

**STUDY THE EFFICACY OF 'MADHU-RASANJAN' IN
COMPARISON WITH PREDNISOLONE ACETATE 1% EYE DROPS
IN 'SIRAHARSHA' WITH SPECIAL REFERENCE TO SIMPLE
EPISCLERITIS**

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ABSTRACT

Now a day, in modern science there is a Tropical corticosteroid eye drops treatment for episcleritis also systemically non-steroidal, anti-inflammatory drugs also use for these disease. In our prachin samhitas ayurveda describes a medicine for Sukalagata roga and Sarvagata roga. According to acharya susharuta and wagbhata main treatment of siraharsha is shastrasadhya, but they also describes Aushadhi chikista of Siraharsha, in ayurvedic samhitas, various anjan are described in the management of siraharsha. (Susharut uttartantra 12/28-35). Rasanjan is one of the very important chakshushya dravya mentioned in samhita. Acharya Susharuta and Acharya Wagbhata described rasanjan for the Siraharsha.

KEYWORDS: Siraharsha, Madhu-Rasanjan, Prednisolone acetate, Simple Episcleritis.

INTRODUCTION

Siraharsha is a next stage of Sirotpat. Susharuta classified this disease in Sarvagata rog. He explained sarvagat roga after krishnagata roga- because complications developed by Sarvagat netra roga can cause Sandhigata, Vartamagata, krushnagata diseases, but not drushtigata roga like Timir, Kach, Linga, etc; Siraharsha (Inflammatory disease of episclera) can cause other

inflammatory disease. Vagbhatahas explained Siraharsha under shuklagata rog a it appears on shuklamandal. Whether the disease is exogenous or endogenous, local or general it is the only disturbance of Dosha, Dhatu and Mala. Because all of these are always present in body both in physiological and pathological conditions. The pathological process which in turn results in the manifestation of diseases depends on the state of Tridoshas in general. Though specific causes and path physiology of Siraharsha is not described, samanya Hetues, purvarupa, Lakshanas, Samprapti and Chikitsa are given.

According to modern science clinical feature of siraharsha is correlated with simple episcleritis. It is the inflammation of sub conjunctiva along with the superficial lamellae of sclera. These is characterised by redness, mild ocular discomfort described as gritty, burning or foreign body sensation. Many a time it may not be accompanied by any discomfort at all, mild photophobia and lacrimation occur. Episcleritis is benign recurrent inflammation of the episclera, involving the overlying tenon's capsule but not underlying sclera. We get expose to various factors like pollution, crowd, global warming over use of computers and unhygienic condition, which affect our eyes causing irritation, burning sensation, dryness, red eye, epiphora etc. This leads to different disease like episcleritis.

MATERIALS AND METHODS

The raw material that is root bark of daruharidra was collected and authenticated. Standardization of raw material was done. Goat milk was also collected and standardized. Material for.

Rasanjan preparation

- a) Daruharidra kwath & goat milk, both are in same quantity.
- b) Other: LPG stove, German container, spoon, cotton cloth, measuring cylinder, weighing machine etc.

Patients diagnosed with Siraharsha was taken for the study from OPD and IPD of Hospital. Literary data was collected from Samhitas (Classical texts) respective journals and articles, internet and other reliable sources. A special case proforma was prepared with all points of history taking, physical signs and symptoms and lab investigations. Accordingly, selected patients was subjected to detailed clinical history and examination. Selected patients was randomly placed under two groups as Group-A and Group- B, with 30 patients in each group as following.

1. **Group A (Experimental group)**- 30 patients treated with Madhu-Rasanjan.
2. **Group B (Trial group)**- 30 patients treated with Prednisolone Acetate 1% eye drop.

Patients of the two groups observed carefully throughout treatment. Results was observed and recorded accordingly and analyze statistically and study will concluded.

a) Inclusion criteria

1. Age group from 18 years to 60 years was included; in case of minors i.e. below the age of 18 years informed consent was obtained.
2. Patients of either sex was included.
3. Patient having unknown etiology of Siraharsha was randomly selected.

b) Exclusion criteria

1. Ophthalmic malignancy, Rheumatoid arthritis, SLE, HLA B27, Inflammatory bowel diseases, infectious diseases like TB, Herpes, syphilis etc.
2. Patient's having complications & pathologies like keratitis, Iridocyclitis Glucomas corneal ulcers was not selected.
3. Patients having any contagious diseases, Pregnant, breastfeeding, malignancies or skin disorder was not selected.

c) Treatment group

- 60 diagnosed patients of Siraharsha on the basis of the lakshana was selected and divided into two groups, Namely Experimental Group and Control Group of 30 each.

d) Duration of treatment

- A) Experimental Group –In this group all 30 patients was given Madhu-Rasanjan anjan two times a day for 7 days. Anjan was given as per regimen prescribed in text of Ayurved.
- B) Control Group –In this group all 30 patients was treated with Prednisolone Acetate 1% eye drop application one drop every two hourly.

