

Neembadi bidalaka in management of blepharitis (Krimigranthi): A case study

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Abstract

Eyelid diseases have been elaborately described under Vartma Roga in Ayurvedic literature, where Acharya Sushruta has mentioned 21 varieties. Blepharitis is a chronic inflammatory condition that shows inflammation of the eyelid margins

Clinically, it is categorized into anterior and posterior forms among which seborrheic blepharitis is a common subtype of anterior blepharitis. Patients often present with symptoms such as itching, redness, discharge, irritation, and crusting at lid margins.

Current treatment approaches modern mainly rely on topical antibiotics and corticosteroid preparations. Although these therapy measures provide symptomatic relief only, but it's prolonged use may be associated with recurrence and unwanted effects. Ayurveda offers several local therapeutic procedures for eye diseases, among which Bidalaka holds an important place in the management of eyelid disorders. The application of a medicated paste over the closed eyelids allows sustained local action and facilitates better therapeutic contact with the affected tissues.

Neem (*Azadirachta indica*) and Honey known for its anti-inflammatory, antimicrobial, anti-bacterial and healing properties, can be effectively utilized in Bidalaka therapy. Its pharmacological actions may help alleviate the cardinal features of blepharitis, including swelling, irritation, redness, itching, and scaling. Therefore, Neembadi Bidalaka may serve as a beneficial Ayurvedic intervention in the management of blepharitis and contribute to improving patient outcomes.

Keywords: Case report; Blepharitis; Bidalaka; Neem; Honey; Anti-inflammatory activity

1. Introduction

Acharya Sushruta has described 21 types of Vartma Rogas (eyelid disorders) based on the predominance of different doshas. ¹ Among all these in ayurveda blepharitis can be correlated with krimigranthi diseases affecting the eyelids.

Blepharitis is a chronic inflammatory condition of the eyelid margins characterized by symptoms such as eyelid swelling, itching, irritation, lacrimation, crusting, photophobia and gluing of cilia. Depending on the site and etiology, it is broadly classified into anterior and posterior blepharitis. Anterior blepharitis primarily includes seborrheic and staphylococcal blepharitis, whereas posterior blepharitis is commonly associated with meibomitis (meibomian gland dysfunction) ²

In Ayurveda, Acharya Charaka has emphasized the importance of Bidalaka during the Ama avastha (acute phase) of ocular diseases. Bidalaka refers to the external application of a medicated paste over the closed eyelids with avoiding

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it's margins.³ The procedure derives its name from the resemblance of the eyes to those of a cat (Bidala) after application. ⁴ Bidalaka is traditionally indicated for reducing ocular inflammation, itching, redness, burning sensation, crusting, and discharge.

Rationale of the Study

Blepharitis is often characterized by a chronic and recurrent course, requiring prolonged treatment and frequent use of topical medications, including corticosteroids. Long-term steroid therapy may be associated with adverse effects and does not always prevent recurrence. Therefore, there is a need to explore safe and effective Ayurvedic therapeutic approaches. The present study is designed to evaluate the anti-inflammatory, anti-bacterial efficacy of Nimabadi bidalaka in the management of blepharitis and to assess its potential for symptoms control and prevention of recurrence.

Neem possesses sheet virya, lekha, shodhana, Kapha-Pitta pacifying, kandughna, antimicrobial, and anti-inflammatory properties makes it a suitable drug for managing these symptoms.⁵

Neem contains compounds such as nimbidin, nimbin, and azadirachtin that exhibit antibacterial, antifungal, antiparasitic activity against organisms commonly associated with ulcerative blepharitis, particularly *Staphylococcus* species.⁶

Madhu (Honey) is considered Chakshushya, Lekha, Sandhana, Ropana, and Tridosha-shamaka properties so especially useful in Kapha-dominant eye disorders.⁷ It also shows antimicrobial, antibacterial and immuno-modulatory action. Antimicrobial activity in honeys is due to the enzymatic production of hydrogen peroxide. Beside that it's high viscosity and osmolality nature helps to prevent infection, enough to hinder the growth of microbes.⁸

Madhu (honey) owing to its hygroscopic and hyperosmotic properties absorbs excess moisture and inflammatory secretions from affected tissues. This action reduces crust formation, facilitates removal of accumulated debris, and decreases discharge accumulation on lid margins. Additionally, its antimicrobial and anti-inflammatory activities contribute to improve eyelid hygiene and healing in blepharitis.⁹

2. Materials and method

2.1. Case History

A 27-year-old female patient visited to ophthalmology outpatient department on the 10th of April 2026 with complaints of itching, crusting, irritation, watering with redness at lid margins since 1 month. The patient was treated with Nimabadi bidalaka once a day in morning for 14 days after taking written informed consent. Routine follow-up was carried out and regression in the symptoms was noted.

2.1.1. Material

- Nimba Choorna and honey
- Dose: 10 gm once a day in paste form
- Time: in morning
- Duration of therapy: 14 days
- Kala 10-15 min

2.1.2. Procedure

Poorva Karma

The patient was made to lie comfortably in the supine position. The periocular region was cleaned with sterile cotton. Subsequently, Mridu Swedana (mild fomentation) was administered over the closed eyelids.

Pradhana Karma

The above-mentioned drugs were mix with sterile water to prepare a smooth paste. The paste was applied uniformly over the external surface of the closed eyelids, avoiding the eyelashes and lid margins. The application was maintained for the prescribed duration as per the treatment protocol.

Paschat Karma

After completion of the procedure, the paste was gently removed with sterile cotton soaked in lukewarm water. And the patient was advised to avoid rubbing the eyes and exposure to dust, smoke, and bright sunlight for a few hours after the procedure.

2.1.3. Examination

- Visual acuity: Distant, both eyes: 6/6
- Near vision: N6

Table 1 Slit amp examination

Slit lamp examination	Right eye	Left eye
Eyelid	Redness, swelling, crust ++, mild discharge	Redness, swelling, crust +, with mild discharge
Conjunctiva	Mild congestion	Mild congestion
Cornea	Clear	Clear
AC depth	Normal	Normal
Iris	Normal	Normal
Pupil	RRR	RRR
Lens	Normal	Normal

3. Result

Table 2 Bidalaka with Nimba churna, and honey shows significant reduction in the sign and symptoms of blephritis.

Sr no	Symptom/ sign	Before treatment	After treatment
1	Itching	Severe	Mild
2	FB sensation / irritation	Moderate	Absent
3	Redness, swelling	Moderate	Absent
4	Crusting	Moderate	Absent
5	Discharge	Mild	Absent

4. Discussion

Blepharitis is a common eyelid condition that often sticks around for a long time and shows recurrence repeatedly, which can make it challenging to manage. Effective treatment involves not only involve relieving symptoms but also addressing the causes that contribute to its recurrence. In Ayurveda, treatment is given to each after identifying the Doshas involved and the extent of their imbalance. According to the Sushruta Samhita, Krimigranthi is mainly associated with Kapha Dosha and is considered to have a good prognosis. Based on this understanding, the treatment approach used in this study focused on reducing the aggravated Kapha Dosha. The chosen therapies aimed to clear excess Kapha, reduce the symptoms and the return of normal eyelid function.

5. Conclusion

The patient showed noticeable relief with the given therapy, which proves that Bidalaka is beneficial therapeutic procedure that helps control disease manifestation. It helps to reduce discomfort, inflammation-like symptoms and may also help to avoid its recurrence.

Compliance with ethical standards

Disclosure of conflict of interest

There is no conflict of interestt.

Statement of informed consent

Informed consent was obtained from patient included in the study.

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