



## EFFECT OF KANTAKARI MULA SIDDHA DUGHDA PARISHEK IN THE MANAGEMENT OF VATAJ ABHISYANDA

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### ABSTRACT :-

In this article we will see the effect of kantakari mula siddha dugdha parishek in vataj abhishyanda. Vataj abhishyanda is one of the sarvagat roga. According to modern ophthalmology vataj abhishyanda can be correlated with simple allergic conjunctivitis and also clinically with subacute form catarrhal conjunctivitis. Seka /Parisheka is one of the kriyakalpa in the treatment of ocular disease. So I have treated vataj abhishyanda one of the sarvagat roga with parisheka mentioned by sushrut in vataj abhishyanda chikitsa. Treatment for eye disorders has been explained under the heading of Kriya Kalpa and Seka is one of the Kriya kalpa. Medicine is poured on closed eyes (on closed eye lids) continuously from 4 anguli (4'') height for specific time, according to dosha prakar. Parisheka is a synonym for seka. It is exclusive ayurvedic treatment with least complications as it is used externally. If parisheka is given according to dosha condition, then it can even cure the balwan dosha. A good appreciation from patient is received. Medicines used in seka reaches through Netra Sandhi , shirah,

Ghranendriyam, and their srotasam and performs urdhwajatrugata doshaprahar.

**KEY WORDS:** - Kantakari mula siddha dugdha, Vaataj abhishyanda, catarrhal conjunctivitis, Parisheka.

### INTRODUCTION

Eye is considered as the most important and delicate sense organ of human body. The eye, an organ of sight is of utmost importance as far as one's existence is concerned. Eyes hold special status among all the senses. Eyes are the most precious gift of the God to the living beings. Good vision is crucial for social and intellectual development of a person. So to protect this organ is not only a necessity but also a responsibility of every individual.

The detailed description of *Vataj abhishyanda* according to its etiology, signs, symptoms and treatment is given in *sushrut samhita*. (6/5)

### Simple Allergic Conjunctivitis:

It is the most common form of ocular allergy and it is hypersensitivity reaction to specific airborne antigens. It is an inflammation of the conjunctiva due to allergy. Basically it is urticarial reaction.

**Sub acute catarrhal conjunctivitis ;** It is a common type of bacterial



conjunctivitis. Common causative bacterias are staphylococcus, koch-weeks bacillus, pneumococcus and streptococcus. The clinical features are discomfort and foreign body sensation due to engorgement of blood vessels, photophobia, mistiness of vision due to a thin layer of discharge of mucous on the the cornea, sticking together of lid margin during sleep due to the discharge, conjunctival type of congestion, chemosis of conjunctiva and mild oedema of lids.

### **Importance of Seka**

It is exclusive *ayurvedic* treatment with least complications as it is used externally. If *parisheka* is given according to *dosha* condition, then it can even cure the *balwan dosha*. A good appreciation from patient is received.

### **MATERIALS AND METHODS**

#### **MATERIALS:-**

**Drug information** *Parisheka* will be given with *kantakari mula siddha dugdha*. The reference have been given in Sushrut samhita Ut.9/12

#### **1)Kantakari**

**Rasa :** *Katu, Tikta, Guna :* *Laghu, Ruksha, Virya :* *Ushna, Vipaka :* *Katu, Doshaghnata:* *Vata, Kapha Karma :* *Shothahara, Dipana, Pachana, Amadoshanashaka, Kanthya.*

#### **2)Godugdha**

Ksira is a general term for the milk of any of the animals. But, in Ayurveda, Cow's milk is much appreciated for the therapeutic purposes. Here,.

#### **RASA PANCAKA :**

**Rasa** – Madhura, **Guna** – Guru, Snigdha, **Virya** – Sita, **Vipaka** – Madhura, **Prabhava** – Not specified

#### **Group B drug information**

**Ushnodaka**-Without aushadhi dravya, when only water is boiled then it is

called as Ushnodaka. Its use is done in kosha form.

