

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):

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"पूयालसः सोपनाहः स्नावाः पर्वणिकाऽलजी ।
कृमिग्रन्थिश्च विज्ञेया रोगाः सन्धिगता नव ॥"
(Suśruta Saṃhitā, Uttara-tantra 2/3)
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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:

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"पक्ष्मवर्त्मगतः सन्धिर्वर्त्मश्चक्लगतोऽपरः ।
शुक्लकृष्णगतस्त्वन्यः कृष्णदृष्टिगतोऽपरः ।
ततः कनीनकगतः षष्ठश्चापाङ्गगः स्मृतः ॥"
(Su. Utt. 1/16)
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Suśruta further explains how **doṣa** reach sandhi **via the lacrimal pathway (aśru-mārga)** to produce **srava** and related sandhi diseases:

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"गत्वा सन्धीनश्रुमार्गेण दोषाः कुर्युः स्नावान्... कनीनात् ।" (Su. Utt. 2/5)
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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.

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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 (**rajah-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)

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 \rightarrow **lid massage** (vertical roll) \rightarrow **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).

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- 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/Pindī (external): uśīra-candana pastes in pitta irritation; lodhra-based rūkṣa options when kapha-sanga dominates.
- 3. Systemic śamana (illustrative)
 - o 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
 - o **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) Parvanī & 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**:

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"... स्नावाः पर्वणिकाऽलजी... कृमिग्रन्थिश्च... रोगाः सन्धिगता नव ॥" (Su. Utt. 2/3)
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- 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)

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- 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
Parvaņ	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) Samprāpti (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 ghrta-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	Parvaņī	Alajī
Primary site	e Pakşma-Vartma sandhi (lid margin)	Kṛṣṇa-Śveta sandhi (limbus) + palpebral folds	Kṛṣṇa-Śveta sandhi (limbus)
Doșa tilt	Kapha-Pitta (kleda + dāha) ± krimi	Kapha-Pitta (chronic irritation)	Pitta-Rakta (hot, tender nodules)

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Aspect	Krimigranthi	Parvaņī	Alajī
Hallmarks	Crusts, collarettes, MGD; recurrent chalazion	Fulliciae/hanillaa, hannile tiek	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	I AVNANA (ANIV WINAN NITAMA)	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*).
- Compare Parvani and Alaji—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).
- 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 \times 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 dosa 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 Samhitā, Uttara-tantra —
 Adhyāya 1 (Mandala-Sandhi-Pāṭala; esp. 1/16 for Kanīnika/Apānga),

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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 Ḥṛdaya**, 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).

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