



Triphala, Sariva Churna Bidalaka In The Management Of Blepharitis- A Case Study

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Abstract –

Blepharitis is a most common and most recurrent disease seen in the society. Therefore, this study was done to evaluate the efficacy of *Triphala, Sariva Churna Bidalaka* for the management and to prevent the recurrence of Blepharitis.

Materials & Methods: A fully conscious, normal oriented 51-year-old female patient visited In the Ophthalmology outpatient department on the 10th of September 2024 with complaints of itching, inflammation and redness of both eyelids from 7 days. As per the history given by the patient, she also has complaints of dry scalp and has been taking treatment at private clinic for the same but has had mild relief in her symptoms. The patient was treated with *Triphala, Sariva Churna Bidalaka* once a day in the evenings for 7 days. Routine follow-up was carried out, and regression in the symptoms was noted.

Result: At the end of the study, complete remission was found in the whitish dandruff like scales on upper eyelid margin in both eyes, itching, pain, redness and inflammation in both eyes. No recurrence of any symptoms was found during follow up period. No adverse event was reported during study.

Conclusion: Thus, it can be concluded that Ayurvedic approaches are helpful in managing blepharitis. This study emphasizes on the importance of integrated approach in healthcare.

Keywords: *Triphala, Sariva Churna Bidalaka*, Blepharitis.

Introduction –

Blepharitis is one of the most common ocular conditions for which patients seek ophthalmic care. It is a chronic inflammatory condition of lid margins which may occur in two forms viz. anterior and posterior. Anterior blepharitis can be divided in two types such as seborrheic and ulcerative¹. It is associated with ocular discomfort impacting the quality of life and at the same time it is associated with sequelae which are threatening to vision². Squamous Blepharitis is an inflammation of hair follicles and glands of zeis along with the edges of the eyelids. The glands of zeis secrete abnormal excessive lipids. accumulation of white dandruff-like scales are seen on the lid margin and among the lashes associated with mild discomfort, irritation, occasional watering and a history of falling of eyelashes. As per the modern texts disease Squamous Blepharitis is curable but the recurrence rate is very high. But minimize recurrence with Ayurvedic treatment, in modern science, antibiotic eye drop, steroids ointment etc. are mainstay in the treatment of this disease which provides temporary relief but not cure from the disease. according to Acharya Charaka, in the acute stage of ophthalmic diseases, i.e. *Amavastha*, *Bidalaka* is extremely useful among all other *kriyakalp*³. *Bidalaka* is defined as the application of medicinal paste over eyelids excluding lid margins. This gives an appearance like cat eyes (*Bidalaka*), thus called *Bidalaka*⁴. It takes care of inflammation, redness, burning sensation and discharge-like symptoms. In this case study patient was treated with *Triphala*, *Sariva*, *Bidalaka*, the components of *Triphala* have action like *Tridosha Shamaka*, *Shleshmahara*, and *Krimighna*, It is anti-inflammatory and antibacterial and *Sariva* is a *Ropak*.⁵

Study Rationale-

This article aims to find a solution to treating blepharitis for a longer time instead of providing temporary effects and avoiding recurrence with ayurvedic procedures as an alternative to the repeated steroidal application as symptomatic treatment.

MATERIALS AND METHODS

Case History: A 51-year-old female patient visited In the Ophthalmology outpatient department on the 10th of September 2024 with complaints of itching, inflammation and redness of both eyelids for 7 days. As per the history given by the patient, she also has complaints of dry scalp and has been taking treatment at private clinics for the same but has had mild relief in her symptoms.

The patient was treated with *Triphala*, *Sariva Churna Bidalaka* once a day in the evenings for 7 days after taking written informed consent at the OPD. Routine follow-up was carried out, and regression in the symptoms was noted.