### **Standardization of drug**

**1] Collection-** *Kantakari* root was taken from reputed Ayurvedic drug selling store.

#### **2] Authentication and Standardization**

- Authentication and standardization tests done in Pharmacy College of our institute.

### **Preparation method**

Bharad of *Kantakari Mula* was collected from reputed shop from market. Authentication of drug was made in Department of Rasashastra & Bhaishjya Kalpana of college.

### **Preparation of Kantakari mula Siddha Dugdha Parisheka.**

For this research; sharangdhar's concept for preparation of ksirapaka was followed. In 1part of drug(50gms), 8 parts milk(400ml), and 32parts(1600ml) water was added. The boiling continued till water get evaporated and milk alone remained i.e ksiravashesham i.e 400ml.

### **Procedure**

- 1] *Kantakari mula* bharad (50gms), milk(400ml) and water(1600ml) was taken in a container.
- 2] Heating was carried out at mandagni.
- 3] Mixture should be stirred.
- 4] When milk remained or water evaporates heating is stopped.
- 5] When mixture becomes sukhoshna (temp. upto 38°C), it is filtered through the muslin cloth and used.

For *parisheka* vidhi every day a fresh kwath was prepared according to requirement.

### **METHODOLOGY:**

The whole study is divided into,  
Conceptual study  
Clinical study



### CONCEPTUAL STUDY:-

Detailed review of *Ayurvedic* and modern literature was carried out to know about the disease entity and treatment etc. and also information & updates from internet websites related to this subject were taken.

### CLINICAL STUDY:-

#### Inclusion criteria:

- 1] Patient of age group 15-60 yrs.
- 2] Patient having symptoms of vataj abhishyanda.
- 3] Patient's irrespective of sex, educational status, socio-economical status, marital status, caste etc.
- 4] Patients willing for treatment.

#### Exclusion criteria

- 1] Patient having disease other than vataj abhishyanda
- 2] Patient having major eye problems like corneal ulcers etc
- 3] Any malignant condition of eye
- 4] Patient having systemic diseases like T.B., leprosy, diabetes mellitus.

#### Parameters of assessment

##### a) Nistodana (pain):

- **Grade 0** : No pain.
- **Grade I** : Mild pain.
- **Grade II** : Moderate pain.
- **Grade III** : Severe pain.

##### b) Sangharsha (foreign body sensation):

- **Grade 0** : Absent
- **Grade I** : Occasional.
- **Grade II** : Persistent, do not disturb routine.
- **Grade III** : Routine work disturbance.

##### c) Shiroabhitapa (headache):

- **Grade 0** : Absent
- **Grade I** : Occasional

- **Grade II** : Persistent, do not disturb routine

- **Grade III** : Routine work disturbance
- d) Shishirashruta (watering of eye):** according to the wetting of schirmer paper.

- **Grade 0** : 10 - 15 mm
- **Grade I** : 15 - 20 mm
- **Grade II** : 20 - 25 mm
- **Grade III** : > 25 mm

##### e) Raga (congestion) i) palpebral conjunctiva

- **Grade 0** : no congestion
- **Grade I** : congestion with clear pattern of blood Vessels.
- **Grade II** : congestion with poorly visible pattern of Blood vessels.
- **Grade III** : velvety conjunctiva or loss of blood Vessels pattern

##### ii) Bulbar conjunctiva

- **Grade 0** : no congestion

- **Grade I** : muddy color conjunctiva.

- **Grade II** : congestion in palpebral aperture.
- **Grade III** : congestion

#### Sampling Technique:

The patients were selected irrespective of caste, creed, religion, income, sex, occupation etc.

Random sampling technique was adopted. Patients were divided into two groups i.e. Group A and Group B.

#### **Group A – Trial group**

- 1] Total 30 patients
- 2] These will be treated with kantakari mula siddha dugdha parisheka for 400 vak matra in aparanha kala once daily for 5 days.
- 3] Each patient's follow up will be taken and clinical findings will be



recorded in time period interval in shalakya OPD of Rugnalaya.

4] Mode of administration – Parisheka.

