

Managing of squamous blepharitis with ayurveda: A case report

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Abstract

Squamous Blepharitis is a subacute or chronic inflammation of the lid margins. It is an extremely common disease in which Patients usually complain of deposition of whitish material at the lid margin associated with mild discomfort, irritation, occasional watering and a history of falling of eyelashes. The symptoms of Squamous or Seborrheic blepharitis can be correlated with *Krimigranthi*. A 30-year-old female patient presented to the outpatient department with Severe itching, dryness at lids of both eyes, mild pain, burning and swelling over both lids. She also noticed falling of lashes from 2 months. The condition was managed with *Shodhana chikitsa*, *Shaman chikitsa* and *Shigru* with *Aranda Patra Pindi* and *Yashtimaduadi Churna* with *Shudh Tankana Parisheka*. The total treatment period lasted 30 days, followed by a one-month follow-up. After the treatment, the patient experienced significant relief from Squamous blepharitis.

Keywords: Squamous Blepharitis; *Krimi Granthi*; *Tikta Ghrita*; *Shodhana Chikitsa*

1. Introduction

Krimigranthi is a *Vartmagata* (eye lid) disease which is a *Kapha Pradhan Roga*. According to *Aacharya Sushurth Krimigranthi* having symptoms as *Kandu* (Itching) due to *Krimi* (manifestation of parasites) at *Sandhi* of *Vartma-Pakshma*. *Acharya Vagbhatta* has added *Pakshma-Potavana* (Falling of Eyelashes) with *Puyastrava* (Discharge) and *Arti* (Mild pain).

In modern science, it can be correlated with Blepharitis as white dandruff like scales (Squamous type) which shades off easily or yellowish greasy scales (Seborrheic type) accumulates along the base of lashes and on removing the sticky scales its underlying surface is found to be hyperaemic.

These conditions are usually seen with similar scalp problem. Daily cleaning may ameliorate the condition. Infection needs to be treated when they supervene. The purpose of this article is provided proper Ayurveda treatment with treating root cause.

2. Patient information

A 30-year-old female patient presented to the Eye OPD at the *Shalakya Tantra* department of the National Institute of Ayurveda, Jaipur Rajasthan, with the chief complaints of Severe itching, dryness at lids of both eyes, mild pain, burning and swelling over both lids. She also noticed falling of lashes from 3 months and associated with Dryness and itching all over the body and sour belching from 5 months.

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3. Clinical findings

The patient was afebrile. Pulse was 76 beats/min. Blood pressure was 120/80 mmHg. Respiratory rate was 20/min and weight was 53 kg.

Systemic diseases: Allergic dermatitis over whole body before 6 months and took allopathic medication for the same.

- Medicinal History: No any current medication internally for 2 months
- Surgical History: None
- Family History: None

3.1. Timeline

The timeline of the present case is depicted in [Table 1]

Table 1 Timelines

Duration	Event
At the age of 30years	Diagnosed as Squamous blepharitis and managed with allopathic medications
Since July 2024	dryness at lids of both eyes, mild pain, burning and swelling over both lids also noticed falling of lashes
Since Aug 2024	Ayurvedic treatment

3.2. Dashavidha Pareeksha (~ tenfold examination)

The *Shareera prakriti* (~nature of body) of patient was *Vatapittaja*. *Vikriti* (~morbidty) was *Tridosha* (~three Doshas of body) along with *Rakta. Satwa* (~psyche), *Sara* (~excellence of tissues), *Samhanana* (~compactness) were *Madhyama* (~moderate), *Ahara shakti* (~power of intake and digestion of food), *Vyayama Shakti* (~power of performing exercise), *Satmya* (~habituation), and *Pramana* (~anthropometry) of the patient were of *Avara* (~poor) level.

4. Slit-lamp findings

- Eyelid margin – Dryness, white scales over root of both eye lid margins
- Eyelids: Bilateral eyelid swelling and mild congested
- Eye lashes: mild grade Madarosis
- Conjunctiva: Mild congestion in upper palpebral conjunctiva bilaterally
- Cornea: Clear and normal in curvature
- Pupil: B/L Normal in shape and size, Normal reflex
- Lens: B/L Greyish black

4.1. Visual acuity

- Distant vision- B/L 6/6
- Pin hole - B/L 6/6
- Near vision- B/L N6

4.2. Samprapti Ghataka of Krimigranthi

- *Adhisthana*- *Netra Ubhaya Pakshma*
- *Srotasa* - *Rasa-Raktavaha Srotas*
- *Dosha* – *Dushya* - *Tridoshaja Rasa-Rakta Dhatu*
- *Sroto-Dushti* - *Sanga, Vimargamana*

