

## Ayurvedic Management of Anjananamika (External Hordeolum/ Sty)- A Case Report

Pote Karishma Ravindra and \*Kotangale Sumedha Yogesh

Department of Shalakya Tantra,  
Sumatibhai Shah Ayurved College,  
HADAPSAR-411028, PUNE (MAHARASHTRA), INDIA,

\*Corresponding Author

E-mail : sumedhayk@yahoo.com

**Received** : 05.10.2025; **Revised** : 25.10.2025; **Accepted** : 11.11.2025

How to cite : Ravindra PK, Yogesh KS. Ayurvedic Management Of Anjananamika (External Hordeolum/ Sty)- A Case Report. *Flora and Fauna* 2025. 31(2) : 380-384.

### ABSTRACT

Stye is an infection of the sebaceous glands of zeis at the base of the eye lashes, or an infection of the apocrine glands of moll. *Anjananamika* is defined in *ayurveda* as disease affecting eyes where the symptoms include *Dahatodavatitamrapidaka*— i.e., boil which would be in *Tamravarna* associated with burning sensation and pricking sensation at *Vartmapradesha* i.e in the lid and the other symptoms includes *Mridvimandaruja*— it will be soft and associated with mild pain. It is a *Raktapradhana Vyadhi* along with the involvement of other *Doshas*, *Pittahara* and *Doshahara* treatment can be done. Reviewing the clinical presentation from modern texts it is found that it resembles Stye. Stye is more common in children and young adults (though no age is bar) and in patients with eye strain due to refractive errors or muscle imbalance. Styes are more painful and are chronic in nature. They usually do not resolve without intervention. The disease is commonly caused by a *Staphylococcus aureus*-bacterial infection, or by the blocking of an oil gland at the base of the eyelash. An ocular therapeutic called *Bidalaka* is the application of medicated paste on the eye's outer surface expect eyelashes. *Bidalaka* is indicated in inflammatory conditions of the eyes. A 29- year-old male patient diagnosed with Stye on clinical presentation was advised *Yashti triphala Bidalaka* and *Kaishore guggulu* as internal medicine for 7 days. The signs and symptoms were reduced to mild degree. The result proved to be effective based on clinical assessment.

Figure : 01

References : 14

Tables : 02

KEY WORDS : *Anjananamika*, Case Report, External Hordeolum, *Yashti triphala Bidalaka*.

### Introduction

*Anjananamika*, according to *Acharya Sushruta*, is a tiny abscess on the edge of the lid that is soft, copper red in color, somewhat painful, and characterized by pricking and burning feelings.

Furthermore, according to *Acharya Vagbhatta*, the *Pitaka* size and shape resemble green grams, and *Anjananamika* is located in the center or end of the eyelids<sup>14</sup>. It is comparable to a zeis gland cyst, Stye, or external hordeolum. The germ that is causing the problem is *Staphylococcus aureus*<sup>2</sup>. Since hordeola are so prevalent, it is uncertain how common external hordeolum is worldwide. Stye is more prevalent in people with eye strain brought on by refractive defects or muscular imbalances, as well as in children and young adults (though age is irrelevant). Recurrent Stye is typically linked to diabetic mellitus, chronic blepharitis,

and persistent eye rubbing or fingering of the nose and eyelid. *Swedana* (hot compresses), *Nishpeedana* (if it burst open spontaneously, it should be pressed and rubbed), *Bhedana* (puncturing of the *Pitaka*), *Pratisarana* (paste should be applied with the pressure of the fingers), and *Raktamokshana* by *Jaloukavacharana* are all part of the *Ayurvedic* intervention of *Anjananamika*<sup>9,10</sup>. While hordeola are very common, the exact incidence is unknown. Every age and demographic is affected, although a slightly increased incidence is observed among patients aged 30 to 50. Prevalence differences among populations worldwide are unknown. Patients with chronic conditions such as seborrheic dermatitis, diabetes, and hyperlipidemia may also be at increased risk<sup>1,8</sup>.

Prevalence in Different Regions- Styes are common worldwide, affecting individuals of all ages.

TABLE-1 : Local Examination Of the Eyes

Right Eye	Left Eye
Lid - Edema	Lid - Normal
Sclera - Congestion	Sclera - Normal
Conjunctiva- Congestion	Conjunctiva - Normal
Cornea- Clear	Cornea - Clear
Pupil- Normal in size reacting to light	Pupil -Normal in size reacting to light
Lens - Normal	Lens- Normal
Anterior Chamber - Normal	Anterior Chamber- Normal
Vision - 6/9	Vision - 6/6(P)

While the exact prevalence is not well-documented, the occurrence is significantly influenced by risk factors such as poor eyelid hygiene, blepharitis, and meibomian gland dysfunction. Styes are more frequently observed in regions with poor access to healthcare or suboptimal hygiene practices<sup>3</sup>.

