

## ROLE OF TRAYUSHNADI ANJANA AND KANDUGHNA MAHAKASHAYA IN THE MANAGEMENT OF KAPHAJA NETRA ABHISHYANDA W.S.R VERNAL KERATOCONJUNCTIVITIS - A CLINICAL STUDY

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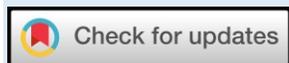
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## ABSTRACT

**Background:** Children nourish the future of tomorrow, eyes are the gateways of external world and good vision is a key to child's overall development, if the vision becomes limited at this time of life then it cannot be corrected later. But if it detected early, it is usually possible to treat them effectively. Vernal Keratoconjunctivitis (VKC) is a severe eye disease, which occurs mainly in paediatric age and is characterized by severe and often bilateral chronic inflammation of the ocular surface. On reviewing the clinical features from the *Ayurvedic* texts it is found that it relates with *Kaphaja Netra Abhishyanda*. *Ayurvedic* treatment could bring favourable result in bringing down the clinical features of VKC. **Aim and objectives:** 1. To evaluate the efficacy of *Trayushnadi Anjana* in *Kaphaja Abhishyanda*/ VKC. 2. To Study combined effect of *Trayushnadi Anjana* and *Kandughna Mahakashaya* in the management of *Kaphaja Abhishyanda*/ VKC. **Material & Methods:** 30 clinically diagnosed patients of *Kaphaja Abhishyanda*/VKC were randomly selected from OPD of Rishikul Campus, Haridwar and were divided into two groups of 15 patients each. In Group-A local application of eye-oint *Trayushnadi Anjana* on lower fornix

2times a day for 15 days and in Group B eye-oint. *Trayushnadi Anjana* (local application) with syrup. *Kandughna Mahakashaya*(orally) 2-3times a day for 15 days was given. **Results:** In Group-A, 6.7% patient was cured, 33.3% Patients were Marked Improved. In Group-B 46.7% Patients were Marked Improved 40.0% Patients were Moderately Improved. **Conclusion-**Significant results were found in both groups.

**Keywords:** Vernal Keratoconjunctivitis, *Kaphaja Abhishyanda*, *Trayushnadi Anjana*, *Kandughna Mahakashaya*.

## INTRODUCTION

Vernal keratoconjunctivitis is a chronic inflammatory disease of the ocular surface and one of the best types of allergic conjunctival disease. Because of its chronic nature it can damage the cornea, resulting in sight threatening complications if left untreated<sup>1</sup>. In this disease child suffers from intense itching, photophobia, lacrimation, stringy discharge and heaviness of lids<sup>2</sup> and so on. In *Ayurveda*, clinical pictures of *Abhishyanda* have maximum similarity with conjunctivitis which is also an ocular inflammatory disease-causing great threat to the vision and is said to be the root cause of all the eye diseases<sup>3</sup>. Vernal Keratoconjunctivitis can be correlated with *KaphajaAbhishyanda*<sup>4</sup>(one of four types of *Abhishyanda*) on the basis of *Kandu* (itching), *Guruta* (heaviness of lids), *Akshishopha* (edema), *Muhur-pichchhilsrava* (ropy discharge), *Updeha* (stickiness) *Annana-abhinanda* (anorexia)<sup>5</sup>, etc. In modern ophthalmology the treatment is purely symptomatic<sup>6</sup>, recurrence is common and moreover these drugs are to be used for longer period to keep the condition under control. The present study is aimed to highlight the effect of *Ayurvedic* treatment on the chronicity of the disease and planned under the title Role of *Trayushnadi Anjana*<sup>7</sup> and *Kandughna Mahakashaya*<sup>8</sup> in the management of *Kaphaja Netra Abhishyanda* w.s.r to Vernal Keratoconjunctivitis- A clinical study.

### Aim & Objectives: -

1. To evaluate the efficacy of *Trayushnadi Anjana* in *Kaphaja NetraAbhishyanda/ VKC*
2. To Study combined effect of *Trayushnadi Anjana* and *Kandughna Mahakashaya* in the management of *Kaphaja Netra Abhishyanda/ VKC*.

## Materials and Methods

**Selection of Patients:** Patients from O.P.D of *Shalaky Tantra* department were selected randomly for the proposed study.

### Inclusion Criteria:

- Patient, willing and able to follow the treatment.
- Patients aged between 5-20 years.
- Patients, presenting with sign and symptoms of *Kaphaja Netra Abhishyanda/VKC*.

### Exclusion Criteria:

- Patients, having complications like corneal xerosis, phlyctenular keratoconjunctivitis corneal ulcer, trachoma, dacryocystitis, and infective conjunctivitis.
- Patients having with any systemic diseases e.g. worm infestation.

### Investigations-

CBC; TLC; DLC; ESR; Absolute eosinophil count; Conjunctival cytology; Stool-ova Test

## PROCEDURE

**In both the groups** *Deepan-pachan*<sup>9</sup> (*Chitrakadi Vati*)<sup>10</sup> 2 tabs thrice a day) was given for 3 to 7 days according to *Kostha*, prior to *Anjana Karma*<sup>11</sup> to all the patients.

