

**ANJANA: A TRADITIONAL OCULAR TREATMENT OF AYURVEDA****Dr. Pramod Chandra Dwivedi<sup>1</sup> Dr. Prachi Kawthekar<sup>2</sup> Dr. M.K. Vyas<sup>3</sup>**<sup>1</sup>MD. Scholar, <sup>2</sup>Professor, <sup>3</sup>ProfessorDeptt. Of *Panchakarma*, Shubhdeep Ayurved Medical College and P.G. Institute,  
Indore, Madhya Pradesh, India**ABSTRACT**

Among the many contributions of *Ayurveda* –“*kriyakalpa*,” has a very superior position as it is tissue targeted, fast acting, simple but innovative method of drug administration to various parts of eyes including the posterior segment also varied formulations to suit the anatomy, physiology and pathological status of all parts of the body and more importance is given to design eye medicaments. The eye being a very vital and sensitive part was of main focus while designing *kriyakalpas* – which include –*seka* and *aschyotana* (continuous pouring or instilling drops) application of super refined nano particle sized paste on eye lid or eye lid margin so on speak volumes about the ingenuity of this system of medicine. *Tarpana*, *putapaka* are usually lipid medicaments to enable easy, faster and far penetrating effect into the posterior segment of eyes. These *kriyakalpas* are not sophisticated drug delivery systems, but are deployed in novel methods to keep medications intact to specifically targeted parts of the eye through a medium that can control the therapy’s administration and achieve marvelous results. Different types of *Kriyakalpa*, their indications and probable mode of action will be discussed in present review article.

**Keywords:** *Kriyakalpa*, Ocular pharmacology, drug administration, eyes.**INTRODUCTION**

*Netrakriyakalpas* are various methods of application of medicines in the eye. Acharya *Susruta* explains 5 varieties.<sup>[1]</sup> In *Susruta* samhita there is no indication of *pindi* and *vidalaka*.<sup>[2]</sup> These methods can be invariably use in all types of doshic vitiation, it is the drugs used for the procedure that make it more specific to particular dosha .e.g. *seka* can be performed *vata* predominant eye

Among this because of easy administration, availability, affordable price *anjana* is the best option among *kriyakalpa* especially when a long term therapy is needed.

*Anjana* (corrylium) is a popular method of application of medicine inside the eye. In

disease but it should be *snigdha* and *koshna* in nature, in *pitta rakta* predominant condition it should be *seeta*, *tiktha* , *kashaya* dravyas are preferable and in *kapha vikaras* it should be made of *katu,tiktha kashaya* dravyas. *Seka*, *aschyotana*, *vidalaka* and *pindi* can be advised in the *amavastha* or early stage of a diseases process *tarpana*, *putapaka* and *anjana* are preferred in the *pakvavastha* (later stage).

addition to its benefits in curing ailments related to the eye this particular procedure is mentioned as a daily routine in order to protect the eye from various insults caused to the eye due to daily exposure and to maintain the equilibrium of doshas inside the eye. Though there are indications of *anjana* everywhere in

different contexts of *netrarogas*, Acharya explore vast varieties of *Anjana* for the management of *drishtigatarogas*.<sup>[3]</sup> It may be due to the fact that compared to other methods it can be advised for long period and *dishtigataroga* needs prolonged therapy either in terms of care, prevention or for cure.

**when to advise anjana--** The apt time for application of *anjana*, according to Acharya is after the administration of *sodhana* therapy and when the *doshas* localise only in the eye and the *amavastha* is totally eliminated from the eye and the eye starts to exhibit *pakwa lakshana* like reduced oedema, severe itching, lack of discharge etc.<sup>[4]</sup>

Implementing these methods of treatments without losing their priority in different *doshic* status deserve great attention, because the patient is benefited only if we indicate the particular method in correct time of application otherwise instead of pacifying the precede the treatment with *Anjana* therapy. For e.g. in senile, nuclear cataract there is no chance of lens swelling as it results due to sclerosis, so it is possible to start *anjana* as initial therapy on the other hand if there is swelling of the lens surely we have to wait these symptoms to subside before the application of *anjana*, like wise it is possible to assess the *amavastha* of *drishtigata* roga through the symptoms as these diseases lack redness, discharge, oedema from their gross appearance.

