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Lekhana Karma in Conjunctival Lithiasis - A Case Study

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Abstract: Conjunctival concretions are small yellow-white nodules usually located on the palpebral conjunctiva of the upper and lower eyelids¹. Usually these are asymptomatic. But often they can cause foreign body sensation, lacrimation, redness, photophobia and blurred vision. In some cases, the concretions may erode the conjunctiva and become symptomatic through corneal abrasion. Exposure of concretions occurs in 7% patients². In Ayurveda, it can be correlated to Vartma sarkara by Acharya Susruta and Sikata vartma by Acharya Vagbhata. Both are nearly same in their clinical features. The word sarkara or sikata literally mean sugar or sand particles. It denotes the size and shape of the eruptions in the lids³. Vartma sarkara is explained as lekhyasadhya vyadhi and also adopt treatment measures of Kumbeeka and Utsangini. In present study, a 72-year-old female patient attended to Shalakyatantra OPD of Government Ayurveda Hospital, Thiruvananthapuram with irritation of both eyes associated with foreign body sensation and excessive lacrimation. After taking proper history and clinical examination, multiple conjunctival concretions were diagnosed. The patient was undergoing Lekhana karma followed by pratisarana and samana chikitsa. It is observed that ayurvedic management along with lekhana karma and pratisarana has proved a significant relief in all aspects of disease condition.

Keywords: Vartma sarkara, Sikata vartma, kumbeeka, Utsangini, Lekhana karma, Pratisarana karma

I. INTRODUCTION

Concretions (Lithiasis) occur as minute, hard, yellow spots in the palpebral conjunctiva⁴.

Etiology-Concretions are formed due to the accumulation of epithelial cells and inspissated mucus in the Henle glands. Clinical features include foreign body sensation and lacrimation due to the projecting hard surface concretion may touches the cornea and scratched. These are seen on palpebral conjunctiva mostly on upper lid than the lower. Treatment consists of removal with the help of a sharp needle.

In *Ayurveda*, lithiasis can be correlated with *vartma sarkara* on the basis of their signs and symptoms. It is one among the *vartmagata roga* explained among the twenty-one types of *vatmagatarogas* described in *Susruta Samhita*. It is explained as a *sannipathika roga* with *lekhana sadyatwa.Vartma sarkara* has the following features:

- Pidaka ya khara sthula : a big rough pidika
- Ghanabhi abhi samvrita: surrounded by many such pidikas
- Pidikabhihi sasookshmabhihi:which are very small
- Sa jneya vartma sarkara:So called vartma sarkara

Accordig to Acharya Vagbhata: Vartma sarkara is described as sikata vartma

- Vartma antaha pidika rookshma: the rough pidika situated at the inner side of the vartma
- Karkasa sikathopama: dry rough like small sand particles
- Sikatavartma: so called as sikata vartma

Ayurvedic treatment protocol includes lekhana karma ,pratisarana, chedana.

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AIMS AND OBJECTIVES

To evaluate the effectiveness of *lekhana karma* and *pratisarana karma* in treating lithiasis.

MATERIALS AND METHODS

CASE HISTORY

A 72-year-old female patient came to out-patient department of *Shalakyatantra*, Government Ayurveda hospital, Thiruvananthapuram in February 2025. She has eye irritation, foreign sensation associated with lacrimation of the both eyes since 3 weeks. Concretions were multiple, small in size present in the palpebral conjunctiva of lower lid in both eyes. On examination sclera, cornea, iris, pupil and lens were found to be normal. On the basis of clinical signs and symptoms the patient was diagnosed with lithiasis.

PAST HISTORY: Nothing relevant FAMILY HISTORY: Nothing relevant

PERSONAL HISTORY:

Bowel-Regular Appetite-Good

Micturition-2-3times/day

Sleep-sound

GENERAL EXAMINATION:

Pallor-Absent Oedema-Absent Cyanosis-None Tenderness-None Pulse-72/min BP-120/80mmHg

SYSTEMIC EXAMINATION:

Respiratory system-NAD

CVS-NAD

CNS-Well oriented

GIT-NAD

LOCOMOTOR SYSTEM-NAD

LOCAL EXAMINATION OF EYE

StructuresRt eyeLt eyeEyeballsNormalNormalEyelidsNormalNormalEyelashesNormalNormal

Lacrimal glands Regurgitation test -ve Regurgitation test -ve

Conjunctiva Multiple yellowish white raised areas in Multiple yellowish white raised areas in

lower palpebral conjunctiva lower palpebral conjunctiva

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CorneaNormalNormalScleraNormalNormalAnterior chamberNormalNormalIrisNormalNormalLensIMSC+IMSC+

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INVESTIGATIONS

VISION

6/9 (OD) 6/9(OS)

Slit-lamp examination showed multiple, small measuring 1-2mm of yellowish- white lesions on the lower palpebral conjunctiva of both eyes.

