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## Role of Triphala Parishek in Lid Concretion : A Case Study

By Dr. Pratibha Upadhyay, Dr. Shamsa Fiaz & Shalakyia Tantra

**Abstract-** Concretions are small white or yellowish dots, usually less than 1mm in diameter, commonly seen on the undersides of the eyelids. They contain cell debris and calcium. They may be the result of past inflammation. Occasionally they cause irritation. If concretions are causing symptoms, the ophthalmologist intend to remove them. After using anaesthetic drop, concretions can usually be teased out with the tip of a hypodermic needle. In the case chosen in our study the patient has been suffering from ocular discomfort BE since 5 yrs gradually that patients complaint has been increasing in spite of using all the allopathic medicines as prescribed by the doctor. So here in our study triphala parishek is tried for 10 days in three sittings with gap of 10 days and patient got complete and gradual relief from the symptoms in duration of 2 months.

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# Role of Triphala Parishek in Lid Concretion : A Case Study

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## I. INTRODUCTION

Conjunctival concretions are of common occurrence and appear as minute hard yellow or white spots in the palpebral conjunctiva. They represent the inspissated degenerative products of leucocytes that wandered from epithelium and of cast off epithelial cells. Usually they cause no symptoms., however, they give rise to irritation and a foreign body sensation in eye. In ayurvedic texts there is immense description regarding various lid disorders of eye under the vartamagata roga in susruta uttar tantra.

Vartma Sharkara is among Vartmagata Roga (disorders in eyelids) that is explained among the twenty one types of Vartma Rogas described in Susruta Samhitha<sup>1</sup>. All the three Doshas are involved in this disease (Sannipataja)<sup>2</sup> and is curable by Lekhana Karma (scraping procedures). Vartma Sharkara is characterized by a hard large Pidaka<sup>3</sup> (eruption) with surrounding small densely arranged number of Pidakas inside the eyelid. As per Vagbhata<sup>4</sup>, Vartma Sharkara is described as Sikata Vartma. He described Sikata Vartma as Pidaka (eruptions) which are hard, rough, dry and resembling sand appearing inside the lids. Thus it can be said that it is a kind of small, hard, whitish or yellowish brown (resembling sand-Sikata eruptions in the posterior surface of the eyelids without any discharge. artificial tears during day time and lubricating eye ointments at bedtime are prescribed. Whereas if it gives symptoms like foreign body sensation, irritation it

should be removed by hypodermic needle under topical anaesthesia. This concretion removal by hypodermal needle almost all the time causes conjunctival damage and bleeding. Thus this study was planned to overcome this problem and to evolve a sustainable treatment modality to treat conjunctival concretions <sup>5,6,7,8,9</sup>.

### a) Aim of the study

To develop a successful, safe and sustainable line of treatment in the management of conjunctival concretion according to the principles of Ayurveda.

## II. MATERIAL AND METHODS

A Male patient having age 60yrs attended to eye OPD in the National Institute of Ayurveda, Jaipur, Rajasthan, with conjunctival concretion were selected as per the inclusion and exclusion criterias.

### a) Inclusion Criteria

Patient with conjunctival concretions who complained of eye discomfort or eye irritation, lacrimation and foreign body sensation and who was willing to participate was selected for the present study irrespective of their age, race, religion, sex, caste and socio-economic status.

### b) Exclusion Criteria

Patients having asymptomatic conjunctival concretion was excluded.

### c) Diagnosis Criteria

Patients were diagnosed by using diffuse torch light and findings were further verified by the slit lamp examination.

