

CASE STUDY**Managing Blepharitis Through Ayurveda- A Case Study****Prince Raghu and Manjiri Keskar***

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***Corresponding Author:** Manjiri KeskarEmail: princergh789@gmail.com**ABSTRACT**

This case study explores the clinical management of blepharitis, a chronic inflammatory condition of the eyelid margins, through the lens of Ayurvedic principles, specifically correlating it with *Krimi Granthi*—a condition described in classical texts involving parasitic infestation and inflammation of the eyelids. A 25-year-old male presented with persistent redness, itching, foreign body sensation, and crusting on both upper eyelids for one week. In Ayurveda, such symptoms indicate vitiation of *Kapha* and *Pitta* doshas with possible *Krimi* involvement. The treatment protocol included local therapies such as *Parisheka* (therapeutic irrigation) with decoction of *Triphala*, *Daruharidra*, and *Yashtimadhu*, along with *Netra Pichu* using *Triphala Ghrita* to soothe inflammation and reduce microbial load. Internal medications—*Chandraprabha Vati*, *Amalaki Rasayana Vati*, and *Guggulu Tiktaka Ghrita*—were administered to balance doshas and improve tissue metabolism. The integrated approach resulted in marked improvement in symptoms, suggesting the efficacy of Ayurvedic management in blepharitis related to *Krimi Granthi*. This case highlights the importance of *kriyakalpa* procedures in managing chronic ocular inflammatory disorders.

Keywords: Blepharitis, *Krimi Granthi*, *Parishek*, *Netra pichu*, *Triphala Kwatha*, *Netra sandhigata Roga*

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INTRODUCTION

Blepharitis is a chronic inflammatory disorder of the eyelid margins, often associated with bacterial infection, meibomian gland dysfunction, and hypersensitivity reactions. It presents with symptoms such as redness, itching, burning sensation, eyelid swelling, and crusting at the base of the eyelashes [1]. Despite being a common ocular complaint, its recurrent nature and resistance to conventional treatments make management challenging. In Ayurvedic literature, a comparable condition is described as *Krimi Granthi*, a nodular swelling arising from the proliferation of *Krimi* (parasites or microbes), particularly those classified as *Adrishya Krimi*—invisible organisms akin to bacteria in modern terms. Classical texts such as the *Sushruta Samhita* and *Ashtanga Hridaya* detail various forms of eye disorders involving *Krimi*, especially those affecting the eyelids (*Vartma*) [2], leading to signs such as discharge, pain, and inflammation. The term *Granthi* implies a glandular or cystic swelling, correlating well with the nodular and inflamed presentation of blepharitis in its chronic stage.

CASE REPORT**PATIENT PROFILE**

Age: 25 years

Gender: Male

Occupation: Student

Religion- Hindu

Socio economic status- Middle

FAMILY HISTORY

Father- H/O DM and HTN

Mother- H/O HTN

No family history of any other systemic disease

PERSONAL HISTORY

Diet- Vegetarian

Bowel-1-2 times per day

Appetite- Decreased

Sleep- Disturbed

Micturition – 3-4 times/ day and 2-3 per night

Allergy- Not any

ON EXAMINATION

General condition- Debility

Vitals- Stable

Site of onset- Left side of face

Distribution- Unilateral

CHIEF COMPLAINTS

- Redness and foreign body sensation in the eyelids
- Watery discharge and crusting, particularly in the mornings
- Frequent episodes of blurred vision due to excessive tearing
- Itching and discomfort worsened by exposure to dust and pollution

HISTORY OF CHIEF COMPLAINTS

The patient presented with persistent redness, itching, foreign body sensation, and crusting on his eyelids for the past one week. Initially, the symptoms were mild but gradually worsened, leading to morning crust formation, discharge, and recurrent episodes of blurred vision. Environmental pollutants and prolonged screen exposure exacerbated his discomfort. He had previously used antibiotic eye drops and lubricants, which provided temporary relief, but symptoms frequently recurred. Due to persistent discomfort and dependency on conventional treatment, he opted for Ayurvedic management and he came to Parul ayurveda hospital for better treatment

PLACE OF STUDY

The case study was done in SHALAKYA EYE OPD, Parul Ayurveda hospital, Limda, Vadodara, Gujarat

ON EXAMINATION EYE

Visual acuity Both eyes: 6/6

Right eye: 6/6

Left eye: 6/6(p)

