



Unit 8 – Vartmagata Roga - 1

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A) Añjanānamikā (Hordeolum) • B) Utsaṅginī, Laganā (Chalazion) • C) Pakṣmakopa (Trichiasis, Entropion) • D) Pakṣmaśata • E) Ectropion

Note on ślokas: Only **verified** classical lines are quoted, in **Devanāgarī** with source. Where a disease-specific definition verse is uncertain across editions, it is **not** forced; instead, universally accepted anchor verses for **eyelid (vartma) site** and **local therapies (kriyākālpa)** are quoted, and the clinical description is given in full, exam-ready detail.

Orientation: Why these are Vartmagata disorders

Suśruta names and maps the ocular sandhis; eyelid diseases arise at or near the **pakṣma-vartma** (lash–lid) junction and can extend towards the **kanīnika** (medial canthus) and **apāṅga** (lateral canthus):

पक्ष्मवर्त्मगतः सन्धिवर्त्मशुक्लगतोऽपरः ।
शुक्लकृष्णगतस्त्वन्यः कृष्णदृष्टिगतोऽपरः ।
ततः कनीनकगतः षष्ठश्चापाङ्गगः स्मृतः ॥
Suśruta Saṃhitā, Uttara-tantra 1/16

Local ocular procedures (kriyākālpa) authorised by Suśruta are the backbone of conservative care:

तर्पणं पुटपाकश्च सेक आश्च्योतनाञ्जने ।
तत्र तत्रोपदिष्टानि तेषां व्यासं निबोध मे ॥
Suśruta Saṃhitā, Uttara-tantra 18/4

Keep these two ślokas ready for **site** and **treatment-method** justification in answers.

A) Añjanānamikā (Hordeolum)

Paribhāṣā & modern correlate

Añjanānamikā is a **vartma-mārga suppurative swelling** at the lash follicle/meibomian unit—clinically **hordeolum**:

- **Externum (stye)**: acute infection of lash follicle/Zeis gland.
- **Internum**: infection of a meibomian gland through tarsus.

Nidāna (precipitants)

Kapha–pitta aggravating factors (oily, heavy food; day sleep), dust/smoke; lid-hygiene neglect; antecedent **blepharitis/MGD**; diabetes. Pathway rationale: doṣas lodge at **pakṣma-vartma sandhi** (*Su. Utt. 1/16*), generating **śopha-dāha-toda**.



Rūpa (clinical features)

Painful, tender, red **localized swelling** at lid margin (externum) or deeper tarsal point (internum); watering; photophobia; sometimes pre-auricular node in children.

Bheda

- **Hordeolum externum**: points at lash root; external pustule.
- **Hordeolum internum**: deeper, tarsal; may externalise on conjunctival side.

Upadrava

Cellulitis, multiple styes, progression to **chalazion** (post-infective meibomian blockage).

Samprāpti (capsule)

Kapha-pitta prakopa at **pakṣma-vartma** → **srotorodha** + **paka** in folliculo-glandular unit → **pakva-śopha** (acute abscess behaviour).

Cikitsā (stage-wise; justify with *Su. Utt. 18/4*)

- **Sāma-ārdrā (early hot) phase:**
 - **Śīta-seka** if burning predominates; otherwise **uṣṇa-seka** to liquefy kapha.
 - **Āscyotana (prasādana)** with **triphala-kaṣāya** cooled; avoid **tikṣṇa añjana** in the hot stage.
 - Systemic śamana: **gudūcī, nimba, mañjiṣṭhā** (pitta-rakta śamana), light diet.
- **Pakva (pointing) phase:**
 - **Incision & drainage (I&D)** along lash line (externum) or on **tarsal conjunctival** side (internum) under asepsis; continue warm compresses.
 - Treat background **blepharitis/MGD** to prevent recurrence (see Unit 7).
- **Nirāma convalescence:**
 - **Prasādana añjana** at night; hygiene maintenance; screen for diabetes.

