

EFFICACY OF AYURVEDIC MANAGEMENT IN *POTHAKI*- A CASE REPORT WITH RESPECT TO ALLERGIC CONJUNCTIVITIS

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ABSTRACT

Pothaki is a *Vartmagataroga* explained in Ayurvedic classics with *Sopha*, *Upadeha*, *Ruk*, *Kandu*, *Pichilaasru* as chief complaints. Ayurvedic texts have explained a variety of treatments for this disease including the *Lekhanakarma*. Acharya Vagbhata included this disease under Pillaroga which specifies the chronicity of this disease. Vernal Kerato conjunctivitis is a clinical condition in modern science which shows similar clinical features and requires long term medication. Comparing with contemporary medicine, Ayurvedic treatments could bring very promising results in bringing down the signs and symptoms of allergic conjunctivitis. This article describes a case report of an 8 year old male child who was complaining of symptoms of allergic conjunctivitis. In present study, it is observed that Ayurvedic management has provided significant relief in all symptoms of allergic conjunctivitis.

Keywords: Allergic conjunctivitis, *Pothaki*, Vernal Kerato-conjunctivitis.

INTRODUCTION

Allergic conjunctivitis is a non-infectious clinical condition¹. About 15 – 20 % of world population suffer from some sort of allergic ocular disease. Allergic conjunctivitis may be the most common clinical condition in the group of allergic ocular diseases². There are several forms of allergic conjunctivitis. One of them is vernal conjunctivitis (VC). “Vernal” comes from the Greek word meaning “occurring in spring”. It is a common disease

worldwide and affects all races. The incidence is more in dry and hot environments such as South Africa, Mediterranean countries and parts of India, central and South America. All allergic conjunctivitis are typical mast cell mediated hypersensitivity reaction. Corneal involvement occurs in about 50% of patients with VC. Its main symptoms include intense itching of the eyes, watering, photophobia, mucus discharge, foreign body sensation,

thick, tenacious, yellowish ropy discharge consisting of mucus, epithelial cells, eosinophils, neutrophils etc. The main complications of vernal conjunctivitis are keratoconus and keratoglobus.

The signs and symptoms of vernal conjunctivitis are very much disturbing that it could affect the daily activities of the subject. The possible complications, also, cannot be ignored. So a complete cure to all the disturbing symptoms of allergic conjunctivitis as well as the prevention of complications like keratitis, keratoconus etc. is a challenge to the dealing ophthalmologist. The allopathic approach includes elimination of allergen, which is logically not possible, desensitisation (may be attempted by long course of injections), decongestant eye drops, mast cell stabilizers, steroids (on long term use may cause other complications like early cataract, raised IOP etc.). So an Ayurvedic approach in treatment could do the complete cure of the disease as well as the prevention of all possible complications.

AIMS AND OBJECTIVES

- To study the efficacy of Ayurvedic management in *Pothaki* with special reference to Vernal kerato conjunctivitis.
- To explore the disease *Pothaki* in Ayurvedic and modern parlance.

MATERIALS AND METHODS

An 8 year old male child patient of allergic conjunctivitis was selected. Consent from his parents was taken.

REVIEW OF LITERATURE

- **Ayurvedic diagnosis – Anatomical and physiological considerations**

The chief complaint, as all similar cases, was itching. *Kandu* as a chief symptom is not seen in many of the *netraroga*. Some such diseases mentioned by *Aacharya* in *Varthmaroga* can be excluded in this particular situation. *Kandu* is particularly dealt

in *Kaphajaabhishyanada* by *Aacharya Vaagbhata*³. But the early stages of VC, i.e, without the involvement of cornea and impairment of vision, could be considered as a condition pertaining to *Varthma* only. Here in this particular case, since there is no involvement of cornea and no impairment of vision, a diagnosis can be arrived at the level of *Varthmagataroga*. The patient typically presents *Kandu* and *Pichilasaava*. Also there were whitish *Pidaka* in the bilateral upper palpebral conjunctiva, so this may be considered as a case of *Pothaki*. Since the *Asrayasthaana* is *Varthma* (which is *Maamsa – Rakta* predominant), *Pitta dosa* (due to *AasrayaAasrayiBandham* to *Raktha*) also must be considered. *Rukis* a feature of *Pothaki* even though it is a *Kaphajavyaadhi*, so *Vaata* also may participate in its pathology.

- **Etiology & pathogenesis – Modern and Ayurvedic**

Vernal conjunctivitis is common in children especially males. Contact with animals, pollens, etc. are frequent causes. Some chemicals, cosmetics, eyelash dyes may also cause severe conjunctivitis. Type 1 hypersensitivity reactions to pollen and other atmospheric exogenous allergens mediated by IgE play an important role though other pathophysiological mechanisms involving the inflammatory cascade also contribute⁴. Sometimes allergen may be a bacterial protein of endogenous nature. Elevated IgE levels are demonstrable in the plasma and tear.

According to Ayurvedic point of view, the *Nidaana* is general *Netraroganidaana* and *Dosakopanidaana*. Due to *Nidaana*, *Kaphapradhaanatridosa* traverse through *Urdhwagatasira* and get *Sthaanasamsraya* in *Varthma* and the disease gets manifested⁵.

