

## VERNAL KERATO-CONJUNCTIVITIS AND ITS AYURVEDIC MANAGEMENT – A CASE STUDY

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### ABSTRACT

Vernal kerato-conjunctivitis (VKC) is a type of allergic conjunctivitis. It is bilateral, recurrent, occurs mainly in the childhood and rarely after 20 yrs. Presenting symptoms are: ocular itching, burning sensation, redness, watering, blurred vision, photophobia etc. Its incidence rate is high in hot and dry climate. As the onset is generally during the spring season, hence it is also called as spring catarrh. If remained untreated, it can cause serious eye damage and loss of vision. Topical steroids, anti-histamines, mast cell stabilizers are the only treatment modality mentioned in other contemporary science which reduces the inflammation to some extent but the recurrence rate is very high. So it is coherent to adopt Ayurvedic treatment to decrease the magnitude of recurrence rate and also to resolve the ailment. In *Ayurveda*, its clinical features can be correlated with *Kaphaja Abhishyand*. In this case study,

a 3yr old child diagnosed with VKC who has shown marked improvement in the symptoms with the Ayurvedic management is presented below.

**KEYWORDS:** Vernal kerato-conjunctivitis, *Kaphaja Abhishyand*, photophobia.

### INTRODUCTION

Health is the balanced and dynamic integration between our environment, body, mind and spirit. Ignoring any of them will lead to disturb ecosystem and health of an individual. Environment is a key to human health and *Ayurveda* is that branch of life science, which emerges out from nature, its resources and environment itself. More than a mere system of

treating illness, *Ayurveda* is a science of life. It offers a body of wisdom, designed to help people stay vital while realizing their full human potential.

Changes in the lifestyle and other adverse environmental factors causes impact on the general health of people, thereby altering the natural homeostatic phenomena. This in result leads to decrease immunity and resistance power against disease. Thus even a minute etiological factor can cause serious allergic disorder. These etiological factors, called as Allergens show immediate response when come in contact with respiratory tract, skin and eyes. Ocular allergy involves the surface of all ocular components, including the lid and lid margin also. Among various clinical forms of ocular allergy, Vernal keratoconjunctivitis (VKC) is one of the most troublesome allergic conjunctivitis affecting mainly children and adolescent with seasonal recurrence. In children, they eventually 'grow out' of the disease over a period of 5-10 years.<sup>[1]</sup> It is an IgE and T cell mediated allergic reaction with additional, ill defined non specific hypersensitivity response. Corneal involvement can take place in 50% of the cases.

**Symptoms:** Its main symptoms include itching of the eyes, redness, burning sensation, foreign body sensation and photophobia.

**Signs<sup>[2]</sup>:** Two typical forms are seen:

- 1) The *palpebral form* and
  - 2) The *limbal or bulbar form*
- 1) *Palpebral form:* On everting the upper lid the palpebral conjunctiva is seen to be hypertrophied and mapped out into polygonal raised areas, not unlike cobblestones. The colour is bluish white and may also be seen over the lower palpebral conjunctiva.
  - 2) *Limbal or bulbar form:* It is recognized by an opacification of the limbus with nodules or a wall of gelatinous thickening at the limbus.

When both types are present in single case, it is called as mixed form.

In some individuals, the disease is more severe with recurrences for several years which results in chronic dry eye and corneal ulcers. Topical steroids, anti histamines, mast cell stabilizers are the only treatment modality mentioned in other contemporary science. But all these give symptomatic relief only and severe side effects can be associated with it like keratoconus, keratitis, cataract and raised IOP (for using steroids as long term) etc. Thus modern medicines have no permanent answer for VKC. *Ayurveda* is the one and only

medical system which gives not only symptomatic relief, but also target the *nidana* (cause) of the disease and complications associated with it. In *Aurveda*, VKC can be well correlated with *Kaphaj Abhishyand* due to marked similarities of these two ailments. Moreover, the nomenclature 'spring catarrh' indicates the seasonal incidence of disease which is meant to be *Vasant Ritu*. As per Ayurvedic texts, in *Vasant Ritu* there is *prakopa* of *Kapha* and also in childhood age group, *Kapha* dominating period is seen. All these things framing the picture of *Kaphaj Abhishyand*. Here in the present case study, patient was treated with multiple oral medicines and significant improvement occurred in clinical symptoms of the patient.

### CASE STUDY

A diagnosed case of Vernal keratoconjunctivitis, a 3yr old child under HIN no.14585345412 along with his parents attended the OPD of *Netra vibhag* of *Shalaky Tantra* of Patanjali Ayurvedic college and Hospital on 21-03-2016 with the presenting complaints of redness, itching, watering and photophobia in both eyes. In an attempt to get rid of these problems he was taken for consultation with many renowned ophthalmologists, but all in vain. On OPD basis, multiple oral medicines were given and the treatment continued for more than one and a half year.

### On Examination

Both eyes shows redness in bulbar conjunctiva and mild congestion in the palpebral region. Mild opacification seen around the limbus area.

### Diagnostic Criteria

Diagnostic criteria was made on the basis of signs and symptoms of Vernal keratoconjunctivitis and those mentioned in Ayurvedic texts with reference to *Kaphaja Abhishyand* are as follows:

*Kandu* (itching), *Pichchil Srava* (mucus secretion), *Muhurmuhur Srava* (repeated lacrimation), *Guruta* (heaviness of lids), Redness, Photophobia, Gelatinous opacification at the limbus.

