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Case Report

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APPLICATION OF GARIKADI BIDALAKA IN KAPHAJ ABHISHYANDA (BACTE-RIAL CONJUNCTIVITIS): A CASE STUDY

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ABSTRACT

Conjunctivitis is a common eye disease seen worldwide. *Kaphaja Netra Abhishyanda* is defined in Ayurveda as a disease affecting all parts of the eye characterised by Guruta (heaviness of lids), *Kandu* (itching), *Pichila* (repeated lacrimation), *Alpa Vedana* (Foreign body sensation) photophobia and burning sensation in eyes etc. Reviewing the clinical presentation from modern texts, it is found that it resembles Bacterial conjunctivitis. Infections spread all over the eye, not treated on time, thereby also affecting the adjacent vision at the same time. 30% of patients are affected by frequent episodes with intense and persistent symptoms. Here, local conjunctival tissues get inflamed and secondary infections occur. The most common causative organisms are Staphylococcus aureus, Staphylococcus epidermidis, Haemophilus influenza, Neisseria meningitis, and Corynebacterium diphtheriae. An ocular therapeutic called Bidalaka is **the application of medicated paste on the eye's outer surface expect eye-lashes**. Bidalaka is indicated in inflammatory conditions of the eyes. A 24-year-old female patient diagnosed with bacterial conjunctivitis on clinical presentation was advised *Gairikadi Bidalaka* for five days. The signs & symptoms were reduced to a very mild degree. The result proved to be effective based on clinical assessment.

Keywords: Kaphaja Netra Abhishyanda, Gairikadi Bidalaka, Bacterial conjunctivitis, Guruta, Kandu, Alpa Vedana, Pichila.

INTRODUCTION

In Ayurveda, it is said that many types of Netraroga are due to Abhishyanda.^[1,2] The word Abhishyanda is derived from two words viz "Abhi" means profuse or more and "Syandana" means discharge or secretions, combined meaning is profuse discharge from all parts of the eve.^[3] Abhishyanda is a Sarvagata disease, which occupies all Patal, mandal, and sandhis. Acharya Sushruta has described 76 types of Netra roga, which are classified according to Adhishthan, Sadhya-Aasadhyatva and Chikitsa. Acharya Sushrut has said that though the disease Abhishyanda is a curable entity, if it takes a chronic course, it may lead to it many associated complications such as Adhimantha Hatadhimanta. Netra Abhishyanda is described as a contagious i.e., aupsargic disease which means it is transmitted from person to person through contact. Acharya sushrut described Abhishyanda into 4 types depending upon its Dosha Dushti i.e., Vataja, Pittaj, Kaphaj, Raktaj. From these four types of bacterial conjunctivitis can be compared With Kaphaj it is characterized by intense Shotha, Snigdha, Sweta, Pichila, Ashrusrava, Alpa Vedana, Nidra, Kandu etc.^[4] According to modern, inflammation of conjunctiva is referred to as conjunctivitis.

The most common pathogen of bacterial conjunctivitis in adults is Staphylococcal species, followed by streptococcus pneumoniae and Haemophilus influenza. The curse of disease usually lasts 7 to 10 days. Symptoms of bacterial conjunctivitis include discomfort, foreign body sensation, mild photophobia, muco-purulent discharge, sticking of lid margins, lid swelling.

Cases of *Netrabhisyanda* (conjunctivitis) in day today practice are increasing. Its incidence is increasing due to poor hygienic conditions, hot & dry climate, poor sanitation & unhygienic habits. The incidence of bacterial conjunctivitis was estimated to be 125 in 10000 in one study. ^[5] Prevalence for chronic bacterial conjunctivitis is 25% of general population.^[6] Various Kriyakalpas like *Tarpan, Aschyotana, Anjana, Bidalaka* have been indicated in *kaphajabhishyanda*. *Bidalka* has been described by Acharya Charaka in eye diseases with *Raga, Sopha, Daha, Upadeha,* *Asru*.^[7] Therefore *Bidalaka* is a line of treatment in *Kaphaj Abhishyanda*. Bidal means cat eye. In this kriyakalpa paste of medicine is applied over eyelids and periorbital area except eye lashes; eye look like cast's eye hence called cat's eye.

