

EVALUATION AND COMPARISON BETWEEN TRIPHALA GUTICA ANJANA AND PIPPALYADYA ANJANA IN THE MANAGEMENT OF ARMA

***Dr. Amruta S. Pawar and Dr. Mehetre D. P.**

*Department of Shalakya Tantra, SVNH Ayurved Mahavidyalaya, Rahuri.

Article Received on
21 Sept. 2019,

Revised on 11 Oct. 2019,
Accepted on 31 Oct. 2019,

DOI: 10.20959/wjpr201912-16201

*Corresponding Author

Dr. Amruta S. Pawar

Department of Shalakya
Tantra, SVNH Ayurved
Mahavidyalaya, Rahuri.

ABSTRACT

Purpose: To evaluate and compare between Triphala gutica Anjana and Pippalyadya anjana in the management of Arma. **Design:** Prospective, randomized, interventional, hospital based comparative study **Material & Methods:** In present study 60 patients were randomly selected and divided into 2 groups, with 30 patients each. Group A patients were treated with Pippalyadya Anjana for 48 days. Group B were treated with Trifala gutica anjana for 48 days. Subjective parameters like Redness, Watering, Foreign body sensation and objective parameters like Length and Thickness were adopted.

These were suitably graded to assess the results that were statistically analysed. **Results:** The incidence of disease Arma was observed to be higher in age group of 41-50 (40%) followed by 31-40 (35%). A higher prevalence was seen in males (55%) than in females (45%). Majority of patients (60%) were pursuing outdoor occupation. Symptoms of redness, watering from eyes, foreign body sensation were controlled after anjana treatment in both groups. Both the treatment procedure was not associated with any complications. **Conclusion:** In the present study, Group A who were treated with Pippalyadya anjana showed moderate response & Group B have shown a mild response to the treatment. Both procedures were found to be effective in reducing the severity of the symptoms like Redness, Watering & Foreign body sensation. By Lekhananjana Arma can be managed with conservative line of treatment in the initial stage as told in the classics.

KEYWORDS: Arma, pippalyada anajna, triphala gutica anjana.

INTRODUCTION

Arma is the Shuklagata roga. Arma can be correlated to Pterygium based on the character of growth. Pterygium is a common ocular-surface disorder capable of causing significant visual impairment & cosmetic deformity. At present surgical treatment is the only satisfactory approach, recurrence after surgical excision is common & recurred lesions grow more aggressively than the primary lesions. The ayurvedic approach of the disease mainly concentrates on preventing the progression of the disease. With this aim clinical study was undertaken.

The objectives of the study are to evaluate the efficacy of Pippalyadya anjana in the management of Arma, Trifala gutica anjana in the management of Arma, to establish the significance of the efficacy of pippalyadya anjana and Trifala gutica anjana by comparing it with the efficacy of anjana in the management of Arma, which is an established study.

MATERIAL AND METHODS

Source of data

Patients were selected from the outpatient and inpatient departments of Sri. Vivekanand nursing home, Rahuri between Dec 2013 to Oct 2014.

Selection of patient

The selection was done on the basis of clinical examination. A careful clinical history of all those patients complaining of Netra ragata, Ashrusrava and Toda were considered. The patients were then subjected to a thorough, examination and after establishing the diagnosis; the patients were taken for the clinical study.

Inclusion criteria

All patients aged between 20-50 yrs. having Prastari arma were included in study.

Exclusion criteria

Patient with any other systemic disease. Pseudo pterygium. The patient who had undergone excision of pterygium (recurred).

Study design

Group A- 30 Patients were subjected for Pippalyadi anjana. Group B- 30 Patients were subjected for Triphala gutica anjana.

Procurement of the Drugs

The drugs for the Pippalayadya anjana and Trifala gutica anjan were procured from the S. V. N. H. Rahuri.

Preparation of the Drugs Preparation of Pippalayadya anjana

Pippali, Triphala, Laksha, Lodhra, Saindhava are taken in equal quantity & pounded in khalva yantra till it becomes fine powder. Vastraghalana is done to get fine powder. This fine powder is taken, and then subjected to bhavana with sufficient quantity of Bhringaraja swarasa till it become soft in consistency. This is then made into varthi form of about 1.5cm length and dried in sun shade and preserved in air tight container.

Preparation of Triphala churn gutika

1-part Haritaki 2-part vibhitaki and 3-part Amalki are taken and pounded in khalvya yantra till it becomes fine powder. Vastraghalayana is done to get fine powder. This fine powder is taken and then subjected to bhavana with sufficient quantity of bhringaraja swarasa till it become soft in consistency. This is then made into varthi form of about 1.5cm length and dried in sunshade and preserve in air tight container.

