

**A CLINICAL STUDY ON THE EFFECT OF SHIGRUADI ANJANA IN THE
MANAGEMENT OF PRAKLINNA VARTMA W.S.R. TO BLEPHARITIS****Dr. Aswathy S. M.^{*1}, Prof. Dr. Sukhdev Singh², Prof. Dr. Sanjeev Kumar Sharma³, Prof. Dr. Vijayant Bhardwaj⁴**¹PG Scholar, Dept. of Shalaky Tantra, Rajiv Gandhi Government Post Graduate Ayurvedic College & Hospital, Paprola, Kangra, HP, India.²Former Professor, Dept. of Shalaky Tantra, Rajiv Gandhi Government Post Graduate Ayurvedic College & Hospital, Paprola, Kangra, HP, India.³Former Professor, Dept. of Shalaky Tantra, Rajiv Gandhi Government Post Graduate Ayurvedic College & Hospital, Paprola, Kangra, HP, India.⁴Professor & HOD, Dept. of Shalaky Tantra, Rajiv Gandhi Government Post Graduate Ayurvedic College & Hospital, Paprola, Kangra, HP, India.***Corresponding Author: Dr. Aswathy S. M.**PG Scholar, Dept. of Shalaky Tantra, Rajiv Gandhi Government Post Graduate Ayurvedic College & Hospital, Paprola, Kangra, HP, India. DOI: <https://doi.org/10.5281/zenodo.18430897>**How to cite this Article:** Dr. Aswathy S. M.^{*1}, Prof. Dr. Sukhdev Singh², Prof. Dr. Sanjeev Kumar Sharma³, Prof. Dr. Vijayant Bhardwaj⁴ (2026). A Clinical Study To Evaluate The Effect Of Kshara Gutika And Patoladi Kwatha In The Management Of Tundikeri W.S.R. To Tonsillitis. World Journal of Pharmaceutical and Medical Research, 12(2), 317–321. This work is licensed under Creative Commons Attribution 4.0 International license.

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ABSTRACT

Praklinna Vartma, a common eyelid disorder described in *Ayurveda*, closely correlates with Blepharitis in modern medicine. Blepharitis is characterized by inflammation of the eyelid margin, associated with irritation, itching, discharge, and scaling. Despite advances, conventional therapies offer incomplete remission and frequent recurrences. The present study was undertaken to evaluate the clinical efficacy of *Shigruadi Anjana* (an Ayurvedic eye ointment prepared with *Shigru*, *Daruharidra*, *Nimba*, *Madhu*, and *Saindhava*) in the management of *Praklinna Vartma*. A total of 37 patients (74 eyes) were registered, out of which 32 patients (64 eyes) completed the study. Patients were randomly allocated into two groups: Group A received *Shigruadi Anjana*, and Group B received a standard ointment containing Chloramphenicol 1% and Hydrocortisone acetate 0.5%. Treatment was administered for 15 days with follow-up on the 7th, 15th and 7days after completion of trial. Clinical assessment was based on improvement in signs and symptoms using a scoring system. Results showed statistically significant relief in itching, lid oedema, scaling, and discharge in Group A, with effects comparable to the control group. The study concludes that *Shigruadi Anjana* is safe, effective, economical, and a promising alternative in the management of *Praklinna Vartma* (Blepharitis).

KEYWORDS: *Praklinna Vartma*, Blepharitis, *Shigruadi Anjana*.**INTRODUCTION**

Among the 76 *Netra rogas* described by *Acharya Sushruta*, 21 are *Vartmagata rogas* (eyelid disorders), of which *Praklinna Vartma*^[1] is a commonly encountered condition. It presents with external swelling, internal stickiness, mild pain, discharge, itching, and scaling. *Praklinna vartma* is mentioned as a *Kapha* dominant disorder of the eyelids. The disease *Praklinna Vartma* is not described in *Ashtanga Hridaya*. *Acharya* describes another disease namely “*Kaphotklishta Vartma*”^[2], in which there will be *Vartma Stambha*, *Kleda* & *Upacheda* due to predominance of *Kapha Dosha*. In modern ophthalmology, blepharitis is defined as a chronic

inflammation of the eyelid margin, often associated with meibomian gland dysfunction, seborrheic dermatitis, or bacterial colonization. Blepharitis often worsens symptoms of dry eye and causes contact lens intolerance. Ulcerative blepharitis once common in undernourished children is now rarely seen.^[3] Chronicity, high recurrence rate, and poor response to standard therapies make it a significant clinical challenge.

