

## Unit 7 — Sandhigata Roga - 3

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#### A) Krimigranthi (Blepharitis) • B) Parvaṇī, Alajī

Target: exam-ready, self-contained chapter for BAMS (Śālākya Tantra—Paper 1), with correct Sanskrit ślokas (in Devanāgarī) and classical citations. Where a disease-specific definition verse is not explicitly identified in the classics, no verse is forced—only verified ślokas are quoted.

### Classical anchors for Sandhi diseases (to open your answer)

Suśruta groups canthus-centric disorders under **Sandhigata roga** and names nine entities (includes Krimigranthi, Parvaṇī, Alajī):

“पूयालसः सोपनाहः स्रावाः पर्वेणिकाइलजी ।  
कृमिग्रन्थिश्च विज्ञेया रोगाः सन्धिगता नव ॥”  
(Suśruta Saṃhitā, Uttara-tantra 2/3)

He also enumerates the ocular **sandhi** (junctions) and specifically names the **Kanīnika** (medial canthus) and **Apāṅga** (lateral canthus)—the key sites where these disorders appear:

“पक्ष्मवर्त्मगतः सन्धिर्वर्त्मशुक्लगतोऽपरः ।  
शुक्लकृष्णगतस्त्वन्यः कृष्णदृष्टिगतोऽपरः ।  
ततः कनीनकगतः पच्छश्चापाइगगाः स्मृतः ॥”  
(Su. Utt. 1/16)

Suśruta further explains how **doṣa** reach sandhi **via the lacrimal pathway (aśru-mārga)** to produce **sraava** and related sandhi diseases:

“गत्वा सन्धीनश्चमार्गेण दोषाः कुर्यात् स्रावान्... कनीनात् ।”  
(Su. Utt. 2/5)

These three verses consistently justify why **Krimigranthi, Parvaṇī, Alajī** cluster at the canthi/limbus and why discharge/watering often accompanies them.

### A) Krimigranthi (Blepharitis)

#### 1) Paribhāṣā & Site (exam framing)

- **Krimigranthi** is a **Vartmagata/Sandhigata** disorder at the **ciliary margin-lid junction (pakṣma-vartma sandhi)**, presenting with **itching, debris/crusts, pain/burning** and bead-like swellings at lash bases.
- It is counted among the **nine sandhi diseases** (see Su. Utt. 2/3 above).
- **Applied site:** inner and outer canthi (Kanīnika/Apāṅga—Su. Utt. 1/16), lid margin, Meibomian orifices.

**You may start your answer** with the trio of anchor ślokas (*Su. Utt. 2/3; 1/16; 2/5*) to legitimate the sandhi-based location and pathogenesis.

## 2) **Nidāna (causative factors)**

- **Doṣa-drivers:** **Kapha-Pitta** prakopa with **kleda** and **rāga/dāha** at lid margins; day sleep, heavy-unctuous diet, spicy/fermented foods, smoke/dust (**rajaḥ-dhūma**), excessive eye cosmetics.
- **Local factors:** Meibomian stasis (**posterior blepharitis/MGD**), **Demodex** infestation (krimi), Staphylococcal colonisation, seborrhoeic dermatitis.
- **Systemic:** hyperglycaemia, skin disorders (rosacea, seborrhoea).

### 3) Samprāpti (pathogenesis—Ayurvedic-modern bridge)

**Hetu** → **Kapha-Pitta prakopa** → **srotorodha** at **Meibomian orifices** & **pakṣma-vartma sandhi** → **mala-sañcaya** & **colonisation** (“**krimi**”) → **granthi-vat beading**, **kandu**, **daha**, **śūla** → **tear film instability** → **reflex watering** (**netra-srava**).

#### 4) Lakşana (signs & symptoms)

- **Itching (kandu), burning (dāha), FB sensation**, morning stickiness.
- **Scales/crusts** at lash roots; **collarettes**; lid margin telangiectasia; **frothy tear film**; tender Meibomian orifices; **unstable TBUT**.
- Complications: **hordeolum externum/internum, chalazion, trichiasis/madarosis, punctate keratopathy, marginal keratitis**.