Duration and mode of administration of yogas**Group A & B**

Purvakarma – The patient is explained about the entire procedure, and then patient is made to sit on a knee height chair comfortably.

Pradhana karma: The eye of the patient is opened with left hand. Then holding the shalaka dipped in anjana having harenu matra with right hand anjana is smeared from kaneenika sandhi to apanga sandhi on the inner side of the eyelid uniformly. It was applied once daily in the morning for 7days, then day after day for 14 days, then it was applied twice in week for next 14 days, and then applied once in 7 days.

Paschat Karma: When tears start flowing out of the eye, the eye is washed with lukewarm water or triphala kashaya.



Procedure of anajna

Follow up period

All patient followed up 60 days on weekly basis was to observe the possible outcome to treatment.

RESULTS

The incidence of disease Arma was observed to be higher in age group of (40%) followed by 31-40 (35%) which indicates that incidence of disease is more prevalent among the middle-aged persons, it may be because of more exposure to dust, sunlight, smoke & external atmosphere.

A higher prevalence was seen in males (55%) than in females (45%) may be because males are indulged in outdoor activity more than female. However, if the study was carried out in larger sample size could be conclusive.

Out of 60 patients 24 (40%) patients were doing indoor occupation while 36 (60%) patients were doing outdoor activities. The reason of increased incidence in outdoor occupant is exposure to heat, UV radiation. By this we can infer that working environment plays an important role in causing Arma.

Out of 60 patients taken for the study, 40% were vegetarians and 60% were of mixed diet variety. Since study sample is small relation with diet cannot be drawn.

It is observed that incidence of arma is 57% in rural areas and 43% in urban area. This shows it is more prevalent in rural area than the urban because of their maximum exposure to sunlight and dust in rural areas.

Out of 60 patients 32 (53%) had pterygium in right eye and remaining 28 (47%) had pterygium in left eye. Those having pterygium in both eyes, only one eye of them is included in study. This indicates Pterygium can occur bilateral or unilateral.

Out of 60 patients of Pterygium taken for the clinical study 56 (93%) had pterygium on nasal side and only 4 (7%) had pterygium on temporal side. This is due to reasons said before for the greater predilection on nasal side.

Out of 60 eyes of 60 patients taken for the clinical study, 95% of eyes with redness followed by 60% of eyes with watering, 80% of eyes with foreign body sensation, 100% with length & 100% with thickness was observed.

Effect of therapy on individual parameter in both Groups A & B

1. Redness

Both Groups have shown statistically highly significant result ($p < 0.001$) in treatment of Redness, and there is a higher percentage of success rate (46.1%) in treating Redness by Pippalyadya anjana (Group A) than Triphala gutika anjana (Group B) (24.86%).

2. Watering

Both Groups have shown statistically highly significant result ($p < 0.001$) in treatment of Watering, and there is a higher percentage of success rate (51.72%) in treating Watering by Pippalyadya anjana (Group A) than Triphala gutika anjana (Group B).

3. Foreign body sensation

Both Groups have shown statistically highly significant result ($p < 0.001$) in treatment of Foreign body sensation, and there is a higher percentage success rate (40%) in treating Watering by Pippalyadya anjana (Group A) than Triphala gutika njana (Group B).

4. Length

None of the Group is effective in reducing the length.

5. Thickness

There is a statistically significant result ($p < 0.05$), having 13.85% of success rate in the clinical feature of thickness treated by Pippalyadya anjana (Group A) than treatment with Group B which are statistically not significant ($p > 0.05$). Even though there is improvement by 1.46% in the clinical feature treated by Triphala gutika anjana (Group B). The result are

not conclusive to say the effect of treatment since the results are statistically not significant ($p>0.05$).

CONCLUSION

After observing the results of Group, A & B, can conclude that patients of Group A who were treated with Pippalyadya anjana responded well.

Both Groups were found to be effective in reducing the severity of the symptoms like Redness, Watering & Foreign body sensation, and other parameter like length did not produce any statistically significant result after treatment in both groups.

By Lekhananjana Arma can be managed with conservative line of treatment in the initial stage as told in the classics.

Better results can be obtained, if patients do Nidana parivarjana. No any untoward effects were observed in both groups. Thus, early diagnosis and adequate treatment of this relieves the patients from the disease without leading too much complication.

Recommendations for further study

As the sample size was small and the disease is chronic nature. It is recommended to carry the study on larger sample size.

