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Effect of Shigru Patra Pindi in the management of Vernal Keratoconjunctivitis: A Review Article

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ABSTRACT:

Vernal keratoconjunctivitis is Chronic, bilateral, recurrent seasonal allergic inflammatory condition of ocular surface mainly affecting the young boys at the age of 4-20 years & it is leading cause of corneal visual impairment. This chronic disease is characterized by burning sensation, intense itching, mild photophobia, lacrimation, stringy / ropy discharge, heaviness of eye & conjunctival congestion which can be correlated with Kaphaj Abhishyanda in Ayurveda. In modern science available treatment for VKC is topical corticosteroids, Mast cell stabilizers and antihistaminic eye drops which gives symptomatic relief but after cessation of treatment recurrence of disease occur while constant use of steroids may leads to steroid induced glaucoma, cataract etc. In Ayurveda, Shigru patra pindi is indicated in Kaphaja Abhishyanda by Acharya Sharangdhara. This article review the efficacy of Shigru Patra Pindi in Kaphaja Abhishyanda w.s.r to Vernal keratoconjunctivitis.

Keywords: Kaphaja Abhishyanda, Vernal Keratoconjunctivitis, Pindi, Shigru

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Introduction:

Ayurveda is science of life which aims at “Swasthasya Swasthya Rakashanam and Aturasyavikara Prashamanam”.⁽¹⁾In ancient Samhita Acharyas has given prime importance to eyes because without eye we can't see this beautiful world. Abhishyanda is one among 76 netraroga which are described by Acharya Sushruta and it is included in Sarvagata Roga, it is causative factor of all eye diseases.⁽²⁾ The word abhishyanda is derived from Abhi(Profuse) and Shyanda (discharge /oozing). If Abhishyanda is neglected then it is precipitated into Adhimantha.⁽³⁾There are 4 types of Abhishyanda Vataja, Pittaja, Kaphaja & Raktaja. Among these 4 types some symptoms of Kaphaja Abhishyanda can be correlated with Vernal Keratoconjunctivitis such as Guruta(heaviness of lids), Kandu(itching), Akshishopha (eyelid swelling), PichilaSrava (ropy discharge), Muhurmuhur -srava (frequent lacrimation), photophobia & burning sensation.⁽⁴⁾

In Kaphaja Abhishyanda and Adhimantha, three days of fasting or light food with Tikshna (irritating) Dhumpana, Kavala And Nasya is advocated by Acharya Vagbhata³. Anjana, Dhumpana, Pariseka, Pralepa, Aschyotana, Sweda, Tarpana and Putpaka should be applied while doing treatment of the patient of the Kaphajaa Abhishyanda.

The Acharya have revealed detailed local treatment procedures to administer and cure ophthalmic problems in simple but efficient methods. Acharya Sushruta termed them as “Kriyakalpa”. Pindi kriyakalpa is indicated in all types of Abhishyanda by Acharya Sharangdhara.⁽⁵⁾

Vernal keratoconjunctivitis is also common in central America and India in contrast, surveys conducted in Europe and in the United States show an overall incidence that is in the range of 0.01 to 0.03 or less than 1 percent of that observed in more equatorial regions. Vernal keratoconjunctivitis/Spring catarrh is chronic allergic, bilateral, seasonal, inflammatory condition of ocular surface i.e. tarsal conjunctiva mainly affecting young boys at age of 4-20 years. It is considered a hypersensitivity reaction to some exogenous allergen, such as grass pollens. It is characterized by marked burning sensation, intense itching, mild photophobia, lacrimation, stringy or ropy discharge and heaviness of lids.⁽⁶⁾ Two typical forms of VKC are seen viz. Palpebral and Bulbar. Palpebral form is characterized by cobblestone fashion giant papillae while bulbar form is characterized by dusky red triangular congestion of bulbar conjunctiva, gelatinous thickened accumulation of tissue around limbus and presence of discrete whitish raised dots along limbus.⁽⁷⁾ In modern science treatment available for VKC is topical steroids, mast cell stabilizers such as Sodium cromoglycate,

topical antihistaminics, mucolytics like Acetyl cysteine and topical cyclosporine.⁽⁸⁾ These treatment modalities provide symptomatic relief but leads to recurrence of disease and steroid induced glaucoma, cataract etc. to avoid this complications it is necessary to look for alternative therapy which is safe and easily available & effective in VKC.

