

Management of Blepharitis (Praklinna Vartma) using Shunthyadi Pindi: A Case Study

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ABSTRACT

Blepharitis is a chronic, bilateral inflammatory disorder affecting the eyelid margins, characterized by lid margin edema, itching, scaling, and watery discharge. In Ayurvedic literature, it closely correlates with Praklinna Vartma—a disorder of the eyelids driven primarily by vitiated Kapha, Pitta, and Rakta doshas. Standard conventional therapy relies heavily on topical antibiotics. While effective in controlling acute microbial loads, long-term use presents concerns regarding bacterial resistance and frequent recurrences.

This case study documents the clinical management of a 54-year-old female presenting with bilateral blepharitis treated using Shunthyadi Pindi—an external Ayurvedic Kriya Kalpa formulation comprising Shuntha (*Zingiber officinale*), Nimba (*Azadirachta indica*), and Saindhava Lavana (Rock Salt). Outcome assessment was conducted using a standardized 0–3 ordinal scale for subjective (itching, pain, watering) and objective (lid margin edema, scaling, slit-lamp features) parameters, alongside visual acuity and detailed bilateral slit-lamp biomicroscopy at baseline and post-treatment. Following 10 days of topical application, significant clinical relief and clearance of lash crusts were observed without any adverse effects.

Keywords: Blepharitis, Praklinna Vartma, Shunthyadi Pindi, Netra Kriya Kalpa, Slit-Lamp Examination, Visual Acuity, Shalakya Tantra.

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1. Introduction

Blepharitis represents a substantial portion of daily outpatient ophthalmic consultations. Chronic inflammation along the meibomian glands and hair follicles leads to lid margin erythema, crusting, collarettes formation, and recurrent exacerbations.

In Ayurvedic ophthalmology (Shalakya Tantra), eyelid diseases are categorized under Vartmagata Rogas. Praklinna Vartma is characterized by Picchilata (stickiness), Srava (discharge), Daha (burning), Raga (redness), and Kandu (itching) due to localized Kapha-Pitta-Rakta vitiation and

Srotorodha (channel obstruction) in the eyelid margins. External topical application through Kriya Kalpa (specifically Pindi) provides targeted Shothahara (anti-inflammatory), Krumighna (antimicrobial), and Lekhana (debridement) actions directly at the local site without systemic side effects.

2. Patient Information & Case Presentation

2.1 Demographic & History Details

Age / Sex	54 years / Female
Occupation	Housewife
Duration of Complaints	15 days
Chief Complaints	Bilateral persistent itching (Kandu) along the eyelid margins, watery and sticky eyelid discharge (Srava), ocular pain/discomfort (Vedana), and scaling/flaking along the eyelashes, for the past 15 days.
History of Present Illness	The patient, a 54-year-old housewife, presented with a 15-day history of bilateral itching, watery and sticky discharge, mild ocular discomfort, and scaling along the eyelid margins. Symptoms were gradual in onset and progressively affecting daily comfort, prompting her to seek treatment.

Past Ocular History	No significant past ocular history; no other ocular illness, trauma, or surgery reported.
Past Systemic History	Not a known case of diabetes mellitus, hypertension, or any other systemic illness.
Family History	Not contributory.
Clinical Diagnosis	Blepharitis (Praklinna Vartma)

2.2 Visual Acuity

Distance Visual Acuity (Snellen's Chart):

Eye	Day 0 (Pre-Treatment)	Day 10 (Post-Treatment)
Right Eye (OD)	6/6	6/6
Left Eye (OS)	6/6	6/6

Near Vision (N-Chart):

Eye	Day 0 (Pre-Treatment)	Day 10 (Post-Treatment)
Right Eye (OD)	N6	N6
Left Eye (OS)	N6	N6

Note: Both distance and near visual acuity remained stable and unaffected (6/6 and N6, OD and OS) at baseline and post-treatment, consistent with the absence of corneal or

significant tear-film involvement in this case of blepharitis.

2.3 Intraocular Pressure (IOP)

Intraocular pressure was recorded by applanation tonometry:

Eye	IOP (mmHg)
Right Eye (OD)	12 mmHg
Left Eye (OS)	14 mmHg

Note: IOP in both eyes was within normal limits (10–21 mmHg), ruling out any coexisting glaucomatous process and confirming that the lid margin pathology was an isolated finding.

3. Assessment Grading Scale (0–3 Scale)

To systematically measure therapeutic efficacy, both subjective and objective clinical parameters were evaluated at baseline (Day 0) and on follow-up visits at Day 3, Day 5, Day 7, and Day 10 (end of treatment) using a standardized 0–3 point ordinal scale:

Grade	Severity Level	Clinical Description
0	Absent (Normal)	Complete absence of clinical signs and symptoms.
1	Mild	Slight, intermittent symptoms; no interference with daily activities.
2	Moderate	Frequent/continuous symptoms; distinct lid edema and

		scaling requiring attention.
3	Severe	Severe, incapacitating symptoms; marked swelling, heavy crusting, and collarettes.

