

TO STUDY EFFICACY OF RASANJANTRIKATU LEPA ON ANJANNAMIKA W.S.R.T. HORDEOLUM EXTERNUM

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ABSTRACT

Introduction: *Anjannamika* is one of the *Vartmagata*, *Raktapradhan*, *Sadhyanetravikar*. Some of the *lakshanas* of *Anjannamika* appears to be similar to that of *Hordeolum externum*, so the attempt is made to co-relate the *lakshans* of *Anjannamika* with *Hordeolum externum*. **Materials** 1.*Rasanjan-Trikatu Vatak(Lepagoli)* 2.Chloramphenicol eye ointment **Methodology-** *Poorva karma,Pradhan karma ,Paschatkarma,Matra* and *pramana* of *lepa*, *Pathyapathya* **Discussion:** Clinical data collected in 7 days course shows significant results and also indicates that, maximum no. of patients of *anjannamika* are from adult age gr.(15- 30yrs), Females were found more prone for *Anjananamika* (56.66%), Similarly the patient from service group were found more prone for *anjannamika* (51.66%), Economically lower class patients has much prevalence for the *anjannamika* (55.00%), As per the *avasthavishesh* patient with *pachyamanvastha*(35.00%) and *pakwavastha* (60.00%), was observed much during study. **Conclusion:** During the study it was difficult to elicit the *avasthas* of *anjannamika* due to its *alpa lakshan vyakatata* and fast course of the *vyadhi*. All available data of control and trial group is comparatively significant. From study it seems that drug acts effectively on *Anjananamika* and plays vital role in the *samprapti vighatan* of the same .Along with it drug also reduces the course of *anjannamika* with significant relief from *kandu* where the other drug fails to do so.

Keywords: Introduction, Materials 1. *Rasanjan-TrikatuVatak(Lepagoli)* 2 Chloramphenicol eye ointment Methodology *Poorva karma, Pradhan karma,*

INTRODUCTION

“Saalaa@yaMnaamaaoQva-ja~augatanaama\ raogaaNaaM
Ea`vaNavadnanayanaGa`aNaadIsaMiEa`tanaaMyaaiQanaaMmaupSamanaaqa-Mma\ ,
SalaakayaM~ap`iNaQaanaaqa- ca ”sauEa`utsau~asqaana 1.10

Among the *Dnyanedriya*'s, *acharyas* have given prime importance to *chakshurendriya* and quoted as “*sarvendriyanam nayanam pradhanam*”. *Sushruta*, the authority of *shalakyatantra* has paid much more attention on the diseases of the *netra* in particular, and it is important fact that the treatise on the *shalakyatantra* starts from the disorders of

netra only. *Acharya Sushruta*, in *tritayaadhaya of uttartaantra*, explains *eakvimshati vartmavikaras*, among them, *anjannamika* is a very common *netravikar*¹, infact the subject of the *anjannamika* is being studied from days of *Sushruta* to till date, and this denotes the magnitude of the disease.In today's fast life, air pollutions, sedentary life styles

and very stressful workload on eyes causes the stress and strain on eyes and, when these accompanied with poor local hygiene they all leads to various infective and inflammatory conditions of eyes like, Hordeolum externum or stye, in local language^{2,3}. Sushruta have explained, the *lepa* is important and initial *chikitsa* for *anjannamika*, a *vranshotha* (*alepaha adhya upakrama*) much work is in most of the institutions all over the country, yet clinical research on promotion of curing and controlling the recurrence of *anjannamika* from this specific “*Rasanjan-trikatu lepa*” is in initial stage⁴. Looking in gravity of problem, it is decided to study the efficacy of this *lepa* on *anjannamika*, as a ‘*Sthanikachikitsa*’ (local therapeutics) advocated by ancient *ayurvedic* scholar.

AIMS AND OBJECTIVE

- 1) To study *Anjannamika*, as per Ayurvedic literature, and Hordeolum Externum as per modern medical science.
- 2) To study comparative efficacy of *Rasanjan-trikatu Lepa* and Chloramphenicol eye ointment in management of Hordeolum Externum.

