

**AN AYURVEDIC TREATMENT PROTOCOL IN THE MANAGEMENT  
OF ARMA W.R.T TO PTERYGIUM - A CASE REPORT****Tamanna<sup>1\*</sup> and Veena Himanshu Sharma<sup>2</sup>**

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**ABSTRACT**

Shalakyta tantra is one of the Ashtangas of Ayurveda that deals with the diseases affecting the Urdhwajatrugata Vyadhi (organs above the clavicle). The most important organ of Urdhwajatrugataavayawa is eye. Acharya Sushruta has mentioned eleven types of Shuklagata Rogas that is the white part of the eye in which Arma is also one of the Shuklagata Vyadhi's. Arma is a disease of Shukla Mandala. It is a disease in which a wing like growth is gradually developing from either Kaneenika Sandhi (inner canthus) or Apangasandhi (outer canthus) or from both sides towards the Krishna Mandala (cornea). On the basis of signs and symptoms described in modern medical science, the disease 'Arma' can be correlated to pterygium. The word 'pterygium' is derived from the Greek word 'pterygion' which means a small wing of butterfly. Pterygium is one of the common ocular surface disorders. It is basically a fibrovascular overgrowth of the

subconjunctival tissue, triangular in shape, and encroaching on to the cornea in the medial and lateral palpebral fissure. Pterygium is not only a degenerative disease but may be a proliferative disorder of the ocular surface. The aetiology of Pterygium has intrigued researchers for centuries. Several surveys have consistently shown that countries near the equator have higher rates of Pterygium. A possible reason for this geographic variation is that UV B radiation may be a risk factor for the development of Pterygium. UV B radiation may induce cellular changes in the medial/lateral limbus of the cornea. Genetic attributes and other lifestyle behaviours may also contribute to the development of Pterygium. The

causative factors of Arma include exposure to dust, light, Dhooma, Raja, variation in seasons, unhygienic conditions and Asatmya Vihara. This is the case report of 18 years old male patient complaints of Gharsha (foreign body sensation), Avildarshana (blurred vision), Netrasrava (lacrimation), Raga (redness/congestion of conjunctiva) since 2 years. **Material and Methods:** The subject who approached Shalakya Tantra OPD of MSM Institute of Ayurveda, Khanpur Kalan, Sonapat with complaints of Gharsha (foreign body sensation), Avildarshana (blurred vision), Netrasrava (lacrimation), Raga (redness/congestion of conjunctiva) since 2 years was systematically reviewed and treatment modalities like Lekhana anjan with Chandrodaya Varti. **Result:** The subject showed marked improvement symptomatically. **Discussion:** Arma is affecting the eye and hampering the lifestyle of the patient. It is mainly a type of mamsavridhi. Lekhana Anjana because of its Sukshma, Tikshana Guna gradually reduce the thickness of the membrane of pterygium and preventing the further growth of Arma. It also helps in the removal of Dushitakaphadi Doshas which causes Mamsadushti.

**KEYWORDS:** Arma, Pterygium, Lekhana anjana.

## INTRODUCTION

Pterygium is a triangular shaped growth, consisting of bulbar conjunctival epithelium and hypertrophied sub-conjunctival connective tissue occurring medially and laterally in the palpebral fissure and encroaching on to the cornea. UV rays cause the insufficiency of the limbal stem cells of the cornea. It causes activation of the tissue growth factors, which further lead to angiogenesis and cell proliferation. The limbal stem cells are damaged by the UV rays that cause conjunctivalization of the cornea, and the cornea is invaded by aggressive fibroblasts. UV radiation may cause mutations in the p53 tumor suppressor gene, resulting in the abnormal pterygial epithelium.

Recent studies have indicated that human papillomavirus could also be involved in the pathogenesis of the pterygium. The latest studies have shown that human papillomavirus can also engage in the pathogenesis of pterygium. Such findings indicate that pterygium is not simply a degenerative lesion but can arise from unregulated cell proliferation. Matrix metalloproteinases (MMPs) and tissue inhibitors of MMPs (TIMPs) at the pterygium's advancing edge may be responsible for inflammation, tissue remodeling, Bowman's layer degradation, and corneal pterygium invasion.

It was also hypothesized that a pterygium might represent a region with a localized limbal stem cell deficiency, resulting in a conjunctive invasion of the adjacent cornea.

### **Epidemiology**

In India, the prevalence ranges from 9.5 to 13% . It is more commonly found in rural parts of the country.

Males work outdoors much longer than females, so it has been shown that pterygium is found more often in males compared to female.

### **Treatment**

In conventional system of medicine surgery is advised. According to ayurvedic perspective it is correlated with arma. A wide variety of treatment principles are explained in the classics for Arma such as Lekhana Chedana and Anjana. With the help of Sukshma Tikshana guna and Lekhana karma dravyas the progression of the Arma towards Krishana Mandala can be reduced and helps to avoid recurrence.

### **OBJECTIVES**

1. To understand the pathophysiology of Arma with respect to Pterygium.
2. To find better and satisfying ayurvedic approach in Arma.

