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AYURVEDIC MANAGEMENT OF *ANJANANAMIKA* (STYE)- CASE REPORT

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ABSTRACT

Background-A stye ,or external hordeolum is an acute, painful ocular infection involving the sebaceous glands of the upper or lower eyelid. The lesion often becomes a red swollen and tender nodule typically near the eyelid margin. Styes are categorized into external hordeola ,involving the glands of Zeis or Moll, located at the base of the eyelashes, and internal hordeola, affecting the deeper meibomian glands within the tarsal plate.[1] In *Ayurveda*, it can be considered under the concept of *Anjananamika*, primarily caused by *Pitta Kapha* and *Rakta* vitiation. Conventional treatment provides only symptomatic relief, whereas *Ayurveda* offers holistic strategies aimed at both symptoms management and root-level administration (external hordeolum) **Materials and methods**: In the present study a 20 years old female patient of came to the outpatient department with complaints of moderate painful swelling on the left upper eyelid since 5 days, associated with redness of the eye .Patient has the habit of continuously rubbing of eyes The patient was treated externally with *Netra Parisheka* (eye wash),and *Bidalak (*topical paste) and internally with *Triphala Guggulu* and *Manjishthadi Kashaya* for 7 days. **Result** *:*The patient experienced relief in eye pain and swelling ,and no recurrence was observed during the 15-day follow up period. **Conclusion**: *Ayurvedic* management of *Anjananamika* using internal medicines and external treatment such as *Netra Parisheka, Bidalak* showed significant symptomatic relief including redness and pain. The patient experienced improved visual comfort without adverse effects.

Key words –*Anjananamika, Netra-Parisheka ,Bidalak*

INTRODUCTION

Stye (external hordeolum) it is an acute suppurative inflammation of lash follicle and its associated glands of Zeis or Moll. It is more common in children and young adults(though no age is bar) and in patients with eye strain due to muscle imbalance or refractive error. Habitual rubbing of the eyes, metabolic factors, chronic debility, excessive intake of carbohydrates and alcohol acts as predisposing factors. Commonly involved organism is *Staphylococcus aureus*. Styes progress through two stages. In the first stage(stage of cellulitis) is characterized by localised, firm ,red tender swelling at the lid margin with a lash at the apex of swelling associated with marked oedema. Second stage(stage of abscess) is characterized by a visible pus point on the eyelid margin in relation to the affected cilia[2]. In modern medicine, the use of hot compression, pus draining, infrequent surgical debridement, anti-inflammatory eye drops, eye ointment, systemic anti-inflammatory drugs, and analgesics are available as treatment[3]. Based upon the signs and symptoms, the stye can be consider under the concept of *Anjananamika.* According to *Acharya Sushruta* Symptoms of *Anjananamika* includes *Daha Toda Vati Tamra Pidika* -a condition characterised by a small, soft ,copper coloured boil with a burning sensation , pricking sensation and mild pain

at the eyelid . The condition is associated with *Mridvi*(softness) and *Manda Ruja* (dull pain)[4].*Acharya Vagbhata* describes *Pidika* as a small pustule caused by an imbalance of *Rakta* (blood), generally found at the middle or outer end of the eyelid. Besides *Ruja* (pain) and *Daha* (burning), it is also associated with *Kandu* (itching). These *Pidikas* are firm, fixed to the eyelid, and resemble the size and shape of a green gram (*Mudga*) [5]. *Acharya Adamalla* adds that these *Pidikas* are delicate (*Komala*) in nature. The treatment of *Anjananamika* involves specific *Ayurvedic* procedures such as *Swedana* (hot fomentation), *Nishpidana* (gentle pressing to release pus), *Bhedana* (incision), *Pratisarana* (application of medicines on the eyelids), and *Anjana* (collyrium)[6].If the *Anjananamika* bursts on its own, the pus should be drained carefully. Afterward, *Pratisarana* should be done using a mixture of *Manashila* (*Realgar*), *Ela* (*Cardamom*), *Tagara* (*Valerian*), *Saindhava Lavana* (*Rock Salt*), and *Madhu* (*Honey*)[7].If it does not rupture naturally, *Pratisarana* can be done using medicines like *Rasanjana* (extract of *Berberis Aristata*) mixed with *Madhu* (*Honey*), and if required, *Bhedana Karma* (incision) should be performed[8].For ocular cleansing (*Seka*), *Acharya Vagbhata* suggests using medicinal plants such as *Haridra* (*Turmeric*), *Madhuka* (*Licorice*), and *Patola* (*Luffa species*)[9].The management of *Anjananamika* focuses on pacify the *Rakta* and *Pitta Dosha* and *Strotoshodhan*. The medicine and *Kriyakalpa* procedures have been administered according to the patient's condition and the stage of the disease In the Present case report there is an effort to show the effectiveness of *Netra Parisheka* and *Bidalak* with *Ttriphala ,Lodhra and Yashtimadhu churna* and oral administration of *Triphala Guggulu* and *Manjishthadi Kashaya* in *Anjananamika* .

