



[WWW.IJAPC.COM](http://WWW.IJAPC.COM)

**IJAPC**

e ISSN 2350 0204

**VOLUME 12 ISSUE 1 2020**

GREENTREE GROUP PUBLISHERS (GGP)



## Role of *Kriyakalpa* and *Panchkarma* in Uveitis w.s.r to *Sashophakshipaka*

Deepti Negi<sup>1\*</sup>, Vipin Kumar<sup>2</sup> and Sheetal Verma<sup>3</sup>

<sup>1</sup>Dept. of Shalakya Tantra, Uttarakhand Ayurveda University, Gurukul Campus, Haridwar. India

<sup>2-3</sup>Dept. of Samhita, Sanskrit Evum Siddhanta, Uttarakhand Ayurveda University, Gurukul Campus, Haridwar, India

### ABSTRACT

Autoimmune diseases occurs when body's self tolerance fails, resulting in reaction against one's own healthy cells and tissues. Uveitis is commonest ocular disease found in association with autoimmune disorders such as RA, Wegner's granulomatosis, SLE, Reiter's disease, Multiple sclerosis, Vogt- koyanagi- Harada disease and Behcet's disease. Uveitis refers to inflammation of uveal tissue with or without subsequent damage to the cornea, lens, retina, vitreous and optic nerve. About 25% of blindness in India is attributed to uveitis. In *Ayurveda* uveitis can be correlated with *Sashophakshipaka*, which is a *Tridoshaja Sadhya Vyadhi* categorised in *Sarvagata Netra Roga* and can be treated with different local ocular therapeutics described under *Kriyakalpa* and *Panchkarma* in *Ayurvedic* classic context. In modern medicine reducing inflammation with the help of corticosteroids, NSAIDs, immunosuppressant, and cycloplegic agents are the treatment option for uveitis. However, it further leads to ocular complications like Glaucoma and cataract. So in present paper attempts are made to explore effects of *Kriyakalpa* and *Panchkarma* in uveitis (*Sashophakshipaka*).

### KEYWORDS

*Autoimmune disease, Kriyakalpa, Panchkarma, Sashophakshipaka, Uveitis*



**Greentree Group Publishers**

Received 22/10/19 Accepted 30/11/19 Published 10/01/2020



## INTRODUCTION

Autoimmunity is an immune response against individual's own cells or tissues, it is due to failure of immunological tolerance to body's own antigen<sup>1</sup>. Uveitis is one of the common ocular disorder caused by autoimmune disease. The term uveitis strictly means inflammation of the uveal tissue. However, clinically there is always some associated inflammation of the adjacent structures such as retina, vitreous, sclera, and cornea<sup>2</sup>. Uveitis can be correlated with *Sashophakshipaka* in *Ayurveda*, which is a *Tridoshaja Sadhya Vyadhi*, it is treated with *Kriyakalpa* and *Panchkarma*. *Kriyakalpa*: *Kriyakalpa* is the basis of ophthalmic disorders. It is formed by two words as *Kriya* and *Kalpa*, word *Kriya* refer here to therapeutic procedures while the word *Kalpa* indicates the specific formulations. Hence, the word *Kriyakalpa* means therapeutic procedures done by specific formulation to cure ocular disorders<sup>3</sup>. *Panchkarma*: It is an integral part of *Ayurveda* which helps achieve a balanced state of body, mind and consciousness through detoxification and rejuvenation<sup>4</sup>.

## AIMS AND OBJECTIVE

To evaluate the role of *Kriyakalpa* and *Panchkarma* in Uveitis (*Sashophakshipaka*).

## MATERIALS AND METHODS

*Ayurvedic* textual materials collected mainly from *Sushruta Samhita Uttartantra*, *Charaka Samhita Chikitsa Sthana*, *Ashtanga Hridaya Uttarsthan*, and *Shalaky Tantra Kriyakalpa Vigyan*, modern textual materials collected from Textbook of pathology Robinson, Comprehensive Ophthalmology AK Khurana, Paymen's etc.

### Uveitis

Uveitis refers to inflammation of uveal tissue with or without subsequent damage to the cornea, lens, retina, vitreous and optic nerve. Causes of uveitis vary because of variations in climatic, socioeconomic, demographic, genetic and systemic morbidity pattern of each study population. Uveitis comprises of four distinct anatomic type such as anterior, intermediate, posterior, and panuveitis. This classification is based on the primary site of inflammation.