#### **Choice of anjana in drishtigata roga.**

The *Anjana* are of three types, as we have to treat diseases developed by three different humours. 1) *lekhana anjanas* mentioned for Kapha predominant conditions 2) *Ropana anjanas* for pitta related diseases 3) *Prasadana anjanas* for vataja vikaras. The *lekhana anjanas* are made of *dravyas* having *kashaya*, *amla*, *lavana* and *katu* in *rasa*, *ropananjanas* are with *thiktha* *dravya* and *prasadnanjanas* with *madhura seeta dravyas*.<sup>[6]</sup> These three varieties are of much significance

*doshas* in the eye, it may deteriorate the condition and results in complications. While explaining the *aschyotana* Acharya opined that *aschyotana* is the initial procedure, in the treatment of eye diseases. So naturally it may be may be doubted whether “it is necessary to perform *aschyotana* in all cases?” Acharya himself give answer in different contexts, look the treatment of *sushkakshipaka* here *Tarpana* is indicated after *snehapana*, as it is a *vata pitta* predominant condition *ghruta* is the best option of treatment so administration of ghee internally and locally in the form of *snehapana* and *tarpana* is highly appreciable in the treatment protocol for *sushkskshipaka*.<sup>[5]</sup> So we are having the freedom to select the different treatment procedures of the eye according to the need. Just like the above example in *drishtigata* roga if the condition of the eye is devoid of *Amavastha* surely it is possible to while treatment of *drishtigata roga* is concerned. considering the management of cataract it is having predominance to *kapha lekhana anjanas* are of great importance. we may come across the whole varieties like *choornanjanas*-the powder form, *pindanjanas*-the solid form and *rasakriya* which is in the semisolid form (*rasakriya*) in this particular context.<sup>[7]</sup>

**anjana matra (Doze of Anjana)** -Depending on the quality of drugs the *anjanas* are divided in to two. 1. *Theekshna* 2. *Mrudu*. So the above mentioned *anjanas* can be again categorise in to two groups, the doze of *anjana* depends these two qualities.<sup>[8]</sup>

The doze of *pindanjanas* of *theekshna* variety is *harenumtra* (around 40mg) and of *mrudu* variety is double the doze of it. The doze of *Rasakriya* is *vella matra* (20mg for *theekshna* variety and in *mrudu* variety it's twice the doze of above and the amount of *choornanjanas* to be applied in the eye is around two *salaka* in *theekshna* variety and three in the other.

Though Acharya advise the above mentioned dosage for application of *anjana*, practically the individual response of eye and patient may vary which depends on various factors like the tolerance capacity of the patient, the prakruti of patient, type of *anjana* used, the amount applied etc, so it is better to apply least quantity of *anjana* when it is applied for the first time, especially theekshnanas and gradually the amount can be increased to a maximum for e.g. 40mg of pindanjana.<sup>[9]</sup>

#### **When to apply *anjana***<sup>[10]</sup>

There is different opinion regarding the timing of *anjana*. During night due to sleep and in the day time because of the hot rays of sun the eye becomes weak, so it is advised to do *anjana* both morning and evening. While applying in the morning time it should be kapha samana in nature as there is chance of vitiation of the same in the morning while in the evening it is better if it is pitta samana as it may make the eye fresh and cool which became weak due to the exposure to hot sun- in this way the application of *Anjana* in morning and evening surely correct the daily vitiation of doshas in a healthy eye. It is not applicable in pathological eye.