Ayurvedic texts prescribe *Anjana karma* (collyrium/eye ointment) for the management of *Praklinna Vartma*.^[4] *Shigruadi Anjana*, containing *Shigru*^[5] (*Moringa oleifera*), *Nimba*^[6] (*Azadirachta indica*), *Daruharidra*^[7]

(*Berberis aristata*), *Madhu*^[8] (honey) and *Saindhava*^[9] (rock salt), has *Chakshushya*, *Kandughna*, *Lekhana*, *Shothahara* and *Vranaropaka* properties. Considering the limitations of conventional therapy, this study was undertaken to evaluate its clinical efficacy.

AIMS AND OBJECTIVES

- To evaluate the efficacy of *Shigruadi Anjana* in the management of *Praklinna Vartma* (Blepharitis).
- To compare its effect with standard eye ointment (Chloramphenicol 1% + Hydrocortisone acetate 0.5%).
- To assess any adverse effects of *Shigruadi Anjana*.

Table no. 1: Ingredients of *Shigruadi Anjana*.

Sr. No	Name of Plant	Botanical name	Family	Part used	Composition
1	<i>Shigru</i>	<i>Moringa oleifera</i> Lam.	Moringaceae	Seed	0.5% w/w A.E.*
2	<i>Nimba</i>	<i>Azadirachta indica</i> A.Juss.	Meliaceae	Leaves	0.3% w/w A.E.*
3	<i>Daruharidra</i>	<i>Berberis lycium</i>	Berberidaceae	Root	0.5% w/w A.E.*
4	<i>Madhu</i>	Honey			3% w/w*
5	<i>Saindhav</i>	Rock salt			0.1% w/w*
6	Sterile Ointment Base				Q.S.

*w/w denotes weight in weight and A.E. denote Aqueous

Preparation of ointment (*Shigruadi Anjana*): The manufacture of the ointment was carried out at Sricure Herbs India Pvt. Ltd. in Panchkula, Haryana, a GMP Certified Pharmacy in strict accordance with the current Ayurvedic Formulary of India (AFI) criteria.

The selected herbs are cleaned, dried, and finely powdered. Sieve the powder through a fine mesh to ensure a smooth, non-irritating consistency. The fine powder is subjected to wet grinding and continued until a uniform; smooth paste is formed. Ointment base is added to the formulation by gently heating and mixing thoroughly to achieve desired consistency. The ointment is filtered through sterile muslin cloth or fine mesh to remove coarse particles. It is then subjected to mild heating or autoclaving (as applicable) for sterilization to ensure safety for ocular use.

Subjects: 37 patients (74 eyes) fulfilling diagnostic criteria of *Praklinna Vartma* were registered from the OPD/IPD of Dept. of Shalaky Tantra, RGGPG Ayurvedic College, Paprola. 32 patients (64 eyes) completed the trial.

Inclusion Criteria: Patients with classical signs and symptoms of *Praklinna Vartma* (Blepharitis), age 10–60 years, irrespective of gender.

Exclusion Criteria: Patients with acute ocular infections, systemic diseases like diabetes mellitus, tuberculosis, and those using topical or systemic steroids.

MATERIALS AND METHODS

Study Design: A randomized clinical study.

The study was approved by Institutional ethics committee letter no. **Ayu/IEC/2023/1369** Dated on **17/11/2023**.

The Clinical trial was registered under CTRI No. **CTRI/2024/07/071251**.

Drug Review: In this study, *Shigruadi Anjana* was selected. Ingredients of *Shigruadi Anjana* are *Shigru*, *Nimba*, *Daruharidra*, *Madhu* and *Saindhav*.

Grouping

- Group A:** 16 patients (32 eyes) treated with *Shigruadi Anjana* (applied on lid margin, twice daily, for 15 days).
- Group B:** 16 patients (32 eyes) treated with standard ointment containing Chloramphenicol 1% + Hydrocortisone acetate 0.5%.

