

Role of Marichadi Anjana (Collyrium) in Arma W.S.R. To Pterygium

Dr. Rahul¹, Dr. Lovnish²

¹ Associate Professor, Shalaky Tantra, Abhilashi Ayurvedic College & Research Institute, Abhilashi University, Mandi, H.P.

² Associate Professor, Kayachikitsa, Saint Sahara Ayurvedic Medical College & Hospital, Bathinda, Punjab

Abstract- Arma is the vridhiyukta shuklagata roga, described in classical texts of Ayurveda. Clinical features of Arma are mamsankuravrudhi originating from kaninika sandhi, apanga sandhi or from both sandhis towards the drishti mandala causing loss of vision. Arma can be compared to “Pterygium”, which is characterized by triangular fold of conjunctiva, encroaching the cornea, in the horizontal meridian, in the palpebral fissure either from the nasal side or from temporal side or from both the sides.

The progressive pterygium causes many complications like, it invades the pupillary margin causing visual disturbances, if inflamed becomes painful, encystment at medial end, it acts like check ligament and cause diplopia, cosmetically disfiguring can cause corneal curvature astigmatism. Basically treatment of pterygium is surgical. But medical management can be tried in cases where the pterygium is early small or inactive with minimal vascularisation. These have only evoked passing interest in the treatment of pterygium. There are no proper effective medicaments and surgery is the only line of treatment according to modern science. Recurrence is not uncommon.

Anjana is one among the seven Netra Kriyakalpa. Anjanas are very beneficial in curing and preventing the recurrence of Arma. They gradually taper the thickness of Arma and thereby preventing the growth and reduce the size. Ingredients of these preparations are easily available and cost effective, easy to apply by patient himself.

A wide variety of medicines are described in Ayurveda to treat the various eye diseases. The formulation Marichadi Anjana is one of the medicines mentioned in Sarngadharasamhitha, Uttarakhanda, Netraprasadana karma in the management of Arma. The ingredients of the above said formulation is easily available and moreover its mode of preparation and application is very easy. Further due to low cost lower economic strata can also easily afford it. Hence an attempt has been made in this regard to review the role of this drug.

Keywords: Arma, Shuklagata Roga, Kaninaka Sandhi, Apanga Sandhi, Pterygium, Marichadi Anjana

I. INTRODUCTION

Every person should try to protect his eyes always through his life, because the world is useless and the day is as good as night for persons who are blind, though they might possess plenty of wealth. Eye is called light of the body, pearl of the face, window of the soul and mirror of the mind. From any angle eyes are precious possession of man. Nature is regarded as “Doctor of Doctors”. Science of life which used natural drugs for curing and preventing the diseases is Ayurveda. Ayurveda narrates the achievement of Indians in the field of medicine and surgery in Vedic period. Selfless dedicated sages like Charaka, Susruta and Vaghbhata propounded and implemented several principles and techniques of that period in medical practice. Shalakyatantra is one among ashtanga ayurvedas which deals with the diseases that occurs in the head and neck.

Arma is the vridhiyuktha shuklagataroga, described in classical texts of Ayurveda. Arma is fleshy mass seen in Shuklamandala which is reddish or whitish in colour, thin at growing end & broad based.^[1] Clinical features of Arma are mamsankuravrudhi originating from kaninika sandhi, apanga sandhi or from both sandhis towards the drishti mandala causing loss of vision. Arma can be compared to “Pterygium”, which is characterized by wing shaped triangular fold of conjunctiva, encroaching the cornea, in the horizontal meridian, in the palpebral fissure either from the nasal side or from temporal side or from both the sides.^[2]

The Pterygium causes many complications like, it invades the pupillary margin causing visual

disturbances, cosmetically disfiguring can cause corneal astigmatism [3], if inflamed becomes painful , encystment at medial end ,it acts like check ligament and cause diplopia.[4] Basically treatment of pterygium is surgical. But medical management can be tried in cases where the pterygium is early small or inactive with minimal vascularization. These have only evoked passing interest in the treatment of pterygium. There are no proper effective medicaments and surgery is the only line of treatment according to modern science. Recurrence is not uncommon.