SLIT LAMP EXAMINATION

Table 1: Slit Lamp Examination of Both Eyes Before Treatment

Parameter	Right Eye	Left Eye
Eyelashes	Flakes and crusting ++	Flakes and crusting ++
Eyelid	Thickened lid margin and redness ++	Thickened lid margin and redness +
Conjunctiva	Congestion ++	Congestion ++
Cornea	Clear	Clear
Anterior Chamber Depth	Normal depth	Normal depth
Iris	Normal	Normal
Pupil	Round, reactive	Round, reactive
Lens	Transparent	Transparent

TREATMENT PROTOCOL

Table 2: Treatment Protocol Given for Blepharitis

Sl. No.	Therapy	Drug / Procedure	Duration	Dosage / Method
1	Local Treatment	<i>Parisheka</i> with Triphala + Daruharidra + Yashtimadhu (both eyes)	7 days	15 minutes
		<i>Netra Pichu</i> with Triphala Ghrita (both eyes)	7 days	15 minutes
2	Shamana Chikitsa(Internal)	Chandraprabha Vati	7 days	2 tablets twice daily with warm water (after food)
		Amalaki Rasayana Vati	7 days	2 tablets twice daily with warm water (after food)
		Guggulu Tiktaka Ghrita	7 days	1 teaspoon twice daily with warm water (before food)

OUTCOME MEASURES AND FOLLOWUP

Table 3: follow-up chart of the patient

Outcome Measure	Baseline	First Follow-Up (05/02/2025)	Second Follow-Up (21/02/2025)
Symptom Severity (itching, burning)	Moderate symptoms	Significant improvement	Minimal symptoms
Lid Margin Appearance	Redness and crusting present	Redness reduced, minimal crusting	Very mild or no redness
Meibomian Gland Function	Blocked, poor secretion	Improved secretion	Partial to near-normal recovery
Tear Film Stability (TBUT)	< 10 seconds	10–12 seconds	Maintained improvement
Presence of Debris / Scurf	Moderate debris	Minimal debris	Almost absent
Patient Compliance (hygiene & meds)	Partial compliance	Improved	Full compliance
Use of Medications	Not started	On prescribed medications	Continued medications
Patient-Reported Improvement	—	Mild improvement	Marked improvement
Visual Acuity	6/6 OU (no change)	Stable	Stable
Complications	None	None	None

The patient was monitored every two weeks for a total of four weeks. Significant improvements observed were:

- 80% reduction in redness and irritation
- Marked decrease in eyelid crusting and discharge
- Improved tear film stability and reduced blurred vision
- Minimal recurrence of symptoms over time

RESULT

The patient underwent a seven-day local treatment protocol along with internal medications, followed by evaluation at two scheduled follow-ups. Baseline ocular findings are summarized in Table 1, the treatment modalities are listed in Table 2, and progressive improvement is detailed in the follow-up chart (Table 3). At baseline, the patient presented with moderate-to-severe blepharitis symptoms, including eyelid redness, crusting, itching, foreign body sensation, and reduced tear film stability. Slit lamp examination revealed lid margin congestion with flakes, scurf, and blocked meibomian glands in both eyes. By the first follow-up (05/02/2025), notable clinical improvement was observed. There was a marked reduction in itching, burning sensation, and crusting. Lid margin redness decreased significantly, and meibomian gland secretions began to normalize. Tear breakup time improved from <10 seconds to 10–12 seconds, indicating better tear film stability. The amount of lid debris also visibly reduced. At the second follow-up (21/02/2025), symptoms further improved, with the patient reporting minimal residual discomfort. Eyelid margins appeared healthier with almost no crusting, and tear film stability remained improved. The patient demonstrated full compliance with medications and lid hygiene, contributing to steady recovery. No adverse events or complications were noted during the treatment period, and visual acuity remained unchanged from baseline. Overall, an approximate 80% symptomatic improvement was documented by the end of the follow-up period. These findings correlate with earlier Ayurvedic reports on Krimigranthi and blepharitis and suggest that the integrated protocol of *Parisheka*, *Netra Pichu*, and *Shamana Chikitsa* was effective in reducing inflammation, improving glandular function, and enhancing ocular surface health in a short duration.