Follow-up: Observations were recorded on Day 7, Day 15 (end of treatment), and 7 days after completion of trial (post-treatment follow-up).

Assessment Criteria: Assessment of the clinical symptoms depending on the severity was done according to the scoring pattern given below,

1. Pain in eye

No pain - 0
Occasional discomfort not hampering routine work - 1
Discomfort hampering routine work - 2
Mild pain - 3

2. Lid edema

No lid edema - 0
Evident only in the morning - 1
Edema seen but not causing any discomfort - 2
Edema evident throughout the day and causing discomfort - 3

3. Congestion

a) Palpebral congestion

No congestion - 0
Congestion with clear pattern of blood vessels - 1
Congestion with poorly visible pattern of blood vessels - 2
Velvety conjunctiva or loss of blood vessels pattern - 3

b) Bulbar congestion

No congestion - 0

Muddy color of bulbar conjunctiva - 1

Conjunctival congestion in palpebral aperture - 2

Conjunctival congestion in whole of bulbar conjunctiva - 3

4. Discharge

Normal looking lid margin - 0

Discharge appears for some duration of day - 1

Discharge appear on some part of lid margin - 2

Continuous discharge involving whole lid margin - 3

5. Itching

No itching - 0

Occasional itching - 1

Itching on exposure to aggravating factors - 2

Continuous itching - 3

6. Scaling

No scaling - 0

Scaling seen only on awakening from sleep - 1

Scaling evident only at root of cilia - 2

Scaling coating the eye lashes - 3

7. Ulcer

No ulcers seen on slit lamp examination - 0

Ulcers appearing on removal of scales - 1

Ulcers evident at some parts of lid margin - 2

Ulcers seen at more than 2/3rd of lid margin - 3**Objective criteria / Investigational criteria**

Haematological - CBC, ESR, FBS, General eye examination, Visual acuity. Slit lamp examination, Schirmer's test., Fluorescein staining test.

Statistical analysis was done using Student's *t*-test.

The total effect of therapy was assessed considering the following criteria.

- Complete remission - 100%
- Marked improvement - 76-99%
- Moderate improvement - 51-75%
- Mild improvement - 26- 50%
- Unimproved - <25%

RESULTS

Total 37 patients were registered from *Shalaky Tantra* OPD (*Netra Roga Vibhag*) of Rajiv Gandhi Govt. Post graduate Ayurvedic College & Hospital, Paprola, Distt. Kangra (H.P.). Among all, 32 patients completed the trial and there were 5 drop outs. 20 patients were registered in Group A in which 16 patients completed the study. 17 patients were registered in Group B in which 16 patients completed the study.

It was found that maximum number of patients i.e. 32.4% belonged to the 21–30 years age group, 62.2% females, 100% Hindus, 43.2% of the patients were graduates, 48.6% were housewives, 81.1% of the patients were married, 83.8% belonged to middle class, 73% were vegetarian, 81% were having regular bowel habit, 43.3% of patients had *Vata-Kaphaja Prakriti*, 89.2% were from rural habitat, 75.7% were having sound sleep, 81.1% had normal residential hygiene and 59.5% patients had seborrhoea of scalp.

Table no. 2: Distribution of patient's eye (74) according to sign & symptoms.

Signs & symptoms	No. of eyes		Total no of eyes	Percentage
	Group A	Group B		
Mild pain	22	20	42	56.7%
Lid oedema	36	28	64	86.4%
Palpebral congestion	36	32	68	91.8%
Bulbar congestion	34	30	64	86.4%
Discharge	20	16	36	48.6%
Itching	40	34	74	100%
Scaling	38	30	68	91.8%
Ulcer	16	12	28	37.8%

Table no. 3: Effect on clinical symptomatology in Group A.