PATIENT INFORMATION-

Case History-

A 24-year-old female patient came to outpatient department of Shalakyatantra, SSAM Hadapsar, Pune with complaints of foreign body sensation, redness, discharge with mild to moderate pain. She had acute onset of the above symptom for 2 days. With no medical or family history.

Clinical Finding-

On ocular examination Visual acuity of patient with glasses was 6/6 and 6/6p, eyeball movements were regular, conjunctival congestions were observed. Other all sclera, cornea, iris, pupil and anterior chamber were found to be expected.

On the basis of clinical signs and symptoms, the patient was diagnosed with bacterial conjunctivitis and advised *Garikadi Bidalaka* for 5 days using *Garika*, *Musta*, *Gorochan* and *Saindav*.

PREPARATION OF BIDALAKA-

Garik, Musta, Gorochan and Saindav paste was prepared with help of sufficient amount of water in the mentioned *Churnas*.

PROCEDURE OF APPLICATION-

(A) Poorva karma-

- ➤ Wash hands with water.
- Clean both the eyes and the surroundings with wet gauze pieces.

(B) Pradhan Karma-

- The patient is given a supine position with closed eyes.
- Garikadi Paste is applied under aseptic precaution around both eyes and eyelids except lid margins.
- According to Acharya Charaka, the thickness of *Bidalaka* should be equal to one-third of the thickness of thumb.

(C) Paschat karma-

The leap is cleaned out with gauze piece before it dries up.

The patient is asked to wash and clean the face with Lukewarm water.

FOLLOWUP AND OUTCOME-

Table.1.

Signs and Symptoms	Day 0	Day 3	Day 5
Eye discharge	Present	Mild	Absent
Lid edema	Present	Mild	Absent
Foreign body sensation	Present	Present	Absent
Redness	Present	Present	Absent





Fig.1 Before Treatment.

Fig.2 After Treatment.

After a complete treatment of five days, it was noted that the eye lid swelling has been reduced, redness has been reduced, eye discharge has been reduced and pricking sensation of eyes has been disappeared.



Fig.3 Garikadi Bidalaka.

DISCUSSION

Abhishyanda is included in Sarvagata Netraroga which affects eye having symptoms of conjunctivitis as per the modern science. In this present case study, eye discharge (Ashru Strava) with intermittent mild sticky eye discharge (Pischil Strava) lid oedema (Shotha), eye congestion(Raktata) unable to open eyes properly this case was diagnosed as Kaphaj Abhishyanda. The mode of action of Bidalaka follows the transdermal pathway for absorption. As the skin of eye lids has a thinner stratum corneum, thus due to lower impedance the penetration of drug through eyelid skin is higher. Most of the absorption occurs via epidermal route. *Bidalaka* paste of medicated medicines are usually made in water, hence hydrophilic portion absorbs intra cellular domain whereas if any lipophilic part present, the absorptions take through inter cellular route and enters the micro circulation. That is palpebral arteries (lateral and medial palpebral artery) which in turn reaches conjunctiva via conjunctiva arteries as these are derived from arterial arcade of eyelids.^[8] In *Bidalaka*, potency of drugs can be increased by altering temperature, concentration, tissue contact time and way of application.^[9]

The patient was prescribed for *Bidalaka* for 5 days, the drug *which* was used for *Bidalaka* in this case has anti-infective, anti-inflammatory properties hence it becomes very useful to overcome this clinical condition.

1. Garik-

Pittakaphashamak Dravya which helps in reducing *Raga* and *Shotha*. It has properties like *Snigdha*, *Vishada* and works as *Netrya*.

2. Musta-

Pitta kapha Shamak dravya which has properties like *Laghu, Ruksha* works as *Shothhara*(due to its anti-inflammatory properties).

3. Gorochan-

Pittakaphashamak Dravya has properties of *Snigdha and Stravaghna*, thereby helping in reducing eye discharge and congestion.

4. Saindhav-

Vata pitta kaphashamak Dravya helps in reducing Vedana and Raga.

The study showed relief in patient's symptoms therefore *Bidalaka* is one among the other *Kriyakalpa* for bacterial conjunctivitis as per Ayurvedic Science. However, the results obtained in this case study need to be substantiated with larger sample size.

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