There are two stages to the symptoms of styte, according to current medicine. Localized swelling at the lid margin accompanied by noticeable edema and other symptoms are indicative of the cellulitis stage. A visible pus point at the lid margin in relation to the affected cilia is indicative of an abscess formation stage. Antibiotic eye drops (3–4 times) and heat compresses two to three times a day are used to treat it. In addition to eye ointment before bed, which may have numerous adverse effects, systemic anti-inflammatory and analgesic medications alleviate pain and lessen edema. These could temporarily irritate the eyes and produce stinging, swelling, and burning. Furthermore, these medications should be taken regularly, separated by one to two hours, which may not be convenient for the student body or working class, which also takes their time to act and produce results. Long- term usage of it may result in eye discomfort and dryness. An attempt has been made to assess the impact of *Yashti Triphala Bidalaka* and *Kaishore Guggulu* due to the disease's prevalence and the results of topical medicines and ointments.

The purpose of this study is to find a solution for treating *Anjananamika* instead of providing temporary relief with an *Ayurvedic* procedure as an alternate use of antibiotics and analgesics as symptomatic treatment.

### Patient Information

**Case History-** A 29 year male patient came to the outpatient department of Shalakyatantra, SSAM Hadapsar, Pune.

Complaining of Swelling, redness, mild to moderate pain. He had acute onset of the above symptoms for 4 days.

With no medical or family history. With no any past interventions.

### Personal History

Diet- Vegetarian	Appetite- Moderate
Addiction- No any	Sleep- Normal
Micturition- Normal	Bowel- Regular

### Ashtavidha Pariksha

Nadi: - Kapha pradhan	Shabda: - Spashta
Mala: - Prakruta	Sparsha: - Anushna
Mutra: - Samyaka pravru	Druk:- Prakruta
Jivha: - Sama	Akruti: - Madhyama

### Clinical Finding

On ocular examination Visual acuity of patient with glasses was 6/9 and 6/6(P), eyeball movements were regular, conjunctival congestions, Swelling over lid with mild tenderness were observed. Other all sclera, cornea, iris, pupil and anterior chamber were found to be expected. On the basis of clinical signs and symptoms, the patient was diagnosed with External Hordeolum.

The patient was treated with *Yashti Triphala Bidalaka* once a day for 7 days along with *Kaishore*

TABLE-2 : Follow Up And Examination

SN	Signs and Symptoms	Day 0	Day 7
1.	<i>Pitiaka</i> (Eruption)	Present	Absent
2.	<i>Toda</i> (Pricking Sensation)	Present	Absent
3.	<i>Kandu</i> (Itching)	Present	Absent
4.	<i>Daha</i> (Burning Sensation)	Present	Absent
5.	<i>Mandaruja</i> (pain)	Present	Absent
6.	<i>Tamravarnata</i> (Redness)	Present	Absent
7.	<i>Mruduta</i> (Tenderness)	Present	Absent

*Guggulu* as internal medicine twice a day for 7 days after taking written informed consent. Routine follow up was carried out and regression in the symptoms was noted.

### Diagnostic assessment

The diagnostic assessment included thorough examination based on specific assessment points, and a comprehensive differential diagnosis was concluded to eliminate the possibility of other eye ailments. The assessment points include ocular examination, Slit lamp examination and pre- treatment/ post- treatment photographs.

The differential diagnosis for External hordeolum took into account disease conditions such as Chalazion, Internal Hordeolum, Blepharitis, Squamous cell carcinoma.

On ocular examination Visual acuity of patient with glasses was 6/9 and 6/6(P), eyeball movements were regular, conjunctival congestions, Swelling over lid with mild tenderness were observed. Other all sclera, cornea, iris, pupil and anterior chamber were found to be expected. On the basis of clinical signs and symptoms, the patient was diagnosed with External Hordeolum.

### Therapeutic intervention

Material Used For the procedure: *Yashti Churna*, *Triphala Churna*, Gauze Piece, Sterile Water.  
Treatment Planned:

Drug- *Yashti Triphala*

*Churna*. *Kriyakalpa- Bidalaka*

Duration - 7 Days

Drug - *Kaishore Guggulu*

Route of administration - Oral

Duration -7 days

### Standard operating procedure

Preparation of *Bidalaka- Triphala* and *Yashti* paste was prepared with the help of sufficient amounts of water in the *Triphala Yashti Churnas*.