Clinical feature	N	Mean score		Diff	% relief	SD±	SE±	t	P
		BT	AT						
Mild pain	8	1.625	0.625	1.000	61.53%	0.535	0.189	5.292	p<0.001
Lid oedema	14	1.857	0.643	1.214	65.37%	0.426	0.114	10.670	p<0.001
Palpebral congestion	15	2.267	1.533	0.733	32.33%	0.594	0.153	4.785	p<0.05
Bulbar congestion	14	1.714	0.786	0.929	54.2%	0.616	0.165	5.643	p<0.001
Discharge	8	1.250	0.750	0.500	40%	0.535	0.189	2.646	p=0.033
Itching	16	2.375	0.750	1.625	68.42%	0.619	0.155	10.498	p<0.001
Scaling	16	1.938	0.500	1.438	74.2%	0.512	0.128	11.223	p<0.001
Ulcer	7	1.429	0.714	0.714	49.96%	0.488	0.184	3.873	p=0.008

Table no. 4: Effect on clinical symptomatology in Group B.

Clinical feature	N	Mean score		Diff	% relief	SD±	SE±	t	P
		BT	AT						
Mild pain	9	1.667	0.556	1.111	66.64%	0.601	0.200	5.547	p<0.001
Lid oedema	13	1.846	0.462	1.385	75%	0.768	0.213	6.501	p<0.001
Palpebral congestion	15	1.800	0.667	1.133	62.94%	0.640	0.165	6.859	P<0.001
Bulbar congestion	14	1.786	0.429	1.357	75.97%	0.842	0.225	6.032	p<0.001
Discharge	8	1.250	0.500	0.750	60%	0.463	0.164	4.583	P=0.003
Itching	16	2.250	0.688	1.563	69.46%	0.727	0.182	8.592	p<0.001
Scaling	14	2.000	0.357	1.643	82.15%	0.633	0.169	9.706	p<0.001
Ulcer	6	1.333	0.500	0.833	62.49%	0.408	0.167	5.000	p=0.004

Table no. 5: Statistical Inter group comparison.

Criterion	%age relief		% of difference	S.D. +	S.E. +	T	p	Results
	Grp 1	Grp 2						
Mild pain	61.53%	66.64%	5.11%	0.57	0.277	-0.40	p>0.05	NS
Lid oedema	65.37%	75%	9.63%	0.626	0.245	-0.692	p>0.05	NS
Palpebral congestion	32.33%	62.94%	30.61%	0.571	0.218	-3.336	P<0.05	S
Bulbar congestion	54.2%	75.97%	21.77%	0.752	0.289	-1.479	p>0.05	NS
Discharge	40%	60%	20%	0.462	0.231	2.16	P<0.05	S
Itching	68.42%	69.46%	1.04%	0.675	0.238	0.261	p>0.05	NS
Scaling	74.2%	82.15%	7.95%	0.605	0.233	-0.881	p>0.05	NS
Ulcer	49.96%	62.49%	12.53%	0.453	0.252	-0.471	p>0.05	NS

The outcomes of the two drugs were evaluated based on the predefined assessment criteria. Patients were categorized into five groups according to the degree of improvement observed i.e. cured, Markedly Improved,

Moderately Improved, Mildly Improved & Unchanged. This classification was based on the extent of relief in signs and symptoms following the course of treatment.

Table no. 6: Overall effect of Therapy.

Result	Group A (Trial Group)		Group B (Standard Group)	
	No. of patients	%age	No. of patients	%age
Cured	0	-	0	-
Markedly Improved	1	6.25%	5	31.25%
Moderately Improved	11	68.75%	11	68.75%
Mildly Improved	4	25%	0	-
Unchanged	0	-	0	-

In Group A, out of 16 patients - 68.75% (11) patient showed moderately improved followed by 25% (4) patients with mild improvement and 6.25% (1) were markedly improved. In Group B, out of 16 patients – 68.75% (11) patients showed moderately improved followed by 31.25% (5) patients with marked improvement.

DISCUSSION

Praklinna Vartma is considered a *Kapha-pradhana vyadhi* affecting the eyelids, described with features such as *Arujatwa* (mild pain), *Bahyatah Shotha* (external swelling), *Antah Klinnata* (internal stickiness), *Srava* (discharge), and *Kandu* (itching). The present clinical findings closely resembled these classical features, thereby confirming the correlation between Praklinna Vartma and blepharitis.

The chronic nature and high recurrence rate of blepharitis make it difficult to manage with conventional medicines. In modern practice, topical antibiotics and

corticosteroids are commonly prescribed, but these only offer temporary relief and are often associated with side effects like steroid-induced glaucoma, cataract formation, and antibiotic resistance. Thus, there is a clear need for safer alternatives. In this regard, Ayurvedic formulations like *Anjana* play a crucial role, as they are cost-effective, safe, and targeted to the pathology of *Kapha* and *Pitta* vitiation.

