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A Conceptual Review on *Anjanamika* with special reference to *Hordeolum externum*

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ABSTRACT

Anjanamika is the disease, having small *Pidika* which is soft (*Mridu*), moderately painful (*Manda Rujā*), Copper red (*Tamra*) in colour and having burning (*Daha*) and pricking sensations (*Toda*) due to vitiation of *Rakta Dosha* *Pidika* originate in eye lid. Is said to be a *Sadhya Vyadhithough* it is *RaktajaVyadhi*. The disease can be managed by *Swadana*, *Bhedana*, *Nishpidana*, *Pratisarana* and *Anjana* etc. The clinical features and management of *Anjanamika* closely resembles the *Hordelum externum*. *Hordelum externum* is an acute suppurative inflammation of gland of the zeis. The disease is characterized by acute pain with lid swelling, photophobia and mild watering. The disease is more common in kids, youngsters, adults and in parsons with eye strain because of refractive errors. The management of the disease can be done with topical and oral administration of antibiotics, anti-inflammatory and analgesics.

KEYWORDS

Anjanamika, *Anjana*, *Bhedana*, *Swedana*



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INTRODUCTION

Chakshu or organ of sight is the most emergent sense organ among the five others is quoted in Ayurveda. *Netra Rogas* are classified in a specific way by the different *Acharyas*. *Acharya Sushruta* described 76 types of eye diseases¹. *Anjanamika* is one among these twenty one *Vartmagata Roga* and it is *Raktaja Sadhya Vyadhi*². On the basis of stage of *Anjanamika* selection of particular drugs and treatment helps to combat the pathology easily.

According to *Acharya Charaka*, *Asatmyendriyarthasamyoga* (conjugation of sensory organs with object), *Prajnaparadha* (intellectual blasphemy) and *Parinama* (transformation) are three factors that are the root causes of all disease³. The above three factors are very important in preventive and curative aspects. *Dashavidha Pareeksha*⁴ (10 methods of examination), *Astavidha Pareeksha*⁵ (8 methods of examination) *Panchaindriya Pareeksha*⁶ (examination done by five sense organs), etc are unique contribution of Ayurveda to assess the severity of disease and condition of patient. The eyelids are mobile tissue, placed in front of the eyeballs. Act as curtains and preventing the eyes from injuries and excessive light. The most important function of eyelids is spreading the tear film

over the cornea and conjunctiva in every blinking. It is a site of pathogenesis which can termed the diseases of lids. *Anjanamika* (*Horeolum externum*) is the disease that manifesting at the eye lids⁷.

A *hordeolum externum* is well-known as a sty. It is an acute suppurative inflammation of lash follicle and its associated glands of Zeis or Mall caused by bacteria mostly *Staphylococcus aureus*. These result in a red tender bump at the edge of the eyelid.

Aetiology of *Anjanamika*:

No separate etiological factors have been mentioned for the diseases of eye lid. *Sushruta* has described the etiological factors in general for all the eye diseases and these are also considered as the causative factors of *Anjanamika*. The etiological factors like exposure to dust, excessive seeing of very minute objects, extreme looking at distant objects, sleeping during day/awakening in night, extra use of sour, salty food, abolishment of natural urges⁸ etc. *Acharya Vagbhata* said that intake of *Dravyas* which have some side effect in the eyes (*Achakshushya Dravya*) are responsible for eye diseases⁹. *Acharya Charaka* mentioned three varieties of etiology for all diseases in general out of which *Asatmya-Indriya-Arthasamyoga*¹⁰ deals with the disuse, misuse and excessive use of eye are responsible for eye diseases.



ANJANAMIKA AS PER VARIOUS ACHARYAS

*Sushruta & Yogratnakara*¹¹

A small boil (*Sukshma Pidika*) in the lid margin which is soft (*Mridu*), moderately painful (*Manda Ruja*), Copper red (*Tamra*) in colour and characterized by burning (*Daha*) and pricking sensations (*Toda*) is known as *Anjanamika*.

*Vagbhata*¹²

Boil (*Pidika*) produced by *Rakta* is situated in the middle or at the end of the eye (*Madhye* or *Vartmano Ante*) with Pain (*Ruja*), Burning (*Usha*), Mild itching (*Kandu*), Fixed to the eyelids (*Sthira*) and resemble green gram (*Mudga Matra*) in shape and size.

PATHOGENESIS OF ANJANAMIKA:

General *Samprapti* (pathogenesis) described by *Acharya Sushruta* for *Netraroga* is also applicable to disease *Anjanamika*. When the vitiated *Pitta Dosha* in combination or individually enter into the vessels of eye lid further vitiation occurs due to *Khavaigunya* (~obstruction) at eye lid resulting in increase of *Mamsa* and *Rakta Dhatu* and then quickly produces lid diseases¹³. According to *Acharya Sushruta* every disease are passes through series of changes during its manifestation. This is known as six stages of pathogenesis (*Shada Kriyakala*)¹⁴. For greater explanation of the disease *Anjanamika* the

explanations on these six stages has been made as following.

