



Role of *Daruharidra Rasanjana Pratisaran* in the Management of *Krimigranthi* w.s.r. to Blepharitis- A Literature Review

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Abstract

Ayurvedic approach for treatment of *Krimigranthi* (Blephrities) is to treat symptoms and prevent recovery of this disease. *Krimigranti* is one of the *Sandhigata Netraroga* which is characterised by itching, irritation, mild discomfort, occasional pain, watering and falling of eye lashes. This condition can be correlated to Blephrities which is one of the most common inflammation diseases of the lid margin. It is very common eye disorder which affects people of all age groups and generally does not cause any permanent damage to eye sight. In *Ayurveda* the treatment comprises of *Swedana*, *Bhedana* and *Pratisaran*. In present study *Daruharidra Pratisaran* was selected in the form of local therapy, because *Daruharidra* has property of quick wound healing which is useful in the treatment of pain and itching related disorder related to eyes and also having anti-inflammatory, anti-toxic property that tackles the above condition and hence selected for the present study.

Keywords

Daruharidra, *Krimigranthi* (blephrities), *Rasanjana*



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INTRODUCTION

Krimigranthi is one of the *Sandhigata Netraroga* which is characterised by itching, irritation, mild discomfort, occasional pain, watering and falling of eye lashes. This condition can be correlated to Blepharities which is one of the most common inflammatory diseases of the lid margin. It is a very common eye disorder which affects people of all age groups and generally does not cause any permanent damage to the eye sight. It is commonly seen in those persons who suffer from dandruff of the scalp. It can also be a metabolic disorder that can cause abnormal secretions from glands and zeis with excessive neutral lipids. Which are further splits by bacteria into irritating free fatty acids which irritate the lid margin and conjunctiva. It is clinically found in two forms squamous and ulcerative types. According to classics, it is caused due to vitiation of *kapha dosha* with the possibility of involvement of *krimi*. This may be understand as bacterial or parasitic or lice infestation leading to cystic inflammation of the lids (*Granthi* formation). The lid margin becomes swollen and nodular along with the presence of dandruff like scales. As the scales become coarser, the surface of the eye

becomes irritated and forms crusts, which may cause the lids sticks together especially while waking up in the early morning. The eye becomes dry due to inflammation of moisture producing tissue which causes a gritty sensation. In *ayurveda* the treatment comprises of *Swedana*, *Bhedana* and *Pratisarana*. In the present study, *Daruharidra Rasanjana pratisarana* was selected in the form of local therapy.

AYURVEDIC VIEW

Acharya Sushruta has mentioned *Krimigranthi Netraroga* in *uttartantra adhya no two*¹.

Krimigranthi is a swelling in which organisms get lodged in the junction of the eye lids and eye lashes to produce severe itching in those parts. These different forms of organisms move along the junction of eye lids and penetrate into *shukla mandala* (conjunctiva) and even in to the inner structure of the eye. According to *Vagbhata*, *Krimigranthi* or the painful cystic swelling produced by the pathogenic organisms with pus discharge, itching, burning and cracks over the skin, can be seen even in *Apang* (outer canthus) and *Kaninikasandhi* (inner canthus) in addition to the eye lids². *Acharya Videha* has described *krimigranthi* as a



sannipataja disease which continuously irritates the eye. He has also outlined various pathological events taking place in *krimigranthi*³.

A *granthi* (cystic swelling) is produced due to *pitta* and *kapha* in *vartmasandhi*. The heat digests the *granthi* to produce various *jantu* (*krimi*). These *krimis*, having very minute legs, move into *vartma* (eye lid) and *pakshma* (eye lashes) and settle there.

According to “*Dipica*” commentary on *Sarangdhara samhita*, *Krimigranthi* is seen in *Pakshmasandhi*, *Yogratnakar* has replaced the word “*Krimigranthi*” with “*Jantugranthi*”⁴.

TREATMENT

Krimigranthi is one among the five *bhedhya* *vyadhis*⁵.

- *Swedana*- Fomentation to the lid margins. A type of *mrudu swedana* is effective and it is termed as *lochanocita sweda* (Fomentation suitable to the eye- *Dalhana*).
- *Bhedana*- Puncturing of *granthi*.
- *Pratisarana*- A paste prepared from *manahsila*, *Ela*, *Tagara* and *saindhava* *Lawana* mixed with *honey* or drugs like *Triphala Kasisa*, *Saindhava* plastered over the site of *Bhedana*. According to

commentator *Dalhana*, *Pratisarana dravyas* advised in *Anjananamika* are useful here also.

- *Rasakriya*- *Pariseka* of *triphalakwatha* over the effected part.

Acharya Vagbhata has advised to pack the powder of dry cow dung (*gomaya*) in a cloth and foment the lids. Here the cow-dung acts as *krimihara*, *sulaghna* and *vranaropaka*. *Swedana* should be done to the effected eyelids by a packet of dried cow dung (*Indu*). *Bhedana* is done by *Vrihimukha* (*Arundatta*).

Yogratnakar has followed the same method of treatment in *Krimigranthi*. It resembles *pedeculariespalpebrae* and chronic *blephariti*.

MODERN VIEW

Blepharities is an eyelid inflammation usually surrounding the lid margin and eyelashes. It includes both infectious and non- infectious forms. Chronic *blepharities* is often linked to an occupation that causes dirty hands or poor hygiene in general.

VARIETIES

On the basis of clinical features, *Blepharities*, can be classified into-

1. Squamous *Blepharities*.

2. Ulcerative Blepharities.

CLINICAL FEATURES

Itching, burning, scratching, foreign body sensation, excessive tearing and crusty debris around the eyelashes, especially upon waking.