4. Slit-Lamp Findings & Clinical Application

4.1 Detailed Slit-Lamp Biomicroscopy (Bilateral)

High-magnification slit-lamp examination revealed active palpebral conjunctival congestion, lid margin redness, meibomian gland dysfunction, significant lid margin edema, collarettes, and lash-base scaling. Findings for each eye at baseline and post-treatment are summarized below.

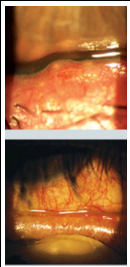
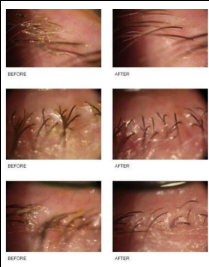
Parameter	OD Day 0	OD Day 10	OS Day 0	OS Day 10
Lid Margin Edema	3	1	3	1
Lid Margin Erythema	3	1	3	1
Collarettes / Scaling	3	0	3	0
Meibomian Gland Dysfunction	Present	Improved	Present	Improved

Palpebral Conjunctival Congestion	2	0	2	0
Tear Film / Discharge	Watery, sticky discharge present	Clear, no discharge	Watery, sticky discharge present	Clear, no discharge
Cornea	Clear	Clear	Clear	Clear
Anterior Chamber	Normal, quiet	Normal, quiet	Normal, quiet	Normal, quiet

Grades follow the 0–3 ordinal scale defined in Section 3 (0 = Absent, 3 = Severe).

4.2 Pre- and Post-Treatment Clinical Photographs

Pre-Treatment Examination	Post-Treatment Examination
	
Figure 1: Digital monitor displaying active pre-treatment lid margin congestion and inflammation.	Figure 2: Digital monitor recording displaying marked post-treatment reduction in lid margin inflammation.

Clinical Evaluation	Slit-Lamp Findings	Lash Margin Microscopic Findings	Kriya (Shunthyadi Pindi)	Kalpa (Shunthyadi Pindi)	Method
					
Figure 3: Slit-lamp views demonstrating palpebral conjunctival congestion and MGD.	Figure 4: Microscopic view showing lash margin collarettes and scaling pre- and post-treatment.	Figure 5: External application of Shunthyadi Pindi wrapped in sterile gauze over closed eyelids.			

5. Therapeutic Management: Shunthyadi Pindi

Formulation Ingredients & Pharmacological Mechanism

Ingredient	Botanical / Scientific Name	Ayurvedic Properties	Pharmacological Action
Shuntha	<i>Zingiber officinale</i>	Ushna Virya, Kapha-Vata Shamaka, Shothaghna	Inhibits prostaglandin & leukotriene biosynthesis; anti-inflammatory & analgesic.
Nimba	<i>Azadirachta indica</i>	Tikta Rasa, Krumighna, Pitta-Kapha Shamaka	Contains nimbidin & nimbin; antimicrobial activity against <i>Staphylococcus aureus</i> .

Saind hava Lavana	Rock Salt / Halite	Tridosh a Shamak a, Lekhana a, Chaksh ushya	Lekhana (debridement) effect; dissolves lipid crusts and scale buildup.
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Mode of Application (Kriya Kalpa)

- Equal parts of fine herbal powders of Shuntha, Nimba, and Saindhava Lavana were mixed with distilled water into a uniform, smooth paste.
- The freshly prepared paste was wrapped in thin, sterile gauze layers and applied topically over both closed eyelids for 10 to 15 minutes daily for 10 consecutive days.

6. Results & Outcome

At the conclusion of the 10-day treatment protocol, the patient demonstrated notable symptomatic and objective improvement, with a clear day-wise downward trend in severity grading from Day 0 through Day 10:

- **Subjective Relief:** Itching (Kandu), watery discharge (Srava), and eyelid pain (Vedana) were significantly alleviated, with itching and discharge grades falling from severe (Grade 3) at baseline to fully resolved (Grade 0) by Day 10.
- **Objective Improvement:** Slit-lamp reassessment confirmed marked clearance of lid margin scaling, reduction of collarettes, and resolution of lid margin edema (Shotha) in both eyes, corroborated by the pre- and post-treatment photographic and slit-lamp documentation (Figures 1–4).

- **Onset of Relief:** Noticeable symptomatic improvement was first appreciated around Day 3–Day 5 of treatment, with the most rapid decline in scaling and collarette formation occurring between Day 5 and Day 10.
- **Visual Acuity:** No adverse change in distance (6/6) or near (N6) visual acuity was recorded in either eye following treatment (see Section 2.2), confirming that the disease process and its resolution remained confined to the lid margin without corneal or visual axis involvement.
- **Meibomian Gland Function:** Meibomian gland dysfunction, present bilaterally at baseline, showed visible improvement in gland patency and secretion quality by the end of treatment.
- **Safety & Tolerability:** No localized burning, skin irritation, hypersensitivity, or adverse drug reactions were reported at any follow-up visit, confirming the safety of topically applied Shunthyadi Pindi over the full 10-day course.
- **Patient-Reported Outcome:** The patient reported improved comfort, reduced conscious eye-rubbing, and greater ease in daily activities such as reading and household work by the end of the treatment period.

