

A Critical review on Vernal Keratoconjunctivitis and its Ayurvedic Approach

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ABSTRACT: Vernal keratoconjunctivitis is a allergic conjunctivitis, mostly childhood and adolescent age group suffering from this troublesome ocular disease , and rarely occur after 14 yr . The diseases incidence is more common in hot and dry climate .Children suffers from itching, redness, discharge, grittiness, lacrimation, photophobia, and etc. Thereby , decreasing in study hours of childrens. These symptoms get exaggerate in the spring season so called as “spring catarrh”. Topical Nonsteroidal anti-inflammatory drugs (NSAIDs), steroids, mast cell stabilizers are the available treatment options which gives symptomatic relief but have some side effects if use for long-term. So, there is an increasing demand in Ayurvedic system of medicine to understand the disease and find some alternative for management on it.

After going through the clinical presentation from most of the Ayurvedic text, it concluded that Vernal Keratoconjunctivitis means Spring Catarrh resemble to Kaphaja Abhishyanda . The nomenclature of the disease ‘spring catarrh’ is indicative of season Vasanta Ritu , and as per the Ayurvedic classical text principles, Vasanta Ritu is the Kapha Prakopa kala (period) and childhood age group is also the Kapha dominating span of life. The clinical features of the disease are very much resemble to Kaphaja Abhishyanda.

Key words – Kaphaja Abhishyanda, Vernal keratoconjunctivitis

INTRODUCTION

Well- being of the society and balanced ecosystem are closely related to awareness, environment, and health, ignoring any one of them will lead to a disturbed ecosystem and well-being of the society as a whole . Ayurved is perfect life science, which completely depend on nature, its resources, and environment, for the maintenance of a healthy life and defending the disease condition. Environment is key to human health. And the study of the disease is study of man and environment. In fact many of man's health problem cause due to environmental factors. Altered homeostasis occurs because of adverse environmental factors, which disturb the natural rhythmic and seasonal rhythms. This imbalance directly or adversely affects body and the disease resistance power.

In such condition, human body suffers to serious disease even with minor infectious factor. “The respiratory tract, eyes, skin show immediate response to the exogenous factors called ALLERGENS”. Oral cavity is at the least risk as it being continuously cleaned with saliva in life Sensitivity towards allergies can develop any time, in childhood and adolescence greater chances for the allergic diseases development occur.

Keratoconjunctivitis (VKC) does not affect the vision but, in childhood it is an extremely comfortless disease, decreasing the studying time of children, and some time it will last for a years. Rarely it cause corneal ulcer or keratoconus which effects vision.

In childhood and adolescent age Allergic conjunctivitis is very common and often diagnosed as infective conjunctivitis. Vernal Keratoconjunctivitis (VKC) is the most common and troublesome, among all varieties of allergic conjunctivitis, In this child suffers from intense itching grittiness, discharge, redness, lacrimation, photophobia etc. The disease becomes worse during the warm months. The main allergens considered are Pollens, but recent observations show that the pollens are not the only cause behind it.

The optional treatment like NSAIDs, topical corticosteroids and Mast cell stabilizers are available, but with that we can get only symptomatic relief and these drug cause sensitivity, increasing resistance, preservative-induced dry eye, and some time complications of the corticosteroids, for example, glaucoma, cataract, and increased risk of bacterial and fungal infections.

On reviewing the clinical presentation from the classical Ayurvedic text, Spring Catarrh resembles Kaphaja Abhishyanda. The disease spring catarrh nomenclature is indicative of season *Vasanta Ritu*, it is the *Kapha Prakopa* period of the year as per the Ayurvedic principles and childhood age group is the *Kapha* dominating period of life. The clinical features of the disease are similar to those of *Kaphaja Abhishyanda* as per Ayurvedic text.

MATERIALS AND METHODS

This study was carried out by literature search and critical review of the obtained facts. The pathogenesis of VKC was studied from various modern textbooks of various authors and by searching various online medical research databases like pubmed, Google scholar, and other national research databases.

The studies of various Ayurvedic texts were made.

Observation

Vernal keratoconjunctivitis (VKC) is a recurrent bilateral disorder in which both IgE- and cell-mediated immune mechanisms play important roles. It primarily affects boys and onset is generally from about the age of 5 years onwards. VKC is rare in temperate regions but relatively common in warm dry climates.

Hereditry is one of the major distinguishing factors. As scientific research has found, the risk of developing allergies increases by approximately 30% if one of the parents is allergic. If both the parents have allergies, offspring's risk is greater than 60%.

In Ayurveda hereditary disorders explained under *Janmabal pravrutta* roga in addition to inherited tendencies, whether a person experiences an allergic reaction or not for that several other key factors are there which determine it, and how severe that will react. These include the strength of the individual's digestive fire known as *Agni*, the quantity and strength of allergen that enters the body, and a person's current state of balance or

imbalance of doshas in the body. Fortunately, there are techniques to strengthen our agni and avoid allergen exposure means, and improve state of doshic balance.

DISCUSSION

As per Ayurvedic text childhood age is the *Kaphaja Dosha*– dominant period of life, due to liking for sweet, curd, excess intake of fluids, and day sleep leads to *Kapha Sanchaya* in this age. *Kapha Prakopa* occur as there is rising atmospheric temperature in the spring season. This increased *Kapha* goes to supraclavicular region through the blood stream, where the already increased *Kapha* lead to features like inflammation (*Shotha*), itching, *Upadeha Srava*, etc. in *Kapha* dominating parts of the eye, that is, *Shweta Mandala* and *vartma*,

Through the *Sira Marga* (blood stream) the increased *Kapha* being carried and raise the *Rasa– Rakta Dhatu*. As *Rakta* and *Pitta* are subsistent to each other, *Pitta* also get increased. Because of the sun or heat in *Vasanta Ritu* *Pitta* get vitiate, wherein the eyes get redded, discharge and lacrimation as well as photophobia appear. Being the junction of the *Kapha* and *Pitta / Raktaja-Srotas* derivative structures (*Shweta Mandala* and *Krishna Mandala*) Limbus, is more involved.

Corneal ulcer occurs if the *Rakta / Pitta* level increase more. even though VKC is said to be *Kaphaj* the line of treatment should be anti-*Kapha* and *Pitta / Rakta*. Perhaps, this is the reason *Abhishyanda* has been categorized / classified as *Raktaja Roga* on pathological grounds.

CONCLUSION

Kaphaja Abhishyanda is a benign, but distressing illness of childhood, which can be better managed or treated with a simple, safe, non-toxic, cheap, and effective Ayurvedic formulations.

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