

**A AYURVEDIC CONCEPTUAL STUDY ON ANJANA IN
SHALAKYATANTRA****Dr. Deepali Zodpe¹* and Dr. Suvarna Golecha²**

¹PG Scholar, Department of Shalakya Tantra, S.V.N.H. Ayurved Mahavidyalaya &
Chikitsalaya, Shri Shivajinagar, Rahuri Factory, Ahmednagar.

²Guide & HOD, Department of Shalakya Tantra, S.V.N.H. Ayurved Mahavidyalaya &
Chikitsalaya, Shri Shivajinagar, Rahuri Factory, Ahmednagar.

Article Received on
07 September 2024,

Revised on 29 Sept. 2024,
Accepted on 19 October 2024

DOI: 10.20959/wjpr202421-34337



***Corresponding Author**

Dr. Deepali Zodpe

PG Scholar, Department of
Shalakya Tantra, S.V.N.H.
Ayurved Mahavidyalaya &
Chikitsalaya, Shri
Shivajinagar, Rahuri
Factory, Ahmednagar.

ABSTRACT

Shalakya Tantra is one of the eight branches of Ashtanga Ayurveda that addresses ailments occurring above the collarbone, particularly those associated with the sensory organs. The eyes possess a unique significance among the sensory organs, as optimal vision is essential for the social and intellectual advancement of humans. Consequently, authentic classics delineated many preventive and therapeutic strategies for the management of ocular problems. Topical treatments, known as “Netra Kriyakalpa,” are distinctive and effective in managing ocular illnesses. Netra Kriyakalpa has rapid effect on the target tissues of the eye. Anjana is a therapeutic formulation administered to the lower palpebral conjunctiva or the cul-de-sac. The active principles can penetrate the interior of the eye based on their hydrophilicity and lipophilicity, mostly via the conjunctiva and cornea through paracellular and transcellular pathways, respectively. Local treatment approaches in Shalakyantra pertain to Kriyakalpa, wherein

'kriya' signifies a distinctive therapeutic approach and 'kalpa' denotes pharmaceutical formulations such as Swaras, Kwatha, and Kalka utilized in treatment. Anjana is a pharmaceutical formulation administered to the lower palpebral conjunctiva using a specialized applicator called Shalaka for a designated duration as specified in the samhitas. Various varieties of anjan exist based on formulation or medicinal form, with thorough explanations of indications, contraindications, drug selection according to dosha, primary

procedures, and paschatkarma found in the samhitas. They are adjusted to accommodate the structural peculiarities and various illness circumstances.

KEYWORDS: Kriyakalpa, paschatkarma, Swaras, Kwatha, Kalka, Anjana, Shalaka.

INTRODUCTION

Shalakya Tantra is one of the eight branches of Ashtanga Ayurveda that addresses ailments occurring above the clavicle, particularly those affecting the sensory organs, namely the eyes, nose, ears, and throat. The eyes possess a unique significance among the sensory organs, as optimal vision is essential for the social and intellectual growth of individuals, and knowledge derived from direct observation (Pratyaksha pramana) can only be attained through the eyes. Other sensory organs likewise rely on vision for their precision, as stated by the ancient sage Vagbhata.^[1] Netrakriyakalpa are various methods of application of medicines in the eyes.^[2] There are seven Netra Kriyakalpas: Akshi Tarpana, Putapaka, Seka, Aschyotana, Anjana, Bidalaka, and Pindi. The initial five procedures were delineated in the Susruta Samhita.^[3] and last two were prescribed only in Sharangadhara Samhitha^[4] along with other 5 procedures. A sincere effort has been undertaken to examine the comprehensive elucidation of Anjana, including its indications, contraindications, drug selection based on dosha, primary method, and paschatkarma as outlined in the Samhitas.

Types of Anjana

According to Sushrut Anjana are of 3 types according to Karma^[5,6,7,8]

1. Lekhana Anjanas refers to Kapha-dominant ailments.
2. Ropan Anjana for ailments associated with Pitta.
3. Prasadananjan for Vata-related disorders.

