

EFFECT OF *GOGHRUT* AND *MADHU ANJAN* IN *SIROUTPAT* W.S.R TO EPISCLERITIS A CASE REPORT

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ABSTRACT

Shalakya Tantra is one of the branches of Ayurveda which associated with disorders related to eye ear, nose and throat or disorders related to above clavicle region. The eye is very important and sensitive part of body and responsible for visibility therefore the disease related to eye must be handled carefully. The line of treatment for the management of eye diseases is very specific or selected due to the hypersensitive and delicate nature of eye. The functions of human eye is not less than that of a camera. Proper efforts should be made in order to protect the eyes. Prakupit tridoshas vitiated by hetusevana goes through urdwagami sira of netra and produces darun netraroga. Netra is the site of Aalochak

pitta. Proper eye care and eye wear at every stage of life is Important in order to avoid curable blindness and preventable blindness a part of global initiative 'Vision 2020' which starts from avoidance of causative factors itself. Episcleritis benign recurrent inflammation of the episclera, involving the overlying Tenon's capsule but not the underlying sclera. It typically effects the young adults, being twice as common in women than men. Episcleritis, an acute unilateral or bilateral inflammation, usually idiopathic or autoimmune condition with or without underlying systemic condition is a troublesome manifestation of red eye reported. It manifests as red or pinkeye, varied mild pain to foreign body sensation, tender discomfort on touch, commonly recurs. here we present a single case study of siroutat (episcleritis) treated with Goghruta and madhu anjan for 7 days and before treatment and after treatment effect observed.

KEYWORDS: *Goghrut, Madhu, Anjana, Siroutpat, Episcleritis.*

INTRODUCTION

Siroutpat - it is a *Rakt Pradhan Sarvagat vyadhi* which is co related with Episcleritis in modern aspect. Episcleritis^[1] - Is a relatively common, benign, self-limited cause of red eye, Due to inflammation of the Episcleral Tissues. There are two forms of this condition: Nodular and Simple. Nodular episcleritis is characterized by a discrete, elevated area of inflamed episcleral tissue. In simple episcleritis, vascular congestion is present in the absence of an obvious nodule. It is usually benign but few cases recur so frequently needing continued medications and may result in complications like various uveitis, visual disturbances, glaucoma and advance to cataracts. Medications include non –steroidal anti inflammatory drugs to relieve pain and other symptoms but to stop recurrence *Ayurveda* can be of immense assistance with various herbal formulations.

AIMS AND OBJECTIVES

1. To Evaluate the efficacy of *Goghрут and Madhu Anjana* in the management of *Siroutpat*
2. Study *Siroutpat* according to *Ayurved* and Episcleritis in modern point of view.

CASE REPORT

A 24 years old female patient, residing in Nagar, visited the *Shalakya Tantra* OPD of our *Ayurveda* Hospital. She presented with chief complaints of redness of eyes associated with foreign body sensation since 2 week. Initially for the above complaints she consulted an ophthalmologist. There antibiotic and analgesic eye drops were given. There was no significant relief after using the drops. Within 7 days the symptoms increased and she complained of burning sensation and photophobia of both eyes. For these complaints she got admitted to our hospital.

General Examination

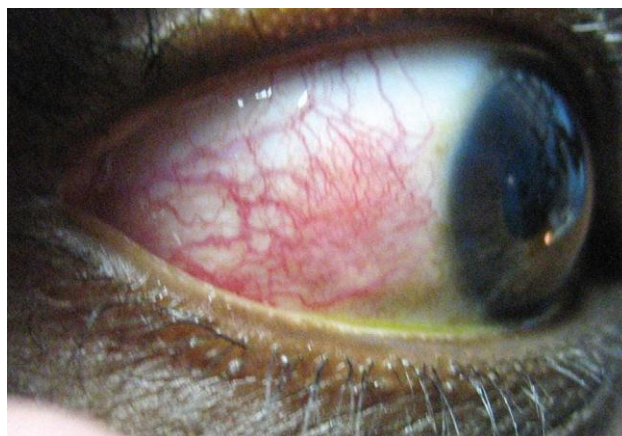
- Pallor – Absent
- Icterus – Absent
- Cyanosis – Absent
- Clubbing – Absent
- Lymphadenopathy - Non palpable
- Edema – Absent
- BP - 120/80 mmhg.
- Pulse - 74/bpm

Systemic Examination: CVS, CNS, RS, GIT - No abnormality.

