



Conceptual Study of Praklinna Vartma: A Literary Review

Priyanka Rani¹, Shruti Vaishnava², Gunjan Sharma³

¹ Assistant Professor, P.G. Department of Shalakyia Tantra, Rishikul Campus, Haridwar, Uttarakhand Ayurveda University, Uttarakhand, India.

² P.G. Scholar, P.G. Department of Shalakyia Tantra, Rishikul Campus, Haridwar, Uttarakhand Ayurveda University, Uttarakhand, India.

³ Professor and H.O.D., P.G. Shalakyia Tantra, Rishikul Campus, Haridwar, Uttarakhand Ayurveda University, Uttarakhand, India.

ABSTRACT: *Praklinna Vartma* is defined in *Ayurveda* as the disease affecting the eyelid characterized by *Arujama* (painless or mild pain), *Bahyata Shunama* (swelling on the lid externally), *Antaha Klinnata* (Stickiness on the lids internally), *Srava* (Discharge), *Kandu* (Itching), *Nistoda* (Pricking sensation) in eyes.¹ On reviewing the clinical presentation from modern texts, it is found that Seborrhoeic blepharitis is a sub - acute or chronic inflammation of the lid margins. It is an extremely common disease which is caused when glands of Zeiss secrete abnormal excess neutral lipids which are split by *Cornebacterium acne* into irritating free fatty acids. It is primarily anterior blepharitis with some spill over posteriorly. It is of common occurrence.

KEYWORDS: *Praklinna Vartma*, *Shunama*, *Nistoda*, *Klinnata*, Seborrhoeic Blepharitis

INTRODUCTION

Praklinna Vartma is one of the *Vartmagata Roga* (disease) as described by *Acharya Sushruta* among the 21 *Vartmagata Rogas*.³ It is described as a *Kaphaja Sadhya Vyadhi*. In Seborrhoeic blepharitis, the signs include: Accumulation of white dandruff like scales on the lid margin is seen, among the lashes. On removing these scales, underlying surface is found to be hyperaemic and greasy (no ulcers). The lashes fall out easily but are usually replaced quickly without distortion. Lid margin is thickened and the sharp border posterior border tends to be rounded leading to epiphora in long standing cases. The symptoms of Seborrhoeic Blepharitis include: - deposition of whitish material (soft scales) at the lid margin associated with mild discomfort, irritation, occasional watering and a history of falling of eyelashes. Signs of bacterial blepharitis may be superadded in patients with mixed seborrhoeic and bacterial blepharitis.

AIMS AND OBJECTIVES

To understand the concept of *Praklinna Vartma* in relation with Seborrhoeic Blepharitis according to *Ayurvedic* and Modern sciences.

MATERIALS AND METHODS

Various texts including *Ayurvedic* literature, *Sanskrit* literature and other Modern literatures were studied and all the related points were considered regarding this study.

Ayurvedic Review:

Nirukti of Praklinna Vartma:

Pra + Klinna – Klinna adram iti.

The word “Pra” is a prefix meaning “Pradhana”. The word “Klinna” means which is having “Kleda” i.e. “ardrata”.

Synonyms:

*Klinna Vartma, Pilla Roga.*⁴

Nidana (Etiology):

Nidana for Praklinna Vartma are not mentioned in any classical texts by our Acharyas, so general nidanas of Netra Rogas can be considered as the nidanas of Praklinna Vartma.

A) *Ahara Sambandhi: Atisheeta, Guru, Atiambu, Dravapaana.*

B) *Vihara Sambandhi: Rajo Sevana, Atimadyapaanat, Dhuma Sevana, Swapna Viparyaya, Vega Dhaaran.*

C) *Kala Sambandhi (Environmental factors): Ritu Viparyaya.*

Samprapti:

The vitiated *doshas* in blood vessels when get localised in the *vartma*, cause *dushti* of *Mamsa* and *Rakta* which finally becomes a predominant cause of various *Vartmagata roga*. According to *Acharya Vagbhata* by the consumption of *tikta, ushana, ahita ahara* etc. especially consumption of *ahitakara ahara vihara* causes vitiation of *dosha (mala)* which follows *pitta*, through *siras* and eventually spreads upwards residing in various parts of eye-*vartma, sandhi, sita* part, *krishna* part and *drishti* or causes disease in the whole eye.

Samprapti Ghatakas:

Dosha: Kapha

Dushya: Rakta, Mamsa

Srotas: Rasavaha, Raktavaha, Mamsavaha

Srotodushti: Sanga, Vimarga gamana

Adhishthana: Madhyama

Sadhyata Asadhyata: Aushadh Sadhya, Ashashtrakrita

Poorvarupa:

No specific *Poorvarupa* of *Praklinna Vartma* is mentioned in *Ayurvedic* texts, but *Acharya Charaka* quoted that whenever *poorvarupa* of the disease is not mentioned, weak manifestation of *rupa* can be considered as *poorvarupa*.

Rupa:

When externally the lid becomes swollen and painless, while on the inner surface they become moist and associated with discharge, itching and pricking pain then it is called *Klinna Vartma*.⁵

Upadrava:

In the classics, there is no reference available regarding the *Upadrava* of *Praklinna Vartma*.

Sadhyata-Asadhyata:

Sadhyasadhyata gives the clear picture of prognosis of the disease. It depends on many factors like nature of disease, severity of disease, *Vaya* (age), *Prakriti, Bala* (strength) of patient etc. It is a *Aushadha Sadhya, Ashstrakrita, Kaphaja Vyadhi*.