Following are some effective treatment in Ayurveda to cure Kaphaja Abhishyanda :⁽⁹⁾

1. Apatarpana – for 3 days
2. Snehapana
3. Lepa /Bidalaka
4. Raktamokshana
5. Sneha virechana
6. Nasya
7. Anjana
8. Dhumpana
9. Kawalgraha
10. Tarpana
11. RukshaPutpaka
12. Parisheka
13. Ashchotana

Pindi:

The prescribed medicated drugs are grinded into a paste, tied by a cloth and this pack is bandaged on the eye.

Synonyms: Kavalika

Dose: 1 Kola (10gm)

Indications:⁽¹⁰⁾

1. Netra Abhishyanda
2. Netra Vrana

In vata diseases- oleus hot medicines has to use

In Pitta diseases- cold medicine has to use

In Kapha diseases-rough hot medicine has to use

Shigru Patra Pindi in Vernal Keratoconjunctivitis:⁽¹¹⁾

Acharya Sharangdhara indicated effectiveness of Pindi kriyakalpa in all types of Netra Abhishyanda. Shigru Patra Pindi is indicated in Kaphaja Abhishyanda due to its ruksha and ushna properties.

Properties of Shigru:⁽¹²⁾

Rasa: Katu, tikta

Guna: Laghu, Ruksha, Tikshna

Virya: Ushna

Vipaka: Katu

Doshaghna: Kapha-Vata Shamaka

Karma: Chakshushya

Shigru patra is rich in flavonoids and alkaloids which supports anti-oxidant, anti-inflammatory, anti-histaminic properties.

Probable Mode of Action of Pindi:

1. stratum corneum layer of eyelid is main barrier for penetration of drug but this layer is thinnest in eyelid ie.0.06mm, this will increase the absorption rate of drug through eyelid.
2. Skin age is important factor for absorption, hence in children absorption of drug through skin is faster.
3. In Pindi paste of medicated drugs is prepared in water or in any other liquid medium, hence hydrophilic portion absorbs via intracellular route whereas any lipophilic part present is absorbed through inter cellular route and enter the microcirculation ie. Palpebral arteries

which in turn reaches conjunctiva via conjunctival arteries as these are derived from arterial arcade of eyelids.⁽¹³⁾

4. Shigru has Chakshushya property and used for Kapha and Vata shaman. It has antioxidant, anti-inflammatory and anti-allergic properties.

Hence Shigru Patra Pindi may be helpful in treatment of Vernal keratoconjunctivitis in children.

Discussion:

Kriyakalpa are local treatment procedures of netra in ayurveda which have many advantages. In Kriyakalpa tissue contact time can be controlled & the medicine can be judiciously selected to increase Sheeta or Ushna, Snigdha or Rukshaguna in local area thus, high concentration of the drug can be achieved by applying medicine to eye.

In Pindi paste of medicated drugs is packed in a cloth and applied on eyelid for some time i.e. removed before it gets dried this leads to increase the tissue contact time and increases permeability of drugs through tissue and get rapid relief.

Shigru Patra Pindi is indicated in kaphaja Abhishyanda. It demulscent the aggravated Kapha by its Kapha shamaka and ruksha and ushna property. It helps to reduce the symptoms like Guruta (heaviness of lids), Kandu (itching), Pichila Srava (ropy discharge), Muhurmuhur-srava (frequent lacrimation), photophobia & burning sensation.

Conclusion:

Vernal keratoconjunctivitis is the severe form of allergic condition commonly seen in young boys which has same clinical features like Kaphaj Abhishyanda.

In modern ophthalmology treatment available for VKC have considerable side effects and recurrence of disease is commonly seen, to minimize these complications and to avoid recurrence treatment described in Ayurveda like Shigru Patra pindi may be helpful.

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