption is through vascular tissue. (Vaso-dilation and improves circulation)
3. To reduce the inflammation of tissue - Through the action of drugs which is used mainly here *Thriphala, Yashtimadhu* i.e. The medicine which is applied over the lid is absorbed by skin to a greater extent reaching to subcutaneous tissues and decrease local raise of temperature. Their by decreases inflammation.

Pratisarana^[5]:

Here we have done *Pratisarana* (rubbing the area by using medicated drugs)

It has been explained as a local treatment in our science. *Hasthameva Pradana Yantra*^[6] - this Ayurvedic quote means that hand is considered to be the prime instrument. Here by using *Saindava* - on such delicate and sensitive structure with expectation to cease the deep rooted conditions.

Saindhava Lavana which is having anti-inflammatory property which acts over here. To reduce the inflammation we have given here *Pratisarana* as main treatment modality.

By this it is pertinent to accept and appreciate the role of Ayurvedic medicine in expediting the reduction of rhinosporidiosis phenomenally, which not only helped substantially in boosting the confidence of patient but also helped in easing out the procedure of surgery.

CONCLUSION

The etiological agent of Rhinosporidiosis, *R.seeberi*, has been an enigma for a century. Rhinosporidiosis is a condition which clinician should keep in mind as always when the patients is from endemic places. We can even differential diagnosis with chalazion. As the main stay of treatment is surgical excision we can do palliative care by Ayurvedic treatments. Although a large body of literature exist regarding this problem. This case is to highlight the rare case of ocular rhinosporidiosis. To achieve public health, education regarding susceptible habits in the transmission of rhinosporidiosis. Early diagnosis will help in fast reduction of the case.

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