ROLE OF TRAYUSHNADI ANJANA AND KANDUGHNA MAHAKASHAYA IN THE MANAGEMENT OF KAPHAJA NETRA ABHISHYANDA W.S.R VERNAL KERATOCONJUNCTIVITIS - A CLINICAL STUDY

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ABSTRACT

Background: Children nourish the future of tomorrow, eyes are the gateways of external world and good vision is a key to child’s overall development, if the vision becomes limited at this time of life then it cannot be corrected later. But if it detected early, it is usually possible to treat them effectively. Vernal Keratoconjunctivitis (VKC) is a severe eye disease, which occurs mainly in paediatric age and is characterized by severe and often bilateral chronic inflammation of the ocular surface. On reviewing the clinical features from the Ayurvedic texts it is found that it relates with Kaphaja Netra Abhishyanda. Ayurvedic treatment could bring favourable result in bringing down the clinical features of VKC. Aim and objectives: 1. To evaluate the efficacy of Trayushnadi Anjana in Kaphaja Abhishyanda/ VKC. 2. To Study combined effect of Trayushnadi Anjana and Kandughna Mahakashaya in the management of Kaphaja Abhishyanda/ VKC. Material & Methods: 30 clinically diagnosed patients of Kaphaja Abhishyanda/VKC were randomly selected from OPD of Rishikul Campus, Haridwar and were divided into two groups of 15 patients each. In Group-A local application of eye-ointment Trayushnadi Anjana on lower fornix
2times a day for 15 days and in Group B eye-oimt. Trayushnadi Anjana (local application) with syrup. Kandughna Mahakashaya(orally) 2-3times a day for 15 days was given. Results: In Group-A, 6.7% patient was cured, 33.3% Patients were Marked Improved. In Group-B 46.7% Patients were Marked Improved 40.0% Patients were Moderately Improved. Conclusion-Significant results were found in both groups.

Keywords: Vernal Keratoconjunctivitis, Kaphaja Abhisyanda, Trayushnadi Anjana, Kandughna Mahakashaya.

INTRODUCTION

Vernal keratoconjunctivitis is a chronic inflammatory disease of the ocular surface and one of the best types of allergic conjunctival disease. Because of its chronic nature it can damage the cornea, resulting in sight threatening complications if left untreated1.In this disease child suffers from intense itching, photophobia, laceration, stringy discharge and heaviness of lids2 and so on. In Ayurveda, clinical pictures of Abhisyanda have maximum similarity with conjunctivitis which is also an ocular inflammatory disease-causing great threat to the vision and is said to be the root cause of all the eye diseases3.Vernal Keratoconjunctivitis can be correlated with KaphajaAbhisyanda4(one of four types of Abhisyanda) on the basic ofKandu (itching), Guruta (heaviness of lids), Akshishopha (edema), Muhur-pichchhilsrava (ropy discharge), Updeha (stickiness) Annana-abbinanda (anorexia)5, etc.In modern ophthalmology the treatment is purely symptomatic6, recurrence is common and moreover these drugs are to be used for longer period to keep the condition under control. The present study is aimed to highlight the effect of Ayurvedic treatment on the chronicity of the disease and planned under the title Role of Trayushnadi Anjana and Kandughna Mahakashaya8 in the management of KaphajaNetra Abhishyanda w.s.r to Vernal Keratoconjunctivitis- A clinical study.

Aim &Objectives: -
1. To evaluate the efficacy of Trayushnadi Anjana in Kaphaja NetraAbhishyanda/VKC
2. To Study combined effect of Trayushnadi Anjana and Kandughna Mahakashaya in the management of Kaphaja Netra Abhishyanda/VKC.

Materials and Methods

Selection of Patients: Patients from O.P.D of Shalakya Tantra department were selected randomly for the proposed study.

Inclusion Criteria:
- Patient, willing and able to follow the treatment.
- Patients aged between 5-20 years.
- Patients, presenting with sign and symptoms of Kaphaja Netra Abhishyanda/VKC.

Exclusion Criteria:
- Patients, having complications like corneal xerosis, phlyctenular keratoconjunctivitis corneal ulcer, trachoma, dacryocystitis, and infective conjunctivitis.
- Patients having with any systemic diseases e.g. worm infestation.

Investigations-
CBC; TLC; DLC; ESR; Absolute eosinophill count; Conjunctival cytology; Stool-ova Test

PROCEDURE

In both the groupsDeepan-pachan9 (ChitrakadiVati10 2 tabs thrice a day) was given for 3 to 7 days according to Kostha, prior to Anjana Karma11 to all the patients.

GROUP A-
- Trayushnadi Anjana(ointment form for local application) for 15 days.
- Local application of ointment Trayushnadi Anjana on lower fornix, 2 times a day

GROUP B:
- Trayushnadi Anjana: (local application)with syrup. Kandughna Mahakashaya(orally) for 15 days
- Dose of KandughnaMahakashaya:
For 5-12yrs – 5ml TDS
For 13-20yrs – 10ml TDS

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Follow up study: After completion of treatment, there was 2 follow ups at the interval of 15 days.

