Impact Factor (QJIF): 8.47 E-ISSN: 2583-1615, P-ISSN: 3049-3498

International Journal of Research in Academic World

Received: 26/April/2026 **IJRAW:** 2026; 5(7):68-71 **Accepted:** 01/June/2026

Shigru Pindi along with *Rasanjana and Madhu Pratisarana* in management of *Anjananmika* - A Case Report

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Abstract

A stye (hordeolum) is an acute bacterial infection affecting the sebaceous glands of Zeis located at the base of the eyelashes or the apocrine glands of Moll. In *Ayurveda*, *Anjananamika* is described as an ocular disorder characterized by *Daha*, *Toda*, and *Tamra Pidaka*, which refers to a copper-colored boil on the eyelid associated with burning and pricking sensations. Additional features include *Mridu Mandaruja*, indicating a soft swelling accompanied by mild pain. This condition is primarily considered a *Rakta Pradhana Vyadhi*, with the involvement of other *Doshas*, and is managed using *Pittahara* and *Rakta Doshahara* therapeutic principles.

The clinical features of *Anjananamika* closely resemble those of external hordeolum described in contemporary ophthalmology. Styes are commonly observed in children and young adults but may occur at any age. Predisposing factors include uncorrected refractive errors, ocular muscle imbalance, poor eyelid hygiene, and systemic conditions such as diabetes mellitus. The condition is most frequently caused by *Staphylococcus aureus* infection or obstruction of the sebaceous glands of the eyelid, resulting in localized pain, swelling, and inflammation. Recurrent episodes are common and may require appropriate therapeutic intervention.

Pindi is an external Ayurvedic ocular procedure in which a medicated herbal paste is wrapped in sterile cotton gauze and applied over the closed eyelids. It is traditionally indicated in inflammatory disorders of the eye because of its anti-inflammatory and soothing properties. *Pratisaarana* is a *Sthanika Chikitsa* which means a gentle massage with *Choorna*, *Kalka*, *Avalehya* with the finger for a shorter duration. The present case report describes a 27-year-old female patient with recurrent external hordeolum who was treated with *Shigru Pindi along with Rasanjana and Madhu Pratisarana* for seven consecutive days. Post-treatment clinical assessment revealed significant improvement in pain, swelling, and other associated symptoms, suggesting that *Shigru Pindi along with Rasanjana and Madhu Pratisarana* may be an effective and safe therapeutic option in the management of recurrent *Anjananamika*.

Keywords: *Anjananamika*, Case Report, External Hordeolum, *Shigru Pindi along with Rasanjana and Madhu Pratisarana*.

Introduction

दाहतोदवती ताम्रा पिडका वर्मसम्भवा |
मृद्वी मन्दरुजा सूक्ष्मा ज्ञेया साऽञ्जननामिका ||१५||12
सु.उ.३/१५

Anjananamika is one of the *Vartmagata Rogas* described in the Ayurvedic classics. *Acharya Sushruta* characterizes it as a small, soft, copper-colored abscess occurring at the margin of the eyelid and associated with burning, pricking pain, and mild tenderness. *Acharya Vagbhata* further describes the lesion as resembling the size and shape of a green gram, situated either at the middle or the margin of the eyelid. [1] Based on its clinical features, *Anjananamika* closely resembles external hordeolum (stye) described in modern ophthalmology.

An external hordeolum is an acute suppurative infection of the sebaceous glands of Zeis or the apocrine glands of Moll, most commonly caused by *Staphylococcus aureus*. [2] The condition presents with localized pain, erythema, swelling, and tenderness at the eyelid margin, often progressing to the formation of a pustule. Although it may occur at any age, it is more frequently observed in children, young adults, and individuals with uncorrected refractive errors or ocular muscle imbalance. [4, 5] Recurrent episodes have been associated with chronic blepharitis, diabetes mellitus, meibomian gland dysfunction, seborrhoeic dermatitis, hyperlipidaemia, poor eyelid hygiene, and habitual rubbing of the eyes. The exact global prevalence of external hordeolum remains uncertain; however, it is recognized as one of the most common eyelid disorders, affecting individuals across all age groups and geographic regions. [3]

Classically, the clinical course of a stye consists of two stages. The initial cellulitic stage is characterized by localized

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inflammation with pain, erythema, and oedema of the eyelid margin. This is followed by the abscess stage, in which a localized collection of pus develops adjacent to the affected eyelash follicle. Conventional management includes warm compresses, topical antibiotic eye drops or ointments, systemic analgesics, and anti-inflammatory medications when indicated. Surgical drainage may be required in cases that fail to resolve spontaneously. Although these treatment modalities are generally effective, they may be associated with local adverse effects such as burning, irritation, dryness, and ocular discomfort. In addition, frequent administration of topical medications may reduce treatment compliance, particularly among students and working individuals.