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II.METHODOLOGY

1.ANJANA

Anjana is a procedure in which medicine is applied to the eye with a shalaka or finger in a uniform manner from the medial canthus to the lateral canthus. Anjana can be used for preventive and curative purpose. When

the doshas cross the Ama (unripened/undigested) stage and attains Pakwata (ripening) i.e. anjana is to be applied only after shodhana therapy. It is contra indicated in the amavasta of dosha[5]. Before applying anjana, the following conditions should be considered i.e. subsidence of shopha, excessive itching, stickiness, lacrimation, redness and deranged doshas exist in the eye.

Application of anjana should not be done at night, during sleep, at mid night, when strong rays of sunlight, eyes become fatigue. If done during this period, it will increase the doshas and cause eye diseases that may spread to neighboring structures. So to mitigate the doshas, Anjana should be applied always either in morning or evening when the sun rays are not bright [6].

The lids of the affected eye should be slantingly drawn apart with left hand of the physician and anjana should be carefully applied by holding the shalaka in the right hand and by constantly moving the rod from the kaneenaka to the apanga and vice-versa, taking care to see that the anjana is neither too less nor in excess, neither very thick nor very thin and applied with finger when it would be necessary to be used on the lids[7].After application, the eyes are closed and the eyeball should be moved slowly so that the anjana will be spread uniformly. But opening and closing, blinking, squeezing and washing of the eyes are not advised as the doshas may stagnate in the eyes[8].

2.DISEASE REVIEW

Both Sushruta and Vagbhata describe five varieties of Arma[9] and resemblance is seen in all aspects such as names, etiology and descriptions except in the name of Shonitarma. Sushruta calls the disease as Kshatajarma or Lohitarma.

Classification of Arma

Sl.No	Sushrutha ^[10]	Vagbhata	Colour	Dosha	Other symptoms
01	Prastaryarma	Prastaryarma	Shavalohitha	Vata,Pitta, Kapha,Rakta	Thin glandular Swelling, sudden Onset of development
02	Shuklarma	Shuklarma	Shukla	Kapha	Soft and whitish, slow extending
03	Kshataja	Shonitarma	Raktabha	Rakta	Soft, fleshy growth, reddish colour like petals of lotus
04	Adhimamsarma	Adhimamsarma	Shava	Kaphavata	Soft, thick and dark brown
05	Snayuarma	Snayuarma	Pandura	Kapha	Rich in blood vessels and rough growth

Arma is correlated to Pterygium. Pterygium is growth of fibro vascular tissue originating from the

conjunctiva and extending on to the cornea. These lesions invade the corneal epithelium and bowmans

membrane, and histologically show elastotic degenerative changes in the epithelial collagen. They are most often located on the nasal side and horizontally in the palpebral fissure. It is a degenerative condition in which a triangular area of fleshy conjunctiva extends on to the cornea with the tapering towards pupil and usually situated on the nasal side.^[10]

III.DRUG REVIEW

MARICHADI ANJANA^[11]- Contents: Maricha & Bhringaraja

MARICHA^[12]

Synonyms: Bahulam, kaphavirodhi, katukam, krishnam, palithum, sarvahitham, tikshnam and vrittam.

Vernacular names: Latin :Pipernigrum English : Black pepper, common pepper Hindi : Kalimirci Kannada : Menasu Malayalam : Kurumulaku Sanskrit : Maricham Tamil : Milaku Telugu : Miriyalu

Varieties: Maricha(black pepper) and Swethamaricha(white pepper)

Parts used: Fruits

Pharmacodynamics:

Rasa : katu rasa

Guna : teekshna, laghu, rooksha, sara

Veerya : ushnaveerya

Vipaka : katuvipaka

Doshagnatha : kaphavatasamaka, pitta vardhaka

Karma : deepana, ruchya

BHRINGARAJA^[13]

Synonyms: Angaraka, brnga, brngara, kesaraja, kesaranjana, markava

Vernacular names: Latin : Ecliptaalba English : Trailing eclipta Hindi : Bhamgra, mocakand, babri Kannada : Garagadasoppu Malayalam : Kannunni, kayyonni, kayyunni Sanskrit : Bhrngaraja, tekaraja Tamil : Kayyantakara, kaikesi Telugu : Galagara, guntagalijeru

Parts used: Whole plant

Pharmacodynamics:

Rasa : katu

Guna : ruksha and tishna

Viryra : ushna

Doshagnatha : vatakaphahara

Karma : anti-inflammatory, anthelmintic, ophthalmic, diuretic, aphrodisiac, digestive etc.