### Ayurvedic Management

On the basis of signs and symptoms as stated above, following management was given accordingly.

DATE	MEDICINES	DOSE	ANUPANA
On 1 <sup>st</sup> visit i.e. on 21/03/16	Haridra khand	½ tsf	With milk BD (half an hour after meals)
	Amalaki rasayan- 100gm Muktashukti bhasm- 10gm Saptamrit lauh - 30gm Shatavari churna – 100gm Moti pishti – 4gm Amrita satva – 20gm Avipatkar churna – 100gm	½ tsf	Mix all the ingredients and take ½ tsf BD with honey (half an hour before meals)
On 2 <sup>nd</sup> visit i.e. on 11/05/16	Above same and Mahatriphaladi ghrita-200gm	½ tsf	With milk BD (half an hour after meals)
On 3 <sup>rd</sup> visit i.e. on 27/02/17	Amalaki rasayan- 100gm Muktashukti bhasm- 10gm Saptamrit lauh - 30gm Avipatkar churna – 50gm Amrita satva-10gm Shatavar churna- 40 gm	1 tsf	Mix all the ingredients and take 1 tsf BD with honey (half an hour before meals)
	Mahatriphaladi ghrita-200gm	1 tsf	With milk BD (half an hour after meals)
	Giloy amla swaras	25 ml	BD half an hour before meals
On 4 <sup>th</sup> visit i.e. on 17/01/18	Amalaki rasayan- 100gm Avipatkar churna- 50gm Shatavari churna- 40gm	1 tsf	Mix all the ingredients and take 1 tsf BD with honey (half an hour before meals)
	Mahatriphaladi ghrita-200gm	1 tsf	With milk BD (half an hour after meals)
	Giloy amla swaras	25 ml	BD half an hour before meals

### OBSERVATION AND RESULT

Observation	Before Medication		After Medication					
	1 <sup>st</sup> visit		2 <sup>nd</sup> visit		3 <sup>rd</sup> visit		4 <sup>th</sup> visit	
	OD	OS	OD	OS	OD	OS	OD	OS
<i>Kandu</i> (Itching)	+++	+++	++	++	++	+	+	-
<i>Muhurmuhur Srava</i> (repeated lacrimation)	++	++	++	++	+	+	-	-
<i>Pichhil Srava</i> (mucus secretion)	-	-	-	-	-	-	-	-
Redness	+++	+++	++	++	+	+	-	-
Photophobia	++	++	++	++	+	+	-	-
<i>Guruta</i> (heaviness of lids)	+	+	+	+	-	-	-	-
Gelatinous opacification at the limbus	++	+	++	+	+	+	-	-

### DISCUSSION

In our Ayurvedic texts, Childhood (*Balavastha*) is mentioned as *Kaphaj* dominant age group due to *sanchaya* of *Kapha*. With the initiation of *Vasant Ritu* (spring season), there is rise in atmospheric temperature which increases the *Kapha dosha*, which leads to *prakopa* of *kapha*.<sup>[3]</sup> That is why in spring season, there is high prevalence of VKC (*kaphaj abhishyand*). This vitiated *kapha* travels through blood channels (via. *sira marga*) and reaches the

supraclavicular region, thereby reaching the *kapha* dominant areas of eyes i.e. *shwet mandala* and *vartam*. On reaching there, present symptoms like *kandu*, *shotha*, *muhurmuhur srava* and so on.

The vitiated *kapha dosha* while travelling through *suksham srotas* vitiates the *Rasa-Rakta Dhatu*. As *Rakta* is subsistent to *Pitta*, features of vitiated *Pitta* like redness, photophobia, burning sensation etc. appear. As the limbus part is junction of *Kapha* and *Pitta/Raktaj srotas*, structures like *Shwet mandala* and *Krishna mandala* is more involved.

In the present case, patient showed symptoms of *Kaphaj* as well as *Pittaj dosha* also, complained of itching, redness, watering from both eyes. On examination, due to involvement of limbal area by gelatinous opacification, the line of treatment given was anti *kaphaj* and *Pittaj /Raktaj* also. After taking medicines for 2 months i.e. on his 2<sup>nd</sup> visit, symptoms like *kandu*, *muhurmuhur srava*, photophobia and redness started decreasing gradually which later on, after his 3<sup>rd</sup> and 4<sup>th</sup> visit further diminished. The medicines continued for more than one and a half year and the results were tremendous.

## CONCLUSION

The strength of *Ayurveda* in the area of ocular ailments is nationally appreciated. The present case was aimed to evaluate the efficacy of Ayurvedic drugs as they are cheaper, safer, non-toxic and effective which gives not only symptomatic relief but also trigger the associated complications like keratoconus, keratitis, raised IOP etc. Further therapeutic *kriya kalp* procedures like *Lekhna*, *anjana*, *Aschyotan* etc. are required to speed up the process of recovery. If such a patient of *Kaphaj Abhishyand* (VKC) go for *kriya kalp* procedures along with oral medications, better results in very short span of time are anticipated.

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