Sanchaya Avastha:

In this first stage of pathogenesis vitiation and accumulation of *Pitta Dosha* occurs due to various vitiating causes of *Pitta Dosha*¹⁵. *Pitta Dosha* further vitiates *Rakta Dhatu* due to *Ashraya-Ashrayi Bhava*. In case of the disease *Anjanamika* one may have the experience of local symptoms like feeling of heaviness in eye lid without any clear symptoms of the disease.

Prakopa Avastha:

When the aggravating factors are allowed to act further, the previously accumulated *Pitta Dosha* get aggravate, they undergo the state of liquefying and get ready to leave their site. This stage has been compared by well known commentator *Dalhana* to the analog of melting of ghee¹⁶. In case of the disease *Anjanamika* patient experiences pain in the eye along with watering from the eyes.

Prasara Avastha:

In this stage *Pitta Dosha* which have been excited by the effects of their respective exciting causes, upon their further increase, spread in the body due to *Vata Dosha* like an overflow of a mixture of starch with water and yeast kept overnight. In this stage disease lies in the dormant state with a feeling of vague symptomatology. In a case



of *Anjanamika* the person may suffer from lacrimation, itching, etc.

Sthanasamshraya Avastha:

This is the stage of localization of disseminated *Pitta Doshas* in a tissue or organ where defence mechanism is weak. In the stage of *Sthanasamshrayasvastha*, accumulation of *Pitta Doshas* in a specific organ or tissue is much more. In this stage the vitiated *Dosha* enter particular cell of a tissue or organ and affects its regular function and mechanism, in this stage patient gets symptoms like redness, swelling, etc.

Vyakta Avastha:

In this stage the vitiated *Pitta Doshas* get accumulated in excess and causes significant damage to the tissue or organ, the disease manifests with a definite clinical features. Whereas in this disease nodular swelling, pain in the eyes etc. symptoms and signs become more prominent. There is no classification given according to *Doshas* in classics for this disease.

Bheda Avastha:

This is the stage where the vitiation process may come to an end become chronic or may spread to the different parts of the body. In other words it is the stage which gives an idea of further problems as well the disease prognosis. If treatment is not given up to this stage, nodule burst spontaneously and thick pus comes out. In case of *Anjanamika*

complication may occur rarely. Progression of stye to a chalazion can causes irritation in cornea, eyelid cellulitis, cosmetic deformity and big sized chalazion can affect the vision. Very rarely infection can spread to the meninges along the draining venous channels producing cavernous sinus thrombosis or meningitis.

SAMPRAPTI GHATAKA:

The entities involved in manifestation of *Anjanamika* are as follows-

Dosha – Pitta Pradhana

Dushya – Rakta and Mamsa

Srotasa – Raktavaha, Mamsavaha

Srotodushti – Sanga (~obstruction),

Vimargagamana

Adhishthana – Netra Vartma

Sadhyasadhyata – Sadhya

Diagnosis

The diagnosis of *Anjanamika* (Hordulium externum) is mainly based on the clinical features. Examination of eye for the clinical signs of *Anjanamika* includes meticulous inspection of the lashes and lids.

TREATMENT ^{17, 18, 19}

Amavastha Treatment:

➤ *Swedana* (Hot compress) with cloth or cotton dipped in hot water or generate heat by rubbing the two palms and apply this heat to the boil again and again. It will reduce swelling and pain.

Pakvavastha Treatment:



➤ *Bhedana*: Puncture the *Pidika* when it becomes *Pakva*, or it may be ruptured spontaneously.

➤ *Nishpidana*: After *Bhedana* of *Pidika* it should be well pressed and rubbed.

➤ *Pratisarana*:

1. Mix equal quantities of powders of *Manahshila*, *Ela*, *Tagara* and *Saindhava Lavana* with Honey and apply this paste with the pressure of the fingers.

2. Apply *Anjana* of *Rasanjana* with honey.

➤ *Lekhana*: Scrap out everything from the *Pidika* to avoid recurrence.

➤ *Parisheka*: After *Pratisarana*, *Netra Parisheka* should be done with *Haridra*, *Madhuka*, *Patola* and *Lodhra* with Honey.

➤ *Yogaratanakara* mentioned *Anajana* and *Rakatamokshana* with *Jaluka*.

➤ *Anjana*: *Rasanjana*, *Trikatu* and *Kasisa Bhasma Anjana* it will cure *Anjanamika* with itching and pus.