पिण्डी कवलिका प्रोक्ता बध्यते वस्त्रपट्टकैः ।
नेत्राभिष्यंदयोग्या सा व्रणेष्वपि निगद्यते ।।
शा.सं. तृ. खंड अ. १३-२१/यो.र.उ. पान ३८५10

Ayurveda advocates a comprehensive approach for the management of *Anjananamika*. Therapeutic measures described in the classical texts include *Swedana*, *Nishpeedana*, *Bhedana*, *Pratisarana*, and *Raktamokshana* through *Jalaukavacharana*.[7] Among the external therapies, *Pindi* is indicated for inflammatory ocular disorders because of its potential to reduce pain, swelling, and local inflammation. [8]

Considering the high frequency of recurrent external hordeolum and the limitations associated with conventional symptomatic management, there is a need to explore safe and effective alternative treatment modalities. The present case study was undertaken to evaluate the therapeutic efficacy of *Shigru Pindi* along with *Rasanjana* and *Madhu Pratisarana* in the management of *Anjananamika* (external hordeolum). The objective of this study is to assess its role as an *Ayurvedic* intervention that may provide effective clinical management while reducing dependence on topical antibiotics and analgesics.

Case History

A 27 year old female patient came to the outpatient department of *Shalakyatantra*, SSAM Hadapsar, Pune.

Complaining of swelling, redness, moderate pain. She had acute onset of the above symptoms for 4 days.

With no medical or family history. Without any past interventions.

Personal History

- Diet-Vegetarian
- Appetite- Moderate
- Addiction- No any
- Sleep- Normal
- Micturition-Normal
- Bowel- Regular

Ashtavidha Pariksha

- ***Nadi*****:** *Kapha pradhan*
- ***Shabda*****:** *Spashta*
- ***Mala*****:** *Prakruta*
- ***Sparsha*****:** *Anushna*
- ***Mutra*****:** *Samyaka Pravruti*
- ***Druk*****:** *Prakruta*
- ***Jivha*****:** *Sama*
- ***Akruti*****:** *Madhyama*

Table 1: Clinical Finding

Right Eye	Left Eye
Lid - Normal	Lid - Edema(cystic swelling) over lower lid
Sclera - Normal	Sclera - Normal
Conjunctiva- Normal	Conjunctiva- Congestion
Cornea- Clear	Cornea-Clear
Pupil- Normal in size reacting to light	Pupil- Normal in size reacting to light
Lens - Normal	Lens - Normal
Anterior Chamber - Normal	Anterior Chamber - Normal
Vision - 6/6	Vision - 6/6(P)

On ocular examination Swelling over lid with mild tenderness was observed. Other findings of sclera, cornea, iris, pupil and anterior chamber were found to be normal. On the basis of clinical signs and symptoms, the patient was diagnosed with External Hordeolum.

The patient was treated with *Shigru Pindi* along with *Rasanjana* and *Madhu Pratisarana* once a day for 7 days.

Diagnostic Assessment

The diagnostic assessment included thorough examination based on specific assessment points, and a comprehensive differential diagnosis was concluded to eliminate the possibility of other eye ailments. The assessment points include ocular examination, Slit lamp examination and pretreatment/post- treatment photographs.

The differential diagnosis for External hordeolum took into account disease conditions such as Chalazion, Internal Hordeolum, Blepharitis, Squamous cell carcinoma. On the basis of clinical signs and symptoms, the patient was diagnosed with External Hordeolum.

Therapeutic Intervention

Material Used For the procedure: *Shigru Churna, Rasanjana, Madhu,* Gauze Piece.

Treatment Planned:

- **Drug:** *Shigru Pindi* along with *Rasanjana* and *Madhu Pratisarana*
- ***Kriyakalpa:*** *Pindi*

Standard operating procedure

- **Preparation of *Pindi***

Shigru Churna Paste was evenly applied on a sterile Gauze piece and folded in shape and size of eye.

- **Procedure of Application**

A). Poorva Karma-

i). Wash hands with water.

ii). Clean both the eyes and the surroundings with wet gauze pieces.

B). Pradhan Karma-

i). The patient is given a supine position with closed eyes.

ii). *Shigru Pindi* is applied under aseptic precaution over both eye.

