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Ayurvedic Management of savrana shukla vyadhi W. S. R. To superficial punctate keratitis

Dr. Ishwar Ashok Bhujbal

Associate Professor
Shalyatantra Department,
CSMSS Ayurved Mahavidyalay,
Aurangabad (Maharashtra, India)

Dr. Mahesh S. Dolas

Associate Professor
Shalakyatantra Department,
PMT'S Ayurved Mahavidyalay, Shevgaon,
Dist: Ahmednagar (Maharashtra, India)

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ABSTRACT:

Superficial Punctate Keratitis (SPK) is a chronic and bilateral condition of the corneal epithelium, typically manifests with acute exacerbations and remissions. The etiology remains uncertain, despite the possibility of viral etiology was suspected. Topical steroid eye drop administration is useful in aborting an acute phase. But steroid induced cataract, glaucoma are complications developed after long term use of steroid eye drops. Considering signs and symptoms of SPK, ayurvedic literary review was done & it can be correlated with Savrana Shukla Vyadhi described in Ayurveda. Savrana shukla is a disease in which corneal lesion or ulceration is the chief symptom along with Photophobia, Lacrimation and FB sensation. So considering symptoms Parishek with Triphala, Yashtimadhu, Shigru churna quath and Nasya with Panchendriya vardhan Tailam 6/6 drops in each nostrils treatment was given daily for 2 months and follow up for one year. Shigrubeeja taila Anjanam was given for 7 days as an Apunarbhava chikitsa. This treatment was used successfully for prolonged period with minimal ocular surface irritation. The purpose of this case study was to highlight the importance of diagnosing the problem clinically and also to report efficacy of this treatment. Two patients presented with blurred vision and FB sensation in both the eyes since two months. Slit lamp microscopic examination revealed multiple and punctate corneal epithelial lesions. The lesions resolved gradually by this treatment and with the follow up of one year. This treatment was effective in controlling punctate corneal epithelial lesions without discernible ocular side effects of steroidal eye drops.

KEYWORD: Superficial Punctate Keratitis, Parishek, Shigru beej tailam Ajanam

INTRODUCTION:

DEFINITION: SUPERFICIAL PUNCTATE KERATITIS -

(SPK) Characterized by bilateral corneal epithelial opacities with minimal or no conjunctival congestion, without the stromal association attributes to virus particles. It has got a specific clinical identity. The disease manifests bilaterally with irritation, photophobia, excessive, watering and FB sensation and on occasions with visual disturbances in the acute phase.

ETIOLOGY:

Exact etiology is not known.

A viral origin has been suggested without any conclusion

An allergic or dyskeratotic nature also has been suggested owing to its response to steroids.

CLINICAL FEATURES:

Age and sex: It may involve all ages with no sex predilection.

-Laterality: usually bilateral

Course: It is a chronic disease characterized by remissions and exacerbations.

SYMPTOMS It may be asymptomatic, but is usually associated with foreign body sensation, photophobia and Lacrimation.

SIGNS:

-Conjunctiva is uninflamed (no conjunctivitis)

-Corneal lesions – There are coarse punctate epithelial lesions (snowflake) circular, oval or stellate in shape, slightly elevated and situated in the central part (pupillary area) of cornea. Each lesion is a cluster of heterogeneous granular grey dots.

TREATMENT:

-The disease is self-limiting with remissions and may be permanently disappear in a period of 5-6 years.

-During exacerbations the lesion and associated symptoms usually respond quickly to topical steroids (so, should be tapered rapidly)

-Therapeutic contact lenses may be required in steroid-resistant cases.

Case report:

Two patients having age 32yrs and 23yrs visited YMT Ayurvedic Medical College & Hospital (Shalakya Tantra Netra roga) OPD was having symptoms like blurred vision, Photophobia, Foreign Body Sensation. On slit lamp examination SPK lesions were observed. Their visual acuity was 6/12 (p) and 6/12 in both the eyes respectively. They were using steroidal eye drops for more than two months with no improvement in vision and other symptoms. Considering signs and symptoms of this disease we compared it with Savrana Shukla Vyadhi.

AYURVEDIC TREATMENT GIVEN:

NASYA VIDHI with Panchendriya Vardhan Tailam 6/6 drops in each nostril for 15 days.

PARISHEKA VIDHI with 100 ml of Triphala, Yashtimadhu and Shigru churna quath for 3 minutes on each eye approximately for 15 days

ANJAN VIDHI with Shigru Beej Taila for 7 days.

All treatments were performed as per classical method given in Samhitas.

Same treatment was repeated after 15 days.

RESULT:

Punctate corneal epithelial lesions resolved by this treatment gradually. Associated symptoms like Photophobia, Foreign Body Sensation and blurring of vision were also resolved. This treatment showed excellent results in controlling the recurrence in addition to improvement in subjective sign and symptoms of SPK in both eyes.

DISCUSSION:

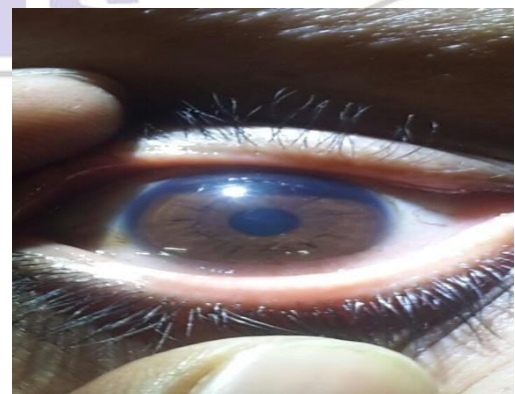
In Krishnagata vyadhi Vata along with Pitta dosha gets vitiated. So Nasya with Panchendriya Vardhan Taila acts on vatapitta dushti. Parishek is the 1st line of treatment for Savrana Shukla Vyadhi. It acts on Sama lakshanas in eyes like Photophobia, Foreign body sensation etc. So Parishek of Triphala, Yashti and Shigru acts on Sama lakshanas of the disease. When Nirama lakshanas generated in the eye Lekhananjana should be used for improvement of visual acuity. The histopathology of SPK is characterized by intra and intercellular edema at the level of the corneal epithelium, as well as exudates under the lesions. This belongs to vitiation of Kapha dosha. So Lekhananjana with Shigru beej tailam reduces Kapha dosha dushti & causes scraping of corneal epithelium and stromal layer which enhances visual acuity by resolving corneal lesions. All the dravyas used in the treatment are vatapittaghna and having chakshushya property.

CONCLUSION:

SUPERFICIAL PUNCTATE KERATITIS is a condition of unknown etiology that can easily be diagnosed by clinical examination alone which responds directly to topical steroids but there are side effects of that, but in the present case scenario, patients had benefited by the instillation of this drug with minimal stinging feeling of the eyes. Recurrences of the epithelial lesion were not observed in one year follow up. Treatment given to the patients can be considered as a new treatment modality and it is very cost effective. Further research need to be extended to the assessment of the immunological status of patients to find out whether the disease is a localized manifestation of an autoimmune phenomenon.



before treatment



after treatment

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