MATERIALS AND METHODS

Materials

- 1) *Rasanjan Trikatu Vatak (Lepagoli)*
 - 2) Chloramphenicol eye ointment
- For trial group we have used *vatak* made up of *Rasanjan* and *Trikatu*, for easy application during rubbing the *vatak*, about 2-3 ml of the *jala* (simple tap water) was used so as to make paste of *lepa*. To maintain the pH of *lepa* and to reduce the irritation of the *lepa*, 3% solution of simple tap water with *lepa* was ideal and that was used for trial group, here the percentage of solution with drug was very much useful to avoid irritation and harm to corneal tissue. A market available branded Chloramphenicol eye ointment (5gm) I.P.

(Chlorocol) of Jawa pharmaceuticals Pvt. Limited was used for control group.

Total number of patients:

Total 60 patients were selected for study based on *lakshanas* of *Anjannamika*.

No of groups: Two groups, 30 patients in each group having *lakshanas* of *Anjannamika* were selected.

Trial Group: *Rasanjan Trikatu Vatak*’ for local application in the form of *lepa*, on *anjannamika* (eyelidmargin)

Control group - ‘Chloramphenicol eye ointment’ (5gm) for local application.

Inclusion Criteria:

- 1) Age group above 5 years.
- 2) Patients having *lakshanas* of *Anjanamika* only.
- 3) Patients irrespective of sex and religion.
- 4) Patients not having any major local or systemic illness.

5 Patients with good compliance

Exclusion Criteria

- 1) Age group below 5 years.
- 2) Patients having any corneal involvement.
- 3) Patients with any functional or structural deformity of eye.
- 4) Recently eye operated patients.
- 5) One eyed patients.

METHODOLOGY

Here we will discuss the methodology adopted for the success of efficacy of ‘*Rasanajnatrikatu lepa*’ in the management of *anjannamika*. All the *rugnas* were examined carefully on the basis of parameters of *Ayurved* and modern science and they were investigated as per the proforma prepared for this purpose. After general examination of patients, they were advised for application of *lepa* in following manner,

Poorva karma:

- 1) *Rugna pareeksha*.

- 2) *Sambhar sangraha* i.e. collection of *vatak*, clean cloth, cotton, and *jala*.
- 3) Patients were asked to wash his/her eyes thoroughly.
- 4) General idea about procedure was given to patient.

Pradhan karma:

- 1) Patient was advised to close eyes and to sit on chair.
- 2) *Rasanjan trikatu lepa* was applied on *anjannamika* (on lid margin) in *pratilomagati*, and care was taken to avoid entry of *lepa aushadhi* in eyes.
- 3) Patient was advised to sit in same position until the *lepa* turns *shushka*.
- 4) Patient was also advised to avoid *bhashan*, *hasya*, *krodha*, *rudan* and advised to remain calm and quiet during this period.

Paschat karma:

- 1) Patient was advised to follow '*Netradhavan*' properly with *jala* and also to clean eyelid margin with wet cotton.
- 2) Patient was advised not to squeeze *anjannamika* and also not to apply any soap or

Cosmetics over eyes and face also.

Matra and pramana of lepa⁵:

Rasanjan-Trikatu lepa for local application for two times a day, for seven days on eyelid margin

Matra: 1/4th *angula*(about 0.3mm), removed before *lepa* turns *shushka* (about 6 to 8 minutes). (The dose was same for all groups in affected eye only.)

Pathyapathya:

Ahara– *Laghu* and *mrudu ahara* was *pathya*.

Vihara: Not to squeeze *anjannamika* as well as not to apply any cosmetics and soap over face and eyes etc was *pathya*.

Follow up:

-Patients were instructed to attain the O.P.D. for regular examinations 2nd, 5th and 7th day.

-Patients were also instructed to attain O.P.D if any problem arises.

To study the efficacy of Rasanjan-Trikatulepa on anjannamika w.s.r.t. hordeolum externum on symptom Kandu: The graph below shows the effect of the efficacy of the drugs from control group and trial group.

