



AYURVEDIC MANAGEMENT OF PINGUECULA - A CASE REPORT

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ABSTRACT

Introduction - Pinguecula is a benign, common degenerative condition of the conjunctiva. It appears as a yellowish - white mass on the bulbar conjunctiva. The exact cause of Pinguecula is unknown, however good evidence of the association between increasing age and ultraviolet light exposure has been found. Usually, it is asymptomatic and causes only cosmetic complains but if it gets inflamed (Pingueculitis), it needs proper attention. Treatment includes Corticosteroids, surgical excision and argon laser photocoagulation. Main Clinical Finding - There was a white elevated mass in the right eye temporally, which was present near the limbus with some congestion. Diagnosis - It was a case of Pinguecula. Interventions - A single case study of inflamed Pinguecula which was corrected with *Nagradi Aschyotana*, *Triphala Kwath Seka* and *Triphala Guggulu*. Outcome - The white elevated mass disappeared, and other symptoms were relieved completely. Conclusions - Topical corticosteroids can only work on the inflammatory condition. Surgery and Argon laser photocoagulation treatment is the option for removal of Pinguecula, which is not affordable for all patients. *Ayurvedic* treatment can give better results and also it is cost-effective. So, an attempt is made to show the result of *Ayurvedic* treatment in a case of Pinguecula through this article.

Keywords: *Pishtaka*, Pinguecula, *Nagradi Aschyotana*, *Triphala Kwath Seka*, Case Report.

INTRODUCTION

Pinguecula is an extremely common degenerative condition of the conjunctiva which is characterized by the formation of a yellowish-white mass on the bulbar conjunctiva near the limbus. This condition is termed Pinguecula because of its resemblance to fat, which means Pinguis.^[1] They are less transparent than normal conjunctiva. The prevalence rate ranges from 22.5% to 97%. Unsurprisingly, it seems to be higher in tropical countries. Pinguecula is generally asymptomatic. However, if it is inflamed, the dilated blood vessels release histamine, serotonin, bradykinin and prostaglandins to results in the symptoms of Pingueculitis. The surface of the conjunctiva overlying the Pinguecula will interfere with the normal spreading of the tear film. Thus dry eye symptoms such as burning sensation, itching and foreign body sensation occur.^[2]

Ayurveda describes a similar condition called *Pishtaka* which matches a clinical picture of Pinguecula. *Pishtaka* is mentioned in *Ayurvedic* literature under *Suklagata Roga*. The dot which is bulged up resembling water, white like flour of rice and round in shape is known as *Pishtaka*.^[3]

Etiology

The risk factors for the progression of Pinguecula include exposure to ultraviolet light, trauma, wind, dust, sand, prolonged outdoor working and advancing age.^[4] It is commonly seen in males most likely due

to occupational exposure to sunlight or ultraviolet light.

Case History

A 14 yrs old boy visited the *Netraroga* OPD dated 11th January 2022 along with his mother from a nearby rural area. The patient complained of foreign body sensation, redness and mild heaviness in the right eye for 2 months. A black dot (naevus) was present temporally since birth. He was using artificial tears and anti-inflammatory eye drops. According to the patient's mother, there were no improvement in symptoms, and she seemed to be very worried about it. No significant systemic and family history was noted.

Clinical Findings

There was a white elevated mass in the right eye temporally, which was present near the limbus with some congestion.

Below are the observations mentioned in Table 1, Table 2 and Table 3 on the basis of Ocular Examination, Fundus Examination and Visual Acuity respectively.

Table no. 1: Ocular Examination

Ocular examination	OD	OS
Eyelid	NAD	NAD
Eyelashes	NAD	NAD
Lacrimal apparatus	NAD	NAD
Bulbar Conjunctiva	Congestion present with white elevated mass	NAD
Palpebral Conjunctiva	NAD	NAD
Cornea	Clear	Clear
Pupil	RRR	RRR
Anterior chamber	NAD	NAD
Lens	Transparent	Transparent

Table no. 2: Fundus Examination

Fundus	OD	OS
Media	Clear	Clear
Optic disc	NAD	NAD
Macula	NAD	NAD
Retinal blood vessel	NAD	NAD

Table no. 3: Visual Acuity

Visual acuity	OD	OS
Distant vision (Without glass)	6/6P	6/6
Near vision	N6	N6

Dashavidha Pariksha

- | | | |
|------------------|---|-------------|
| 1. Prakriti | - | Vata Kapha |
| 2. Vikriti | - | Kapha |
| 3. Vaya | - | Balyavastha |
| 4. Sara | - | Asthisara |
| 5. Satwa | - | Madhyama |
| 6. Samhanana | - | Madhyama |
| 7. Ahara Shakti | - | Pravara |
| 8. Vyayam Shakti | - | Pravara |
| 9. Pramana | - | Madhyama |
| 10. Satmya | - | Madhyama |
| Srotasdusti | - | Raktvaha |

No investigation is required but Schirmer's Test was done to test any association with a dry eye which was 17 mm for the eye without topical anaesthesia.

Intervention

Anti-inflammatory and artificial tear eye drops were stopped. Oral medication and *Kriyakalpa* was advised to the patient for one month as mentioned in Table 4.

Table no. 4: Medicine doses

Medicine	Dose	Time	Type of administration
<i>Triphala Guggulu</i>	1 Tablet	2 times a day	Orally
<i>Nagradi Ashchyotana</i>	2 drop	4 times a day	<i>Aschyotana</i>
<i>Triphala Kwatha</i>	200 ml	In morning	<i>Netra Seka</i>

Along with the above medication, the patient was also advised to safeguard their eyes from UV light, wind and dust.

Follow-up & Result

First Visit: A white elevated mass with congestion can be noted near the limbus. (Figure 1)



Figure 1: First Visit

First Follow-up (After 7 days): Foreign body sensation and feeling of heaviness in right eye minimized. (Figure 2)



Figure 2: First follow up

Second Follow-Up (After 15 days): The patient reported an absence of heaviness. The elevated mass was almost dissolved. The vision in the right eye improved to 6/6. Mild congestion was still present. (Figure 3)



Figure 3: Second follow up

DISCUSSION

Pishtaka is *Kaphaja* and curable disease.^[5] It can be treated as *Kaphaja Abhishyanda*.^[6] *Nagradi Aschyotana* is specially indicated as *Kaphaja Netraroghara* which contains decoction of *Triphala*, *Nagara*, *Vasa*, *Nimba* and *Lodhra*.^[7] Only *Triphala Kwath Aschyotana* is said to be the best in all types of *Abhishyanda*, however, in combination with *Nagara*, *Vasa*,

Nimba and *Lodhra*, it may possess better anti-inflammatory and decongestant effects. The purpose of choosing 8 drops for *Aschyotana* is to perform its *Lekhankarma* effect.^[8] *Triphala Guggulu* is reputed for treating any kind of inflammatory condition. *Netra Seka* with *Triphala Kwatha* can act as *Tridosha Shamaka*. It comes under *Lekhana Netra Seka* which is mainly used in *Kaphaja Netra Roga*.^[9]

CONCLUSION

Pinguacula is sometimes not problematic as it is usually found in adults and old-aged people. But if it is seen at a very young age and also causes ocular discomfort, dry eye symptoms and congestion then it cannot be ignored. In my present study, the condition was the same. So, the *Ayurvedic* treatment is advised to the patient following the classical principles. The patient was completely relieved. Furthermore, studies are needed to make a good conclusion and effective treatment for patients with Pinguacula.

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