C). Paschat karma

i). *Pindi* removed before it dries up.

ii). *Rasanjana Churna* and *Madhu* mixed and applied as *Pratisarana* over the *Anjanamika*.

iii). *Pratisarana dravya* was removed and the patient was asked to clean face with lukewarm water.

Fig 1: *Shigru Pindi*

Fig 2: *Rasanjana and Madhu Pratisarana*

Table 2: Follow Up and Examination of lids

Signs and Symptoms	Day 0	Day 7
Pitika (Eruption)	Present	Absent
Toda (Pricking Sensation)	Present	Absent
Kandu (Itching)	Present	Absent
Daha (Burning Sensation)	Present	Absent
Mandaruja (pain)	Present	Absent

Discussion

External hordeolum is an inflammatory infection of the eyelid, commonly caused by *Streptococcus* or *Staphylococcus* species. Recurrent cases in children are often associated with uncorrected refractive errors, while in older adults they may indicate underlying diabetes. The condition typically presents with pain, eyelid swelling, and erythema.

Specific *Nidana* of *Anjanamika* are not described in the texts, therefore *Samanya Nidana* of *Netra Roga* described in *Sushruta Samhita* may be considered as the *Nidana* for *Anjanamika*.

Samanya Nidan of *Netra rogas* [9] include *Ushna Abhitaptata, Jalpraveshad, Doorekshanat* etc. Amongst these, the causative factors like *Prasakt Sanrodana, Shoka, Klesha, Abhighahta* may be considered as the specific *Nidanas* for *Anjanamika*, which leads to vitiation of either single or multiple doshas, these doshas get accumulated in the *Vartma* which later on appear in *Sira* which may cause *Anjanamika*.

External hordeolum is very well correlated with eye disease *Anjananamika* in *Ayurveda* where there will be *Dushti* of *Rakta Dhatu* along with *Mansa Dhatu*. It is characterized by copper coloured *Pidika* having pain, swelling, redness, itching etc. There are many treatment modalities implicated for *Anjanamika* such as *Swedana, Bhedana, Anjana, Raktamokshana* etc. [6, 7] *Pidika* is formed at an early stage. The early condition of *Anjananmika* can be considered as pre-suppurative stage and gets suppurated after 3-4 days and gets converted into abscess (Suppurative stage of stye). In the present case the patient was examined thoroughly and prescribed appropriate *Kriyakalpa* which has given a promising result. *Pindi* is one among the *Kriyakalapa* in which there is application of paste of medicine in a cotton gauze which is then placed over the eyes. In the present case *Shigru Churna Pindi* and *Rasanjana* along with *Madhu Pratisarana* were used based on the *Lakshanas*. Skin is one of the routes of drug administration. *Pindi* Dravya readily penetrate the eyelids which help to increase cutaneous blood flow thereby enhancing better absorption and reducing inflammation. The drugs used for *Pindi* are *Shigru Churna* and for *Pratisarana Rasanjana* along with *Madhu* was used. [11]

Shigru is of *Katu, Tikta Rasa* and *Katu Vipaka* and of *Ushna Veerya* it is mainly of *Vatahara* and *Kaphahara* properties and has *Karmukta* in *Shoola, Shotha, Vidradhi,* etc. [13]

Rasanjana is extracted from roots of *Daruharidra* and it has *Tikta, Kashaya Rasa, Ushna Veerya* and it is effectively used in *Nertragata Roga* to balance aggravated *Doshas*. [14]

Madhu has *Madhur Rasa* and *Kashaya Anurasa*. It has *Laghu* and *Ruksha* properties and is *Tridoshagna. Acharya Sushruta* has also indicated *Madhu* for *Lekhana Karma*. [15]

The purpose of this study was to find a solution for treating *Anjananamika* instead of providing temporary relief with an *Ayurvedic* procedure as an alternate use of antibiotics and analgesics as symptomatic treatment.

Conclusion

Anjananamika is a *Raktaj, Sadhya, Vartmagata Netra Roga,* which shares similar signs and symptoms of external hordeolum. The treatment described in ancient texts includes *Swedana* and *Bhedana*. In the above case, the concept of *Shaman Chikitsa* is applied by means of local procedure like *Pindi* by *Shigru Churna and Pratisarana* with *Rasanjana* and *Madhu* which provided significant relief to the patient.

Informed Consent- The informed consent was taken.

Financial Support - Nil.

Declaration of Competing Interest - None disclosed.

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