Exam tip: Open an answer with the **site śloka** (*Su. Utt. 1/16*) and close with **kriyākālpa śloka** (*Su. Utt. 18/4*) to secure method marks.

B) Utsaṅginī, Laganā (Chalazion)

Paribhāṣā & modern correlate

A **painless, firm, tarsal nodule** from **meibomian gland obstruction** with lipogranulomatous reaction—modern **chalazion**. Traditional labels used in Śālākya for such tarsal cystic swellings include **Utsaṅginī** and **Laganā**.

Nidāna

Sequela of stye, chronic **MGD/blepharitis**, poor lid hygiene; diet/lifestyle raising **kapha**; occasional rosacea.

Rūpa

Gradually enlarging **non-tender** nodule within tarsus; skin freely mobile; conjunctival surface shows **greyish area**. Cosmesis concern > pain.

Samprāpti

Kapha saṅga → **srotorodha** within meibomian duct → stasis → **granulomatous “granthi”** formation (painless).



Cikitsā

- **Conservative (first 4-6 weeks):**
Uṣṇa-seka + **lid massage**; **āścyotana** (triphala); nighttime **prasādana añjana**; address MGD (warm compress + expression).
- **Procedural:**
I&C through tarsal conjunctiva under local anaesthesia; curettage of granuloma. Intralesional steroid (selected).
- **After-care:**
Hygiene, treat blepharitis; **tarpana** (later, nirāma) to restore surface comfort.

Link back to **kriyākalpa** authorisation with *Su. Utt. 18/4*.

C) Pakṣmakopa (Trichiasis, Entropion)

Paribhāṣā & scope

Pakṣma = eyelashes; **kopa** = irritation/misdirection/inflammation. In practice:

- **Trichiasis:** lashes misdirected towards cornea despite normal lid position.
- **Entropion:** **inward turning** of lid margin so lashes rub on cornea (a cause of secondary trichiasis).

Nidāna

Chronic **palpebral scarring** (post-trachoma/Stevens-Johnson/chemical), chronic **blepharitis**, age-related laxity (involutional entropion), spastic blepharospasm; local trauma.

Rūpa

Foreign-body sensation, photophobia, reflex tears; **punctate keratopathy** at affected zone; visible misdirected lashes; entropion shows **in-turning** lid margin, **skin-muscle override**, **horizontal laxity**.

Samprāpti (Ayurveda frame)

Chronic **kapha-pitta** disturbance at **pakṣma-vartma sandhi** with scarring/laxity modifies lid dynamics → **pakṣma** impinge on the **kṛṣṇa-maṇḍala** causing **dāha-rujā-śoṣa** (surface insult).
(Anchor **site verse**: *Su. Utt. 1/16*.)

Cikitsā

- **Immediate ocular protection:** frequent **lubricants**, **śīta-seka** in hot, irritated phases; **bandage contact lens** (modern).
- **Lash management:** **epilation** (temporary), **electrolysis/laser/cryotherapy** for recurrent focal trichiasis.
- **Entropion repair (definitive):**
 - **Involutional:** lateral **tarsal strip** + everting sutures; address retractor disinsertion.
 - **Cicatricial:** mucous membrane grafts; release scarring.
- **Adjunct Kriyākalpa:** **āścyotana (prasādana)**; **lekhana añjana is avoided** in the **hot, irritable** phase; consider later only when **nirāma**.

Counsel: protect cornea early to prevent **ulcer/scar**.

D) Pakṣmaśata

Paribhāṣā & correlate

Literally “**many lashes**/multiple rows of lashes.” Clinical correlate: **distichiasis/polytrichiasis**—accessory lashes arising from meibomian orifices or excessive lash number, leading to chronic corneal-conjunctival irritation.

Nidāna-Lakṣaṇa

Congenital (distichiasis), post-inflammatory metaplasia in chronic lid disease; symptoms mirror trichiasis—FB sensation, **watering (netrasrava)**, recurrent **keratopathy**.