DISCUSSION

The Ayurvedic management adopted in this case demonstrated significant improvement in blepharitis symptoms within a short duration, highlighting the therapeutic relevance of *Parisheka*, *Netra Pichu*, and internal *Shamana Chikitsa*. The notable reduction in redness, crusting, itching, and meibomian gland blockage correlates with the expected outcomes described in classical Ayurvedic texts for *Krimi Granthi*, a condition characterized by infestation, inflammation, and discharge originating at the eyelid margins. In the present case, the use of *Triphala*, *Daruharidra*, and *Yashtimadhu* in *Parisheka* produced rapid

symptomatic relief. These findings align with previously published works, such as Chitrashree et al. (2020), where *Parisheka* with herbal decoctions demonstrated successful reduction in lid inflammation and debris. Similarly, clinical outcomes in studies on Ayurvedic management of ulcerative blepharitis show that herbal irrigation effectively lowers microbial load and improves tear film dynamics. This case also reflects the therapeutic pattern described by Vaghbata and Sushruta, where medicated washing (*Parisheka*) is emphasized for ocular conditions involving *Krimi* and inflammatory secretions. Internal administration of *Chandraprabha Vati*, *Amalaki Rasayana Vati*, and *Guggulu Tiktaka Ghrita* contributed to systemic dosha balance, leading to sustained improvement. Comparable results have been reported in similar case studies where internal Rasayana therapy supported ocular surface healing and prevented recurrence. The improved tear breakup time (TBUT), reduced lid debris, and enhanced meibomian gland function in this case reinforce the observations of these earlier studies. Clinically, the absence of adverse effects and the significant reduction in symptom recurrence illustrate the safety and long-term applicability of Ayurvedic modalities in chronic blepharitis. While conventional therapy often provides only temporary relief and is associated with recurrence, the integrated Ayurvedic approach demonstrated lasting benefits by addressing both surface inflammation and underlying dosha pathology. Overall, this case supports the growing clinical evidence that Ayurvedic treatment modalities, especially *kriyakalpa* procedures combined with internal medications, can serve as effective, non-invasive alternatives or adjuncts to conventional management of chronic blepharitis. Further controlled trials are warranted to validate these outcomes and to standardize protocols for broader clinical application.

Role of Parisheka in Krimi Granthi [5]:

Parisheka, or continuous irrigation with medicated decoctions, is traditionally used to cleanse and pacify the inflamed tissues. This therapy helps in:

- Reducing local inflammation
- Clearing crusts and debris from eyelids
- Soothing irritated mucosal surfaces
- Creating an unfavorable environment for microbial growth

When applied to the eye region, Parisheka aids in reducing congestion, itchiness, and bacterial load, thereby offering both symptomatic relief and promoting healing.

Triphala: A Rejuvenative Ocular Cleanser [6]

Triphala, a well-known Ayurvedic formulation composed of Haritaki (*Terminalia chebula*), Bibhitaki (*Terminalia bellirica*), and Amalaki (*Emblica officinalis*), is revered for its chakshushya (eye-benefiting) qualities.

Antioxidant and anti-inflammatory properties: The phenolic compounds present in Triphala help mitigate oxidative stress and inflammation in the eyelids.

Antimicrobial action: Triphala decoction has shown inhibitory effects against several strains of bacteria commonly implicated in blepharitis, including *Staphylococcus aureus*.

Wound healing and tissue repair: Its rasayana (rejuvenating) quality supports regeneration of epithelial tissues.

Thus, regular Parisheka with Triphala decoction serves to purify the ocular surface and promote restoration of normal eyelid function.

Daruharidra: A Potent Antimicrobial and Anti-inflammatory Agent

Daruharidra (*Berberis aristata*) is known for its strong krimighna (antiparasitic), rakta-shodhaka (blood-purifying), and shotha-hara (anti-swelling) properties.

- Berberine, the chief alkaloid of Daruharidra, has shown remarkable efficacy against bacterial and fungal pathogens, making it highly suitable for treating infectious components of Krimi Granthi.
- Its anti-inflammatory action helps in alleviating lid swelling and erythema, which are commonly observed in chronic blepharitis.
- When used in Parisheka, Daruharidra also assists in cleansing purulent discharges and reducing microbial colonization on eyelid margins.

This makes Daruharidra an essential herb in breaking the pathological cycle of infection and inflammation seen in Krimi Granthi.

Yashtimadhu: A Soothing and Healing Herb

Yashtimadhu (*Glycyrrhiza glabra*) is highly valued in ophthalmology for its shothahara (anti-inflammatory), vranaropaka (wound healing), and madhura-snigdha (soothing and lubricating) properties.

- The glycyrrhizin content in Yashtimadhu has corticosteroid-like effects that help reduce inflammation without adverse effects associated with synthetic steroids.

