

**COMPARATIVE STUDY OF KANTAKARIMUL SIDDHA DUGDHA
PARISHEKA AND TRIPHALA GHRIT ASCHYOTANA IN VATAJ
ABHISHYANDA W.S.R. TO ALLERGIC CONJUNCTIVITIS**

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ABSTRACT :

Background: Highly polluted environment, has an effect on lifestyle. Simple allergic conjunctivitis is one of the outcomes of this changing lifestyle, food habits, and polluted environment. Simple allergic conjunctivitis is a common form of ophthalmic problem prevalence 5-22% and recurrence found in 41 – 62% of the cases. The eye and eye lids are common sites for allergic reactions. It is hypersensitivity reaction to specific airborne antigens. *Abhishyanda* is one of *sarvagata roga* mentioned in *sushruta samhita*. *vataj abhishyanda*. *Vataj abhishyanda* is characterised by *Toda* (pricking sensation), *sangharsha* (f b sensation), *ashruta* (watery discharge), *alpa shopha* (mild chemosis), *vishushka bhava* (feeling of dryness). *Vataj abhishyanda* is a clinical condition which can be co-related with allergic conjunctivitis. Patients were selected from OPD & IPD of shalakya dept of Eknath Ayurved Rughnalya, Shevgaon and were selected randomly divided into two groups. 10 patients of trial group were treated with *Kantakari mul siddha dugdha parisheka*. 10 patients of control group were treated with *Triphala ghrith aschyotan*. Duration of treatment was 28 days. Results-final assement was done at 28th day. Both treatments are effective in vataj abhishyanda but kantakari mul siddha dugdha parisheka is more significant.

Conclusion: *Kantakari mul siddha dugdha parisheka* were found more effective than triphala ghrith aschyotana in *vataj abhishyanda* (Allergic conjunctivitis)

Keywords : Allergic Conjunctivitis, *Vataj Abhishyanda*, *Kantakari mul siddha dugdha parisheka* *Triphala Ghritha*, *Aschyotana*

INTRODUCTION: Ayurveda the ancient science of india, has describe the importance of eye, without which a life is miserable. *Abhishyanda* is one among 17 *sarvagata roga* explained in classics. Out of all these *sarvagata* diseases *netra-abhishyanda* got tremendous importance because it acts as ‘root cause ‘ for almost all affections of the eye ball¹. So must be treated as soon as possible, otherwise it's

complication will become severe and difficult to save the eye sight. Having 4 types , one of them is *vataj abhishyanda*. *Vataj abhishyanda* is characterised by *Toda* (pricking sensation), *sangharsha* (f b sensation), *ashruta* (watery discharge), *alpa shopha* (mild chemosis), *vishushka bhava* (feeling of dryness)² etc. and so on, which are very similar to sign and symptoms of allergic conjunctivitis. Based on similari-

ties of sign and symptoms vataj abhishyanda can be co-related with simple allergic conjunctivitis. The prevalence is 5-22% in the general population and recurrence found in 41-62 % of the cases³.

Patients suffering from vataj abhishyanda very commonly found in OPD. Hence it has been selected vataj abhishyanda for the study can be co-relate with simple allergic conjunctivitis. In abhishyandachikitsa, Sushruta has mentioned, various Treatment modalities, kantakarimul siddha dugdha parisheka is one of them.⁴ Sharangdhara has quoted Triphala as drug of choice to treat effectively for Abhishyanda.

AIM: Comparative study of kantakarimul siddha dugdha parisheka and triphala ghrit aschyotana in vataj abhishyanda. w.s.r. allergic conjunctivitis.

OBJECTIVES:

1. To study the efficacy of kantakarimul siddha dugdha parisheka in vataj abhishyanda
2. To study the efficacy of Triphala ghrit aschyotana in vataj abhishyanda.
3. To compare effect of both the treatments.

MATERIALS AND METHOD: It is simple random group with sample size 20 patients with vataj abhishyanda fulfilling the inclusion criteria were selected randomly from Dept. of shalakyatantra of

Shri Sant Eknath Ayurved Rugnalaya, Shevgaon. After taking ophthalmic and systemic history a detailed conjunctival examination was carried out by torch and slit lamp before and after treatment.

INCLUSION CRITERIA:

1. Patients of age group 15-60 yrs were included.
2. Patients were selected irrespective of sex religion.
3. Patients with sign and symptoms of vataj abhishyanda.

EXCLUSION CRITERIA:

1. Patients with known case of any systemic disease like HTN, DM etc.
2. Patients having any other ocular pathology.
3. Patient which is contra-indicated in parisheka procedure.

METHODOLOGY: After history had been taken regarding sign and symptoms of patients, selected patients were drawn into 2 groups i.e. Group A and Group B.