CASE REPORT

A 20-years old female patient came to Shalakya OPD with complaint of moderate eye pain and redness as well as eyelid swelling in her left upper eyelid since last 5 days . On examination, an abscess in the outer canthus and oedema over the entire margin of the left Upper eyelid were seen. Visual acuity of the left eye was 6/6 and that of the right eye 6/6. The other external ocular examination had normal results. The pain is localized and increases on touch and blinking. She also noticed moderate swelling of the eyelid. There is no history of trauma, discharge ,itching, or visual disturbance. Patient has the habit of rubbing eyes. She has not taken any treatment for the same complaint anywhere ,and therefore she has come *Shalakya* OPD for management.

CLINICAL FINDINGS

She was afebrile .pulse rate was70/min .respiratory rate was 14/min and blood pressure 120 /80 mm hg Slit Lamp Examination – Left Eye Eyelids: small nodular swelling present on lateral 1/3 site eyelid. Surrounding lid oedema and redness present .Conjunctiva :Mild conjunctival congestion in the upper palpebral area. Cornea: Clear, no epithelial defect or staining with fluorescein .Anterior Chamber :Deep and quiet, no cells or flare. Iris and Pupil :Normal pattern and reaction to light .Lacrimal Apparatus: Normal, no regurgitation on pressure over lacrimal sac .Lens; greyish black in colour Right eye – eyelid normal ,conjunctiva; normal, cornea; clear, Pupil; normal pattern and reaction to light. Anterior chamber; deep, Pupil; Normal pattern and reaction to light. Lacrimal apparatus; Normal, Lens; greyish black in colour.

Dashvidha Pariksha (~tenfold examination of a patient)

Ayurveda examination revealed that the *Prakriti* (~physical constitution) and *Nadi* (~pulse) were *VataPittaja*., *Manasa prakriti* (~mental constitution) was *Satva-raja*, *Sara*(~excellence of tissue elements) was *Twak sara*, *Samhanana* (~compactness of tissue or organs) was *Madhyama*(~medium), *Pramana* (~anthropometry) was *Madhyama*, *Satmya* (~homologation) was *Sarva rasa*, *Satva* (~psyche) was *Madhyama* and *Vaya* (~age) was *Tarunavastha* . *Aharashakti* (~capacity of intake of food) was examined as *Abhyavaharana* (~power of ingestion) and *Jaranashakti* (~digestive power) was also found to be *Madhyama.*

TREATMENT

On the basis of patient's signs and symptoms, the condition was diagnosed as *Pitta Kapha Pradhan Anjananamika*. An *Ayurvedic* treatment protocol was implemented to pacify the *Dosha* through therapies

targeting the eye region (*Netra Pradesha*) and channel purification (*Strotoshodhana*) . *Bidalak* and *Netra Parisheka* were administered twice daily for 2 days, followed by once daily for 5 days, along with oral medications for 7 days.

Sr no	***Chikitsa***	***Dravya***	***Matra***
1	*Bidalak*	*Triphala Churna* and *Yashtimadhu Churna and Lodhra Churna*	2 times for first 2 days and 1 time per day for next 5 days.
2	*Netra Parisheka*	Above Drugs	2 times for first 2 days and then 1 time per day for next 5 days.
3	Internal medicines	1.*Triphala Guggulu* 2.*Manjishthadi Kashaya*	1. Two times in a day after food with lukewarm water- for 7 days. 2.1tsp after food two times in a day

Pathya – Apathya

1.*Nidanaparivarjana*(Rubbing of eyes, excess of mobile use) 2.Avoid *Ati Katu* (Spicy),*Ati Lavana* (salty), *Ati-Shita*(cold), *Ati-Tikshna Ahara* (pungent foods), *Ati Madhura* (sweet items) and fermented food 3.Maintain ocular hygiene , avoid rubbing eyes 4.Ensure adequate sleep and reduce screen exposure

OBSERVATION

Signs and symptoms	**Before treatment**	**After treatment**
Pain	Present	Absent
Lid swelling	Present	Absent
Redness	Present	Absent
Visual activity (left eye)	6/6	6/6

