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CASE STUDY

Ayurvedic Management of *Pishtaka* (Pinguecula): A Case Study

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ABSTRACT

Pishtaka is described in Ayurveda as a Shuklagata Netra Roga caused by vitiation of Kapha and Vata doshas. It presents as a white, elevated lesion on the sclera, resembling a rice cake. Clinically, it resembles Pinguecula-a degenerative bulbar conjunctival lesion associated with chronic exposure to UV rays, dust, and dryness. A 19-year-old female presented to the Shalakya Tantra OPD of Parul Institute of Ayurveda, Vadodara, Gujarat, with complaints of mild foreign body sensation and visible yellowish discoloration on the nasal conjunctiva of the right eye leading to cosmetic concern. On clinical evaluation, she was diagnosed with Pishtaka (Pinguecula). The therapeutic regimen commenced with Triphala Parisheka and Vidalaka, and was later continued with Vaidehyādy-añjana administration. Internal medications-Jeevantyadi Ghrita and Saptamrita Lauha Vati were also prescribed for 15 days. The patient showed marked improvement in subjective symptoms such as foreign body sensation, dryness, redness, and photophobia. Objectively, there was a significant reduction in the size and elevation of the lesion, along with resolution of conjunctival congestion.
Discussion: *Ayurvedic management addresses the root cause Dosha imbalance through both systemic and local therapies, offering safe and sustained outcomes. This case demonstrates the effectiveness of Ayurvedic treatment in the management of Pishtaka (Pinguecula), offering therapeutic benefits without any side effects.*
Keywords: *Pishtaka, Parisheka, Vidalaka, Vaidehyādy-añjana*

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INTRODUCTION

Pishtaka is described in Ayurvedic literature as a *Shuklagata Netraroga*, arising from the vitiation of *Kapha* and *Vata doshas*. It manifests as a white, soft, raised lesion resembling a rice cake on the scleral region [1]. This condition shows clinical resemblance to Pinguecula in modern ophthalmology—a degenerative lesion appearing on the bulbar conjunctiva, most commonly near the nasal or temporal limbus. It typically arises from chronic exposure to environmental irritants such as UV rays, dust, wind, and dry climate [2]. While generally asymptomatic, it may occasionally cause ocular irritation, dryness, or a foreign body sensation, especially in individuals predisposed to dry eye [3]. Moreover, due to its prominent appearance on the sclera of the eye, it often leads to cosmetic disfigurement, which can be distressing for patients, especially when it becomes prominent or occurs bilaterally. From a modern clinical perspective, Pinguecula is managed conservatively using lubricating eye drops to relieve irritation and dryness [4]. In cases with inflammation, mild topical corticosteroids may be prescribed for short durations to prevent adverse effects like increased intraocular pressure. However, the condition is benign and rarely requires surgical intervention. In Ayurveda, the management of *Pishtaka* focuses on pacifying the vitiated *Kapha* and *Vata doshas* through internal and local therapies. Treatment principles may include topical applications such as *Aschyotana* and *Anjana*, using formulations that reduce inflammation and restore ocular balance. Preventive measures like avoiding exposure to dust, wind, and sun, along with dietary modifications, play a supportive role in long-term management.

MATERIAL AND METHODS

Case Report

A 19-year-old female patient visited the *Shalakya* OPD of Parul Institute of Ayurved, Vadodara on 8th January 2025 with complaints of mild foreign body sensation in the right eye for the past 1 week. The

patient also noticed a yellowish patch in the right eye in the last 2 months, which was causing cosmetic disfigurement. She had not used any prior medication before visiting the OPD. The patient did not report any ocular pain, discharge, or visual impairment.

History of Present Illness

The patient was in her usual state of health until approximately two months ago, when she first noticed the gradual appearance of a white to yellowish patch on the nasal aspect of her right eye. The prominence of the lesion increased with time. Since the past week, she has also been experiencing a mild foreign body sensation in the affected eye, accompanied by intermittent redness.

History of Past Illness

The patient has no prior history of systemic conditions such as asthma, hypertension, or diabetes mellitus. There is also no evidence of ocular surface disorders including Sjögren's syndrome, lagophthalmos, or Meibomian gland dysfunction. Additionally, the patient has not undergone any surgical procedures in the past.

Family History

No significant medical history.

Personal History

Appetite- Good
Bowel- Regular
Micturition- 5-6 times a day
Sleep- Sound
Addiction- None

Ashtasthana Pareeksha

Nadi- 78/min
Mala- Prakruta
Mutra- 5-6 times/day
Jihwa- Alipta
Shabda- Prakruta
Sparsha- Anushna Sheeta
Drik- Prakruta
Akruti- Madhyama

Vitals

Blood Pressure- 120/70 mm of Hg
Temperature- 97.50F
Pulse- 78/min
Respiratory Rate- 16/min

Table 1: Ophthalmic examination

Ocular structures	Right Eye	Left Eye
Eyelashes	NAD	NAD
Eyelid	NAD	NAD
Bulbar Conjunctiva	Yellowish-white elevated mass (+)	NAD
Palpebral Conjunctiva	Congestion present	NAD
Sclera	NAD	NAD
Cornea	Clear	Clear
Pupil	RRR	RRR
Lens	Transparent	Transparent