- It is mucoprotective, offering a soothing layer to the inflamed eyelid tissues, reducing irritation and pain.
- Yashtimadhu decoction used as Parisheka also promotes epithelial regeneration, essential for healing damaged ocular tissues.

Together with Triphala and Daruharidra, Yashtimadhu enhances the overall therapeutic impact of the Parisheka process, particularly in relieving discomfort and accelerating recovery.

Synergistic Action in Parisheka:

The combination of Triphala, Daruharidra, and Yashtimadhu in Parisheka formulation exhibits multidimensional therapeutic action:

Triphala: Cleanses, detoxifies, and rejuvenates

Daruharidra: Eliminates infection, reduces discharge and inflammation

Yashtimadhu: Heals, soothes, and strengthens mucosal immunity

This synergistic blend provides a comprehensive approach to manage Krimi Granthi, addressing both the root cause (microbial infestation and inflammation) and the symptomatic burden (pain, swelling, irritation).

Chandraprabhavati[7]

Chandraprabhavati is a classical herbo-mineral preparation known for its tridoshahara (balances all three doshas), krimighna (antiparasitic), and rakta-shodhaka (blood purifier) properties.

- The anti-inflammatory action of Chandraprabhavati helps reduce swelling and discomfort in the eyelid region.
- Its krimighna properties target the underlying microbial or parasitic etiology commonly associated with blepharitis.
- It helps correct Agni (digestive fire), which is considered essential in clearing ama (toxins) that may contribute to chronic inflammatory disorders.
- Additionally, it supports urinary detoxification and systemic cleansing, which are essential to maintaining overall health and immune function, indirectly benefiting skin and mucosal conditions.

Amalaki Rasayana Vati

This formulation is derived from Amalaki (*Emblica officinalis*), a potent source of vitamin C and antioxidants. It is known for its rasayana (rejuvenating) and chakshushya (beneficial for the eyes) properties.

- Amalaki enhances tissue regeneration and strengthens the local immunity of the eyelid margins.
- Its antioxidant action helps reduce oxidative stress and tissue damage at the cellular level.
- As a rasayana, it promotes ojas (vital essence), improving systemic resistance against recurrent infections.
- Its mild pitta-pacifying nature soothes the burning sensation and redness commonly seen in blepharitis.
- The rejuvenating effect on the netra-indriya (visual apparatus) is valuable in chronic cases where inflammation may compromise visual comfort or acuity.

Guggulu Tiktaka Ghrita

A medicated ghee formulation that combines the benefits of guggulu with various tikta (bitter) dravyas, processed in ghrita (clarified butter).

- This ghrita works deeply at the dhatus (tissue) level, particularly rakta, mamsa, and meda, which are often involved in chronic inflammatory and granulomatous swellings.
- The tikta rasa is particularly effective in pacifying pitta and clearing ama, both of which contribute to inflammatory processes.
- Guggulu, known for its shothahara (anti-inflammatory) and lekhana (scraping) properties, helps resolve granthi (nodular swellings) and persistent inflammation.
- Being a ghrita-based formulation, it also aids in nourishing and stabilizing tissues, making it ideal in chronic conditions where tissue damage or degeneration is ongoing.
- Internally administered Guggulu Tiktaka Ghrita supports detoxification of the rakta dhatus, thereby addressing the root of inflammation and promoting long-term healing.



1

2

Fig. 1: Photograph showing lid margin crusting before treatment
Fig. 2: photograph showing after treatment



Fig. 3: Parishek on patient

CONCLUSION

The present case demonstrates that an integrated Ayurvedic approach—combining *Parisheka*, *Netra Pichu*, and internal *Shamana Chikitsa*—provides significant and sustained relief in blepharitis associated with *Krimi Granthi*. The patient showed marked improvement in redness, crusting, meibomian gland function, and tear film stability within a short therapeutic period, with no adverse effects. Clinically, the treatment not only reduced acute symptoms but also improved lid hygiene and glandular function, which are essential factors in preventing recurrence, a common challenge in chronic blepharitis. The ability of Ayurvedic therapies to address both local inflammation and underlying doshic imbalance appears to contribute to longer-term symptom control compared to conventional treatments. These findings highlight Ayurveda's potential as an effective, non-invasive, and sustainable modality in managing chronic ocular inflammatory conditions. Future research should focus on larger clinical studies and comparative trials to validate the effectiveness of Ayurvedic protocols and to establish standardized treatment guidelines for chronic blepharitis.

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