6.1 Symptom Score Summary — Follow-up Assessment (0–3 Scale)

The patient was assessed on Days 0, 3, 5, 7, and 10 of the treatment protocol to track the day-wise trend of symptomatic improvement:

Parameter	Day 0	Day 3	Day 5	Day 7	Day 10
Itching (Kandu)	3	2	1	1	0
Discharge (Srava)	3	2	1	1	0
Pain (Vedana)	2	1	1	0	0
Lid Margin Edema	3	2	2	1	0
Scaling / Collarettes	3	2	2	1	0

Grades follow the 0–3 ordinal scale defined in Section 3, showing a progressive day-wise reduction in severity culminating in near-complete resolution by Day 10.

7. Discussion & Conclusion

The clinical features of Praklinna Vartma represent a classical Kapha-Pitta-Rakta disease process. According to Ayurvedic ophthalmology, vitiation of Kapha manifests as stickiness (Picchilata) and discharge (Srava), Pitta contributes to burning (Daha) and redness (Raga), while involvement of Rakta perpetuates local inflammation and vascular congestion at the lid margin. In this case, the 15-day history of bilateral itching, sticky discharge, discomfort, and lash-base scaling in a 54-year-old housewife closely mirrored this classical Tridoshic presentation, and the pre-treatment slit-lamp and photographic findings (Figures 1, 3, and 4) objectively corroborated marked lid

margin congestion, collarette formation, and meibomian gland dysfunction consistent with chronic anterior blepharitis.

Shunthyadi Pindi effectively targets these underlying factors through a synergistic multi-herb mechanism: Shuntha (*Zingiber officinale*), being Ushna Virya and Kapha-Vata Shamaka, reduces inflammatory edema and pain through inhibition of prostaglandin and leukotriene biosynthesis; Nimba (*Azadirachta indica*) controls bacterial flora at the lid margin through its nimbidin- and nimbin-mediated antimicrobial action, particularly against *Staphylococcus aureus*, a common colonizer implicated in anterior blepharitis; and Saindhava Lavana (Rock Salt) facilitates gentle Lekhana (debridement) of sticky secretions and lipid-laden crusts without causing mechanical trauma to the delicate lid margin tissue. The warm, moist Pindi application further aids in loosening adherent scales and softening meibomian gland secretions, indirectly supporting gland patency.

The day-wise assessment (Section 6.1) demonstrated a gradual but consistent decline in both subjective and objective severity grades, with visible clinical change first evident around Day 3–Day 5 and near-complete resolution by Day 10. This time course is consistent with the expected duration required for Kriya Kalpa therapies to exert cumulative Shothahara (anti-inflammatory), Krumighna (antimicrobial), and Lekhana (debridement) effects with repeated daily application, rather than an immediate pharmacological effect as seen with topical antibiotics. Importantly, visual acuity — both distance (6/6) and near (N6) — remained stable in both eyes throughout

treatment, indicating that the disease process and its resolution were confined to the lid margin without any compromise of the visual axis or corneal surface.

From a comparative standpoint, conventional management of blepharitis relies heavily on lid hygiene measures and topical antibiotics. While such agents are effective in reducing acute microbial load, their prolonged or repeated use raises legitimate concerns regarding antimicrobial resistance, disruption of normal lid margin flora, and recurrence after cessation of therapy. In this context, Shunthyadi Pindi offers a plausible non-antibiotic alternative that addresses the multifactorial pathology of blepharitis — inflammation, microbial colonization, and lipid/debris accumulation — through a single external formulation, without any reported local or systemic adverse effects over the treatment course.

This case study, however, is limited by its single-patient design, the absence of a comparator arm, and the lack of long-term follow-up to assess recurrence rates beyond Day 10. The grading of clinical parameters, while structured on a standardized 0–3 ordinal scale, remains observer-dependent, and objective, quantifiable tools such as tear break-up time, meibography, or microbial culture were not employed in this case. Larger controlled clinical trials with extended follow-up, standardized outcome measures, and objective imaging would be valuable to substantiate the efficacy, optimal treatment duration, and recurrence-prevention potential of Shunthyadi Pindi in blepharitis (Praklinna Vartma).

Conclusion: In this case, Shunthyadi Pindi provided safe, effective, and cost-efficient

symptomatic and objective relief in a patient with bilateral blepharitis (Praklinna Vartma), with progressive improvement documented across Days 0, 3, 5, 7, and 10, complete resolution of lash crusts and collarettes, stable visual acuity, and no adverse effects. These findings support Shunthyadi Pindi as a promising non-antibiotic Ayurvedic Kriya Kalpa alternative for the management of blepharitis, with the potential to reduce dependence on topical antibiotics and the associated risk of antimicrobial resistance, warranting further evaluation through larger comparative studies.

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