Personal History

Diet-Vegetarian

Appetite -Moderate

Addiction - No any

Sleep – Normal

Micturition - Normal

Bowel- Regular

Ashtavidha Pariksha -

1. Nadi- *kapha pradhan*

2. Mala- *Prakruta*

3. Mutra: *Samyaka Pravrutti*

4. Jiva- *Sama*

5. Shabda- *Spasta*

6. Sparsha- *Anushna*

7. Druk- *Vartmagata shotha*

8. Akriti- *Madhyam*

Local examination of eyes

RIGHT EYE	LEFT EYE
Lid- Swelling and scales present	Lid- Swelling and scales present
Sclera- mild congestion	Sclera- mild congestion
Conjunctiva- mild congestion	Conjunctiva- mild congestion
Cornea- Clear	Cornea- Clear
Pupil: Normal in sight and reacting to light	Pupil: Normal in sight and reacting to light
Lens- Normal	Lens- Normal
Anterior Chamber: Normal	Anterior Chamber: Normal
Vision- 6/9	Vision - 6/9

Materials used for the procedure

Contents – *Triphala Churna* , *Sariva Churna* and distilled water.

Preparation of *Bidalaka* – *Triphala Churna* and *Sariva Churna* paste was prepared by mixing sufficient water.

Procedure of application

Poorva Karma

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

Pradhan Karma

- The patient is given a supine position with closed eyes.
- *Triphala churna* and *Sariva churna* paste is applied under aseptic precautions around both eyes and eyelids except lid margins.
- According to *Acharya Charaka*, the thickness of *Bidalaka* should equal one-third of the thumb's thickness.



Paschaat Karma

- *Lepa* is cleaned out with a gauze piece before it dries up.
- The patient is asked to wash and clean the face with lukewarm water.

OBSERVATION AND RESULT

Signs and symptoms were assessed, along with photographs taken before and after the treatment

Observation

Images



Signs and symptoms of follow up-

Signs and symptoms	Day 0	Day 3	Day 7
Inflammation	Present	Mild inflammation	Absent
Itching	Present	Absent	Absent
Redness	Present	Mild	Absent
Scales over lid margin (dandruff)	Present	Few scales	No scales

Discussion

In modern sciences, Blepharitis is treated by maintaining lid hygiene and topical instillation of antibiotic and steroid eye drops. *Bidalaka* acts through percutaneous absorption, which involves the passive diffusion of substances through the skin. The diffusional routes to penetrate normal intact skin involve appendageal and epidermal routes. The appendageal route involves transport through sweat glands and hair follicles. Epidermal route may take either transcellular intra or inter cellular pathways. It is proven to be the best *kriyakalpa* for eyelid disorders as it acts by its absorption through *Romakupa* (hair roots), *Sweda Vahini* (sweat glands) and *Sira Mukha* (blood capillaries) when applied in a direction against the hair follicles. In Sushruta Samhita, *Vartmagata Roga* has been mentioned, among which Blepharitis can be compared with *Klinnavartma* having similar symptoms like lid inflammation, itching and foreign body sensation. *Triphala* and *sariva* act as anti-inflammatory and anti-microbial due its *tridoshaja* properties⁴. *Bibitaki* and *Haritaki* acts as a antibacterial, *Amalaki* acts as a anti-inflammatory, *Triphala* act as a *Tridoshaghna*, *Haritaki* acts as a *Vataghna* due to its *Amla* and *Madhura Rasa*. *Amalaki* acts as a *Pittaghna* due to its *Madhura rasa* and *Sheeta Virya*, *Bibitaki* acts as a *Kaphaghna* due to its *Kashaya Rasa* and *Ruksha* and *Laghu Guna*. *Sariva* act a *Ropaka* due to its *Madhura guna* and *Sheeta Virya*, and it also acts as a *Daha Prashamana* and *Shothaghna*.

Conclusion

After analysis of all the data, it can be concluded that Ayurvedic management with *Triphala* and *Sariva churna* *Bidalaka* is effective in the Blepharitis. Thus, it can be concluded that Ayurvedic approaches are helpful in managing and to prevent Blepharitis. The objective of this study was to treat Blepharitis with Ayurvedic

management considering minimal side effects. Effective results were achieved through this case study, thus attaining the aim of this case study.

Further scope of the study

A study can be done on a larger population for longer, as this has fewer to no side effects. Recurrence of Blepharitis can be avoided by treating the root cause, which is seborrheic dermatitis of the scalp, thus resulting in treating Blepharitis as well. Further study can be done on treating Blepharitis using other *kriyakalpas* than *bidalaka*.

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