### **CASE REPORT**

Basic information of the patient

- ❖ Age: 18 years
- ❖ Gender: Male
- ❖ Religion: Hindu
- ❖ Occupation: Student
- ❖ Socio economic status: Middle class

### **Chief complaints**

Complaints of Gharsha (Foreign body sensation), Avildarshana (Blurred vision), Netrasrava (Lacrimation), Raga (Redness/congestion of conjunctiva) since 2 years.

### **History of present illness**

A 18-year-old Hindu boy presented to the MSM INSTITUTE OF AYURVEDA, KHANPUR KALAN, SONIPAT, HARYANA with complaints of Gharsha (foreign body sensation),

Avildarshana (blurred vision), Netrasrava (lacrimation), Raga (redness/congestion of conjunctiva) in right eye of 2 years duration. Initially he noted that his right eye frequently became red without any eye discharge. Later he felt a sandy sensation in the right eye and noted a growth over the nasal aspect of the eye. He also complained his that vision his right eye was blurred compared to left eye. Both he and his parents denied any history of injuries to his right eye. He did not have any history of allergy to food or drugs.

### **Treatment history**

Operated for 2 times within last 2 years for Pterygium.

### **Personal history**

- ❖ Appetite: Patient had taken a mixed type of diet, Madhur rasa dominance, and good appetite. Koshta: Madhyama Koshta.
- ❖ Micturition: Regular and normal.
- ❖ Bowel habits: Constipated
- ❖ Sleep: Disturbed

### **Vitals**

- ❖ Respiratory rate: 16/min
- ❖ Temperature: 98.4F
- ❖ Blood pressure: 120/80 mm of Hg
- ❖ Pulse: 80/min

### **Physical examination**

- ❖ Weight: 50 kg
- ❖ Height: 165 cm
- ❖ Pallor: No pallor
- ❖ Lymphadenopathy: No lymphadenopathy

### **Asthvidh pariksha**

- ❖ Nadi - Mandukvat
- ❖ Mala – saama
- ❖ Mutra – Nirama
- ❖ Jivha – Aavrit
- ❖ Shabda – spastha

- ❖ Sparsha – Anushna
- ❖ Drika – malyukt
- ❖ Akriti - Madhyama

### Examination of eye

- ❖ Eyelids: NAD
- ❖ Eyelashes: NAD
- ❖ Lacrimal apparatus: NAD
- ❖ Cornea: Triangular encroachment of the conjunctiva on the cornea.
- ❖ Numerous small opacities may lie in front of apex of pterygium.
- ❖ Lacrimation and itching present.

### Vision

- ❖ Distant – R(6/9) L(6/6)
- ❖ Near – R(N/6) L(N/6)

### Examination of ear

- ❖ External ear : No abnormality detected
- ❖ Tympanic membrane : No abnormality detected

### Examination of nose

- ❖ No abnormality detected.

### Staging

- ❖ Assessment Grade for subjective and objective criteria:

1	Redness	G0	No Redness
		G1	Slight Redness
		G2	Moderate Redness
		G3	Severe Redness
2	Foreign Body Sensation	G0	No Foreign body sensation
		G1	Mild Foreign body sensation (1-3)
		G2	Moderate Foreign body sensation (4-6)
		G3	Severe Foreign body sensation (7-10)
3	Watering	G0	No watering
		G1	2-3 times/day
		G2	5-10 times/day
		G3	More than 10 times/day
4	Length	G0	Beginning of the growth (0.5cm)
		G1	In between the canthus and limbus(0.75cm-1cm)
		G2	In between the canthus and limbus (1.1cm- 1.5 cm)
		G3	Up to limbus (>1.5cm)
5	Thickness	G0	Nil
		G1	Clearly visible episcleral vessels under the body of Pterygium
		G2	Partially visible episcleral vessels under the body of Pterygium
		G3	Totally obscured episcleral vessels underlying the body of Pterygium

### Treatment adopted

The patient was treated in the OPD of the Shalakya Department of MSM IINSTITUTE OF AYURVEDA and treatment was planned considering involved Dosha and Dushya.

### Following treatment was advised

Lekhana anjana

Chandrodaya varti	7 days with gap of 7 days and again for 7 days.
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### Oral medications

Saptamrit loha	BD with madhu and ghrit
Aarogyavardhini vati	BD
Sukshma Triphala	BD with water
Ashwagandha churna	3 gm with milk

### OBSERVATION AND RESULT

Sr. No.	Assessment Parameters	Before Treatment	After Treatment
1	Redness	G3	G1
2	Foreign Body Sensation	G2	G1
3	Watering	G3	G0
4	Length	G1	G0
5	Thickness	G2	G0
6	Visual Acuity	6/9	6/6
7	Slit lamp bio microscopy	Macular Degeneration	Nil



Pre- Treatment



Post- Treatment

### CONCLUSION

In Shalakya Tantra among all "Netrakriyakalpa". "Anjana" is also a unique and effective therapy for treating and preventing eye diseases. In the present clinical study, Chandrodaya varti anjan found to be effective in reducing signs and symptoms of Arma. No adverse and toxic were observed during and after the completion of treatment. Therefore Chandrodaya varti anjan can be used safely and effectively in the treatment of Arma (pterygium).