

Agni-Centric Understanding Of *Klinnavartma* (Blepharitis): An Integrative *Ayurvedic* Review for Preventive Ophthalmology

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ABSTRACT

Klinnavartma is a *Vartmagata Netra Roga* described in classical *Ayurvedic* literature and exhibits close clinical similarity with Blepharitis of modern ophthalmology^[1]. It is a chronic, relapsing inflammatory condition of the eyelids characterized by itching, discharge, redness, irritation, and crusting^[2]. Although not directly sight-threatening, its persistent nature significantly affects ocular comfort, hygiene, and quality of life. Contemporary management strategies often provide only symptomatic relief, leading to frequent recurrences.^[3,4]

Ayurveda attributes the origin and persistence of such chronic inflammatory disorders to impaired Agni (digestive and metabolic fire). Disturbance of *Agni* results in the formation of *Ama*, which initiates systemic inflammation and *Dosha* vitiation, ultimately manifesting as localized disease. This review presents a comprehensive, narrative analysis of *Klinnavartma* in IMRAD format, emphasizing *Agni* as the central pathogenic and therapeutic factor. The article integrates *Ayurvedic* principles with modern clinical understanding, highlights preventive strategies, and underscores public health relevance.

Keywords: *Klinnavartma*, Blepharitis, *Agni*, *Ama*, Preventive Ophthalmology, *Ayurveda*

INTRODUCTION

Blepharitis is one of the most frequently encountered chronic eyelid disorders in ophthalmic practice, affecting individuals across all age groups. It is characterized by inflammation of the eyelid margins, often associated with microbial colonization, meibomian gland dysfunction, environmental exposure, and systemic inflammatory states. Despite being non-vision-threatening in most cases, Blepharitis significantly compromises patient comfort and visual efficiency, particularly due to its recurrent nature and association with dry eye disease.

Ayurveda offers a distinctive perspective by emphasizing systemic causative factors rather than isolated local pathology^[1]. *Klinnavartma*, described under *Vartmagata Netra Roga*, closely resembles Blepharitis in symptomatology and disease course^[2]. Classical descriptions emphasize moistness, itching, swelling, and discharge of the eyelids, indicating *Kapha*-dominant pathology with inflammatory association.^[3]

A central tenet of *Ayurvedic* pathophysiology is the role of *Agni* in maintaining health. Impaired *Agni* leads to accumulation of metabolic toxins, systemic inflammation, and reduced tissue resistance. Chronic ocular disorders such as *Klinnavartma* are therefore considered external manifestations of internal metabolic imbalance. Understanding this relationship is essential for effective prevention and long-term management.

MATERIAL and METHODS:

This narrative review was conducted through an extensive literature survey of classical *Ayurvedic* treatises, authoritative commentaries, and standard textbooks of modern ophthalmology. Primary *Ayurvedic* sources included *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Bhavaprakasha Nighantu*. Modern references included established ophthalmology textbooks and peer-reviewed articles focusing on Blepharitis and ocular surface inflammation.^[2, 3, 7]

Relevant concepts related to *Agni*, *Ama*, *Dosha-Dushya* involvement, *Samprapti*, *Nidana*, and *Chikitsa* principles were analyzed and synthesized. No experimental, interventional, or clinical trial data were included.

RESULTS

Ayurvedic Etiopathogenesis of *Klinnavartma* ^[3,7]

Klinnavartma is primarily associated with *Kapha Dosha* dominance, leading to increased moisture, heaviness, and discharge at the eyelid margins. *Pitta* and *Rakta* association contributes to redness, irritation, and inflammatory changes. The disease primarily affects *Rasa*, *Rakta*, and *Mamsa Dhatus*, with involvement of *Rasa-Rakta Vaha Srotas*.

Impairment of *Agni* results in *Ama* formation, which circulates systemically and obstructs microchannels supplying the eyelids. This process explains the chronicity, recurrence, and resistance to symptomatic therapy commonly observed in Blepharitis.

Table 1. Comparison of *Klinnavartma* and Blepharitis ^[8,9]

Ayurvedic	Modern
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Perspective	Perspective
<i>Kapha</i> -dominant <i>Vartmagata</i> Roga	Chronic eyelid margin inflammation
<i>Agni</i> impairment and <i>Ama</i>	Metabolic and inflammatory dysregulation
<i>Rasa–Rakta</i> involvement	Vascular and immune involvement
Systemic origin with local manifestation	Primarily localized disease

Table 2. Nidana (Etiological Factors) of *Klinnavartma* ^[10]

Category	Factors
Dietary	Heavy, oily, incompatible foods; irregular meals
Lifestyle	Poor hygiene, excessive screen exposure, night awakening
Environmental	Dust, smoke, pollution
Systemic	Digestive weakness, chronic inflammatory states

Preventive and Public Health Implications

From a public health perspective, emphasizing digestive health, dietary discipline, and lifestyle regulation can significantly reduce the burden of chronic eyelid disorders^[11,12]. *Ayurveda*'s focus on preventive strategies aligns with modern goals of sustainable and patient-centered healthcare.^[13]

DISCUSSION.^[14]: Agni as a Therapeutic Target

The central role of *Agni* in disease causation highlights the importance of systemic correction in *Klinnavartma* management. Local ocular therapies alone cannot prevent recurrence unless digestive and metabolic balance is restored. This explains the limited long-term success of conventional lid hygiene and antibiotic-based approaches.

Table 3. *Chikitsa* Principles in *Klinnavartma*

Principle	Description
<i>Nidana Parivarjana</i>	Avoid causative dietary and lifestyle factors
<i>Agni Deepana</i>	Restoration of digestive and metabolic capacity
<i>Ama Pachana</i>	Reduction of systemic inflammatory load
Local <i>Kriyakalpa</i>	<i>Bidalaka</i> , <i>Parisheka</i> for local relief
Rasayana	Prevention of recurrence and tissue strengthening

CONCLUSION

Klinnavartma represents a chronic inflammatory eyelid disorder with strong clinical resemblance to Blepharitis. *Ayurveda* offers a comprehensive explanation rooted in *Agni* dysfunction and systemic inflammation. An *Agni*-centric approach integrating dietary regulation, lifestyle modification, and local ocular therapies provides a sustainable and preventive strategy. This review reinforces

the relevance of *Ayurvedic* principles in contemporary ophthalmic practice and public health.

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