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3. To Study The Efficacy Of Rasanjana - Madhu Anjana And Pratisarana In Klinnavartma (Squamous Blepharitis)

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ABSTRACT

Aims:

To Study the efficacy of Rasanjana - Madhu Anjana and Pratisarana in Klinnavartma(Squamous Blepharitis).

Objectives:

To study the efficacy of Rasanjana - Madhu Anjana and Pratisarana in Klinnavartma (Squamous Blepharitis).

To study Klinnavartma according to Ayurveda. To study Squamous Blepharitis according to Modern Ophthalmalogy.

To find the initiation of the action modality.

Materials & Methods:

Study Design: Open randomised study design. **Place of Work:**

Patients from daily OPD and IPD of Shalakyatantra Department of our Ayurved Hospital.

Details of Study Subjects and Controls:

Number of patients' selected - total 60 patients were selected having signs and symptoms of disease. Patients were divided randomly in the two groups with 30 patients in each group.

Drug Administration:

Group A: Experimental Group:

Treated with Rasanjana - Madhu Anjana and Pratisarana for 21days for 2 times daily.

Matra: Rasanjan 50-100 mg; Madha- 2ml **Group B: Control Group:**

Treated with Koshnajal dhawan for 21 days for 2 times daily.

Mode of Action of Drug:

The combinatinof Rasanjana - Madhu Anjana and Pratisarana is selected for trial mainly having Tikta, Kashaya rasa and Laghu, Rukshaguna and Ushna veerya and Katuvipaka.

Rasanjana is Chakshushya, Lekhya, Shothhar, Kandughna and Kaphapittaghna. Madhu is having properties like Ropan, Lekhan, Yogvaahi, Tridoshshamak and Sukshmastrotogami.

All these properties of drug helps to normalies the Raktadhatu, Kaphghna that inturns helps in Kledharana, Vranaropana and Twakdoshhar.

Conlusions:-

In the light of above description and the data presented above, the following facts would be very clear. The combination of Rasanjana -Madhu Anjana and Pratisarana Klinnavartma(Squamous Blepharitis) is highly effective and potent without any Clincally noticeable side effects. The drug has shown satisfying results in case ofKlinnavartma(Squamous Blepharitis).