### Procedure of Application

#### (A) *Poorva karma-*

1. Wash hands with water.
2. Clean both the eyes and the surroundings with wet gauze pieces.

#### (B) *Pradhan Karma-*

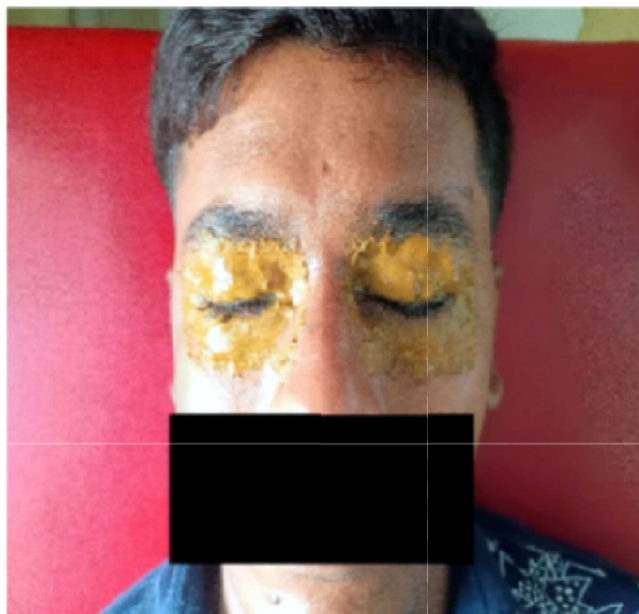
1. The patient is given a supine position with closed eyes.
2. *Yashti Triphala* Paste is applied under aseptic precaution around both eyes and eyelids except lid margins.
3. According to *Acharya Charaka*, the thickness of *Bidalaka* should be equal to one-third of the thickness of the thumb.

#### (C) *Paschat karma-*

1. The eye is cleaned out with a gauze piece before it dries up.
2. The patient is asked to wash and clean the face with Lukewarm water.

### Discussion

External hordeolum is an inflammatory disease of eyelid and it is caused by organisms like *Streptococcus* or *staphylococcus*. Its recurrence is usually due to



**Fig. 1 : The Patient**

uncorrected refractive errors in children. It may be an early manifestation or presenting sign of diabetics in elderly individual. The symptoms include pain, oedema and erythema of the eyelids.

Specific *nidanas* of *anjanamika* are not been described in the texts, therefore *Samanya nidana Netra roga* described in *Sushruta samhita* may be considered as the *Nidana* for *Anjanamika*.

*Samanya nidana* of *Netra rogas*<sup>13</sup> include *Ushna abhitaptata, jalpraveshad, doorekshanat etc.* Amongst these, the causative factors like *Prasakt sanrodana, shoka, klesha, abhighahta* may be considered as the specific *Nidanas* for *anjanamika*, which leads to vitiation of either single or multiple doshas, these doshas get accumulated in the *Vartma* (lids) which later on appear in *Sira* (blood vessels) which may cause *Anjanamika*.

External hordeolum is very well correlated with eye disease *Anjananamika* in *Ayurveda* where there will be *Dushti* of *Rakta dhatu* along with *Mansadhatu*. It is characterized by copper coloured *Pidika* having pain, swelling, redness, itching etc. There are many treatment modalities implicated for *Anjanamika* such as hot compresses (*Swedana*), incision by small knife (*Bhedana*)<sup>13</sup>, Colloryim (*Anjana*), Blood letting (*Raktamokshana*), *Bidalaka* etc<sup>10</sup>. *Pidika* is formed at an early stage. The early condition of *Anjananamika* can be considered as pre- suppurative stage and gets suppurated after 3-4 days and gets converted into abscess (Suppurative stage of sty). In the present case the patient was examined thoroughly and prescribed appropriate *Kriyakalpa* along with suitable internal medicines which has given a promising result. *Bidalaka* is one among the *Kriyakalapa* in which the drugs are applied in the form of paste over the eyes excluding eye

lashes<sup>7</sup>. In the present case *Triphala churna* and *Yashtimadhu churna* were used based on the *Lakshanas*. Skin is one of the routes of drug administration. *Bidalaka* readily penetrate the eyelids which help to increase cutaneous blood flow thereby enhancing better absorption and reducing inflammation. The drugs used for *Bidalaka* are *Triphala churna* and *Yashtimadhu churna*.

*Haritaki* (*Terminalia chebula*)- *Laghu, Bruhana, Anulomana*. *Bibhitaki* (*Terminalia bellirica*)-*Netra hitam* drug.

*Amalaki* (*Embllica officinalis*)- *Guna* are the same as *Haritaki*. *Yashtimadhu* (*Glycyrrhiza glabra*) - *Shita, Guru, Chakshushya* and *Balavarnkara*.

The *Ushna* and *Ruksh* property of *Triphala* breaks the *Abhishyanda* of *Strotas* at ocular level. *Tridosahara guna* of *triphala* maintains homeostasis in the body and eye (*Chakshushya*)<sup>4</sup> hence further preventing the pathogenesis.