### Anatomic classification of Uveitis

| Type             | Primary site of inflammation | Includes                                 |
|------------------|------------------------------|--|
| Anterior uveitis | Anterior chamber             | Iritis, Iridocyclitis, Anterior cyclitis |



|                             |  |  |
|-----------------------------|--|--|
| <b>Intermediate uveitis</b> | Vitreous   | Pars planitis, Posterior cyclitis, Hyalitis  |
| <b>Posterior uveitis</b>    | Retina or choroid                                  | Focal, multifocal, or diffuse<br>Chorioretinitis, Retinochoroiditis, Retinitis, Neuroretinitis |
| <b>Panuveitis</b>           | Anterior chamber, vitreous, and retina or choroid. |  |

Autoimmune diseases which include uveitis as most common ocular disorder are

**Behcet's disease:** It is an idiopathic multisystem disease characterized by recurrent non-granulomatous uveitis. Uveitis seen in Behcet's disease is typically bilateral, acute, recurrent iridocyclitis associated with posterior uveitis, vitritis, periphlebitis retina, and retinitis in the form of white necrotic infiltrates.

**Reiter's syndrome:** It is characterized by triad of urethritis, arthritis, and conjunctivitis with or without iridocyclitis. Acute non-granulomatous type of iridocyclitis occurs in 20 - 30% cases.

**Ankylosing spondylitis:** It includes anterior uveitis characterized by unilateral, alternating recurrent non-granulomatous anterior uveitis.

**Vogt-koyanagi-harada syndrome:** it is a multisystem disorder which includes anterior uveitis, which is typically bilateral, chronic granulomatous characterized by iris nodules, posterior synechiae. Posterior uveitis lesions include choroiditis leading to

exudative retinal detachment, choroidal depigmentation (sunset glow fundus) and peripheral yellow - white choroidal granuloma.

**Multiple sclerosis:** Intermediate uveitis is the most common form of uveitis associated with multiple sclerosis.

**Juvenile idiopathic arthritis:** In children it can cause chronic bilateral uveitis with band shaped keratopathy in both eyes<sup>5</sup>.

#### **Treatment of uveitis in modern medicine:**

1. Use of corticosteroids (internal and topical use as eye drop) to reduce eye inflammation and to reduce pain and swelling.
2. Antiviral medicines are used in case of herpetic uveitis.
3. Anti metabolite medicines are used in some serious cases like panuveitis.
4. Immune suppressants are used in case the corticosteroids are not capable to control the inflammation<sup>6</sup>.

#### **Sashophakshipaka: Features of uveitis resemble with Sashophakshipaka**

According to Acharya Sushruta Sashophakshipaka is a tridoshaja Sadhya Vyadhi, categorised under Sarvagata Netraroga. In this disease eye has itching, thickening, excessive tearing and eye resembles a riped fruit of Audumber (Cluster fig tree/ Indian fig tree) with burning sensation, copper color swelling,



constant pain, feeling of heaviness, inflammation, exudation of warm tears and cold tears alternatively<sup>7</sup>.

According to *Acharya Vagbhatta*, *Sashophakshipaka Roga* occurs due to vitiation of *Vata*, *Pitta*, *Kapha* and *Rakta Dosh*a, characterized by swelling, severe pain, burning sensation, excessive warm, cool, slimy, clear, sticky tearing alternatively, eye looks like a riped *Audumber* fruit<sup>8</sup>.

*Acharya Charak* did not give any description about *Sashophakshipaka*.

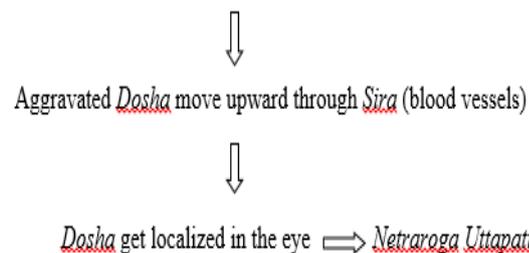
#### **Etiological factors:**

*Acharya Sushruta* explained common *Nidana* for all the *Netraroga's*–

- ✓ Entering into any water reservoir immediately after getting heated up by exposure to sunlight, fire etc.
- ✓ seeing very far objects.
- ✓ Avoiding sleep.
- ✓ Excessive crying, anger, sorrow and exertion.
- ✓ Any ocular injury.
- ✓ excess use of *Shukta* and *Aranala*, foods prepared from *Kullattha* and *Masha*.
- ✓ Suppressing the urges, excess sweating, inhaling smokes, controlling urges of vomiting or excess of vomiting, controlling of tears.

Observing minute objects

Due to these causes *Dosha* get aggravated and produce diseases<sup>9</sup>.



#### **Ayurvedic treatment of uveitis (Sashophakshipaka)**

According to *Acharya Sushruta* in *Sashophakshipaka Siravedha* (vein puncture) is done after *Snehana* (oleation) and *Swedana* (sudation). After that physician should administer

- *Seka* (In this procedure medicine is poured on closed eye continuously from four finger above from eye for specific time according to *Dosha*).
- *Ashchyotana* (The medicated drops are instilled into eye from the two finger above from the eye, patient should ask to keep eye open).
- *Nasya* (Drugs are administrated through nasal passage for the management of diseases manifesting above clavicular region).
- *Putpaka* (The procedure is same as *Tarpana* but the medicine extracted from herbs by *Putpaka* procedure usually carried after *Tarpana* therapy).
- *Anjana* (Collyrium) :After proper purification, *Netrapakahara Anjana* and *Jatipushpanjana* should applied over inner



surface of lid margin from medial canthus to lateral canthus with *Anjana Shalaka*.