Visible ocular signs include lid erythema, collarettes (a fibrin crust encircling an eyelash), madarosis (missing lashes), trichiasis (an intumed eye lashes), plugged meibomian glands, conjunctival injection and superficial punctate keratitides on the lower third of the cornea.

MANAGEMENT

- Improved lid hygiene. Eyelid scrubs using a mild, deodorant-free soap or tearless shampoo will resolve most of the cases.
- For moderate, severe or chronic cases, topical and/or oral medications like sulfa drugs (i.e. sulfacetamide) or by competitive inhibition of para-aminobenzoic acid (PABA).
- In resistant cases, other acceptable preparations are- Gentamicin, Tobramycin, Erythromycin and Neomycin, Polymyxin B and Bacitracin, in either ointment or drop form.

- Though oral tetracycline, is not bactericidal, it inhibits the bacterial production of lipases, which increases stability of the tear film. If digital pressures apply on clogged meibomian glands, the exudate appears milky white rather than clear, the bacteria have infected the gland itself. This usually warrants oral antibiotic therapy⁶.

DRUG REVIEW

DARUHARIDRA

Botanical Name- *Berberis Aristata*.

Kula- *Daruharidrakula*.

Gana-

Charaka: Lekhaniya, Arshoghana, Kandughana.

Susruta: Haridradi, Musaladi, Laksadi, Daruharidradi.

Bheda (Varieties)-

There are about 12 species of Berberis seen in Himalayas and Assam. Common species used as *Daruharidra* are *Berberis aristata*, *Berberis asiatica* DC.Ex.DC and *Berberis lyceum* Royle.

Main features-

The main feature of this drug is the plant is with yellow coloured wood. Leaves have spiny margins. A fruit is rainy season. It is useful as a blood purifier, antihelminthic,



improves liver function and also useful in eye disorder.

Prayojyaanga (part used)

Mula and kanda.

Guna-

Rasa: Tikta, KAsaya.

Virya: Ushna.

Guna: Laghu, Ruksha.

Vipaka: katu.

Doshakarma-

Kaphapittasamaka.

Rogahnakarma (Pharmological action)

Sothahara, vedanasthapana, vranasodhana, vranaropana, dipana, pachana, raktasodaka, kaphagna, svedajanana, vranaya, tvakdosahara and rasayana.

Amayikaprayoga (Therapeutic uses)-

Rasanjana is useful in netraroga.

Matra (Dose)-

Drug in *kwata* form 50-100ml.

Rasanjana-1-3 Gms.

Chemical constituents-

Alkaloids, Berberin sulphate, Berberine.

RASANJANA

Rasanjana is the solid extract of the stems and roots of *Daruharidra*. They are usually covered with leaves. On removing the leaves a brownish black, shiny substance is seen and it is very bitter in taste. This is known as *rasanjana*.

METHOD OF PREPARATION OF RASANJANA

A *kwath* of roots and stems of *daruharidra* is prepared. Equal quantity of *ajaksira* (*goats milk*) is added. It is boiled and reduced to $\frac{1}{4}$ quantity and then allowed to cool and settle. Then it is poured on the dried leaves of the same plants or leaves of other plants. It is allowed to dry completely. Then the lump of *rasanjana* is obtained. *Rasanjana* is used in *netra rog*⁷.

DOSE- 1gm.

PRATISARNART USED MATERIAL

Madhu (Honey).

Daruharidra Rasanjana madhu pratisaran is used two times in a day for 15th day and follow up should be taking from 0,5th, 10th and 15th day.

CONCLUSION

Krimigranthi is one among the nine *sandhigata rogas* described in the classics. This condition can be correlated to Blepharitis which is an inflammation of the lid margin characterised by redness, irritation, itching and presence of dandruff like scales on the lid margin.

For present study, we selected *Daruharidra Rasanjana Pratisarana*

because *Daruharidra* has the property like-
shothahara, *vranasthapana*, *vranaropaka*,
raktasodhaka, *kaphagna*, *twakdoshara* and
also useful in eye disorder. Therefore, by
using this drug sign and symptoms of
Krimigranthi (Blepharitis) are relived.

BIBLIOGRAPHY

1. Vagbatta- Astang samgraha commentaries sasilekha of Indu edited by Dr. ShivPrasad Sharma, chaukhambha Sanskrit series Office, Varanasi.
2. Vagbhatta- Astang Hridaya with commentaries sarvangsundara of Arundatta and Ayurveda Rasayana of Hemadri, Chaukhambha Surbharti Prakashan Varanasi.
3. Sushruta- Sushrutsanhita, with commentary of dalhana, edited by vaidyajadavji Trikamji Acharya, Chaukhambha Surbharti Prakashan, Varanasi 8th edition, (reprint2010).
4. Clinical ophthalmology, 4th edition, Butter worth heinmann.
5. Salakya Tantra text book, prof. Udaya Shankar, 1st edition in 2012, Chaukhambha Visvabharati publication.
6. Dravyaguna- vijnana volume 2nd , by Professor. D. S. Lucas (1st edition 2008).
6. Salakya Tantra text book, prof. Udaya Shankar, 1st edition in 2012, Chaukhambha Visvabharati publication.
7. Dravyaguna, vijnana volume 2nd by Professor D.S. Lucas (1st edition 2008).

References-

1. Sushruta samhita uttartantra 2-9.
2. Vagbata-Astang Hridaya, Uttartantra 10-8,9
3. Videha
4. Dipica commentary on Sarangdhara Sanhita.
5. Sushruta Samhita Uttartantra 15-9.