Clinical Assessment: The sign and symptoms were assessed by adopting a suitable grading method. The details are as follows-

Table 2: Subjective Parameters

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
</table>
| 1. | Guruta (heaviness on lids) | 0- No heaviness on lids.  
1- Heaviness on lids only in the morning.  
2- Intermittent heaviness on lids.  
3- Continuous heaviness of lids. |
| 2. | Kandu (itching) | 0- No itching.  
1- Itching only on exposure to dust or other allergens.  
2- Intermittent itching.  
3- Continuous itching affecting routine work. |
| 3. | Upadeha/PichilaSrava (Ropy discharge) | 0- No rop discharge.  
1- Ropy discharge only in morning time.  
2- Ropy discharge with no mopping required.  
3- Continuous rop discharge, mopping required |
| 4. | Muhu-muhursrava (repeated lacrimation) | 0- No repeated lacrimation.  
1- Lacrimation on exposure to dust/sunlight.  
2- Intermittent repeated lacrimation.  
3- Continuous lacrimation affecting daily routine. |
| 5. | Photophobia | 0- No photophobia.  
1- Photophobia on exposure to sun light.  
2- Intermittent photophobia.  
3- Continuous photophobia affecting routine work. |
| 6. | Burning sensation | 0- No burning sensation.  
1- Only on exposure to sun light.  
2- Intermittent burning sensation.  
3- Continuous burning sensation affecting routine work. |
| 7. | Anna-nabhinanda (Anorexia) | 0- No Anorexia  
1- Anorexia |

Objective Parameters

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<th></th>
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</thead>
</table>
| 1. | Palpabral Conjunctival congestion | 0- Congestion absent.  
1- Congestion with clear pattern of blood vessels.  
2- Congestion with poorly visible pattern of blood vessels.  
3- Velvety conjunctiva with loss of blood vessels pattern. |
| 2. | Bulbar Conjunctival congestion | 0- Congestion absent.  
1- Brownish bulbar conjunctiva.  
2- Conjunctival congestion in palpebral aperture.  
3- Complete congestion in bulbar conjunctiva. |
| 3. | Palpabral Conjunctiva Hypertrophy | 0- Conjunctival hypertrophy absent.  
1- Diffuse conjunctival hypertrophy.  
2- Cobble stone papillae.  
3- Giant cauliflower like papillae with copious mucus. |
1- Slight heaping on conjunctiva <180°.  
2- Heaping of conjunctiva <360° circumcorneal encroachment. |
RESULTS AND DISCUSSION:

OBSERVATIONS: Age wise distribution shows that 46.7% patients were in age group 5-10 years, 6.7% were in age group 10-15 years and 46.7% were in 15-20 years. In analysis 66.7% Male patient were found during study and rest were Female. Analysis of socio-economic status showed that the majority of the patients belonged to middle class i.e. 73.3%. Most of the patients i.e. 53.3% had good appetite, 40.0% had medium appetite and rest had poor. Maximum patient i.e. 86.7% had no family history of allergy. Maximum patient i.e. 53.3% were of Kapha-vata prakriti, 13.3% were having Kapha-pitta, 33.3% had Vaat-pitta prakriti. The chronicity wise distribution indicates that maximum number of the patients i.e. 33.3% with chronicity less than 1 month and 53.3% with chronicity more than 6 months and rest were with chronicity between 1 to 6 months.