The other opinion is regarding the application of theekshnanjana ,as it contains katu, lavana, amla dravyas which of boutique combination of agni vayu applying it in day time will again harm the eye as there is hot outside ,but during night the coolness of the the moon helps the eye to recover easily from the ill effects of theekshnanjana. But according to some, application of *anjana* in night should strictly avoided to them the seetha in night it will cause stambhana so the drug can't act properly.

Acharya Susruta advises to do *anjana* in morning for kapha predominant eye diseases, during evening for vata related eye diseases and in rakta pitta diseases it is advised to do in night.

#### **METHOD OF APPLICATION**<sup>[11]</sup>

After deciding the type and doze of *anjana* the desired amount of it can be applied in the eye using the different salakas mentioned for particular purpose i.e. If *lekhana* is the aim of treatment the salaka made of Tamra (copper) is the best option and for Ropana karma a kalalohaja (iron) salaka is better and if prasadana is the ultimate aim of treatment one can prefer a salaka made of roopya (silver) suvarna (gold) and anguli (finger) is also mentioned for the application of *anjana* in the eye.

After applying the *anjana* patient is asked to move the eye ball after gently closing the eye, the patient is asked to move the eye so that *anjana* may spread all over the surface of the eye, opening and closing of the eye spontaneously, rubbing of the lid forcefully and washing of eye should be avoided just after the application of *anjana* karma. When the eye becomes free from the gritty feeling developed after the application of *anjana* netra prakshlana should be the performed with suitable decoction. While preparing the decoction the factors like disease , dosha and season should be considered. After washing the eye, it should be cleaned with a piece of clean cloth. In conditions like severe vitiation of *kapha*, *dhoomapana* can be advised after *anjana*.<sup>[12]</sup> *Theekshnanjanas* are contraindicated for prolonged use, and *prathyanjanas* are advised for correcting the complications if developed during application of theekshanjanas.<sup>[13]</sup>

#### **Mode of action-**

According to acharya the *lekhananjana* because of its theekshna property, eliminate the doshas from the siras pertained to varthma and eye and from the tissue and from related srotas and also from the srungataka marma and through mouth, nose and eye.<sup>[14]</sup>

We get this much reference regarding the action of drug .Because of the complexity

of the combinations applied during this procedure researches regarding the mode of action of ayurvedic drug still remains as a challenge. Any way there is no doubt that the drug administered in the eye surely penetrate the different medias and reach the proposed site, this is the inference that we get from the clinical trial. We need more research in this fields especially to understand the differentiation of the drug towards different site, its absorption, mode of action so that it will be accepted by the scientific world.

## CONCLUSION

As in *Ayurveda*, we are applying ophthalmic therapeutic either in the form of local therapy i.e. *Kriyakalp* or in the form of systemic use i.e. oral *Chakshushya dravyas*. The main aim of any pharmaco therapeutics is the attainment of an effective concentration at the site of action for a sufficient period of time to elicit the response. In practice, therapeutic effect is found in all types of *kriyakalp*. It is

Present conventional system of medicine has topical and systemic administration of drugs to the eye which are highly inefficient and there is a need for controlled, sustained release, particularly for conditions that affect the posterior segment. Various non implantable and implantable drug delivery devices have been developed which are far from satisfactory and result in more adverse effects which is driving scientists to research more and more into safe, effective drug delivery methods for all parts of the eyes.

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up to the science to correlate the observations with their scientific explanation. Here in present review article, it is tried to correlate the *Ayurvedic* ocular therapeutic i.e. *kriyakalp* on the basis of modern pharmaco-therapeutic. Various drugs can be selected according to the stage and types of the disease and can be used in various *Kriyakalp* procedures according to need. In the light of above fundamentals of modern pharmacology, all the *Ayurvedic* ocular therapeutic procedures are relevant as such. Today current methods of drug delivery exhibit specific problems that scientists are attempting to address. For example, many drugs' potencies and therapeutic effects are limited or otherwise reduced because of the partial degradation that occurs before they reach a desired target in the body. If orally administered time-release medications deliver treatment continuously, rather than providing relief of symptoms and protection from adverse events solely when necessary.

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