Cikitsā

- **Focal disease: Electrolysis/laser/cryotherapy** of aberrant follicles.
- **Diffuse rows: Lid margin split** with excision of posterior lamella follicles (specialist); protect surface with **lubricants, śīta-seka** during flares.
- **Preventive:** treat underlying blepharitis/MGD; hygiene.

Use **site verse** (*Su. Utt. 1/16*) and **kriyākalpa verse** (*Su. Utt. 18/4*) to justify measures.

E) Ectropion

Paribhāṣā

Out-turning of lid margin (usually lower lid), exposing palpebral conjunctiva and **punctum**, impairing the **lacrimal pump** and causing **epiphora, exposure keratopathy**.

Types (modern classification)

- **Involitional (senile)**—horizontal laxity, medial canthal tendon laxity.
- **Cicatricial**—anterior lamellar shortening (burns, dermatitis, scars).
- **Paralytic**—facial nerve palsy.
- **Mechanical**—mass pulling lid away.

Nidāna-Rūpa

Tearing, redness, **punctal eversion**, excoriated lower lid skin; reflex watering worsens outdoors.

Cikitsā

- **Temporising:** lubricants, eyelid tapes at night, **śīta-seka** if irritated.
- **Definitive:**
 - **Involitional: lateral tarsal strip;** medial spindle for punctal eversion.
 - **Cicatricial: skin grafts/Z-plasties;** release scar bands.
 - **Paralytic:** gold weight implant/temporary tarsorrhaphy.
- **Prevention:** treat blepharitis; avoid chronic dermatitis.

Again, reference **kriyākalpa** for local comfort and **site śloka** for localisation.

Integrative Doṣa-Procedure Map (exam pocket table)

Clinical picture	Doṣa tilt	First-line local (Kriyākālpa)	Definitive / Key next step
Hot, painful stye (añjanānamikā)	Pitta-kapha	Śīta or uṣṇa-seka (per phase), prasādana āścyotana	I&D when pointing; treat blepharitis
Painless tarsal nodule (utsaṅginī/laganā)	Kapha	Uṣṇa-seka + massage; prasādana añjana	I&C via tarsal side
Trichiasis/entropion (pakṣmakopa)	Pitta-rakta irritation from lash-cornea rub	Śīta-seka; lubricants; avoid lekhaṇa acutely	Epilation/electrolysis; entropion repair
Multiple/aberrant lashes (pakṣmaśata)	Vāta-pitta surface insult	Prasādana āścyotana; śīta-seka	Electrolysis/cryotherapy; lid split surgery
Ectropion (eversion)	Vāta (laxity)/cicatrical scarring	Lubricants; śīta-seka for irritation	Lateral tarsal strip/skin graft, etc.

Quote these two śloka wherever relevant: **site mapping** (*Su. Utt. 1/16*) and **kriyākālpa** authority (*Su. Utt. 18/4*).

Short Clinical Algorithms (text-flow)

Stye (añjanānamikā): pain-red-tender → warm or cool seka (phase-wise) → if pointing, I&D → address blepharitis → prasādana añjana (night) → hygiene.

Chalazion (utsaṅginī/laganā): firm painless tarsal mass → 4-6 weeks compress + massage → persistent? I&C via conjunctival side → MGD care.

Pakṣmakopa: FB sensation + visible misdirected lashes → protect cornea (lubricants, śīta-seka) → epilation ± electrolysis → if entropion, plan repair → avoid tikṣṇa añjana in hot phase.

Pakṣmaśata: recurrent rub from extra lash rows → confirm distichiasis → electrolysis/cryotherapy → diffuse disease → posterior lamella follicle ablation.

Ectropion: epiphora + everted punctum → tape/lubricate → type the ectropion → corrective oculoplastic procedure.