Local Examination

- Head posture: Head is kept in straight and erect posture without any tilt of head.
- Facial Symmetry: Both eyebrows and eyelids are at the same level
 - o Symmetrical nasolabial folds
 - o Symmetrical angle of mouth on both sides
- Occular posture: visual axes of two eyes are parallel to each other in primary position and is maintained in all position of gaze
- Eyebrows: Symmetrically placed on each side of face above eyelids
 - o Curved with convexity upwards
- Eyelids: Upper eyelid covers 1/6th of cornea
 - o Lower eyelid touches the limbus
- Eye lashes: Upper eye lid – directed forwards, upwards and backwards
 - o Lower eye lids – directed forwards downwards and backwards
 - o No trichiasis, poliosis.
- Lacrimal apparatus: skin over lacrimal sac –redness, swelling absent
- Eye ball: proptosis, enophthalmos – absent, Movements uniocular and binocular movements possible
- Conjunctiva : congestion; resented in lower palpebral conjunctiva
 - o Chemosis : absent
 - o Discolouration : reddish
 - o Follicles : present
 - o Papillae : present
 - o Pterygium and pingecula : absent
- Sclera : engorged episcleral vessels
 - o Vessels run in radial direction beneath the conjunctiva
- Cornea : size - microcornea, macrocornea – absent
 - o Shape: concavo-convex shaped
 - o keratoconus, keratoglobus: absent
 - o Surface : smooth
 - o Transparency: no opacities found
- Anterior chamber : Shallow - torch light method
- Iris: Pattern- presence of crypts, ridges and collarettes

- Pupil : number – one in number
- o Site - centrally placed
- o Shape - round
- o Colour - black
- o Reflexes - good
- o mydriasis, miosis - absent



Treatment Given

<i>Anjana</i>	<i>Goghrut and Madhu</i>
<i>Matra</i>	<i>Dvi-vidang</i>
<i>Kaal</i>	Once in a day (Evening)
Duration	7 Days

MATERIAL AND METHODS

For Literary part, text books will be used. The disease will be visualized on the basis of *Ayurvedic* authentic texts and for Modern aspects various text books on Episcleritis.

For clinical part, *Goghrut and Madhu Anjana*, case record form, consent form, opd and ipd patients from our hospital diagnosed with Episcleritis.

Observations follow up (day 0), 2nd follow up (day 7)

Signs	Before treatment (1st follow up - day 0)	After treatment (2nd follow up day 7)
Redness	+++	+
Tender	++	-
Lacrimation	+++	+
Photophobia	++	-
Dryness	+++	+

RESULT

Patient got total relief from pain, tenderness, photophobia and redness in 1 weeks.

DISCUSSION

Ayurveda mentions Yogavahi properties of Madhu and also vranaropak properties of madhu, and ghruta is snigdha in properties which prevent Dryness and redness of eyes.

Mode of action of goghrut, and madhu

Drug Name	Rasa	Virya	Vipak	Dosha Karma	Karma
Goghrut	Madhur	Sheet	Madhur	Tridosh Shamak	Chakshushya
Madhu	Madhur	Sheet	Katu	Pitta+kaphShamak	Chakshushya

Goghrut and Madhu are Chakshushya, Madhur guna yukta dravya

Bhavprakashnighantu Madhu Varga, Bhavprakashnighantu Goghrut varg

Anjana nirman procedure^[2] Sharangdhar Samhita Madhyam Khand.

Mode of Administration- In the form of *Anjana*

Standard Procedure of Anjana

Patient should be in Sitting position on Chair, in a room which is devoid of breeze.

In the Beginning patient is asked to keep his Eyes Open. Then by dipping the clean Little finger inside bowl with *matra* of 2 *Vidang*. Patient by it's own should properly apply *Anjana* from *Kaninika sandhi* to *Apang sandhi* and *Visversa*

Then patient is advised to close his / her eyes till the *prakshalan kaal*. After *prakshalan kaal* patient is advised to wash the eyes with water.^[3,4]

CONCLUSION

On understanding proper *Nidana*, *Lakshanas* and *Samprapti* of *Siroutpat*, it can be compared with clinical presentations of episcleritis. *Samprapti Vighatana* can be done with *Goghruta*⁵ and *madhu anjana Chikitsa* to a greater extent. This was act as Appropriate *Pittarakta*hara, *Shotahara* medicines so this can be better choice in episcleritis management and further study will be carried out with large number of patients.

REFERENCE

1. G.N. SEAL and S.K. Seal Handbook of Ophthalmology First Edition.

2. DR. Bramhanand Triphati, Sharangdhar Samhita (Madhyamkhand) 'Dipika'-Hindi Commmentry, Chaukhamba Surbharati Prakashan Varanasi, Edition-2019, Sh.Mdhyam.
3. Dr. Anantram Sharma, Sushrut Samhita (Uttartantra),'Susrutavimarsini'-Hindi Commentary, Vol 3, Chaukhamba Surbharati Prakashan Varanasi, Edition-2017, Su.Ut.18- 67th, 135.
4. DR.Bramhanand Triphati ,Sharangdhar Samhita (Uttarkhand) 'Dipika'-Hindi Commmentry, Chaukhamba Surbharati Prakashan Varanasi, Edition-2019, Sh.Uk.13-68th, 283.
5. Dr. Anantram Sharma, Sushrut Samhita (Uttartantra), 'Susrutavimarsini'-Hindi Commentary, Vol 3, Chaukhamba Surbharati Prakashan Varanasi, Edition-2017, Su.Ut.18-64th, 134.