HORDEOLUM EXTERNUM (STYE)

20,21,22

It is an acute purulent infection of gland of Zeis attached to the cilium.

Etymology:

The word *sty* is probably a back-formation from *styany*, which comes from *styan* plus *eye*.

The synonym late Latin expression is "Hordeolum" a modulation of the word "Hordeolus" simply related to "Horde"

(barley), in a resemblance of the growing plant from the seed.

Etiology & Predisposing factors:

It is more common in child and young adults (though no age is bar), local bad hygiene, eye strain due to refractive errors or muscle imbalance, frequently rubbing of the eyes or fingering of the lids and nose, chronic blepharitis, uncontrolled Diabetes mellitus, metabolic factors, chronic debility, excessive intake of alcohol and carbohydrates act as predisposing factors are mainly related recurrent of disease.

Causative organism

A mainly involved bacterium is *Staphylococcus aureus*.

Symptoms:

It includes acute pain with lid swelling, photophobia and mild watering.

Signs:

Stage of cellulitis:

It consist localised, red, hard, tender swelling at the margin of lid associated with marked oedema.

Stage of abscess formation:

It is characterised by visible pus point can be seen on lid margin in accordance to the affected cilia. Mainly only one sty is seen, but sometimes it may be multiple.

Prevention:

Prevention of the sty is strongly related to maintenance of proper hygiene. Maintain hand hygiene by proper hand washing that



eliminate developing stye and many other types of infections. After awakening, apply a warm washcloth to the eyelids for 1 to 2 minutes that liquefying the content of oil glands of lids thereby preventing blockage and decreasing the occurrence of styes. Do not use cosmetics materials and cosmetic eye tools of other people and makeup should be removed at night before sleep.

Prognosis:

The prognosis is better if one does not attempt to squeeze or puncture the stye, as infection may spread to adjacent tissues. Advise the patient to contact a doctor if any problem occurs in vision, painful eyes, and the stye bleeds or reoccurs, or the eyelid or eyes becomes red.

Complications:

Stye complications occur in very rare cases. Most recurrent complication of stye is progression to a chalazion causes cosmetic deformity, irritation in cornea and often requires surgical removal. Complications can occur from the improper surgical lancing, lid deformity or lid fistula and mainly consist of disruption of lash growth. Large stye may interfere with one's vision. Cellulitis of the lids is another complication of eye stye, which is a generalized infection of the eyelid. Very rarely infection can spread to the meninges along the draining venous channels producing cavernous sinus thrombosis or meningitis.

Modern Treatment:

- Treatment very useful in the stage of cellulitis - Warm compression 2-3 times in a day.
- If pus point is formed, epilate the involved cilia and evacuation should be done.
- Surgical incision is required rarely for a large abscess or lesion is big involving multiple lashes, a small opening is made with a pointed knife or needle after proper anesthesia.
- Antibiotic eyedrops (3-4 times a day) and eye ointment (at night) can be applied for infection control.
- If there are pain and oedema use Anti-inflammatory and analgesic to relieve it.
- Use systemic antibiotics for early infection control.

If stye is occurring recurrently, try to find out associated predisposing condition and treat them.

Comparison of clinical features and treatment of *Anjanamilaka* and *Hodeolum externum*:

It was described in table 1

Table 1 Comparison of clinical features and treatment of *Anjanamilaka* and *Hodeolum externum*

Clinical features	
Ayurvedic view	Modern view
▪ <i>Mridu, Sukshma, Sthira Pidika</i>	▪ Localized, tender swelling of eye lid
▪ <i>Manda Ruja</i>	▪ Pain
▪ <i>Kandu</i>	▪ Redness
▪ <i>Daha and Toda Yukta</i>	▪ Heaviness of eye lid
▪ <i>Tamra Varna</i>	



Treatment	
Ayurvedic view	Modern view
<ul style="list-style-type: none">▪ <i>Swedana</i>▪ <i>Bhedana</i>▪ <i>Nishpidana</i>▪ <i>Pratisarana</i>	<ul style="list-style-type: none">▪ Hot compresses▪ Drainage with small incision in the stage of abscess▪ Use of Antibiotic eye drops and eye ointment▪ Anti-inflammatory and Analgesics Drugs

CONCLUSION

The disease *Anjanamika* explained in Ayurveda closely resembles the *Hordeolum exturnum* in its clinical features. The different stages of *Anjanamika* will be explained based on the six stages of pathogenesis (*Shadvida Kriyakala*). The early detection of the disease and its management will help to control the spread of disease. The principles of management explained in both the sciences were similar. If stye is treated with modern treatment like antibiotic eye drops and ointment etc. then the rate of recurrence of diseases is high. If Ayurvedic management was done for stye, then least chances of recurrence of diseases. Thus, we can say Ayurvedic management is more effective in the treatment of *Anjanamika*.



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