### Group B –Control group

1] Total 30 patients

2] These will be treated with sukhoshna jala parisheka for 400 vak matra in aparanha kala once daily for 5 days.

3] Each patient's follow up will be taken and clinical findings will be recorded in time period interval in shalakya OPD of Rugnalaya.

## RESULT

### Effect of treatment on 15<sup>th</sup> day

Groups	Relief	No relief	Total	Relief %	$\chi^2$	P
Trial Group	29	1	30	96.67	4.04	<0.05
Control Group	24	6	30	80		

On 15<sup>th</sup> day 96.67% patients got relief in Trial group and 80% patients got relief in Control group. Overall effect of Treatment in both the groups-

Group	Relief	No Relief	Total	Relief %	$\chi^2$	P
Trial Group	26	4	30	86.66	7.93	<0.05
Control Group	16	14	30	53.33		
Total	42	18	60			

### Overall effect of treatment of both groups-

These graph and diagrams shows, out of 30 patients of *Vataj Abhishyanda* 26 (i.e.86.66%) patients got relief in all signs and symptoms in Trial group and out of 30 of patients of Control group 16 (i.e. 53.33%) patients got relief in all signs and symptoms of *Vataj*

4] Mode of administration – Parisheka.

## OVERALL ASSESSMENT OF THERAPY-

It was done on the basis, no. of patients relieved (i.e. score 'o') and not relieved (i.e. score not 'o') in all signs and symptoms on the 15<sup>th</sup> day of treatment in both the groups. Then statistical analysis done and significance of difference between both groups was assessed by applying Chi-square test. .

*Abhishyanda* . By statistical analysis  $\chi^2$  value is 7.93 which is higher than p table value (3.84) at 5% level of significance. So, there is significant difference in both the treatment groups.

### Discussion

There was no side effect of *Kantakari Mula Siddha Dugdha Parisheka* although few patients told

that there was mild burning sensation immediately after *Parisheka*, probably this was due to entry of *drug into eye*. This was managed by asking patient to wash eye with luke warm water.

**Probable mode of action of *Kantakari Mula Siddha Dugdha Parisheka*-**

Topically applied ophthalmic drugs are primarily used for local effect and systemic absorption. In *parisheka* drug is poured as thin stream on closed eye lid of patient which cover whole region of eye. Due to its *ushna guna*, *prasarana* of *srotas* take place and due to its action *shamana* of *vata dosha* take place.

**Probable action of formulation**

*Kantakari* is having *katu*, *tikta rasa*, *ushna veerya* and *katu vipaka*, where as *dugdha* having *madhura rasa*, *sheeta virya* and *madhura vipaka*.

*Toda* is *Vata* predominant condition. The freshly prepared *kantakari mula siddha dugdha* is having *Koshna* properties. Due to this property it probably causes *Shamana* of the vitiated *Vata Dosha*. *Kantakari* is having warm potency which pacifies *vata dosha* and there by pain i.e. it is useful in management of diseases having their origin *Vata* and along with milk which is having *snigdha*, *guru* property, *madhura vipaka* helps in pacifying *vata dosha* and performs *ropana* action.

*Sangharsha* is *Vata* predominant condition and it is due to *Khara Guna*. *Kantakari* along with *dugdha* which is having *snigdha guna* has soothing effect and must be responsible for relieving foreign body sensation.

Also *shiroabhitapa* is caused by vitiated *vata* and due to *ushna veerya* of *kantakari* subsides it. Watering of eye caused by vitiated *vata* is reduced by *ushna veerya* and *katu vipaka*. *Katu rasa*

has *shoshan* action, thus decreases watering of eye.

As *netra* is *sthana* of *Alochak pitta* and *raga* (redness) is observed due to increase in *pitta* i.e. *alochak pitta dushti* is present, *ushna veerya* of *kantakari* and its *katu vipaka* causes *pittavardhana* but it is counteracted by *madhura rasa* and *sheeta veerya* of *dugdha* and thus causes *pittashamana* and thus might have decreased redness of eye.

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