Chikitsa:

Different *Acharya* has described number of treatment modalities for *Kaphaja Netra Roga*, not only for localized measure; *Kriyakalpa* but systemic drugs also having properties like *Kapha-Shamaka*,

Kandughna, Lekhana, Rasayana etc.⁶ *Acharya Sushruta* has described mainly three preventive measures i.e.

1. **Nidana Parivarjan** – Avoidance of the etiological factors, specifically by which the eye disease occurs.⁷
2. **Prophylactic measures**- Use of *Triphala*, control over mind, use of *Anjana, Nasya*, bloodletting therapy, taking bird flesh as food, worshipping the foot of elders, *ghritpaana, paadabhyanga*, taking food bath, use of umbrella, etc are the measures for protection of eye.
3. **Vishishta chikitsa**- After doing *Antaha* and *Bahya Samshodhana* of body through different procedures i.e. *Snehana, Swedana, Virechana, Shirovirechana* and *Raktamokshana*, patient is treated with *Seka, Anjana, Aschyotana, Nasya* and *Dhoompana*.⁸

Modern Review:

Blepharitis:

It is a sub- acute or chronic inflammation of the lid margins. It is an extremely common disease which can be divided into the following clinical types:⁹

1. Bacterial blepharitis
2. Seborrhoeic blepharitis or Squamous blepharitis
3. Mixed Staphylococcal with Seborrhoeic blepharitis
4. Posterior blepharitis or Meibomitis
5. Parasitic blepharitis

Here, *Praklinna Vartma* has been correlated with Seborrhoeic Blepharitis.

Etiology:

In Modern Ophthalmology, it is primarily associated with Seborrhoea of scalp (dandruff). Some constitutional and metabolic factors play a part in its etiology. In it, glands of Zeiss secrete abnormal excessive neutral lipids which are split by *Cornebacterium acne* into irritating free fatty acids.¹⁰

Pathogenesis:

The exact pathogenesis of the blepharitis is not known but is considered to be multi factorial. Both staphylococcal infection and seborrhoea play important roles. Seborrhoeic blepharitis is usually associated with seborrhoeic dermatitis which may involve the scalp, nasolabial folds, retroauricular areas and sternum. It has been postulated that the excessive amount of neutral lipids in patients with seborrhoea are broken down by *Cornebacterium acnes* into bacterial lipase and irritating fatty acids. Posterior blepharitis is associated with Meibomian gland dysfunction (ocular rosacea) which in some patients may be associated with rosacea of the face. As a result of the intimate relationship between the lids and ocular surface, chronic blepharitis may cause secondary changes in the conjunctiva and cornea.¹¹

Symptoms:

Deposition of whitish material (soft scales) at the lid margin associated with mild discomfort, irritation, occasional watering and a history of falling of eyelashes.

Signs:

1. Accumulation of white dandruff like scales is seen on the lid margin, among the lashes. On removing these scales, the underlying surface is found to be hyperaemic and greasy.
2. The lashes fall out easily but are replaced quickly without distortion.
3. Lid margin is thickened and the sharp posterior border tends to be rounded leading to epiphora in long standing cases.

4. Signs of bacterial blepharitis, as described above may be superadded in patients with mixed seborrhoeic and bacterial blepharitis.

Complications:¹²

- Dry eye
- Epiphora
- Eczema
- Tylosis
- Poliosis
- Madarosis

Prognosis:¹³

Prognosis for Seborrhoeic blepharitis is generally good and the disease can be treated with appropriate treatment.

Treatment :¹⁴

Prevention is better than cure, this proverb has the most significance in the ocular disorder, where inadequate prophylaxis leads to visual handicaps, the worst of all handicaps.

Improvement of health and balanced diet.

Maintainance of lid hygiene.

Treatment of associated seborrhoea.

Antibiotic ointment.

Tear substitutes.

Removal of scales from the lid margins with the help of lukewarm solutions of 3% soda bicarb or baby shampoo.

DISCUSSION

Praklinna Vartma is a *Kapha* dosha dominant disease. Henceforth, all the *nidanas* that vitiated *Kapha dosha* can be considered to be *nidanas* of this *Netra roga* as well. Most of the symptoms of *Praklinna Vartma* mentioned in *Sushruta Samhita* like: *Arujama* i.e. no pain or mild pain in lids. *Bahyata Shunama*, *Antaha Klinnam*, *Srava*, *Kandu* are due to *kapha dosha* vitiation. Therefore, the treatment line of *Praklinna Vartma* is also *Anti – Kapha*. *Kapha* is *Bala- Oja* (immunity): *Prakritastu balam Shleshma Vikruto malam uchyate, Sa chaiva oja smrita kaye sa cha papma upadishyate*, vitiated *kapha* cannot act as *oja* or provide *bala* to the eye. Hence forth the disease fighting capacity as well as preventing ability is diminished. The line of treatment in Seborrhoeic blepharitis is generally symptomatic and the prognosis of the disease is also good. The signs and symptoms of Seborrhoeic blepharitis and the lakshanas of *Praklinna vartma* form the basis of conceptual resemblance between the two.

CONCLUSION

From the above discussion it may be concluded that symptoms and signs of Seborrhoeic blepharitis are similar to *Praklinna vartma*. The disease can be better managed or treated with simple, safe, non-toxic, cheap effective formulations as mentioned in respective *Ayurvedic* texts.

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