The Lekhana Anjana consists of substances possessing Kashaya, Amla, Lavana, and Katu in their taste profile. The Prasadananjan accompanied by Madhur and Sheetdravyas.

According to Sushrut, 3 types of Anjana according to Swarupa

1. Gutika- Mention in strong Doshabala.
2. Rasa (Rasakriya)- Mention in medium Doshabala.
3. Churna- Mention in low doshabala.

INDICATIONS OF ANJANA^[9]

Anjana should be administered when signs of doshas are evident and confined solely to the eyes, following the purification of the body. The body should undergo purification through Panchakarma treatments.

Contraindications for Anjana^[10,11,12]

The Anjana procedure is contraindicated for individuals experiencing weariness, Udavarta, excessive lacrimation, alcoholism, rage, fear, fever (particularly in the early stages), and head diseases, since it may induce redness, discomfort, diminished vision, discharge, and ocular pain. Furthermore, it should not be utilized during periods of insufficient sleep (which impairs functionality), on windy days (which diminishes visual acuity), when exposed to dust and smoke (which induces ocular redness), in the presence of eye discharge and Adhimantha-related defective vision accompanied by pain (which causes congestion and discomfort), immediately following the Nasya, Vamana, and Virechana procedures (which leads to congestion and pain), during headaches (which disrupts cerebral function), after a head bath, on excessively cold days, and prior to sunrise (due to the rigidity of Doshas), during episodes of indigestion (which obstructs the channels-Srotas), and at the onset of Dosha impulses. Particularly, these contraindications are advised for Lekhana Anjana.

Anjana Shalaka^[13,14,15]

Anjana Shalaka or collyrium probe is a cylindrical rod with 8 Angulas in length which is made of metals, stones or horns of animals and ends should be bluntly pointed like a flower bud.

Time of Anjana^[16,17]

In Sharangadhara samhita and Bhavaprakasharecommended that the time of Anjana procedure according to the seasons.

In afternoon – Hemanta and Shishira In morning –Grishma

In evening – Sarath Any time – Vasanta

In rainy season - Anjana should not be too much of cold or too much of hot.

Anjana Matra

- **For Lekhana**

Gutika-1 Harenu, Raskriya-1 Harenu, Churna- 2 Shalaka.

- **For Prasadhana**

Gutika-1.5 Harenu, Raskriya-1.5 Harenu, Churna- 3 Shalaka.

- **For Ropana**

Gutika-2 Harenu, Raskriya-2 Harenu, Churna-4 Shalaka.

1. Gutikanjana – According to the potency of raw materials

| Tikshna (high in potency) | Madhyama (moderate in potency) | Mrudu (mild in potency) |
|--------------------------------------|-------------------------------------------|------------------------------------|
| 1 Harenu | 1 1/2 Harenu | 2 Harenu |

2. Rasakriyanjana – According to the quantity of drug.

| Uttama matra - | Madhyama matra - | Heena matra - |
|-----------------------|-------------------------|----------------------|
| 3 Vidanga | 2 Vidanga | 1 Vidanga |

3. Churnanjana – According to the action of drug.

| Virechana Karma - | Mrudu Karma - | Snehana Karma - |
|--------------------------|----------------------|------------------------|
| 2 Shalakas | 3Shalakas | 4 Shalakas |

Procedure^[21]

Nearly all Acharyas recommend application from the inner canthus to the outer canthus and vice versa on the inner eyelid or palpebral conjunctiva using an Anjana Shalaka or the physician's finger. However, they have not specified which eyelid, whether upper or lower. Therefore, it can be regarded as the lower palpebral conjunctiva or cul-de-sac due to its ample room for application and ease of execution. Susruta and Vagbhata elucidated the technique in detail. The physician should separate the two eyelids with the left hand (with the thumb and index finger) while holding the Anjana Shalaka with the right hand. The patient is instructed to elevate the eyes and rotate them slightly to facilitate the dispersion of the medication across the eye. Additionally, gentle eye massage may facilitate eyelid movement, thereby improving absorption by boosting blood circulation in the ocular region. However, blinking, squeezing, or washing of the eyelids should be avoided until the well executed Anjana characteristics manifest. It is advised to do eye wash with water or appropriate medications corresponding to the specific ailment, dosha, or season as part of Paschat Karma. Otherwise, the remaining medications may impair the Doshas, leading to sickness and causing an itching feeling.