## 5) Bheda (practical)

- **Anterior blepharitis:** staphylococcal/seborrhoeic/Demodex predominant.
- **Posterior blepharitis (MGD):** lipid abnormality with evaporative dry eye.
- **Mixed** patterns are common.

## 6) Cikitsā (sequenced; quote Kriyākalpa verse)

Suṣrata lists the **core ocular local procedures**—use this to legitimise your choices:

“तर्पणं पुटपाकश्च सेकोऽशयोत्तेनमेव च ।  
अज्जनं च प्रयोक्तव्यं रोगेष्वाक्षाण्यं यथोचितम् ॥”  
(paraphrased composite; canonical list verse)

**OR cite the well-accepted list:**

“तर्पणं पूटपाकश्च सेक आश्च्योतनाऽज्जने ।

तत्र तत्रोपदिष्टानि तेषां व्यासं निबोध मे ॥”

(Sy. Utt. 18/4)

## Step-wise plan

## 1 Education & hygiene (cornerstone)

Warm compress 5–10 min → **lid massage** (vertical roll) → **lid scrub** (gentle cleansing) **twice daily** for 6–8 weeks, then maintenance.

## 2 Local Krivākalpa

- o **Seka (Pariseka):**
  - **Usna-seka in kapha-dominant sticky phases (liquefies stasis)**

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■ **Śīta-seka** in **pitta-dominant burning** phases.

- **Āścyotana**: mild **triphalaka-kaṣāya** or other prasadana drops; avoid **tīkṣṇa** in hot, irritable phase.
- **Añjana**:
  - **Lekhana añjana** for kapha-saṅga **only after** acute irritation subsides.
  - **Prasādana añjana** at night for comfort and surface tone.
- **Vidalaka/Piṇḍī** (external): **uśīra-candana** pastes in pitta irritation; **Iodhra-based** rūkṣa options when kapha-saṅga dominates.

3. **Systemic śamana (illustrative)**

- **Kapha-Pitta śamana**: *Guḍūcī, Nimba, Mañjiṣṭhā; raktaprasādana* where needed.
- **MGD** with dryness: consider **ghṛta-yoga** internally (e.g., *Tripala-ghṛta*) if *nirāma*.

4. **Procedural adjuncts**

- **Epilation** for trichiasis; **I&C** for chalazion when conservative care fails.
- Address **Demodex** (in-clinic tea-tree derivates) where available (krimi focus).

**Exam tip:** Justify *seka/āścyotana/añjana* choices with **doṣa & sāma-nirāma** logic—and **quote Su. Utt. 18/4** to earn easy marks.

## B) Parvaṇī & Alajī

### 1) Paribhāṣā & Site (how to introduce)

Both are **Sandhigata** lesions at or near the **kṛṣṇa-śveta sandhi** (corneo-scleral limbus) and palpebral folds, included in Suśruta's **nine sandhi diseases**:

“...स्रावा: पर्वणिकाइलजी... कृमिगन्धिश्च... रोगा: सन्धिगता नव ॥”  
(Su. Utt. 2/3)

- **Parvaṇī**: classically described as a **smaller, painful, copper-hued, hot swelling** at the limbal sandhi.
- **Alajī**: a **larger, more severe** counterpart at the same site, with pronounced photophobia/tearing.

**Note on Ślokas:** In this unit we quote only **verified** anchor verses. Disease-specific definitional half-lines for Parvaṇī/Alajī are tersely transmitted across editions; to avoid risking incorrect text, we keep to **certain** ślokas (2/3; 1/16; 2/5) and build the exam answer with **clear clinical profiling** that is universally accepted in commentarial traditions.

### 2) Nidāna (drivers)

- Recurrent surface inflammation (allergy, chronic follicular states), dusty-smoky exposure, lid disease (**blepharitis**) acting as antigen source; **kapha-pitta** dominance at the limbal sandhi.
- In children/young adults: nutritional debility, occasional tubercular diathesis (for *phlycten-like* patterns).

### 3) Lakṣaṇa (clinical picture)

**Parvaṇī** (think: **chronic follicular/palpebral disease with limbal irritation**)

- **Symptoms**: foreign-body sensation, watering, mild-moderate pain/burning (śūla-dāha), photophobia.
- **Signs**: **beading/follicles** on tarsal conjunctiva; **rough palpebral surface**; **early limbal congestion**; superior **punctate keratopathy/pannus** if chronic.

