

## A clinical success in *Sirapidika* (episcleritis) with *Saindhavadi Bidalaka yoga* and oral medications – A Case Report

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### Abstract:

Episcleritis is a recurrent inflammation of the episcleral tissue producing mild redness, foreign body sensation and discomfort which is more common in females than males. There are many treatment modalities available for episcleritis in modern science viz. artificial eye drops, topical Non steroid Anti-inflammatory drugs (NSAID) and corticosteroid eye drops. But it gives temporary relief and the long term use of corticosteroid leads to some systemic complications. So it is a need of an hour to develop a treatment protocol which devoid of corticosteroid. Based on its clinical presentation episcleritis can be compared with the *Sirapidika* in Ayurveda. The present case report a 9 years old female who presented with the features of episcleritis since 3-4 days in left eye. She was treated by topical application of *Saindhavadi Bidalaka yoga* for continue seven days along with *Kaishore guggul* 250mg two times and *Amritarishta* 10 ml two times for 15 days orally. This single case showed complete relief in cardinal features.

**Key words:** *Amritarishta*, *Bidalaka*, Episcleritis, *Kaishore guggul*, *Sirapidika*

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**Introduction:**

Episcleritis is an inflammatory condition affecting the episcleral tissue characterized by redness in eyes, mild ocular discomfort like gritty, burning or foreign body sensation.<sup>[1]</sup> It is self-limiting but usually recurrent in nature, in most cases it is idiopathic and up to one third have an underlying systemic condition. Some cases may be caused by exogenous inflammatory stimuli.<sup>[2]</sup> It is more common in females than in males. Based on its sign and symptoms it can be correlated with *Sirapidika* which is defined as the condition in which there is a presence of mustard seed like granules covered by blood vessels near the *Krishna mandala* (cornea) associated with burning sensation and irritation.<sup>[3]</sup> There are many treatment modalities available for episcleritis in modern science viz. artificial eye drops, topical Non steroid Anti-inflammatory drugs (NSAID) and corticosteroid eye drops. But, it provides only temporary relief and on long term use of corticosteroid may leads to some systemic complications. Though it is a *Chedyvyadhi* as described by *Acharya* but depending upon the *doshik* involvement it can be managed by *Shamana* (oral medication) and *sthanika* (topical) *chikitsa*.<sup>[4]</sup> This single case report deals about the medical management of *Sirapidika*. Keeping it in mind and to explore better treatment modalities to reduce its recurrence and systemic side effects the present case study is reported here.

**Case report:**

A 9 years old female patient visited the *Netraroga* OPD of Shalakyta Tantra, All India Institute of Ayurveda Hospital, Sarita Vihar, New Delhi. She presented with chief complains of redness of left eye associated with foreign body sensation and mild lacrimation since one week. Before three months she had the same complaints and consulted by an ophthalmologist who prescribed some antibiotics and analgesic eye drops ,by using these medicines for 7-10 days patient got relief from above complaints but after 20 days she had the same complaints again and also continued the same medicines .By this time patient got no the relief. Hence the patient came to AIIA for better management with the above complaints.

On general clinical examination, the patient was found afebrile, had a moderate appetite with normal bowel movements and micturition. Systemic examination, including respiratory and other systems were reported normal (pulse rate = 78/minute, Respiratory Rate =18/minute and Blood Pressure = 120/78mmHg). No features of systemic auto immune disorders were found.

**Ocular examination:** On slit lamp examination of left eye- eye lid and adnexa were normal. The episcleral vessels were engorged and run in radial direction beneath the conjunctiva (Fig-1).Right eye- Eye lid and adnexa as well as the episcleral vessels were normal.

The cornea, anterior chamber, posterior chamber and ocular movements were found normal in both eyes. No abnormalities were detected in pupillary reaction. Intra ocular pressure (IOP) in

both eyes was 14.6 mm Hg. Her visual acuity of both eyes was 6/6. Routine haematological and routine urine examination was within normal limits.