The drug combination in *Shigruadi Anjana* provides synergistic action. *Shigru* is *Lekhana* and *Kandughna*, helping in the reduction of itching and scaling of eyelid margins. *Daruharidra* contains berberine, a proven antimicrobial and anti-inflammatory agent, which contributed to the reduction in discharge and congestion. *Nimba* acts as an antibacterial and antifungal agent, reducing recurrent infections and irritation. *Madhu*, described in Ayurveda as *Yogavahi*, enhances drug absorption, has *Sandhana* (healing) and soothing properties, and itself possesses antimicrobial action.

Saindhava provides *Lekhana* and facilitates better local drug penetration.

The analysis of *Rasa Panchaka* (i.e., *Rasa*, *Guna*, *Veerya*, *Vipaka*, and *Dosha Karma*) in *Shigruadi Anjana* reveals Tikta (Bitter) is the dominant taste, observed in 37.5% of the ingredients. This indicates a strong potential for anti-inflammatory and cleansing actions, typical of Tikta Rasa. *Laghu* (Light) Guna is seen in 41.66%, suggesting easy assimilation and lightness of the formulation, which is beneficial for ocular drug absorption. *Sheeta* (Cold) Veerya is dominant at 60%, suggesting cooling effects, which are especially helpful in reducing inflammation and irritation in eye conditions like blepharitis. *Katu* (Pungent) *Vipaka* is observed in 60% of the contents, pointing towards a drying and reducing property that may aid in managing *Kapha*-related eye disorders. The formulation shows *Kapha-Pitta Shamaka* action in 40%, highlighting its utility in pacifying both *Kapha* and *Pitta Doshas*, which are commonly vitiated in inflammatory and infectious eye conditions.

The significant reduction in itching (72.5%) and scaling (68.7%) in Group A validates the *Kandughna* and *Lekhana* actions mentioned in classics. Relief in lid edema and discharge also highlight its *Shothahara* and *Krimighna* properties. Although pain reduction was statistically insignificant, the overall symptomatic relief was highly satisfactory. This aligns with the classical view that *Praklinna Vartma* is predominantly painless or mildly painful.

The association of seborrheic scalp dandruff in 72% of patients confirms that systemic *Kapha* aggravation plays an important etiological role. This finding resonates with classical references which emphasize *Aharaja* and *Viharaja nidanas* such as excessive use of *Madhura rasa*, sleeping during daytime, and working in dusty environments as causative factors.

Probable mode of action of *Shigruadi Anjana*.

Administration of *Shigruadi Anjana* in the eye



Absorption of drug through various layers of the eye



Spread of the drug to the deeper tissues through *Siras*, *Srotas* and *Sandhi* of *Netra*



Doshas present in *Netra* are eliminated by *Aushadha Prabhava* i.e. due to *Kapha Pitta Shamana*, *Lekhana*, *Ropana*, *Krimighna* etc properties



Overall relief in signs & symptoms of *Praklinna Vartma* – Blepharitis

When compared with the standard regimen (Chloramphenicol + Hydrocortisone acetate), the results of *Shigruadi Anjana* were almost equivalent in terms of symptomatic relief, but without the drawbacks of steroids. This demonstrates that Ayurvedic management not only provides symptomatic relief but also addresses the root cause through *Dosha Shamana* and *Kleda Shoshana*. Overall, the study validates that *Shigruadi Anjana* is effective in treating *Praklinna Vartma*, offering a scientific basis to the classical references and opening new avenues for safer management of blepharitis.

CONCLUSION

The application of *Shigruadi Anjana* effectively relieved various signs and symptoms of *Praklinna Vartma*, including itching, scaling, lid oedema, mild pain, bulbar congestion, and ulceration, within a duration of 2 weeks. However, it was found that it had less effect on palpebral congestion and discharge. It could be effective if used for longer duration. No adverse effects were observed after the application of *Shigruadi Anjana* (eye ointment). Being a preservative free, untoward effects of preservatives can also be avoided in *Shigruadi Anjana*. Hence, long term use of ointment is also possible.

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