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

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INTRODUCTION

“SaalaaYaManaamaaoQvaJa~augatanaama\ raogaaNaaM
Ea`vaNavadnanayanaGa`aNaadIsaMiEa`tanaaMyaaiQanaaMmaupSamanaaqa-Mm\,\nSalaakayaM~ap`iNaQaanaaqa\ sauEa`utsau~asqaana 1.10

Among the Dnyanedriya’s, acharyas have given prime importance to chakshurendriya and quoted as “sarvendriyanam nayanam pradhahanam”. 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 uttaratantra, explains eakvimshati vartmavikaras, among them, anjannamika is a very common netravikar1, 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

ABSTRACT

Introduction: Anjannamika is one of the Vartmagata, Raktapradhan, Sadhyanetrevikar. 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 , Paschakarma, 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 Anjanananamika (56.66%), Similarly the patient from service group were found more prone for anjananamaika (51.66%), Economically lower class patients has much prevalence for the anjannamika (55.00%), As per the avasthavishesh patient with pachymanavastha(35.00%) and pakwavastha (60.00%), was observed much during study. Conclusion: During the study it was difficult to elicit the avasthas of anjananamika 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,
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. 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 stage. 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 prati lomagati, 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 lepa**
*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.)

**Pathyapathyा:**
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 0.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:**

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>S.d.</th>
<th>t.Cal</th>
<th>t Table</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trial Group</td>
<td>0.0</td>
<td>0.0</td>
<td>1.5</td>
<td>2.0</td>
<td>Significant</td>
</tr>
<tr>
<td>Control Group</td>
<td>0.03</td>
<td>0.02</td>
<td>1.5</td>
<td>2.0</td>
<td>Significant</td>
</tr>
</tbody>
</table>

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
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.

![Graph showing the effect of the efficacy of the drugs from control group and trial group.]

**TABLE: 2: Discussion**

<table>
<thead>
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<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trial Group</td>
<td>1.16</td>
<td>0.68</td>
<td>0.8</td>
<td>2.0</td>
<td>Significant</td>
</tr>
<tr>
<td>Control Group</td>
<td>1</td>
<td>1.04</td>
<td>0.8</td>
<td>2.0</td>
<td>Significant</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Sign &amp;symp</th>
<th>Di</th>
<th>Di2</th>
<th>Sd2</th>
<th>sd</th>
<th>t cal</th>
<th>t tab</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varathamashotha</td>
<td>49</td>
<td>89</td>
<td>0.61</td>
<td>0.7</td>
<td>13.3</td>
<td>2.45</td>
<td>Significant</td>
</tr>
<tr>
<td>Vedana</td>
<td>42</td>
<td>70</td>
<td>0.53</td>
<td>0.72</td>
<td>10.7</td>
<td>2.45</td>
<td>Significant</td>
</tr>
<tr>
<td>Arakatata</td>
<td>39</td>
<td>63</td>
<td>0.53</td>
<td>0.7</td>
<td>10.8</td>
<td>2.45</td>
<td>Significant</td>
</tr>
<tr>
<td>Daha</td>
<td>21</td>
<td>21</td>
<td>0.25</td>
<td>0.5</td>
<td>7.7</td>
<td>2.45</td>
<td>Significant</td>
</tr>
<tr>
<td>Kandu</td>
<td>1</td>
<td>1</td>
<td>0.02</td>
<td>0.1</td>
<td>3</td>
<td>2.45</td>
<td>Significant</td>
</tr>
<tr>
<td>Paka</td>
<td>1</td>
<td>58</td>
<td>1.4</td>
<td>0.01</td>
<td>5.5</td>
<td>2.45</td>
<td>Significant</td>
</tr>
</tbody>
</table>

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.

**TABLE: 4: Control group**

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<th>Sign &amp;symp</th>
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<th>t cal</th>
<th>t tab</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varathamashotha</td>
<td>53</td>
<td>109</td>
<td>0.79</td>
<td>0.8</td>
<td>12.5</td>
<td>2.45</td>
<td>Significant</td>
</tr>
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Di indicates the mean of the symptom grades of before treatment.
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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*.

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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 anjananamaika.(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 complaning of alpadaha(Burning sensation grade1), after application of lepa. During the study it was difficult to elicit the avasthas of anjananamika 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 anjanamika with significant relif 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 plays 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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