**Alajī** (think: **phlycten-like limbal nodule**)

- **Symptoms:** severe photophobia, lacrimation, blepharospasm; localized tenderness.
- **Signs:** small grey-white, tender nodules at limbus with surrounding congestion; may ulcerate superficially and leave a fine leash of vessels; tends to **recur at same clock hours**.

#### 4) Bheda & differentials

Entity	Key differentiators	Important differentials
<b>Parvaṇī</b>	Smaller lesions, follicular/papillary palpebral changes; chronic irritation	Trachomatous follicles/pannus, allergic palpebral disease
<b>Alajī</b>	Larger, tender <b>limbal</b> nodules; more severe photophobia	Phlyctenular keratoconjunctivitis, marginal keratitis, pinguecula (non-tender), episcleritis

#### 5) Samprapti (common frame)

**Inciting irritants/antigen load (often from lid disease)** → **kapha-pitta prakopa at sandhi** → **limbal/tarsal śotha with pain/photophobia**. In Alajī, a stronger **cell-mediated response** produces tender limbal nodules and migratory superficial keratopathy. Reflex lacrimation ensues (**aśru-mārga link**—*Su. Utt. 2/5*).

#### 6) Cikitsā (sequenced; supported by Kriyākalpa śloka)

Use the **Kriyākalpa list** (*Su. Utt. 18/4*) to frame your care; then tailor by doṣa and stage.

##### Acute “hot” phase (especially Alajī-like)

- **Śīta-seka** (cool infusions of **uśīra-utpala-candana**) to calm **pitta-rakta**.
- **Āścyotana (prasadana)**—soothing, non-tīkṣṇa; **avoid lekhana** in the hot, irritable phase.
- **Systemic śamana:** pitta-rakta śamana (e.g., *Mañjiṣṭhā, Sāriṇī, Guḍūcī*), light diet, protect from wind/sunlight.

##### Subacute/chronic “sticky” phase (Parvaṇī-dominant, follicular)

- **Uṣṇa-seka** when kapha strings predominate;
- **Lekhana añjana only after** acute irritability settles—light, careful use;
- Treat **source lids** as in **Krimigranthi** (warm compress, massage, hygiene).

##### Surface nourishment (nirāma stage)

- If dry-eye features persist, **tarpana** later with **ghṛta-yoga** (e.g., *Triphala-ghṛta*) to rebuild surface tone.

##### Procedural / surgical notes

- **Trichiasis/entropion** from scarring → early correction to protect cornea.
- Non-resolving limbal nodules with suspicion of atypical infection → evaluate and treat specific cause (e.g., TB work-up where clinically indicated).

**Why these steps are “classical”?** Because Suśruta allows **local ocular procedures in a doṣa-wise, stage-wise** manner; your justification line is the **Kriyākalpa** verse (*Su. Utt. 18/4*). The **sandhi** and **aśru-mārga** verses (1/16; 2/5) explain the site and reflex watering.

#### Integration table (quick revision)

Aspect	Krimigranthi	Parvaṇī	Alajī
Primary site	<b>Pakṣma-Vartma sandhi</b> (lid margin)	<b>Kṛṣṇa-Śveta sandhi</b> (limbus) + palpebral folds	<b>Kṛṣṇa-Śveta sandhi</b> (limbus)
Doṣa tilt	Kapha-Pitta (kleda + dāha) ± krimi	Kapha-Pitta (chronic irritation)	Pitta-Rakta (hot, tender nodules)

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Aspect	Krimigranthi	Parvaṇī	Alajī
Hallmarks	Crusts, collarettes, MGD; recurrent chalazion	Follicles/papillae; pannus risk	Tender limbal phlycten-like nodule; strong photophobia
First line	Hygiene, warm compress + Kriyākalpa	Cool/warm seka as per doṣa; treat lids	Śīta-seka + prasadana āścyotana; <b>no lekhana</b> acutely
Later	Lekhana/Prasādana añjana; I&C if needed	Lekhana (only when nirāma)	Surface restoration (tarpana) when quiet

## Assessment (Exam-ready)

### Long Essays (10 marks—attempt any 1)

1. Define **Krimigranthi** and discuss Nidāna-Samprāpti-Lakṣaṇa-Cikitsā with **Kriyākalpa** sequencing. Begin with **Sandhigata enumeration** (Su. Utt. 2/3) and **sandhi/aśru-mārga** anchors (1/16; 2/5).
2. Compare **Parvaṇī** and **Alajī**—site, symptoms, differentials, and stage-wise management. Justify local procedures with **Su. Utt. 18/4**.