Group A: 10 patients were treated with Kantakari mul siddha dugdha parisheka for 7 days for 400 vakmatra each eye after gap of 1 week repeat this cycle for next 7 days.

Group B: 10 patients were treated with Triphala ghrit aschyotana dose of 2 drops two times a day for 5 day. All treatment were done daily for 28 days. Assessment was done at last follow up i.e. 28th day.

Table no. 1: Drug Administration

Sr. No.	Topic	Group A	Group B
1	Drug	Kantakarimul siddha dugdha by parisheka procedure	Triphala Ghrit by Aschyotana procedure
2	Dose	As per need	2 drops two times a day
3	Duration	7 days parisheka Karma for 400 vakmatra each eye after gap of 1 week repeat this cycle for next 7 days.	28 days

Follow up: Follow up of these patients were taken on 7th, 14th, 21st and 28th day. These observation were subjected to anal-

ysis. At first visit routine ophthalmological examination was done.

ASSESEMENT CRITERIA:

Table No 2: Gradation for signs and symptoms

Parameter	0	1	2	3
Sangharsha(F.B. sensation)	Absent	Occasional	Persistent-do not disturb routine work	Persistent -Routine work disturbance
Nistodana(eye pain)	Absent	Mild	Moderate	Severe
Ashruta(watering)	Absent	Mild Occasional	Persistent-do not disturb routine work	Persistent -Routine work disturbance
Raga(congestion)	No congestion	Congestion with clear pattern of blood vessels	Congestion with poorly visible pattern of blood vessels	Velvety conjunctiva or loss of blood vessel pattern

OBSERVATION AND RESULTS: All patients of both groups had all sign and symptoms before treatment before started the treatment mentioned in table no.2. in

different manner. After treatment there was decreased in signs and symptoms in both groups.

Table No. 3: Number of patients showing sign and symptoms before treatment(B.T.) and after treatment(A.T.)

	Group A		Group B	
	B.T.	A.T.	B.T.	A.T.
Sangharsha	10	0	10	3
Nistodana	10	0	10	4
Ashruta	10	1	10	5
Raga	10	3	10	7

Results: Table No.4: Groupwise improvement after treatments :

Group	No of patients	Parameters			
		Sangharsha	Nistodana	Ashruta	Raga
A	10	10 100%	10 100%	9 90%	7 70%
B	10	7 70%	6 60%	5 50%	3 30%

STATISTICAL ANALYSIS:

Paired 't' and unpaired 't' is applied for analysis

Table no.5: findings in group A after treatment by paired 't' test

	Mean	$\sum(x-\bar{x})^2$	S.D.	S.E.	t_9	Result
Sangharsha	2.1	6.1	0.27	0.085	24.70	As p<0.001 treatment is highly significant
Nistodana	1.8	3.6	0.21	0.066	26.98	
Ashruta	1.7	6.1	0.27	0.086	19.59	
Raga	2.1	4.9	0.24	0.075	28	

Table no.6: findings in group B after treatment by paired 't' test

	Mean	$\sum(x-\bar{x})^2$	S.D.	S.E.	t_9	Result
Sangharsha	1.6	8.4	0.32	0.101	16	As p<0.001 treatment is highly significant
Nistodana	0.8	5.6	0.26	0.082	9.62	
Ashruta	0.8	4.1	0.22	0.071	11.42	
Raga	1.5	6.5	0.28	0.088	18.75	

Table No. 7: Comparison of group A and B after treatment by unpaired 't' test

	S.D.	S.E.	t_{18}	Result
Sangharsha	0.187	0.083	5.55	As p<0.001 treatment is highly signifi- cant
Nistodana	0.168	0.075	13.33	
Ashruta	0.30	0.134	6.71	
Raga	0.105	0.047	12.76	

For all symptoms p is less than 0.001 difference is highly significant. Treatment of Group A is more effective than Group B, hence *kantakari mul siddha dugdha* is more effective than *triphala ghrit aschyotana* in *vataj abhishyanda* (allergic conjunctivitis).

DISCUSSION: Highly polluted environment has an effect on lifestyle. Allergic conjunctivitis is one of the outcomes of this changing lifestyle, food habits, and polluted environment The eyes are the most important sensory organ in the body. All out efforts should be made by man to protect the eyes, throughout the period of life.⁵ *Vataj abhishyanda* is the most common form of eye disease. This study

was selected to prescribe comparatively cheap and easily available preparation in patient's interest and to avoid the complications of conjunctivitis.