Dhumpana (medicinal smoking) can be conducted for control purposes. Pratyanjana (restorative collyrium) may be utilized to mitigate discomfort.

Probable Mode of Action^[22]

The active principles can penetrate the interior of the eye based on their hydrophilicity and lipophilicity, mostly via the conjunctiva and cornea through paracellular and transcellular pathways, respectively. The pH, viscosity, tonicity, molecular size, and molecular weight of the active components significantly influence the absorption of Anjana. The ocular absorption of Anjana may commence through the conjunctiva and cornea. Primarily lipophilic active components can permeate the cornea via the transcellular channel, while hydrophilic substances may penetrate via the conjunctiva via the paracellular pathway.

Anjana possesses distinctive therapeutic efficacy for many ocular ailments and is strongly advocated as a preventive measure against eye diseases within the Ayurvedic medical system. Several ancient Acharyas recommended Anjana therapy as a daily practice, particularly Sauvira Anjana (Animony sulphide) and Rasanjana (decoction of *Berberis aristata* – *Daruharidra*) combined with bee honey, as it eradicates Kapha Dosha from the eyes, which predominantly possess Pitta Dosha or Teja Mahabhoota for optimal functioning and clarity of vision. All Kriyakalpa are beneficial not just for sickness treatment but also for the optimal functioning of the senses. A healthy individual may also adhere to local treatment approaches for health preservation. It not only diagnoses and cures symptomatically but also eliminates the fundamental cause of the disease. Co-morbidities of the condition, along with concurrent metabolic or systemic conditions, can be recognized and managed. Liberation from steroids and the excessive use of antibiotics. Only pharmaceuticals derived from natural sources are utilized. Particularly due to local administration or process, the drug exerts a direct influence on tissue. All the samhitas elucidate the significance of Anjana for both individuals with ailments and those in a state of health. Anjana is elucidated in both Dinacharya and Ritucharya.

Some of the Anjanas used in various diseases-

1. Marichyadi anjana in the management of Arma(Pterygium).
2. Naysukhavarti anjana in the management of Abhishyanda (Simple allergic conjunctivitis).

DISCUSSION

Taking into account all the aforementioned factors, Anjana therapy is a comprehensive and well-established technique for topical ocular drug administration, thoroughly detailed in reputable texts regarding its indications, contraindications, application methods, pre- and

post-procedure measures, dosage forms, and appropriate storage recommendations. The ancient Acharyas recommended specific techniques to address practical challenges associated with Anjana therapy. For instance, Anjana should be applied from the medial canthus to the lateral canthus and vice versa, enhancing bioavailability. Immediately following application, patients are instructed to move their eyeballs upward and rotate them slowly, facilitating the distribution of the medicine across the eye. Additionally, slight movement of the eyelids through gentle eye massage with closed eyes may enhance absorption by minimizing nasolacrimal drainage. Nonetheless, the precise mechanism of action of Anjana treatment has yet to be substantiated by any scientific trials.

CONCLUSION

Taking all these variables into account, it can be asserted that Anjana therapy may be significantly activated in the anterior part of the eye due to the existence of many morphological, biological, and physiological ocular barriers. In Ayurveda, the pharmacological activities of a medicine can be elucidated based on its pharmacological qualities, which encompass Rasa, Guna, Virya, Vipaka, and Prabhava. These qualitative attributes remain unexplained and uninterpreted in accordance with contemporary science. According to Ayurveda, these qualitative measures may influence the posterior portion of the eye.