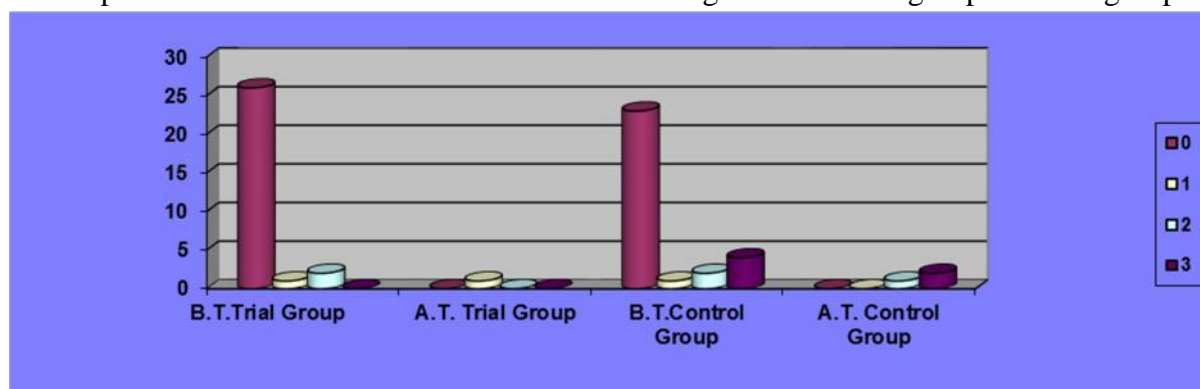


TABLE: 1: Discussion:

Group	Mean	S.d.	t.Cal	t Table	Result
Trial Group	0.0	0.0	1.5	2.0	Significant
Control Group	0.03	0.02	1.5	2.0	Significant

In this group maximum patients are from trial group got significant relief from grade '1' and '2' severity to grade '1' and '0'

severity which shows that the drug from trial groups act effectively on the symptom kandu. Likewise though maximum patients

from control group was with '3' severity turns to relief of grade '2' and grade '1' severity after the treatment which indicates that the drug from this group not acts as much effectively on the symptom kandu, Then also in overall review both the drug shows significant results.

To study the efficacy of *Rasanjan-Trikatu lepa* on *anjannamika* w.s.r.t. hordeolum externum on symptom Paka

The graph below shows the effect of the efficacy of the drugs from control group and trial group.

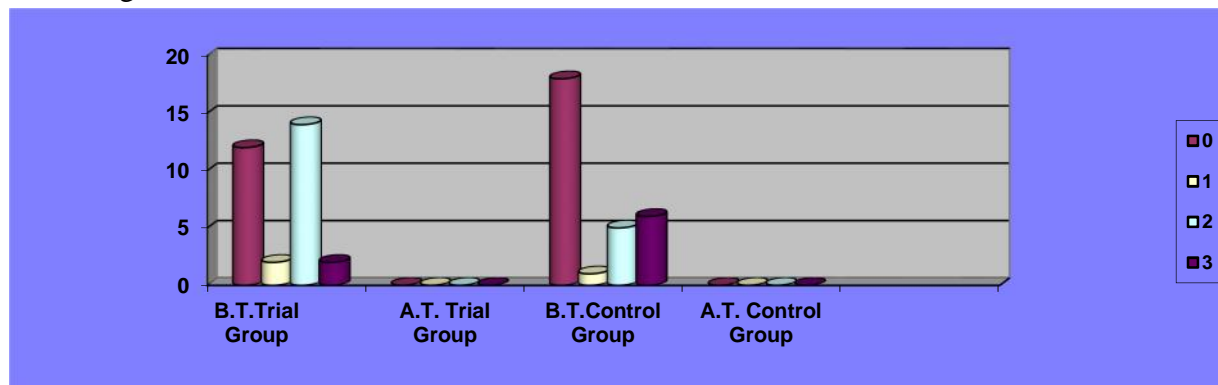


TABLE: 2: Discussion

Group	Mean	S.d.	t.Cal	t Table	Result
Trial Group	1.16	0.68	0.8	2.0	Significant
Control Group	1	1.04	0.8	2.0	Significant

Here the patients of grade '2' and '3' severity from both the groups turns to grade '0' severity after treatment and also statically in both the groups as the value of

t cal is less than the value of table respectively, Which indicate that both the drugs from consecutive groups acts effectively on the symptoms *paka*.