Owing to the disease progressive nature it is recommended to have prolonged duration of treatment and follow up.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Taranatha Tarkavachaspathi Bhattacharya. Vachaspatyam, Varanasi: Chaukhamba Sanskrit Bhavan, 2003; 3442: Vol-4.
2. Raja Radhakanta Deva. Shabdakalpadruma – 3rd ed. Delhi: Nag Publishers, 1988; 937: 2.
3. Raja Radhakanta Deva. Shabdakalpadruma –Delhi: Nag Publishers, 1987; 792: 3.
4. Sushruta. Sushruta Samhita. Uttara tantra – with English translation of text and

- Dalhana's commentary along with critical notes edited and translated by Priyavat Sharma and distributors, 2001; 720: 3.
5. Sir Monier Williams. A Sanskrit English Dictionary, New ed. Delhi: Motilal Banarsidass Publishers Pvt. Ltd., 2002; 1333.
 6. Sushruta. Sushruta Samhita-- with the Nibandha sangraha Commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Nidanasthana. Edited by Vaidya Jadavji Trikamji Acharya and Narayan Ram Acharya _Kavyatirtha_, New ed. Varanasi: Chaukambha surbharati prakashan, 2008; 824.
 7. Singhal G.D. and Sharma K.R., Ophthalmic and otorhinolaryngological considerations in Ancient Indian Surgery. Based on Salakya Tantra portion of Uttaratantra of sushruta samhita. Allahabad: Published by Dr. G.D. Singhal, Singhal Publications, 1976; 363: 8.
 8. Agnivesha. Carakasamhita—Elaborated by Charaka and Dridhabala with the Ayurveda – Dipika commentary by Chakrapanidatta, edited by Vaidya Jadavaji Trikamji Acharya, 5th ed. Varanasi: Chaukhamba Surbharati Prakashan; Reprint, 2000; 738.
 9. Caraka samhita. Text with English translation and critical expositon based on Chakrapani datta's Ayurveda Dipika, Edited by Dr. Ram Karan Sharma and Vaidya Bhagwan dash, Varanasi: Chowkhamba Sanskrit series office; Reprint, 2005; 619: 1.
 10. Vriddha Vagbhata. Astanga Sangraha – with Shashilekha commentary by Indu, Edited by Dr. Shivaprasad Sharma, Varanasi: Chaukhamba Sanskrit series office, 2006; 965.
 11. Vagbhata. Astanga Hridayam – with commentaries (sarvanga sundara) of Arunadatts and (Ayurnveda rasayana) of Hemadri, edited by Bhisagacharya Harisastri paradakara vaidya, 9th ed. Varanasi: Chaukhamba Orientalia, 2005; 956.
 12. Vagbhata. Astangahridayam – Translated by Prof. K.R. Srikantamurthy, Varanasi: Chowkhamba Krishnadas Academy; reprint, 2005; 586.
 13. Bhavamisra. Bhavaprakasha. Text, English translation, notes, appendeces and Index. Translated by Prof. K. R. Srikantamurthy. 3rd Ed. Varanasi: Chowkhamba Krishnadas Academy, 2005; 884: 2.
 14. Kaviraj Govinda Das. Bhaishajya Ratnavali- edited by Prof. Siddhinandan Mishra, 1st ed. Varanasi: Chowkambha Surbharati Prakashana, 2005; 1196.
 15. Madhavakara, Madhavanidana, Madhukosha Sanskrit Commentary by Sri Vijayarakshita and Srikantadatta with Vidyotini Hindi commentary by Sudarshanashastry, 20th ed. Varanasi: Chaukhamba Sanskrit Samsthan, 1993; 508.
 16. Vagbhata. Ashtanga Sangraha uttar tantra – English translation by Prof. K. R. Srikanta Murthy. 2nd Ed. Varanasi: Chukhamba Orientalia, 2000; 654: 3.

17. Yogaratnakara with vidyotini Hindi Commentary by Vaidya Lakshmiapati Sastri, edited by Bhisagratna Brahmasankara Sastri. 5th Ed. Varanasi: Chaukhamba Sanskrit Sansthan; 1993; 1077. purvardha.
18. Sharngadhara. Sharngadhara Samhita – with Adhamalla's Deepika and Kashiram's Gudartha Dipika Commentary, Edited by Pandith Parashurama Shastri, 4th Ed. Varanasi: Chaukhamba Orientalia, 2000; 398.
19. Yogaratnakara - with vidyotini Hindi Commentary by Vaidya Lakshmiapati Sastri, Edited by Bhisagratna Brahmasankar Sastri. 5th ed. Varanasi: Chaukhamba Sanskrit Sansthan, 1993; 504.