LINE OF MANAGEMENT

As *vartma sarkara* is a *lekhyasadya vyadhi* ⁵, *lekhana karma* is the prime treatment. In case of diseases like *kumbeeka, utsangini* and *vartma sarkara. Acharya susruta* has told to follow the treatment protocol as *chedana* followed by *lekhana karma*. In this, condition as the concretions are small in size, we can follow directly to *lekhana karma*. Here, as a preparation of *lekhana karma* we had given the following internal medications:

Accha snehapana with ksheerashatpala grita ⁶ for 7 days. Starting from 10 gm up to 120 gm 6am in the morning Abhyanga with ksheerabala taila and ushnodaka snana were done for 3 days

Virechana with Avipathy curna-15gm mixed honey

Marsha nasya with Anutaila for 7 days

After kayasodhana and urdwashodana, we can done lekhana karma as follows:

Lekhana karma was done using Japakusuma till the palpebral conjunctiva of both lower eyelids attained a smooth surface. Then it is followed by pratisarana with mixture of madhu and saindhava. Next kshalana with triphala kasaya was done and bandaging with durwa grita and madhu. Kshalana and bandaging was done for 5 days post operatively.

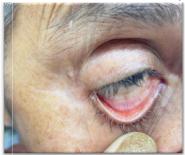


Figure 1:showing concretions on lower lid of right eye



Figure 2:showing concretions on lower lid of left eye





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Figure 3: lekhana karma with jabakusuma in right eye

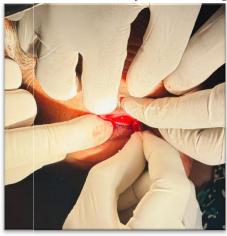


Figure 4:lekhana karma with jabakusuma in left eye

II. DISCUSSION

Concretions are formed due to accumulation of inspissated mucus and dead epithelial cell debris into the conjunctival depression called loops of Henle ⁷. Commonly seen in elderly people in a degenerative condition. The name concretion is a misnomer; they are not calcareous deposits. The corneal epithelial damage occurred due to the irritation by the presence of concretions completely relieved by the *lekhana karma* as the conjunctival surface became smooth.

III. RESULT

After performing *Lekhana karma*, followed by *pratisarana* with internal administration of *kanchanara guggulu*, there was a marked relief in the complaints and associated symptoms. No complaints are observed during the procedure and after the procedure.

IV. CONCLUSION

This case study reveals that the patient with lithiasis can get significant result through *lekhana* followed by *pratisarana* and *ayurveda management*.

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REFERENCES

- [1]. Sood G BC: Conjunctival concretions; statpearls Pushlishing, Treasure Island; 2020
- [2].Kulshreshta MK, Thaller VT:Prevalence of conjunctival concretions. Eye. 1995, 9:797-798
- [3].Prof. Udaya shankar. Textbook of Shalakyatantra Vol.I. Netraroga.Chaukambha Visvabharati Vranasi-221001.Page no:276
- [4]. Ramanjit Sihota,Radhika Tandon .Parsons disease of Eye,22nd edition. 2015.Reed Elsevier India Private Limited .Section IV -Diseases of Conjunctiva.Page no:184
- [5]. Susruta, Susruta Samhita, Nibandhasangraha Dalhana krit edited by Vaidya Yadavji trikamji acharya, Uttarastana ch., ver.9.ed. 2013 Varanasi: Chaukambha Sanskrit sansthan.p., 610
- [6]. Vagbhata.Astanga Hridayam,with sarvangasundari commentary by acharya Arunadatta edited by Hari sadashiva shastri paradakara,published by Chaukambha Sanskrit sasthan Varanasi,reprint 2012,chikitsastana 5/22
- [7]. A K Khurana ,Comprehensive Ophthalmology, 9th edition 2023 Jaypee Brothers Medical publishers (P) Ltd ,Section III ,Diseases of eye & ocular adnexa ,page no:84