### d) Assessment Criteria

The assessment was done before treatment and after treatment. Also the follow up was done after one month after the treatment. The signs and symptoms were assessed by self-designed scoring system, described in the table No.1

**Author α ρ:** Phd scholar, Asso. Proff & Head, NIA, Jaipur.  
e-mail: dr.pratibha5685@gmail.com

Table No. 1: Scoring system for the assessment

Symptom	Scoring System			
	1. Absent	2. Mild	3. Moderate	4. Severe
1. Foreign body sensation of the eye	No foreign body sensation	Occasionally present and not disturbing daily routine	Frequently present and disturbing daily routine	Present continuously disturbing daily routine
2. Eye discomfort or irritation	No discomfort or irritation	Occasionally present and not disturbing daily routine	Frequently present and disturbing daily routine	Present throughout the day and disturbing daily routine
3. Excessive lacrimation	No excessive lacrimation	Occasionally present, no need to wipe with handkerchief	Frequently present, needs to wipe with handkerchief and not disturbing daily routine	Present throughout the day, needs to wipe with handkerchief disturbing daily routine

*Treatments:* Thriphalādi Netra Parisheka contains equal quantity of powder of *Terminalia berelica* (Vibhitaka), *Terminalia chebula* (Haritaki), *Phyllanthus embilica* (Āmla), *Glycyrrhiza glabra* (Yashtimadhu) and

*Symplocos racemosa* (Lodhra) which is a commonly used formula in eye OPD of the National Institute of Ayurveda.

#### e) Data analyzing and Statistical methods

All the data was analyzed by Microsoft Excel-2007 and presented as percentages.

 Table No.3: Pharmacological properties of Thriphaladi Parisheka<sup>10,11,12,13,14,15,16,17,18.</sup>

Name of the drug	Rasa	Guna	Virya	Vipaka	Dosha karma
<i>Terminalia chebula</i> (Haritaki)	Pancha rasa	Laghu Ruksha	Ushna	Madhura	<b>Chakshushya, Rasayana</b>
<i>Terminalia berelica</i> (Vibhitaka)	Kashaya	Laghu Ruksha	Ushna	Madhura	<b>Chakshushya, Kapha-pitta Nashaka</b>
<i>Phyllanthus embilica</i> (Āmla)	Pancha rasa	Laghu Ruksha	Sita	Madhura	<b>Chakshushya, Rasayana Thridoshajit</b>
<i>Glycyrrhiza glabra</i> (Yashtimadhu)	Madhura	Guru Snigdha	Sita	Madhura	<b>Chakshushya, Balya Vata-pittajit</b>
<i>Symplocos racemosa</i> (Lodhra)	Kashaya	Laghu	Sita	Katu	<b>Chakshushya Kapha-pitta nashaka, Grahi</b>

It is responsible for the purification action and pacifying of Kapaha Dosha. Maximum of them have Madhura Vipaka which is important for pacifying Pitta Dosha<sup>19</sup>. All of the ingredients contain Chakshushya property and Kashaya rasa.

### III. DISCUSSION

According to the signs and symptoms mentioned in Ayurvedic classics Vartma Sharkara or Sikara Varma can be correlated with conjunctival concretion which is a degenerative condition of the conjunctiva. Old age and anterior segment chronic inflammations are the main causative factors of concretion. The present study also confirmed those

factors and another etiological factors also i.e. exposure to heat or sunlight frequently and long term exposure to near work which are the causative factors of eye diseases mentioned in Ayurvedic authentic texts. Concretions are more common in upper lids and present study also confirmed it.

Treatments are not essential if it is asymptomatic. However if it is present with symptoms should be removed by hypodermic needle under topical anaesthesia. The concretion removal by hypodermal needle almost all the time causes conjunctival damages with bleeding and most of the time it may be a cause for following conjunctival inflammations unless treated with a topical antibiotic. Ayurveda also advised to perform

Lekhana Karma or remove by scraping. Triphaladi Netra Parisheka with lukewarm decoction was performed to better purification of the eye. It was also helpful for the eliminating the irritation or foreign body sensation. Also it increases blood circulation inside the lids which increases drug absorption. Further Triphaladi Netra Parisheka consists with Chakshushya properties which are beneficial for the healthy maintenance of eye and has anti inflammatory and antimicrobial properties too.

#### IV. CONCLUSION

Hence it can be concluded that the above mentioned line of treatment is ideal remedy for the management of Varma Sharkara or conjunctival concretion because it completely cure almost all the signs and symptoms without any adverse effects. It was further proved that the treatment had a sustained effect even after one month of follow up period. This study can be evaluated on a large sample size to effectively access the treatment.

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