4.3. Intervention and Kriyakalpa

The patient was prescribed *Shodhana Chikitsa* with *Tikta Ghrita Pana* 10 ml Twice a day with *Ushnodaka* for 3 Days and on 4th day *Arand taila Pana* with *Ushnodaka* at night [Table 2]. *Shamana Chikitsa* was prescribed - *Pancha Tikta Ghrita*

Guggulu- 2 Tablet Thrice a day with *Ushnodaka* for one month [Table 3]. *Kriyakalpa* therapy was given for 15 days *Parisheka* with *Yasthimadhu Churna* and *Shudh Tankana* daily for 15 days. [Table 4]

Table 2 *Shodhana Chikitsa*

AUSHADI	MATRA	KALA AND ANUPANA	SAMAY
<i>Tikta Ghrita</i>	10 ml	Twice a day -Pana With <i>Ushnodaka</i>	<i>Pragbhakta</i> for 3 Days
<i>Arand taila</i>	10 gm	Pana with <i>Ushnodaka</i> at Night	<i>Adhobhakta</i> on 4 th Day

Table 3 *Shamana Chikitsa*

AUSHADI	MATRA	KALA AND ANUPANA	SAMAY
<i>Pancha Tikta Ghrita Guggulu</i>	2 Tablet	Thrice / day with <i>Ushnodaka</i>	<i>Adhobhakta</i> for 1 month

Table 4 *Kriyakalpa*

KRIYAKALPA	AUSHADI	SAMAY
<i>PARISHEKA</i>	<i>Yashtimaduadi Churna + Shudh Tankana</i>	Daily for 15 days
<i>PINDI</i>	<i>Shigru+Arand Patra</i>	Daily for 15 days

4.4. Follow up and outcome

After one months of treatment, a slit lamp examination was performed, and there was Clear Eyelid margin and regrowth of lashes seen and no white scales over lid margins.

No burning and dryness observed at eyelid margin and Relief in itching. The patient was followed up for the next month at 7-day intervals, during which no recurrences were reported.

5. Discussion

Nidana Parivarjan is the prime step towards any *Chikitsa* to achieve *Dhatu Shamata* by following *Pathya- Apathya Ahara- Vihara* for *Krimigranti*. Initially, *Shodhana* with *Tikta Ghrita* (*Sneha*) and *Aranda Taila* (*Virechana*) was selected to remove *Sroto Avarodha* of *Rasa – Rakta Dhatu* of *Pakshma* and removal of *kha-vagunya*. *Snehapana* with *Virechan* have *Pitta Samaka* which works to mitigate vitiated *Pittaja Vata Dosha* which ultimately works on *Pittaja Pradhana Tridosha Avastha* of *Roga*. *Pancha Tikta guggulu* was given internally as it has *Tikta Rasa Pradhana Dravya*, *Kapha Pitta Samak* property works on *Asthi Majja Dhatu Shodhana* which reduces *Shotha Avastha*. It is mentioned for *Urdhva Jatrugata Vatta Vyadhi*. Also, *Pakshma* (Eye Lashes) is the *Mala* of *Asthi Dhatu* which helps to treat *Pakshmathata* (*Madarosis*) of *Netra*. *Parisheka* with *Yasthimadhu* and *Tankana* was selected as *Sthanika Shodhana* purpose as the drug has *Tridoshashamak* property and also indicated in *Amavastha of Roga*. *Pindi* is one of the foremost *Kriyakalpa* procedure used to reduce *Shotha (Amaja Avastha)* as it provides more surface area which promotes more absorption of the drug to microchannels of lid by breaking *Srotorodha* at particular place. *Shigru* and *Arand Patra* was applied as having anti-inflammatory effect and leads to *Tridosha Samaka* property.

6. Conclusion

This case report demonstrates clinical improvement in *Krimigranthi* (~Squamous blepharitis) with Ayurvedic management. The treatment used in this case is effective, simple, and economical. Although this is a single case study, it may open new avenues for clinicians and researchers to explore treatment of recurrent aphthous stomatitis. *Shodhana* and *Shamana Chikitsa* followed by *Kriyakalpa* is more beneficial to achieve marked effective result in short span with such case presentation of *Krimigranti*. *Pathya – Apathya* must be followed to avoid recurrence of diseases

Compliance with ethical standards

Disclosure of conflict of interest

There are no conflicts of interest.

Statement of informed consent

The authors confirm that they have obtained a patient consent form, in which the patient has agreed to the case being reported, including the use of images and other clinical information in the journal. The patient acknowledges that their name and initials will not be disclosed, and that all reasonable efforts will be made to protect their identity, though complete anonymity cannot be guaranteed.

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