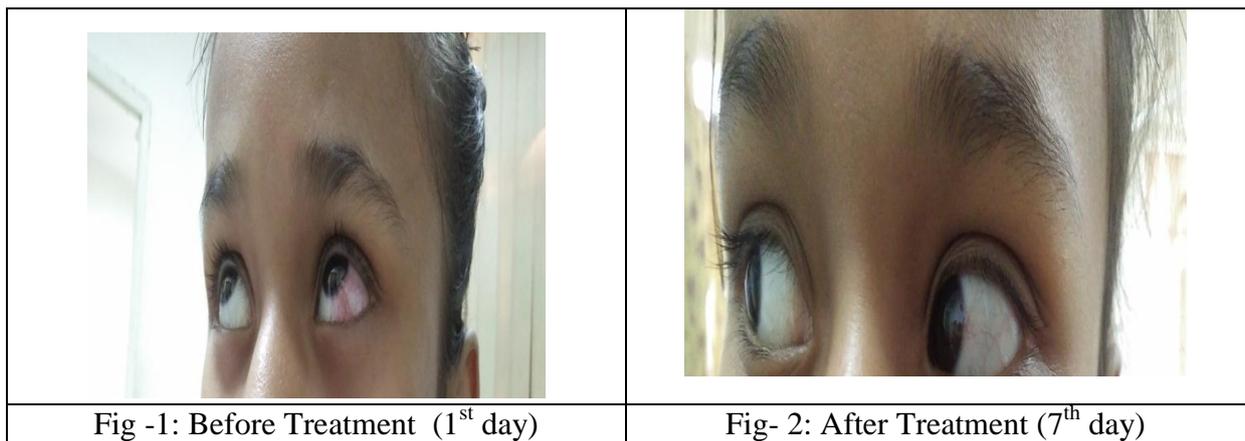
#### Treatment Given:

External application of *Saindhavadi Bidalaka yoga* was done for seven days on the eye lids except the eye lashes then *netra seka* with lukewarm water. In oral medications *Amriarishta* –Two table spoonful two times a day with equal amount of water after food and *Kaishore Guggul* -2 Tabs (250mg) two times a day with luke warm water after food was prescribed for 15 days.

#### Observation and Result:

Gradual improvement was observed in the patient after completion of *Bidalaka* treatment for 7 days along with above mentioned oral medications for 15 days. The patient got complete relief in signs and symptoms likes redness, foreign body sensation and mild watering in left eye. No recurrence even after 2 months of compliance of the treatment was found in this case.

The slit lamp examination showed no engorgement of episcleral blood vessel (Fig-2). Visual acuity was same as before i.e.6/6.



#### Discussion:

In *Sthanika chikitsa*, *Bidalaka* was done for 7 days. The contents of *Saindhavadi Bidalaka* <sup>[5]</sup> yoga are *Saindhava lavana* (Rock salt), *Haritaki* (*Terminalia chebula* (Retz)) , *Daruharidra* (*Berberis aristata* (DC)), *Gairika* (*Haematite*) & *Rasanjana*(*Extract of Berberis aristata* (DC)). Most of the drugs are having *tridosahara* properties and these *doshas* have importance in removal of *samprapti* of the *Sirapidika*(episcleritis). Also these drugs having *shothhara*(*anti-inflammatory*), *rakta sodhaka* (Blood

purifier), *vedanasthapana*, anti -microbial & anti- inflammatory properties which acts on Episcleritis.<sup>[6-7]</sup>

In *Shamana chikitsa*- *Kaishoreguggul* & *Amritarista* was given. *Kaishoreguggul* mainly contains *Triphala*, *Guduchi* (*Tinisporea cardifolia* l.), *shudha guggulu* which is having *deepana*, *aamahara*, *tridosahara* & *shothahara* properties.<sup>[8]</sup> *Amritarishta* mainly contains *Dashamoola* & *Guduchi* which is having *tridosahara*, *dahaprashamana*, *deepana*, *shothhara* properties.<sup>[9]</sup> Both

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*Kaishoreguggul* and *Amritarishta* having the anti-bacterial & anti-inflammatory properties. <sup>[10-11]</sup> Therefore due to above properties the medicaments acts on *Sirapidika* as it is a *tridoshaja vyadhi* with *daha,ragata* and *pidika*. They also may increase the immunity of the patients so there was no recurrence though the history of recurrence was presented by the patient.

### Conclusion:

Based on clinical presentation *Sirapidika* can be compared with episcleritis. *Amritarista* & *Kaishoreguggul* as oral medicines and *Saindhavadi Bidalaka* as *sthanikachikitsa* is effective in the management of *Sirapidika* (episcleritis). The drugs having *tridoshahara* & *shothahara* properties along with anti-bacterial & anti-inflammatory activity may help to manage the *Sirapidika* (episcleritis). The treatment protocol may be tried in more number of patients for concrete conclusion.

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