Table 2: Visual Acuity

Visual Acuity	Right Eye	Left Eye
Distant Vision	6/6(p)	6/6
Near Vision	N6	N6

Diagnostic Test/ Assessment Criteria

Subjective Parameters (Patient- Reported)

- Foreign body sensation
- Ocular Dryness
- Redness
- Burning sensation
- Itching
- Photophobia (light sensitivity)

- Watering in eye (Hyperlacrimation)
- Cosmetic concern
- Blurring of vision (rarely, unless lesion causes tear film instability)

Objective Parameters (Clinical Findings)

- Pishtashukla Bindu (Yellowish-white Spot) (Size and location)
- Utsanna (Elevation)
- Colour
- Surface texture
- Vascularization
- Inflammation (pingueculitis)
- Corneal involvement
- Limbus Involvement
- Associated eyelid/ conjunctival findings
- Slit lamp findings

Diagnosis- *Pishtaka* (Pinguecula)

Treatment

Based on the clinical findings, treatment was initiated with *Parisheka* and *Vidalaka* for three days to alleviate ocular congestion. This was followed by the application of *Vaidehyādy-añjana* for 15 days. Concurrently, internal medication comprising *Jeevantyadi Ghrita* and *Saptamrita Lauha Vati* was prescribed. The detailed treatment protocol is outlined in the accompanying table.

Table 3: Treatment Given

Sr.n.	Medicine	Mode of Administration	Dosage	Time	Duration
1.	*Triphala Kwath*	*Parisheka*	Quantity sufficient	Morning	3 days
2.	*Triphala Churna* (9 parts) + *Nagar Churna* (1 part)	*Vidalaka*	Quantity sufficient	Morning	3 days
3.	*Vaidehyādy-añjana*	*Anjana*	Quantity sufficient	Morning	15 days
4.	*Jeevantyadi Ghrita*	Oral	1 Tsp	Morning before food and night after food	15 Days
5.	*Saptamrita lauha vati*	Oral	1 Tablet (500mg) with honey + *ghrita* (unequal quantity)	2 times a day	15 days

* The patient was advised to protect their eyes from sunlight, wind, and dust to avoid irritation and further damage. Wearing sunglasses with UV protection while going outdoors was especially recommended.

RESULT

Following the completion of the treatment regimen, the patient exhibited notable improvement in both subjective symptoms and objective clinical signs. These therapeutic outcomes, which include reductions in ocular discomfort, congestion, and other associated complaints, are comprehensively presented in the accompanying table.

Table 4: Subjective Symptom Assessment

S. No.	Symptom	Before Treatment	After Treatment
1	Foreign body sensation	Present, Mild	Absent
2	Ocular dryness	Mild, occasional	Absent
3	Redness	Mild Redness	Absent
4	Burning sensation	Absent	Absent
5.	Itching	Occasional	Resolved
5	Photophobia (light sensitivity)	Present in sunlight	Absent
6	Watering in eye (hyperlacrimation)	Occasional	Not present
7	Cosmetic concern	Patient distressed by appearance	Cosmetic concern reduced
8	Blurred vision (if present)	No blurring reported	No blurring reported

Table 5: Clinical (Objective) Findings

S.No.	Clinical Finding	Before Treatment	After Treatment
1	*Pishtashukla Bindu* (Yellowish-white spot) – Size and Location	5 mm x 5 mm	2 mm x 2 mm
2	*Utsanna* (Elevation)	Moderate elevation	Mild elevation
3	Colour	Yellowish-white	White, reduced pigmentation
4	Surface texture	Smooth, keratinized	Smooth
5	Vascularization	Mild conjunctival congestion	Absent
6	Inflammation (Pingueculitis)	Absent	Absent
7	Corneal involvement	None	None
8	Limbus involvement	Not involved	Not involved
9	Associated eyelid / conjunctival findings	None/Mild Dryness	No associated findings
10	Slit-lamp findings	Elevated yellow lesion with defined borders	Lesion reduced in size, less Pigmentation

Figure 1: Before Treatment

Figure 2: After Treatment

DISCUSSION

The management of *Pishtaka* (Pinguecula) in this case was guided by a holistic Ayurvedic framework, targeting both the local pathology and systemic *Dosha* imbalance. The pathogenesis of *Pishtaka* involves vitiation of *Kapha*, leading to *Sleshma-Pradhana Shopha* (Kapha-dominant swelling) and the characteristic *Pishtashukla Bindu* (thick, white, sticky deposits) [3, 4]. To address the *Netra Shopha* (congestion and swelling), external therapies such as *Parisheka* (therapeutic irrigation) and *Vidalaka* (herbal eye pack)