According to *Bhaishajyaratnavali, Kaishore guggulu* is indicated in *Shotha* (oedema) and *Mandagni*<sup>6</sup>. *Kaishore guggulu* contains the purified guggulipid which acts as Anti Allergic, antibacterial<sup>5</sup>. In the above case, the combination of oral medicines and local procedure like *Bidalaka*, successfully helps in the management of *Anjanamika* (External hordeolum).

The purpose of this study was to find a solution for treating *Anjananamika* instead of providing temporary relief with an *Ayurvedic* procedure as an alternate use of antibiotics and analgesics as symptomatic treatment.

## Conclusion

*Anjananamika* is a *Raktaj sadhya, Vartmagata netra roga*, which shares similar signs and symptoms of external hordeolum. The treatment described in ancient texts includes *Swedana* (sudation) and *Bhedana* (scrapping). In the above case, concept of shaman *Chikitsa* is applied by means of Oral drugs like *Kaishore guggulu*, and local procedure like *Bidalaka* by *Triphala* and *Yashtimadhu*, which provided significant relief to the patient.

## Patient Perspective

Initially when the patient came to OPD was annoyed with pain and swelling at the eyelid for about 5 days. But once started with the treatment with *Kaishore guggula* and *Yashti triphala Bidalaka* he was relieved from symptoms and had no recurrence in external hordeolum.

**Informed Consent** - The informed consent of patient was taken. Financial Support - Nil

Declaration Of Competing Interest - None disclosed.

## References

1. Ansari AS, de Lusignan S, Hinton W, Munro N, McGovern A. The association between diabetes, level of glycaemic control and eye infection: Cohort database study. *Prim Care Diabetes*. 2017 Oct; **11**(5) : 421-429. [PubMed]
2. Bouting B, Kanski's Clinical Ophthalmology, A systematic approach, by Brad Bowling, International Edition, 9th edition, chapter 2, p.67.
3. Gurnani B, Badri T, Hafsi W. Stat Pearls [Internet]. StatPearls Publishing; Treasure Island (FL): Oct 6, 2024. Phthiriasis palpebrarum. [PubMed]
4. Jadhav NL. A Brief Compilation On Triphala A wonder compound inayurvedic ophthalmology, *Ayurpharm International Journal Of Ayurveda And Allied Sciences*. 2018; **7**(8) : 123-128.
5. Lather A. an ayurvedic polyherbal formulation kaishore guggulu: a review, *International journal of pharmaceutical and biological archives*, 2001; **2**(1) : 497-503.
6. Mishr, Bhaishajya Ratnavali, Chaukhamba publishing house, chapter 27, Vataraktadhikar, pg no. 582.
7. Mohan RDC, PC, Nutan R. Application of Bidalaka in Praklinna Vartma with Reference To Blepharitis A Review. *European Journal of Pharmaceutical and Medical Research*. 2023 Feb; **10** : 373-6.
8. Moriya K, Shimizu H, Handa S, Sasaki T, Sasaki Y, Takahashi H, Nakamura S, Yoshida H, Kato Y. Incidence of Ophthalmic Disorders in Patients Treated with the Antineoplastic Agent S-1. *Gan To Kagaku Ryoho*. 2017 Jun; **44**(6) : 501- 506. [PubMed]
9. Murthy KRS. Vartmarogapratishtedha. Ashtanga Hridaya, Anjananamika: chikitsa. Chaukhambha Krishnadas Academy, Varanasi. 6hed. Reprint. Uttarasthana 8th chapter. 2012; p. 76.
10. Murthy KRS. Bhedhyarogapratishtedha. Sushruta Samhita. Anjananamika: Chikitsa. Chaukhambha Orientalia, Varanasi. Reprint. Uttara sthana 14h chapter. 2012; p. 621.
11. Pati shastri S. Yograkar Vidyotini Hindi commentary, Sarva netraroga chikitsa (Vartma pakshmaja chikitsa/ 2,3,4), Chaukhmba Prakashan, Varanasi.
12. Sharma P, Sushrut Samhita, Uttar Tantra, Trutyikhanda, Trividha vartmaroga vijnyan, Acharya Priyavat Sharma, Chaukhamba Surbharati Prakashan, Varanasi, 2012; p. 24.
13. Shastri Ambikadatta, Sushrut samhita. 12th edition, 2001, Chaukhamba publication, New Delhi, 26; (Su.uttartantra. Cha. 8/7).
14. Variyar CA, Ashtanga Hrudayam Utharasthanam, Commentary by Cheppatt Achyutha Variyar, 13th Reprint July 2009, Devi book stall, Kodungallor, p.122.