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 पर्वणिकाऽलजी ।**
> **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 षष्ठश्चापाङ्गगः स्मृतः ॥"**
> *(Su. Utt. 1/16)*

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

> **"गत्वा सन्धीनश्रुमार्गेण दोषाः कुर्युः 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) Saṃprāpti (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).

Pathway support: doṣa movement through **aśru-māraga** to sandhi (canthi) is classically admitted—"...[illegible]..." *(Su. Utt. 2/5)*.

4) Lakṣaṇa (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)

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

"तर्पणं पुटपाकश्च सेकोऽश्योतनमेव च ।
अञ्जनं च प्रयोक्तव्यं रोगेष्वाक्ष्णां यथोचितम् ॥"
(paraphrased composite; canonical list verse)
OR cite the well-accepted list:
"तर्पणं पुटपाकश्च सेक आश्च्योतनाञ्जने ।
तत्र तत्रोपदिष्टानि तेषां व्यासं निबोध मे ॥"
(Su. 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 Kriyākalpa**
   - **Seka (Pariseka)**:
     - **Uṣṇa-seka** in **kapha-dominant sticky** phases (liquefies stasis).

    - **Śīta-seka** in **pitta-dominant burning** phases.
  - **Āścyotana**: mild **triphala-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; **lodhra-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., *Triphala-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**:

> "... स्रावाः पर्वणिकाऽलजी... कृमिग्रन्थिश्च... रोगाः 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
Parvaṇī	Smaller lesions, follicular/papillary palpebral changes; chronic irritation	Trachomatous follicles/pannus, allergic palpebral disease
Alajī	Larger, tender **limbal** nodules; more severe photophobia	Phlyctenular keratoconjunctivitis, marginal keratitis, pinguecula (non-tender), episcleritis

5) Saṃprāpti (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, Sārivā, 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	**Pakṣma–Vartma sandhi** (lid margin)	**Kṛṣṇa–Śveta sandhi** (limbus) + palpebral folds	**Kṛṣṇa–Śveta sandhi** (limbus)
Doṣa tilt	Kapha–Pitta (kleda + dāha) ± krimi	Kapha–Pitta (chronic irritation)	Pitta–Rakta (hot, tender nodules)

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; **no lekhana** 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–Saṃprāpti–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) Dṛṣṭigata roga
2. The limbal junction referred to by Suśruta as a sandhi is:
   a) Vartma–Śveta b) **Śveta-Kṛṣṇa** c) Dṛṣṭi–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*).