

A Critical review on Blepharitis and its Ayurvedic Approach

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ABSTRACT: Blepharitis is one of the most common eye disorders, but in today's fast life, the condition often goes undiagnosed due to the fact that it can be perceived by the patient as being a nuisance rather than a legitimate medical concern. Blepharitis is an inflammatory disease of eyelid margin with multifactorial etiology. American optometric association has concluded that if blepharitis left untreated it can cause more serious conditions such as scarring or injury to the eye tissue or also lead to dry eye syndrome. Also, some cases of blepharitis may require more complex treatment plans, and even with the successful treatment, relapses may occur. Blepharitis can be correlated to symptoms of praklinna vartma of vartmagat netravayadhi. On critical analysis of symptoms of blepharitis, on Tridoshik Theory of Ayurved, it seems to be a kaphaj vyadhi according to Acharya Sushrut. In treatment of blepharitis, Ayurved has much to offer with help of medications like local application of Triphala rasakriya varti, Apamarga rasakriya varti etc.

KEYWORD- Blepharitis, Praklinna vartma.

INTRODUCTION

Eyes are considered the reflectors of mind. Eyes are the most precisely developed portions of the brain seen outside the skull. It is the unique organ in the body where the course as well as pathophysiology of disease process is visible, effect of therapeutic agents can very well be assessed.

Due to the change in environment, food habit and life style there occurs different eye disorders. Environmental factors such as pollution, poor housing condition etc, food habit such as fast food, starchy food, high calorie food and life style like night awakening, watching T.V and computers constantly are factors which gives rise to eye diseases.

Blepharitis has uncertain etiology and mechanism, and high frequent recurrence which makes management more difficult. The American Optometric Association, defines blepharitis as inflammation of the eyelids, leading to redness, itching, swelling of eyelids, and formation of dandruff like scales on eyelashes.

Blepharitis is a generalized term that refers to inflammation of eyelid margins and associated eyelid follicles, apocrine and meibomian glands. It can be broadly categorized into staphylococcal blepharitis affecting the anterior eyelid margin and meibomian gland dysfunction (MGD) affecting the posterior eyelid margin.

Blepharitis also causes secondary changes in the ocular surface including the tear film. Despite being

commonly present, it is often overlooked in daily ophthalmic practice.

There exists many lacunae in understanding pathogenesis, which coupled with a chronic waxing and waning disease course and poor patient compliance due to a protracted treatment regimen, make them a group of disorders frustrating to both patient and physician.

Fuchs, 1908 classified blepharitis into squamous blepharitis and ulcerative blepharitis. Squamous blepharitis with small and dry scales, whereas ulcerative blepharitis having marginal crusting, frank ulcers and microabscesses. Ocular symptoms associated with blepharitis include eyelid oedema, itching around the eyelid margin, redness, and foreign body sensation.

In pathogenesis, staphylococcus aureus is considered the single most important etiologic factor in blepharitis. Lipases, a group of enzymes present in s.aureus, s.epidermidis and p.acnes can predispose the host to disease.

Clinically the disease is differentiated into staphylococcal or seborrheic, though both the conditions may co-exists. The characteristic features of staphylococcal blepharitis are hard, brittle, fibrinous crusting scales that surround individual eyelash and are called collarettes.

The crusts when removed leaves behind bleeding ulcerated areas. The eyelid margins are inflamed with erythema and dilated blood vessels (rosettes). The eyelashes are matted and

often the collarettes formed at the base of eyelashes are carried forward as the eyelashes grow.

There are long term effects that if undiagnosed can cause severe problems due to chronic inflammation, This chronic inflammation leads to permanent changes such as trichiasis (misdirected lashes) when turned inside, produce irritation of cornea and conjunctiva, poliosis (white eyelashes), madarosis (eyelash loss) and tylosis (irregular thickened eyelid margin)

In trichiasis the misdirected eyelashes when turned inside, produce irritation of cornea and conjunctiva leading to watering, redness, foreign body sensation and if persistent for sometime leads to corneal abrasion, ulceration and even opacification.

Cilia which falls down due to lid inflammation in blepharitis does not grow back in normal position, as fibrosis accompanies the healing process. Treatment of blepharitis includes lid hygiene, antibiotic solutions and ointments, systemic antibiotics and topical steroids.

Recurrence of disease is still there as well as development of resistance to antibiotics in prolonged treatment. Also, prolonged use of steroid is discouraged to avoid steroid induced complications.

Blepharitis can be correlated to the symptoms of praklinna vartma of vartmagat netra-vyadhis. The symptoms of blepharitis are eyelid oedema, foreign body sensation, redness and itching. On critical analysis of symptoms of blepharitis on Tridoshik theory of Ayurved, according to Sushrut Acharya it seems to be a kaphaj vyadhi.

Symptoms of praklinna vartma are vartma sotha (eyelid oedema), vartma kandu (itching), toda (foreign body sensation), araktata (redness) and klinnatva. In the treatment of blepharitis Ayurved has much to offer with the help of medications like local application of apamarga rasakriya vati, triphala rasakriya varti, amalaki rasakriya varti etc.

Looking into Ayurvedic treatment modalities, as praklinna vartma is a kaphaj disease, the drug should have kaphaghna property. Hence, according to Sushrut Acharya the external application of anjana to eyelids of Apamarga rasakriyavarti, amalaki rasakriyavarti, triphala rasakriyavarti is useful to cure the symptoms of praklinna vartma.

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Apamarga, a herbal drug is katu-tikta rasatmak, ruksha laghu and tikshna gunatmak, katu vipaki and ushna veeryatmak and hence is kaphashamak in its property. For the preparation of varti, apamarga panchanga bharad and water is taken in ratio 1:16. It is then boiled and turned into decoction and this decoction is reheated in copper vessel (for lekhan property of tamra) till complete evaporation of water to form avaleha. This avaleha is then rolled between thumb and index finger to form varti, which is then applied externally to eyelids.

Apamarga is chakshushya (beneficial to eyes) and has lekhan property i.e. does lekhan of kapha in kaphaj disorders and hence there is minimal chance of reoccurrence of the disease.

CONCLUSION-

Blepharitis is inflammation of the eyelids which has uncertain etiology and mechanism and high frequency of recurrence which makes its management more difficult.

The long term effect due to chronic inflammation leads to permanent changes such as trichiasis (misdirected eyelashes), poliosis (white lashes), madarosis (loss of eyelashes) and tylosis (irregular thickening of eyelid margin)

Treatment of blepharitis includes lid hygiene, antibiotics and steroids. Recurrence of the disease is still there as well as the development of resistance to antibiotics in prolonged treatment. Also, prolonged use of steroid is discouraged to avoid steroid induced complications.

Blepharitis can be correlated to symptoms of Praklinna Vartma of vartmagat vyadhis. On critical analysis of the symptoms of blepharitis on Tridoshik Theory of Ayurved, it seems to be a kaphaj vyadhi.

Looking into the Ayurvedic treatment modalities, the drug should have kaphaghna property. Apamarga being chakshushya (beneficial to eyes) also does lekhan of kapha dosha and hence causes kapha shaman. So, external application of Apamarga rasakriya varti anajana to the eyelids play an important role in the treatment of blepharitis.

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