*Nagara* together with *Saindhava* is soaked in *Ghee* for one month and mixed with woman's milk should be used for *Ashchyotana* and *Anjana*<sup>10</sup>.

Acharya Vagbhatta mentioned Virechana Yoga (Draksha, Haritaki decoction with Nishotha and Ghee<sup>11</sup>).

Acharya Charaka mentioned *Amritahwadi Varti* and *Shankhprawaladi Varti* in all the eye disorders<sup>12</sup>.

## DISCUSSION

Uveitis (*Sashophakshipaka*) is a challenging disorder because if not treated properly it may lead to blurring of vision to complete loss of vision. In spite of administration of modern drugs which further produce glaucoma and cataract, *Panchkarma* and *Kriyakalpa* are more suggested to cure the uveitis and avoid any kind of complications, because the affected area of eye is targeted directly and it always gives quick result. It also had several advantages over modern oral medicines.

## CONCLUSION

Reducing inflammation and restoration of structural integrity is the aim of modern medicines in the treatment of uveitis, while *Kriyakalpa* and *Panchkarma* help to arrest

the rate of inflammation and reduce the rate of recurrence. The treatment indicated in modern medicine have their own side effects. In *Ayurveda* proper assessment of *Nidana*, *Dosha*, *Samprapti* is done, which is helpful for proper implication of *Shodhana* (detoxification) and *Shamana* (palliation) by *Kriyakalpa* and *Panchkarma* definitely have an upper hand in providing promising results.



## REFERENCES

1. Vinay Kumar, Abul K. Abbas, Nelson Fausto, Richard N. Mitchell, editor, Robbins Basic Pathology, 8th edition, Elsevier India Pvt. Ltd. 2007
2. Aruj K Khurana, Bhawna Khurana, Comprehensive Ophthalmology, Fifth edition, New Age International Pvt. Ltd., 2014.
3. Nandam Anjaneya Prasad et al, Review on the importance of Kriyakalpa in Netra roga, IJAPR 2017, pg no.83-87.
4. Vaidya Haridas Shridhar Kasture, Ayurvediya Panchkarma vigyana, Shri vaidyanath Ayurveda Bhawan Ltd., 2010.
5. N Venkatesh Prajna, editor, Peyman's Principles and Practice of Ophthalmology, Second edition, Vol. 2, Jaypee Brothers medical Publishers (P) Ltd., 2019.
6. Zia Chaudhuri, Murugesan Vanathi, editors, Postgraduate Ophthalmology, Volume 1, First edition, Jaypee Brothers medical Publishers (P) Ltd., 2012.
7. *Sushruta: Sushruta Samhita with commentary of Dalhana*, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhambha Orientalia, Varanasi, 8<sup>th</sup> edition (2005) *Uttantantra*, Chapter 6, *Shloka* No. 21-22, p. 604.
8. *Vagbhata: Astanga Hridayam*, edited by *Nirmala* Hindi Commentary along with special deliberation by Dr. *Brahmanand* Tripathi, Chaukhambha Sanskrit Pratishthan, Delhi, 1<sup>th</sup> edition (1999) *Uttar Sthana*, Chapter 15, *Shloka* No. 17-18, p. 987.
9. *Sushruta: Sushruta Samhita with commentary of Dalhana*, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhambha Orientalia, Varanasi, 8<sup>th</sup> edition (2005) *Uttantantra*, Chapter 1, *Shloka* No. 26-27, p. 597.
10. *Sushruta: Sushruta Samhita with commentary of Dalhana*, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhambha Orientalia, Varanasi, 8<sup>th</sup> edition (2005) *Uttantantra*, Chapter 1, *Shloka* No. 26-27, p. 597.
11. *Vagbhata: Astanga Hridayam*, edited by *Nirmala* Hindi Commentary along with special deliberation by Dr. *Brahmanand* Tripathi, Chaukhambha Sanskrit Pratishthan, Delhi, 1<sup>th</sup> edition (1999) *Uttar Sthana*, Chapter 16, *Shloka* No. 31, p. 993.
12. *Agnivesha. Charaka Samhita, Ayurveda Dipika* commentary by *Chakrapanidutta*, revised edition Chaukhambha Saurbharati Prakashan, Varanasi ( 2005).*Chikitsa Sthana*, chapter 26, *Sholka* no. 243,246, p. 610.