- e) Follow up:** Patients are advised to come to the hospital for follow up, on everyday for 7 days, there after every month for three months i.e. 1st, 2nd, 3rd follow-up. Clinical observations was recorded systematically.

- f) Advice:** Hygienic precautions

g) Assessment criteria**1) Congestion (Netra lalima)**

- a. No congestion - 0
- b. Mild (Pink) - 1
- c. Moderate (Fresh red) -2
- d. Severe (Cherry red) – 3

2) Pain (Vedana)

- a. No pain -0
- b. Mild (Pain not disturbing -1 Routine activity)
- c. Moderate (Continuous pain -2 With slight movement)
- d. Severe (Pain with severe -3 Limitations of movement)

3) Epiphora (Ashrustrava)

- a. Nil -0
- b. Mild -1
- c. Moderate -2
- d. Severe -3

4) Discharge (Upadeham)

- a. Nil -0
- b. Mild -1
- c. Moderate -2
- d. Severe -3

h) Statistical analysis

The data was collected and statistically analyzed by using appropriate tests, by consulting a statistician.

i) Diagnostic criteria

- 1. Patients was assessed before and after treatment as per assessment criteria.
- 2. The nature of study was explained to patients in detail and pre treatment consent was taken.
- 3. Patients have full rights to withdraw from the study at any time.
- 4. The data was maintained confidentially and subjected to statistical analysis.

j) Investigations

CBC

RBS

HIV 1&2

HBsAg

OBSERVATION AND RESULT

Sr. No.	Parameters	Group A	Group B	P value
1	Netra Lalima (Congestion)	86.66 %	83.33 %	< 0.0001
2	Vedana (Pain)	100 %	68.24 %	< 0.0001
3	Ashrushrava (Epiphora)	80 %	73.33 %	< 0.0001
4	Updeham (Discharge)	73.33 %	53.34 %	< 0.0001
	Total effect in Percentage	84.99 %	69.56 %	

DISCUSSION

1. It was noticed that in Group A, 84.99% of patients had marked improvement of the condition treatment with Madhu Rasanjana. In Group B, 69.56 % of patients had marked improvement of the condition treatment with Prednisolone acetate 1 %.
2. It is very clear from this discussion that both Madhu Rasanjana and Prednisolone acetate 1% have definite roles in the management of Siraharsha.
3. But Madhu Rasanjana appears to be more effective than Prednisolone acetate 1% in management of Siraharsha.

CONCLUSION

At this particular stage the productive conclusions which have by design emerged through the discussion of the available concepts and obtained data are being presented below

- The disease Siraharsha can be safely compared with episcleritis from its derivation to line of treatment.
- Anjan is a simple procedure and can be practiced even at OPD level.
- By statistical analysis it was concluded that Madhu-Rasanjan is more effective in Siraharsha than Prednisolone acetate 1% eye drop.
- Madhu-Rasanjan is demonstrated to be safe, cost effective and easily available remedy in episcleritis.
- Experimental Drug shows superior result in episcleritis beside it can control other symptoms also. With this result conclusion is, this medicine is useful in congestion, epiphora, pain discharge, than that of the conventional treatment.

- Madhu-Rasanjan can be an alternative treatment of choice in day to day practice.
- Madhu-Rasanjan application shows reduced recurrence rate of symptoms for next three months after stopping the treatment.
- No any adverse effect or allergy with madhu-Rasanjan was found during the course of study.

AIMS AND OBJECTIVES

- 1) To study Siraharsha as well as Simple episcleritis.
- 2) To study Anjan Karma in details.
- 3) To study Daruharidra in details.
- 4) To review the literature of Prednisolone Acetate 1% eye drop application in Simple Episcleritis.
- 5) To study the efficacy of Madhurasanjan in comparison with Prednisolone Acetate 1% eye drops in Siraharsha w.s.r to Simple Episcleritis.

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