IV.DISCUSSION

Discussion on mode of action of Anjana

Topically applied ophthalmic drugs are primarily used for local effect and systemic absorption. The mechanism of action of anjana could be better understood in the following basis in modern pharmacology. Route of drug administration- In this the drugs are applied to the conjunctival sac in the form of ointments and are readily absorbed by the mucus membrane of conjunctiva, which has a good absorbing surface. Solubility and bio availability- The chosen preparation is easily water soluble; hence anjanas are easily absorbed into the tissues. Anjanas increase the bio availability of the drug by increasing the tissue contact time and by preventing drainage of active ingredients. Absorbing surface- Absorbing surface is the one to which the drug is exposed. In anjana, conjunctival membrane is the one which absorbs the drugs applied. Vascularity of absorbing surface- The drug absorption is directly proportional to the vascularity of absorbing surface. Increased blood flow brought about (inflammation) before application enhances absorption of drugs. The onset of action is rapid because of first pass sparing effects and probably this is the reason that collyrium of herbs has been used for Ayurvedic management.

Discussion on action of medicine

Marichadi Anjana: It has lekhana property and the pharmacodynamics of the drug can be assumed as; Rasa - KatuGuna - Tikshna, ruksha, laghu Doshagnatha - Kaphavatahara The lekhana properties gradually flatten the blood vessels and declining the formation of ground substances for the growth of pterygium. Thus on repeated use, gradual thinning of the membranous growth takes place

V.CONCLUSION

The clinical features of Arma are closely related to Pterygium. The occurrence of pterygium is quite common, but most of the time it is ignored and patients seek treatment when there is visual disturbance i.e. in advanced condition. Marichadi anjana is beneficial in the treatment of Arma. Moreover, the ingredients of these preparations are easily available, cost effective and can be easily applied by patient himself. Thus, early diagnosis and adequate treatment of Arma

definitely relieves the patient from the disease without leading to much complication.

REFERENCE

- [1] Dr. Anant Ram Sharma, *Susruta Samhita of Maharishi Susruta*, Vol. III (Uttaratantra), Chapter 4, Shloka 3-4, Page 33, Chaukhamba Surbharti Prakashan, Varanasi, 2017.
- [2] AK Khurana, *Comprehensive Ophthalmology*, 6th Edition, Page 87, Jay Pee Publisher, 2015.
- [3] *Parson's Diseases of the Eye*, 21st Edition, Page 182, Elsevier, 2011.
- [4] AK Khurana, *Comprehensive Ophthalmology*, 6th Edition, Page 87, Jay Pee Publisher, 2015.
- [5] Prof. K. R. Srikantha Murty, *Sarngadhara Samhita by Sarangadhara*, Chapter 13, Shloka 62-63, Page 265, Chaukhambha Orientalia, Varanasi, 2012
- [6] Dr. Deepak Yadav 'Premchand', *Astanga Hrdaya (Sutra Sthana)*, Chapter 23, Shloka 16-17, Page 653, Chaukhamba Surbharti Prakashan, Varanasi, 2014.
- [7] Dr. Anant Ram Sharma, *Susruta Samhita of Maharishi Susruta*, Vol. III (Uttaratantra), Chapter 18, Shloka 64-65, Page 134, Chaukhamba Surbharti Prakashan, Varanasi, 2017.
- [8] Dr. Deepak Yadav 'Premchand', *Astanga Hrdaya (Sutra Sthana)*, Chapter 23, Shloka 26-27, Page 655, Chaukhamba Surbharti Prakashan, Varanasi, 2014.
- [9] Dr. Anant Ram Sharma, *Susruta Samhita of Maharishi Susruta*, Vol. III (Uttaratantra), Chapter 4, Shloka 2, Page 33, Chaukhamba Surbharti Prakashan, Varanasi, 2017
- [10] *Parson's Diseases of the Eye*, 21st Edition, Page 181, Elsevier, 2011.
- [11] Prof. K. R. Srikantha Murty, *Sarngadhara Samhita by Sarangadhara*, Chapter 13, Shloka 36, Page 262, Chaukhambha Orientalia, Varanasi, 2012
- [12] *The Ayurvedic Pharmacopoeia of India, Part-I, Volume –VIII First Edition 2011*, Page 52-57.
- [13] *The Ayurvedic Pharmacopoeia of India, Part-I, Volume –III First Edition 2009*, Page 115-117.