Samprapti: In *Vataj Abhishyanda*, *Vata* is a predominant *Dosha* and *Rasa* and *Rakta* are the *Dushyas*. The signs and symptoms are purely due to vitiation of *Vata Dosha*. The various *Achakshushya Hetus* vitiates *Vata Dosha* in the *Sirasrotas* of *Urdhwa Jatru* region. Then this vitiated *Dosha* move towards the eye through the eye *Sirasrotas* confined to the *Sira* in the eye. If there is *Kha-Vaigunya* present in the eye i.e. in the *Shlaishmik Kala* then *Syanda* is produced which is called as *Vataj Netrabhishyanda*.⁶

Probable mode of of action of kantakari mul siddha dugdha parisheka:

Topically applied ophthalmic drugs are primarily used for local effect and systemic absorption. In *Parisheka* drug is poured thin stream on closed eye lid of patient which cover whole region of eye.⁷ Due to its *Ushnaguna*, *prasaran* of *strotas* takes place and due to its action *shaman* of *Vatadosha* takes place. *Kantakari* is having *katu-tikta rasa*, *ushna virya* and *Ajadugdha* having *madhura rasa*, *sheeta virya* and *madhura vipaka*. *Vata* is predominant condition. The freshly prepared *Kantakarimula siddha dugdha* is having *Koshna* properties. Due to this properties it probably causes *Shamana* of the vitiated *Vata Dosha*. *Kantakari* is having warm potency which pacifies *vatadosha* and thereby pain i.e. it is useful in management of diseases having their origin *Vata* and along with milk which is having, *madhuravipaka* and *laghuguna* of *Aja dugdha*. *Sangharsha* is *Vata* predominant condition and it is due to *Kharaguna*. *Madhuravipaka* of *Kantakari* along with *dugdha* which is having *snigdha* and has soothing effect and must be responsible for relieving foreign body sensation *Shishirashruta* i.e. watering of eye caused by vitiated *vata* is reduced by *Ushnaveerya* and *madhuravipaka*.

As *netra* is *sthana* of *Alochak pitta dushti* and *Raga* (redness) is observed due to increase in *pitta* i.e. *alochak pitta dushti* is present, *ushnaveerya* of both drugs causes *pittavardhana* but it is counteracted by and *madhuravipaka*, *sheeta veerya* of *aja dugdha* causes *pitta shaman* and it might have decreased *Raga* i.e. redness of eye.

Acharya sushruta mentioned the *kantakari mul siddha dugdha parisheka* is useful in treatment of *vataj abhishyanda*. So by us-

ing this treatment *sampraptibhanga* takes place as suppression of vitiated *vatadi doshas*. With the treatment of 5 days Group A shows improvements in sign and symptoms. Resolution of *Sangharsha* (foreign body sensation), *Nistodana* (pricking pain) occurred in about 100% of patients. whereas 90% of patients having reduction in *Ashruta* (watering) and cessation of *Raga* (congestion) in 70%.

CONCLUSION: In *Vataj abhishyanda* (allergic conjunctivitis), Group A, treated with *Kantakari mul siddha dugdha parisheka*. There was reduction in symptoms such as *Sangharsha*, *Nistodana*, *Ashruta*, *Raga*. In Group B patients there was also inhibition of above mentioned symptoms with *Triphala Ghrit Aschyotana*. In Group A and B, respective treatment proved to effective. But when outcomes compared with each other, there is significant difference found. So *kantakari mul siddha dugdha parisheka* is more effective.

REFERENCES:

1. Acharya Vaidya Jadavaji Trikamji., editor. Uttara Tantra. 4th edition. 5. Vol. 6. Varanasi: Chaukhamb Prakashana; 2008. Sushruta, Sushruta Samhita; p. 603.
2. Acharya Vaidya Jadavaji Trikamji., editor. Uttara Tantra. 4th edition. 6. Vol. 6. Varanasi: Chaukhamba Surbharati Prakashana; 2008. Sushruta, Sushruta Samhita; p. 603.
3. <https://www.ncbi.nlm.nih.gov/pubmed/21785348>
4. Acharya Vaidya Jadavaji Trikamji., editor. Uttara Tantra. 4th edition. 6. Vol. 6. Varanasi: Chaukhamba Surbharati Prakashana; 2008. Sushruta, Sushruta Samhita.

5. Tripathi Bramhananda., editor. Uttara Tantra. 3-4. Vol. 15. Varanasi: Chaukhambha Sanskrita Pratishthana; 2007. Srimada Vagbhata, Ashtanaga Hridaya; 13/98
6. Acharya Vaidya Jadavaji Trikamji., editor. Uttara Tantra. 4th edition. 5. Vol. 6. Varanasi: Chaukhamb Prakashana; 2008. Sushruta, Sushruta Samhita; 1/20
7. Vd. Shri Lakshmipati Shastri-Yogartnagar-Vidyotani-Hindi tika-Reprint-2005 p-384
8. Kanski JJ. Clinical ophthalmology. 4th ed. Oxford: Butterworth-Heinemann; 1999

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