were employed. *Triphala Kwatha Parisheka* utilizes the *Chakshushya* (eye-strengthening), *Shothahara* (anti-inflammatory), and *Rasayana* (rejuvenative) properties of *Triphala*, a classical formulation comprising *Haritaki*, *Bibhitaki*, and *Amalaki* [5, 6]. The *Parisheka*, performed with a thin, continuous stream from four *Angula* height, ensured optimal contact of the medicated decoction with the *Twak* (skin), *Netra Sandhi*, and *Siras,* facilitating *Pachana* (resolution) and *Shamana* (pacification) of *Netra Gata Doshas*. Modern pharmacokinetic understanding highlights that the corneal epithelium and stroma architecture supports efficient trans-corneal absorption, while conjunctival absorption further delivers the active principles to the anterior segment [7]. *Vidalaka8* with a paste of *Triphala* and *Lodhra Churna* [9] leveraged the *Kashaya Rasa*, *Kaphahara*, and *Pittahara* effects of *Lodhra* (*Symplocos racemosa*). This was applied over the thin, vascular eyelid skin, facilitating rapid absorption to the palpebral and bulbar conjunctiva [8]. Subsequently, *Vaidehyādy-añjana* [10] was administered as a localized ocular therapy. The combination of *Pippali (Piper longum)*, *Maricha (Piper nigrum)*, *Saindhava* (rock salt), *Shunthi (Zingiber officinale)*, and *Matulunga Swarasa (Citrus medica*) offers a synergistic effect with *Kapha*-pacifying, scraping (*Lekhana*), anti-inflammatory (*Shothahara*), and channel-cleansing (*Srotoshodhana*) properties. In Ayurvedic pharmacodynamics, *Anjana* therapy's active principles penetrate to the posterior chamber via paracellular and transcellular pathways, influenced by their pH, viscosity, tonicity, molecular weight, and particle size. Application from the medial to lateral canthus, followed by gentle ocular rotations, facilitated even distribution and optimal bioavailability [11, 12]. The specific pharmacodynamic actions of the *Anjana* [13] components addressed *Pishtaka* pathogenesis*. Pippali* and *Maricha* exhibit *Deepana* and *Pachana* actions, resolving local *Kapha* accumulation in the *Drishti Mandala*. *Shunthi,* with its *Ushna Veerya* (hot potency), liquefies and mobilizes sticky *Kapha* deposits [14]. *Saindhava* enhances drug penetration due to its *Sukshma* and *Tikshna* qualities, acting deeply in the *Shukla Bhaga* (conjunctiva). *Matulunga Swarasa,* with *Tikta-Katu Rasa* and *Ushna Veerya*, supports *Lekhana* and enhances local circulation. For systemic support, internal medications were administered, including *Jeevantyadi Ghrita* and *Saptamrita Lauha Vati*. *Jeevantyadi Ghrita* [14], described in the *Ashtanga Hridaya Uttaratantra16* and other classical texts, contains *Jeevanti (Leptadenia reticulata*), *Madhuka* (*Glycyrrhiza glabra*), *Draksha* (*Vitis vinifera*), and other *Chakshushya* herbs processed in cow's ghee. It exerts *Rasayana* (rejuvenative), *Balya* (strengthening), and *Pitta-Kapha Shamana* actions. By nourishing the *Rasa* and *Rakta Dhatus* at the ocular level, it acts as a *Snehana* (unctuous therapy), alleviating dryness and irritation while promoting epithelial and connective tissue healing. The *Snigdha* (unctuous), *Madhura* (sweet), and *Sheeta* (cooling) properties of *Jeevantyadi Ghrita* also pacify *Pitta Dosha* [15], addressing the burning and redness frequently observed in *Pishtaka. Saptamrita Lauha Vati* is a traditional herbo-mineral preparation mentioned in the *Netraroga Chikitsa* section of the *Bhaishajya Ratnavali*, composed of *Lauha Bhasma* (processed iron), *Yashtimadhu*, *Triphala*, and honey. It has *Chakshushya*, *Raktaprasadana* (blood purification), and *Shothahara* properties [16-18]. *Lauha Bhasma* supports the vitality of *Rakta Dhatu*, promoting improved nourishment of ocular structures and local immunity, thereby aiding in the resolution of congestion and inflammation. The *Tridosha-hara* actions of *Triphala* also support *Agni* (digestive fire) and *Amapachana* (systemic detoxification), while promoting *Srotoshodhana* (channel-clearing) and maintaining *Drishti Prasadana* (clarity of vision) [19].

CONCLUSION

The Ayurvedic management of *Pishtaka* (Pinguecula) in this case yielded significant subjective and objective improvements, including relief from ocular discomfort and reduction in lesion size, elevation, and congestion. The combined use of *Triphala Parisheka, Triphala-Lodhra Vidalaka,* and *Vaidehyādy-añjana* effectively addressed local inflammation and *Kapha-Vata* vitiation, while internal administration of *Jeevantyadi Ghrita* and *Saptamrita Lauha Vati* promoted systemic *Raktashodhana* and ocular tissue healing. These results highlight the efficacy of an integrative Ayurvedic approach in managing *Pishtaka*, with potential applicability in similar *Kapha*-predominant ocular disorders.

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