REFERENCES

1. Srikantha Murthy KR, Ashtanga Hridayam (English Translation), Vol III, Uttara sthana Chp. 13/98, Chowkhamba Krishnadas Academy, Varanasi, 2012; pp 130.
2. Kaviraj Atridev Gupta, A.Sangraha Su.32-11. Krushnadas Aacadamy, Varanasi, 2002; p.no.227.
3. Sharma PV, Susruta samhitha (English Translation), Vol III, Uttara tantra Chp. 18/4, Chaukhambha Vishvabharati, Varanasi, 2010; pp 211.
4. Srikantha Murthy KR, Sarangadhara Samhitha (English Translation), Uttara Khanda Chp. 13/1, Chaukhambha Orientalia, Varanasi, 2012; pp 258.
5. Sharma PV, Susruta samhitha (English Translation), Vol III, Uttara tantra Chp. 18/58, Chaukhambha Vishvabharati, Varanasi, 2010; pp 219.
6. Srikantha Murthy KR, Sarangadhara Samhitha (English Translation), Uttara Khanda Chp. 13/66, Chaukhambha Orientalia, Varanasi, 2012; pp 265.

7. Srikantha Murthy KR, Ashtanga Hridayam (English Translation), Vol I, Sutra sthana Chp. 23/14, Chowkhamba Krishnadas Academy, Varanasi, 2013; pp 278.
8. Srikantha Murthy KR, Bhavaprakasha (English Translation), Vol I, Purva Khanda Chp. 7/198-201, Chokhamba Krishnadas Academy, Varanasi, 2011; pp 621.
9. Sharma PV, Susruta samhitha (English Translation), Vol III, Uttara tantra Chp. 18/51, Chaukhambha Vishvabharati, Varanasi, 2010; pp 218.
10. Sharma PV, Susruta samhitha (English Translation), Vol III, Uttara tantra Chp. 18/68-73, Chaukhambha Vishvabharati, Varanasi, 2010; pp 222.
11. Srikantha Murthy KR, Sarangadhara Samhitha (English Translation), Uttara Khanda Chp. 13/67, Chaukhambha Orientalia, Varanasi, 2012; pp 265.
12. Srikantha Murthy KR, Ashtanga Hridayam (English Translation), Vol I, Sutrasthana Chp.23/23-24, Chowkhamba Krishnadas Academy, Varanasi, 2013; pp 280.
13. Sharma PV, Susruta samhitha (English Translation), Vol III, Uttara tantra Chp. 18/62-63, Chaukhambha Vishvabharati, Varanasi, 2010; pp 220.
14. Srikantha Murthy KR, Ashtanga Hridayam (English Translation), Vol I, Sutra sthana Chp. 23/12,13, Chowkhamba Krishnadas Academy, Varanasi, 2013; pp 278.
15. Srikantha Murthy KR, Bhavaprakasha (English Translation), Vol I, Purva Khanda Chp. 7/205-206, Chokhamba Krishnadas Academy, Varanasi, 2011; pp 622.
16. Srikantha Murthy KR, Sarangadhara Samhitha (English Translation), Uttara Khanda Chp. 13/62-63, Chaukhambha Orientalia, Varanasi, 2012; pp 265.
17. Srikantha Murthy KR, Bhavaprakasha (English Translation), Vol I, Purva Khanda Chp. 7/208-209, Chokhamba Krishnadas Academy, Varanasi, 2011; pp 622.
18. Sharma PV, Susruta samhitha (English Translation), Vol III, Uttara tantra Chp. 18/59-60, Chaukhambha Vishvabharati, Varanasi, 2010; pp 220.
19. <http://www.wisdomlib.org/definition/hare%E1%B9%87u/index.html>, access date 22/05/2016
20. Srikantha Murthy KR, Sarangadhara Samhitha (English Translation), Uttara Khanda Chp. 13/68-70, Chaukhambha Orientalia, Varanasi, 2012; pp 265.
21. Sharma PV, Susruta samhitha (English Translation), Vol III, Uttara tantra Chp. 18/64-67, Chaukhambha Vishvabharati, Varanasi, 2010; pp 221.
22. Srikantha Murthy KR, Ashtanga Hridayam (English Translation), Vol I, Sutra sthana Chp. 2/5, Chowkhamba Krishnadas Academy, Varanasi, 2013; pp 23.