Assessment (Exam-oriented)

Long Essays (10 marks — attempt any 1)

- Añjanānamikā & Utsaṅginī/Laganā:** define, contrast nidāna-samprāpti-lakṣaṇa; stage-wise cikitsā with **kriyākālpa**; indications and lines for I&D vs I&C (include post-op care). Quote **Su. Utt. 1/16** and **18/4**.
- Pakṣmakopa, Pakṣmaśata & Ectropion:** clinical distinctions, complications on cornea, and definitive corrective options; justify local measures with **kriyākālpa** śloka.

Short Essays (5 marks — attempt any 3)

- Meibomian gland dysfunction in the pathogenesis of stye-chalazion sequence.
- Entropion types and their surgical correction (involutional vs cicatrical).
- Distichiasis (pakṣmaśata): diagnosis and management.
- Role of **śīta vs uṣṇa seka** in vartma disorders (doṣa-wise).

**Short Notes (3 marks – attempt any 4)**

- Incision lines for **I&D** of stye and **I&C** of chalazion.
- Medial canthal anatomy relevant to epiphora in lid malpositions.
- Why **lekhana añjana** is avoided in the hot limb-rub phase.
- Lateral tarsal strip: principle and steps (outline).
- Post-procedure counselling for chalazion (hygiene, recurrence prevention).

MCQs (1 mark × 5)

1. **A painless, firm tarsal nodule** most likely is:
a) Hordeolum externum b) **Chalazion** c) Dacryocystitis d) Pyogenic granuloma
2. The **site verse** that maps canthi and lid junctions is:
a) Su. Utt. 2/5 b) **Su. Utt. 1/16** c) Su. Utt. 18/4 d) Su. Su. 33/4
3. First local measure in **hot trichiasis-induced irritation** is:
a) Tikṣṇa añjana b) **Śīta-seka + lubricants** c) Lekhana añjana d) Immediate tarpana
4. **Best approach for recurrent focal trichiasis**:
a) Repeated epilation only b) **Electrolysis/cryotherapy** c) Bandage lens alone d) Tarpana
5. **Definitive** procedure for involutional **ectropion** is:
a) Medial spindle alone b) Everting sutures alone c) **Lateral tarsal strip** d) Tarsorrhaphy

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

References**Classical**

- **Suśruta Saṃhitā, Uttara-tantra**:
 - Adhyāya 1 — Maṇḍala-Sandhi-Pāṭala (for **1/16**: pakṣma-vartma, kanīnika/apāṅga sandhi).
 - Adhyāya 18 — **Kriyākālpa** (for **18/4**: tarpana, puṭapāka, seka, āścyotana, añjana).
- **Aṣṭāṅga Hṛdaya, Uttara-sthana**: relevant sections on vartma diseases and kriyākālpa logic (śīta vs uṣṇa upakrama) and general peri-ocular care.

Modern / Standard Ophthalmology

- Kanski & Bowling, **Clinical Ophthalmology** — Eyelid disorders (stye, chalazion), trichiasis/entropion, ectropion.
- AAO BCSC, **Orbit, Eyelids & Lacrimal System** — Lid malpositions, lash disorders; procedures (I&D, I&C, LTS).
- Khurana, **Comprehensive Ophthalmology** — Practical steps and viva points for UG exams.

60-second Viva Recap

- Quote **Su. Utt. 1/16** to anchor **site**; quote **Su. Utt. 18/4** to authorise **local ocular procedures**.
- **Stye** → hot, painful → seka (phase-wise) → I&D when pointing → treat blepharitis.
- **Chalazion** → firm, painless tarsal nodule → compress/massage → I&C if persistent.
- **Pakṣmakopa** harms cornea: **protect first**, then epilation/electrolysis; correct **entropion** surgically.
- **Pakṣmaśata** = extra lash rows (distichiasis): **electrolysis/cryotherapy** or posterior lamella follicle ablation.
- **Ectropion** dries and everts punctum: lubricate → **LTS/skin grafts** depending on type.