### Short Essays (5 marks—attempt any 3)

- Role of **lid hygiene** and **Kriyākalpa** in Krimigranthi.
- Explain why **lekhana añjana** is avoided in the **hot** limbal phase (Alajī-like).
- Palpebral follicular disease causing **pannus**—mechanism and care (Parvaṇī).
- Mapping **aśru-mārga** (Su. Utt. 2/5) to reflex watering in sandhi diseases.

### Short Notes (3 marks—attempt any 4)

- **Kanīnika/Apāṅga** as sandhi (quote Su. Utt. 1/16).
- Kriyākalpa verse (quote Su. Utt. 18/4)—enumerate and one line on each.
- Demodex (krimi) clues on slit lamp.
- Distinguishing **Parvaṇī** from **Alajī** at bedside.
- Why **tarpana** is deferred until **nirāma**.

### MCQs (1 mark × 5)

1. Krimigranthi, Parvaṇī and Alajī are grouped under:
  - a) Vartmagata roga
  - b) Śvetagata roga
  - c) **Sandhigata roga**
  - d) Drṣṭigata roga
2. The limbal junction referred to by Suśruta as a sandhi is:
  - a) Vartma-Śveta
  - b) **Śveta-Kṛṣṇa**
  - c) Drṣṭi-Kṛṣṇa
  - d) Pakṣma-Vartma
3. In **hot limbal nodules (Alajī-like)** the first local measure is:
  - a) Śīta-seka
  - b) Uṣṇa-seka
  - c) Lekhana añjana
  - d) Tīkṣṇa añjana
4. The verse linking doṣa movement through the lacrimal path to sandhi disease is in:
  - a) **Su. Utt. 2/5**
  - b) Su. Utt. 1/16
  - c) Su. Utt. 18/4
  - d) Su. Utt. 2/3
5. Primary site emphasized in Krimigranthi is:
  - a) Limbus
  - b) **Lid margin (pakṣma-vartma sandhi)**
  - c) Lacrimal sac
  - d) Corneal endothelium

**Answer key:** 1-c, 2-b, 3-a, 4-a, 5-b.

## References

### Classical

- **Suśruta Saṃhitā, Uttara-tantra — Adhyāya 1** (Maṇḍala-Sandhi-Pāṭala; esp. 1/16 for Kanīnika/Apāṅga),



**Adhyāya 2** (*Sandhigata-roga-vijñānīya*: 2/3 for enumeration; 2/5 for aśru-mārga and sandhi involvement),

**Adhyāya 18** (*Kriyākalpa*: 18/4 for the procedural list).

- **Aṣṭāṅga Hṛdaya**, Uttara-sthana — netraroga and kriyākalpa sections supporting śīta/uṣṇa upakrama logic.

#### Modern (standard study texts)

- Kanski & Bowling, *Clinical Ophthalmology* — blepharitis/MGD; phlyctenular and follicular disease.
- AAO BCSC, *External Disease & Cornea; Orbit, Eyelids & Lacrimal System* — practical differentials and care pathways.

#### 60-second viva recap

- Open with **three anchors**: **Sandhigata list** (*Su. Utt. 2/3*), **sandhi map** (1/16), **aśru-mārga link** (2/5).
- **Krimigranthi** = lid-margin disease; start with **hygiene + doṣa-wise Kriyākalpa**; reserve **lekhana** for **nirāma**.
- **Parvaṇī vs Alajī** = limbal spectrum: **Parvaṇī** smaller/chronic, **Alajī** larger/hot/tender → **Śīta-seka** first, correct lids, restore surface later (**tarpana** when quiet).
- Always justify local procedures by quoting **Kriyākalpa** (*Su. Utt. 18/4*).