RESULTS

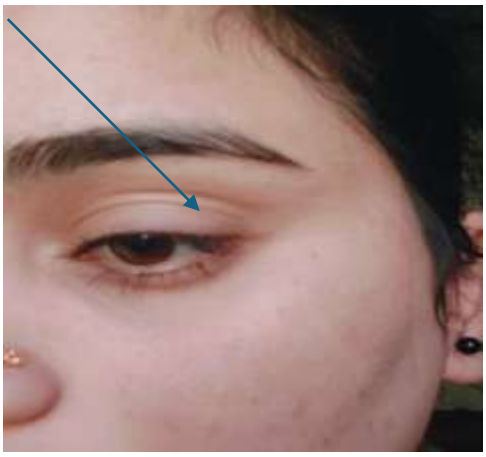
Day 3-Marked reduction in tenderness swelling ,and in pain

Day 5-swelling and redness significantly subsided

Day 7 -Complete resolution of symptoms with normal eyelid appearance

Patient had no recurrence of symptoms during the follow up period of 15

Before treatment



After treatment

DISCUSSION

Anjananamika is one of the *Vartmagata Netra Rogas* (eyelid disorders) described by *Acharya Sushruta*. It presents with pain (*Shoola*) , redness (*Raga*), swelling (*Shopha*) , and suppuration (*Paka*) in the eyelid margin. In modern ophthalmology, it closely resembles Hordeolum (Stye) or Chalazion, which are inflammatory swellings of the eyelid glands .Pathologically, it involves vitiation of *Pitta* and *Kapha Doshas*, affecting *Rakta* and *Mamsa Dhatus*, resulting in local inflammation and blockage of glandular secretions *Nidana* (Etiological Factors) include: Exposure to dust, smoke, and sunlight (*Rajo Dhooma Atap Sevana*),Intake of *Pitta–Kapha* aggravating food (spicy, oily, heavy diet),Eye strain or frequent rubbing of eyes ,Lack of eye hygiene, Preexisting local infections , These factors lead to *Dosha Dusti* and *Rakta Mansa* vitiation, causing localized inflammation in the eyelid.[10]

Samprapti (Pathogenesis)[11]

Nidana Sevana(Habitual rubbing of eyes, *Ratri Jagaran*)

↓

Pitta and *Kapha Doshas* become vitiated.

↓

They localize in the *Vartma Pradesha* (eyelid) along with *Rakta* and *Mamsa Dhatus*,

↓

producing: *Raga* (redness) — due to vitiated *Pitta* , *Shopha* (swelling) — due to *Kapha* ,*Toda* (pain) — due to *Vata* involvement

↓

Anjananamika is a *Pitta–Kapha* predominant *Netra Roga*.

The treatment aims at: *Pitta–Kapha Shamana* (pacification of vitiated *Doshas*) *Rakta Shodhana* (purification of blood) *Shothahara* (reducing inflammation) Therapy includes both local and internal management for effective results. Local Management *Netra Parisheka* (Eye Wash) and *Bidalak* with Ingredients: *Triphala Churna, Lodhra Churna, Yashtimadhu*, which are having *Raktapittahara, Shothahara*, and *Chakshushya* properties. Reduces redness, burning, and swelling, Cleanses eyelid margins and prevents infection[11].*Bidalaka* done with same mentioned drugs in *Netra Parisheka* and has the effect as reduces swelling(*Shothahara* promotes healing, and helps in suppuration of pustule[12].*Anjananamika* being a *Pitta–Kapha Pradhana Vartma Roga* responds well to

both local and systemic *Ayurvedic* management. *Netra Parisheka* and *Bidalak* have the properties of *Shothahara* and *Shoolahara*. *Triphala Guggulu*[13] acts as a *Raktashodhaka* and *Shothahara* .*Manjishthadi* [14]*Kashaya* purifies blood(*Raktashodhak*), aids detoxification, and prevents recurrence. This combined therapy provides *Shamana* (palliative) and *Shodhana* (purificatory) effects, ensuring complete healing and preventing chronicity *Manjishthadi Kashay* and *Triphala Guggulu* were given as an internal.

CONCLUSION

Ayurvedic management of *Anjananamika* using internal medicines (*Triphala Guggulu and Manjishthadi Kashaya*) and external treatment such as *Netra Parisheka , Bidalak* showed significant symptomatic relief including redness and pain. The patient experienced improved visual comfort without adverse effects.

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