### GROUP A-

- *Trayushnadi Anjana*(ointment form for local application) for 15 days.
- Local application of ointment *Trayushnadi Anjana* on lower fornix, 2 times a day

### GROUP B:

- *Trayushnadi Anjana*: (local application)with syrup. *Kandughna Mahakashaya*(orally) for 15 days
- Dose of *KandughnaMahakashaya*:

For 5-12yrs– 5ml TDS

For 13-20yrs – 10ml TDS

**Follow up study:** After completion of treatment, there was 2 follow ups at the interval of 15 days.

**Clinical Assessment:** The sign and symptoms were assessed by adopting a suitable grading method. The details are as follows-

**Table 2:** Subjective Parameters

1.	<i>Guruta</i> (heaviness on lids)	0- No heaviness on lids. 1- Heaviness on lids only in the morning. 2- Intermittent heaviness on lids. 3- Continuous heaviness of lids.
2.	<i>Kandu</i> (itching)	0- No itching. 1- Itching only on exposure to dust or other allergens. 2- Intermittent itching. 3- Continuous itching affecting routine work.
3.	<i>Upadeha/PihchilaSrava</i> (Ropy discharge)	0- No ropy discharge. 1- Ropy discharge only in morning time. 2- Ropy discharge with no mopping required. 3- Continuous ropy discharge, mopping required
4.	<i>Muhu-muhursrava</i> (repeated lacrimation)	0- No repeated lacrimation. 1- Lacrimation on exposure to dust/sunlight. 2- Intermittent repeated lacrimation. 3- Continuous lacrimation affecting daily routine.
5.	Photophobia	0- No photophobia. 1- Photophobia on exposure to sun light. 2- Intermittent photophobia. 3- Continuous photophobia affecting routine work.
6.	Burning sensation	0- No burning sensation. 1- Only on exposure to sun light. 2- Intermittent burning sensation. 3- Continuous burning sensation affecting routine work
7.	<i>Anna-nabhinanda</i> (Anorexia)	0- No Anorexia 1- Anorexia
<b>Objective Parameters</b>		
1.	Palpabral Conjunctival congestion	0- Congestion absent. 1- Congestion with clear pattern of blood vessels. 2- Congestion with poorly visible pattern of blood vessels. 3- Velvety conjunctiva with loss of blood vessels pattern.
2.	Bulbar Conjunctival congestion	0- Congestion absent. 1- Brownish bulbar conjunctiva. 2- Conjunctival congestion in palpebral aperture. 3- Complete congestion in bulbar conjunctiva.
3.	Palpabral Conjunctiva Hypertrophy	0- Conjunctival hypertrophy absent. 1- Diffuse conjunctival hypertrophy. 2- Cobble stone papillae. 3- Giant cauliflower like papillae with copious mucus.
4.	Bulbar Conjunctiva Hypertrophy	0- Heaping absent. 1- Slight heaping on conjunctiva $<180^{\circ}$ . 2- Heaping of conjunctiva $<360^{\circ}$ circumcorneal encroachment.

		3- Heaping of complete bulbar conjunctiva.
5.	Horner Tranta's Spot	0- No tranta's spot. 1- Tranta's spot 1-2 in no. 2- Tranta's spot 3-5 in no. 3- >5 Tranta's spot.

## RESULTS AND DISCUSSION:

**OBSERVATIONS:** Age wise distribution shows that 46.7% patients were in age group 5-10 years, 6.7 % were in age group 10-15years and 46.7% were in 15-20 years. In analysis 66.7% Male patient were found during study and rest were Female. Analysis of socio-economic status showed that the majority of the patients belonged to middle class i.e. 73.3 %. Most of the patients i.e. 53.3% had good appetite, 40.0% had

medium appetite and rest had poor. Maximum patient i.e. 86.7% had no family history of allergy. Maximum patient i.e. 53.3% were of *Kapha-vata prakriti*, 13.3% were having *Kapha-pitta*, 33.3% had *Vaat-pitta prakriti*. The chronicity wise distribution indicates that maximum number of the patients i.e. 33.3 % with chronicity less than 1 month and 53.3% with chronicity more than 6 months and rest were with chronicity between 1 to 6 months.