TABLE: 3: Trial Group

Sign & symp	Di	Di2	Sd2	sd	t cal>	t tab	Result
Varthamashotha	49	89	0.61	0.7	13.3	2.45	Significant
Vedana	42	70	0.53	0.72	10.7	2.45	Significant
Arakatata	39	63	0.53	0.7	10.8	2.45	Significant
Daha	21	21	0.25	0.5	7.7	2.45	Significant
Kandu	1	1	0.02	0.1	3	2.45	Significant
Paka	1	58	1.4	0.01	5.5	2.45	Significant

Di indicates the mean of the symptom grades of before treatment.

Di2 indicates the mean of symptom grades of after treatment.

sd denote the standard deviation of the data.

tcal means t value calculated of the trial group data by applying student's t test.

Table is the table value of t.

Here value of t cal is greater than the value of t table so the results obtain of the trial group was statistically significant.

TABLE: 4Control group

Sign & symp	Di	Di2	Sd2	sd	t cal>	t tab	Result
Varthamashotha	53	109	0.79	0.8	12.5	2.45	Significant

Vedana	47	78	0.35	0.59	15.6	2.45	Significant
Arakatata	37	57	0.52	0.72	9.46	2.45	Significant
Daha	25	25	0.2	0.4	11.4	2.45	Significant
Kandu	0	0	0	0	0	2.45	Significant
Paka	35	57	0.68	0.82	8.2	2.45	Significant

Di indicates the mean of the symptom grades of before treatment.

Di2 indicates the mean of symptom grades of after treatment.

sd denote the standard deviation of the data. Tcal means t value calculated of the trial group data by applying student's t test.

t table is the table value of t. Here in case of control group as the value of t cal is greater than the value of the t table in all the symptoms excluding the symptom kandu. So from above statistical data we can conclude that the drug from control group gives very good results on the symptoms excluding kandu.

DISCUSSION

Drugs used in formulation are easily available and cost effective. Clinical data collected in 7 days course shows significant results and also indicates that.

A.-maximum no. of patients of *anjannamika* are from adult age gr.(15-30yrs)

b- Females were found more prone for *Anjananamika*(56.66%)

C-Similarly the patients from service group were found more prone for *anjannamika*.(51.66%)

D-Economically lower class patients has much prevalence for the *anjannamika*(55.00%) e-As per the *avasthavishesh* patient with *pachyamanvastha*(35.00%) and *pakwavastha*(60.00%), was observed much during study. It also observed that pt. was complaining of *alpadaha*(Burning sensation grade1), after application of

lepa. During the study it was difficult to elicit the *avasthas* of *anjannamika* due to its *alpa lakshan vyakatata* and fast course of the *vyadhi*. From study it seems that drug acts effectively on *Anjananamika* and plays vital role in the *samprapti vighatan* of the same. Along with it drug also reduces the course of *anjannamika* with significant relief from *kandu* Where the other drug fails to do so. It also observed that the drug like *rasanjan* and *pippali* who are having *chakshushya* and *rasayan* properties may play vital role in prevention of the recurrence of the *anjannamika*, but further study requires for it with large sample size.

CONCLUSION

1. Upto some extent we can correlate *lakshanas* of *anjannamika* with features of *Hordeolum externum*.

2. '*Lepakalpana*' comes forward as effective '*sthanika chikitsa karma*' for *anjannamika*, useful for bringing *ayurvedic* management in limelight.

3. Though significant relief provided by drugs of both groups, in *lakshanas* like *kandu*(itching), the *rasanjan-trikatu lepa* turns more effective.

4. Side effect as *alpadaha*(Burning sensation grade 1) was observed which is encountered by *netraprakshalan* in trial group.

5. The drug is cost effective and safe.

6. *Lepa* procedure is easy to perform and time required is also less.

7. More study is necessary on large scale as in this study some important aspects,

like recurrence of *anjannamika* detail study of *avsthavishesh* etc. was not covered.

1. In future this work may be valuable clue for further study.

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