CASE STUDY

A male boy of 8 years old came in the OPD, Dept of *Saalakyatantra*, Govt Ayurveda College, Tripunithura, Kerala, India, complaining of severe

itching of both eyes associated with watering and photophobia with a duration of 2 years. The boy had a habit of playing carom board continuously. Thereafter he gradually developed itching of both eyes. Photophobia and watering were also started meanwhile. He consulted nearby ophthalmologist, but didn't get much relief. They prescribed spectacles and eye drops for him. These all were not satisfactory to relieve the symptoms.

CHIEF COMPLAINTS AND ASSOCIATED SYMPTOMS

Itching of both eyes since 2 years associated with severe watering and photophobia.

GENERAL EXAMINATION

Weight – 22kg

Height – 120 cm

Heart rate – 89/min

Pulse rate – 90/min

PERSONAL HISTORY

- Bowel – regular
- Appetite – good
- Micturition – regular
- Sleep - sound

PREVIOUS HISTORY

No history of previous illness

FAMILY HISTORY

Nothing relevant

INVESTIGATIONS

- Vision – 6/6 N6 (OD) and 6/6 N6 (OS)
 - **Slit lamp examination** : cornea – clear B/L
- No infiltration seen around the limbal area of both eyes.

DIAGNOSIS

Pothaki(Vernal conjunctivitis)

LINE OF TREATMENT

Pothaki is a *Lekhyasaadhyavyaadhi*.

In this patient, considering the age, rather than *Sodhana, Shamana* treatment was adopted.

The treatments given are:

- Sekawith *Triphalakasaya*.
- *Aschyothana* with *Triphaladiarkam*
- *Vaiswanarachurna* 5gm with hot water twice a day half hour before food.
- *Thalapothishil(Shirolepam)* with *Gairikadi-churnawithTakra* for 7 days
- *Vicharanasnehapaana* with *Indukantha gritha*⁶ for 12 days. 15gm morning in empty stomach, 15gm in the evening at bed time.
- *Jalookaavacharana* done in both eyes on alternate days during the course of *Vicharanasnehapaana*.
- *Virechana* done with *Avipathi churna*⁷ mixed with honey, after *Vicharanasnehapana*.
- *Marsanasya* done with *Shundyadi thailam*⁸ for 7 days
- *Anjanam* with *Elarasonadianjanam* for 14 days
- *Sirodhara* with *Padhyashadangkashayam* for 7 days

The patient was instructed to avoid milk, curd, sweet and sour drinks and dishes etc.

OBSERVATION AND RESULT

The patient got complete relief after the treatment at the time of discharge. He had given *anjana* (*elarasonadianjana*), *gruthapaana* (*indukantham grutham*10gm HS) as discharge medicine. Follow up was taken after 2 weeks which showed no recurrence of any symptoms or signs.

DISCUSSION

Susrutha mentioned that all *Vartmaroga* are occurring due to *Vridhhi* of *Mamsa* and *Raktha*. Even though *Rasa dhatu* is not separately mentioned in the pathogenesis, due to the close relationship with *Raktha*, *Rasa* also should be considered. While considering the pathophysiology of the disease *Pothaki*, *Kaphadosha* with *Rasa Rakthadhatu* vi-

tiation should be considered. The same pathogenesis can be seen in the *Amajanetraroga* so the initial management should be *Langhana*. The same clinical condition can be seen in Allergic conjunctivitis also and the management also follows the same outline.

In this case *Seka* and *Aschyotana* did the reduction in itching and odema of ocular surface which was very much soothing to the patient. *Shirolepa* is the particular treatment doing in Kerala traditional practice for the *SthanikaKapha Pitthashamana* because of its *rooksha* nature and *Takra* is a well-known medium for this due to its *Laghu* and *Kaphashamana* quality. *Jalookavacharana* is very much effective in all conditions of eye with *Rakthavitiation* presenting with itching and photophobia. Both these symptoms are reduced remarkably after *Jalookavacharana*. For the *Nasya* purpose the drug *Shundyadithaila* mentioned in *Kshavathu* is selected because of its immense power of relieving *SthanikaKaphadosha* and its proven effect on allergic eyediseases. *Elarasonadianjanam* which is explained in as the specific *Anjana* in *Pothaki* is used in this case which is found to be very effective in reducing *Upadeha*, *Kandu* and sticky discharge. For the purpose of *Shirodhara*, *Kashayadhaara* is selected by considering the *Abhishyandasamprapthi* in manifesting the disease because of the predominance of *Kapha & pitta dosha*.

CONCLUSION

Pacifying signs and symptoms as well preventing complications have equal importance in the management of vernal conjunctivitis. *Pothaki* also in its long term course may convert into a case of *Pillaroga*. Along with *Kaphashamana*, *Pitta* also must be alleviated considering the site of involvement. *Shirolepa*, *Jalookavacharana* and *Kashaya-Shirodhara* are found to be very effective in such clinical condition. *Jalookavacharana* can be taken as an emergency treatment in eye diseases presenting with Photophobia and eye pain in general.

Elarasonadianjana has a significant effect in pacifying sticky discharge and itching which are the predominating features in this disease. It also helps to prevent the recurrence of the symptoms. The Ayurvedic management was found to be effective in this case and the patient got complete relief of all the symptoms at the time of discharge.

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