Table 3: Percentage relief between Group-A and Group-B

<table>
<thead>
<tr>
<th>Symptom</th>
<th>% Relief</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guruta (Heaviness on lids) RE</td>
<td></td>
<td>85.7 %</td>
<td>50.0 %</td>
</tr>
<tr>
<td>Guruta (Heaviness on lids) LE</td>
<td></td>
<td>85.7 %</td>
<td>50.0 %</td>
</tr>
<tr>
<td>Kandu (Itching) RE</td>
<td></td>
<td>71.0 %</td>
<td>89.2 %</td>
</tr>
<tr>
<td>Kandu (Itching) LE</td>
<td></td>
<td>70.0 %</td>
<td>86.5 %</td>
</tr>
<tr>
<td>Upadeha (Stickiness) RE</td>
<td></td>
<td>77.8 %</td>
<td>75.0 %</td>
</tr>
<tr>
<td>Upadeha (Stickiness) LE</td>
<td></td>
<td>77.8 %</td>
<td>75.0 %</td>
</tr>
<tr>
<td>Muhur-muhurSrava (Repeated Lacrimation) RE</td>
<td></td>
<td>70.8 %</td>
<td>61.5 %</td>
</tr>
<tr>
<td>Muhur-muhurSrava (Repeated Lacrimation) LE</td>
<td></td>
<td>75.0 %</td>
<td>52.4 %</td>
</tr>
<tr>
<td>Photophobia RE</td>
<td></td>
<td>50.0 %</td>
<td>58.8 %</td>
</tr>
<tr>
<td>Photophobia LE</td>
<td></td>
<td>50.0 %</td>
<td>61.1 %</td>
</tr>
<tr>
<td>Burning Sensation RE</td>
<td></td>
<td>66.7 %</td>
<td>90.9 %</td>
</tr>
<tr>
<td>Burning Sensation LE</td>
<td></td>
<td>61.5 %</td>
<td>90.9 %</td>
</tr>
<tr>
<td>Palpabral Conjunctival Congestion RE</td>
<td></td>
<td>71.4 %</td>
<td>62.9 %</td>
</tr>
<tr>
<td>Palpabral Conjunctival Congestion LE</td>
<td></td>
<td>65.6 %</td>
<td>58.1 %</td>
</tr>
<tr>
<td>Bulbar Conjunctival Congestion RE</td>
<td></td>
<td>63.6 %</td>
<td>70.0 %</td>
</tr>
<tr>
<td>Bulbar Conjunctival Congestion LE</td>
<td></td>
<td>68.2 %</td>
<td>60.0 %</td>
</tr>
<tr>
<td>Palpabral Conjunctival Hypertrophy RE</td>
<td></td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Palpabral Conjunctival Hypertrophy LE</td>
<td></td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Bulbar Conjunctival Hypertrophy RE</td>
<td></td>
<td>NA</td>
<td>70.0 %</td>
</tr>
<tr>
<td>Bulbar Conjunctival Hypertrophy LE</td>
<td></td>
<td>NA</td>
<td>60.0 %</td>
</tr>
<tr>
<td>Horner Tranta’s Spots RE</td>
<td></td>
<td>66.7 %</td>
<td>33.3 %</td>
</tr>
<tr>
<td>Horner Tranta’s Spots LE</td>
<td></td>
<td>25.0 %</td>
<td>0 %</td>
</tr>
<tr>
<td>Anna-nabhinanda (Anorexia)</td>
<td></td>
<td>65.0 %</td>
<td>90.6 %</td>
</tr>
</tbody>
</table>
Overall Effect Of Therapy –
On analysing the data for overall therapy in total number of eyes, obtained results are as follows:

**Group A:** 2 eyes were cured i.e. 6.7%, Marked improvement was in 10 eyes (33.3%) patient, moderate improvement in 33.3% i.e. 10 eyes, mild improvement was found in 26.7% patients i.e. 8 eyes.

**Group B:** Marked improvement was in 14 (46.7%) eyes, moderate improvement in 40.0% i.e. 12 eyes, mild improvement was found in 13.3% patients i.e. 4 eyes.

<table>
<thead>
<tr>
<th>Overall Effect</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>Cured</td>
<td>02</td>
<td>6.7</td>
</tr>
<tr>
<td>Marked Improvement</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>Moderate Improvement</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>Mild Improvement</td>
<td>08</td>
<td>26.7</td>
</tr>
<tr>
<td>No Improvement</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

**DISCUSSION**
VKC (Vernal Keratoconjunctivitis) is an allergic conjunctival disease which have severe consequences on eyesight. It had been correlated here to *Kaphaja Abhishyanda* with *Ayurveda* on the basis of its sign and symptoms.

Ingredients of drug *Trayushnadi Anjana* are having *Karmas* (actions) like, *Shothahara, Vedana-Sthapana, Raktashodhaka, Rasayana*, *Shoolprashamana*. So, it may act as anti-inflammatory, analgesic, blood purification action, antioxidant and immunomodulator.

It has high bioavailability due to thick consistency, so it remains in contact to cell for long time and give maximum efficacy to the drugs.

It has high potency and penetration power because it is a combination of herbo-mineral drug, which make them *Yogavahi* as it is a property of *Rasaushadhi* in *Kandughna Mahakashaya* syrup, most of the drugs having *Agnivardhak* and *Deepana-Paachana* properties which is good for digestion and other properties like, *Rasayana, Jeevaniya, Balya, Medhya, Rakshogna*, which indirectly increases the *Vyadhi-shamatva Shakti* (immunity).

So, by the above-mentioned properties drug may help in the management of inflammation, infection and do healing of the diseases.
CONCLUSION

Group-A (Trayushnadi Anjana) statistically highly significant results were found in Kandu (itching in eyes), Updeha (stickiness in eyes), Palpbral & bulbar conjunctival congestion in both the eyes, Muhur-muhur-srava (Repeated lacrimation) in left eye and rest of parameters showed significant result except Palpbral and bulbar conjunctival hypertrophy and Horner Tranta’s spots.

Group-B (Trayushnadi Anjana & Kandughna Mahakashaya) have statistically significant result found in all subjective and objective parameters in both the eyes except Bulbar conjunctival hypertrophy and Horner Tranta’s Spots.

In comparative study over criteria of assessment no statistically significant difference was observed between two therapies except in itching, Photophobia and Anorexia.

No adverse effects were observed during study and after completion of the trial in both groups.

REFERENCES

1. Dr. Dora Hamad Alharkan, Management of vernal keratoconjunctivitis in children in Saudi Arabia Oman journal of ophthalmology, 17.2.2020

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