**Table 3:** Percentage relief between Group-A and Group-B

Symptom	% Relief	
	Group A	Group B
<i>Guruta</i> (Heaviness on lids) RE	85.7 %	50.0 %
<i>Guruta</i> (Heaviness on lids) LE	85.7 %	50.0 %
<i>Kandu</i> (Itching) RE	71.0 %	89.2 %
<i>Kandu</i> (Itching)LE	70.0 %	86.5 %
<i>Upadeha</i> (Stickiness) RE	77.8 %	75.0 %
<i>Upadeha</i> (Stickiness) LE	77.8 %	75.0 %
<i>Muhur-muhurSrava</i> (Repeated Lacrimation) RE	70.8 %	61.5 %
<i>Muhur-muhurSrava</i> (Repeated Lacrimation) LE	75.0 %	52.4 %
Photophobia RE	50.0 %	58.8 %
Photophobia LE	50.0 %	61.1 %
Burning Sensation RE	66.7 %	90.9 %
Burning Sensation LE	61.5 %	90.9 %
Palpabral Conjunctival Congestion RE	71.4 %	62.9 %
Palpabral Conjunctival Congestion LE	65.6 %	58.1 %
Bulbar Conjunctival Congestion RE	63.6 %	70.0 %
Bulbar Conjunctival Congestion LE	68.2 %	60.0 %
Palpabral Conjunctival hypertrophy RE	NA	NA
Palpabral Conjunctival Hypertrophy LE	NA	NA
Bulbar Conjunctival Hypertrophy RE	NA	70.0 %
Bulbar Conjunctival Hypertrophy LE	NA	60.0 %
Horner Tranta's Spots RE	66.7 %	33.3 %
Horner Tranta's Spots LE	25.0 %	0 %
<i>Anna-nabhinanda</i> (Anorexia)	65.0 %	90.6 %

### Overall Effect Of Therapy –

On analysing the data for overall therapy in total number of eyes, obtained results are as follows:

**Group A:** 2 eyes were cured i.e. 6.7%, Marked improvement was in 10eyes (33.3%) patient, moderate

improvement in 33.3% i.e. 10 eyes, mild improvement was found in 26.7% patients i.e. 8 eyes.

**Group B:** Marked improvement was in 14 (46.7%) eyes, moderate improvement in 40.0% i.e. 12 eyes, mild improvement was found in 13.3% patients i.e. 4 eyes.

Overall Effect	Group A		Group B	
	Frequency	Percentage	Frequency	Percentage
Cured	02	6.7	0	0.0
Marked Improvement	10	33.3	14	46.7
Moderate Improvement	10	33.3	12	40.0
Mild Improvement	08	26.7	4	13.3
No Improvement	0	0.0	0	0.0

### DISCUSSION

VKC (Vernal Kerato Conjunctivitis) is an allergic conjunctival disease which have severe consequences on eyesight. It had been correlated here to *Kaphaja Abhishyanda* with *Ayurveda* on the basis of its sign and symptoms.

Ingredients of drug *Trayushnadi Anjana* are having *Karmas* (actions) like, *Shothahara*, *Vedana-Sthapana*, *Raktashodhaka*, *Rasayana*<sup>12</sup>, *Shoolprashamana*. So, it may act as anti-inflammatory, analgesic, blood purification action, antioxidant and immunomodulator.

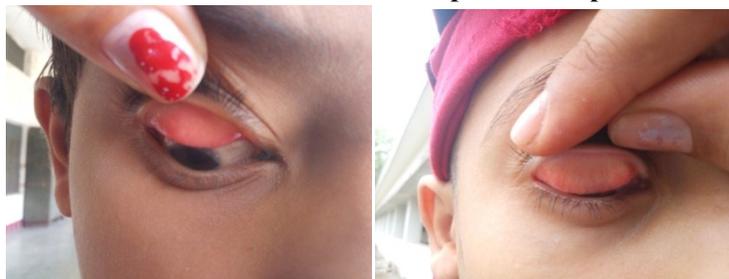
It has high bioavailability due to thick consistency, so it remains in contact to cell for long time and give maximum efficacy to the drugs.

It has high potency and penetration power because it is a combination of herbo-mineral drug, which make them *Yogavahi* as it is a property of *Rasaushadhi*

In *Kandughna Mahakashaya* syrup, most of the drugs having *Agnivardhak* and *Deepana-Paachana*<sup>13</sup> properties which is good for digestion and other properties like, *Rasayana*, *Jeevaniya*, *Balya*, *Medhya*, *Rakshoghna*<sup>14</sup>, which indirectly increases the *Vyadhikshamatva Shakti* (immunity).

So, by the above-mentioned properties drug may help in the management of inflammation, infection and do healing of the diseases.

### Some before and after treatment pictures of patients:-



Before treatment

After treatment



Before treatment

After treatment

## CONCLUSION

Group-A (*Trayushnadi Anjana*) statistically highly significant results were found in *Kandu*(Itching in eyes), *Updeha*(stickiness in eyes), *Palpabral & bulbar conjunctival congestion* in both the eyes, *Muhur-muhursrava* (Repeated lacrimation)in left eye and rest of parameters showed significant result except *Palpabral and bulbar conjunctival hypertrophy and Horner Tranta's spots*.

Group-B (*Trayushnadi Anjana & KandughnaMahakashaya*) have statistically significant result found in all subjective and objective parameters in both the eyes except *Bulbar conjunctival hypertrophy and Horner Tranta's Spots*.

In comparative study over criteria of assessment no statistically significant difference was observed between two therapies except in Itching, Photophobia and Anorexia.

No adverse effects were observed during study and after completion of the trial in both groups.

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