

Role of Haridrakhand In The Management Of Allergic Conjunctivitis

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Abstract –

The term Abhishyanda is used extensively in Ayurvedic literature in different contexts. In Sushruta Samhita it is mentioned that Abhishyanda is the root cause of all the eye diseases¹. Clinical picture of Abhishyanda nearly simulate with the term of "Allergic Conjunctivitis" mentioned in modern terminology. Allergic Conjunctivitis is one of such conditions in which all the patients do not respond equally to available anti allergic drugs². None of the anti -allergic drugs available in the market can cure the Allergic Conjunctivitis completely in all the patients. After stopping the treatment there may be chances to re occur the symptoms of Allergic conjunctivitis. More over these drugs are to be used for longer period to keep the condition under control. Hence there is scope to search for better remedy from our ophthalmic Ayurvedic preparations for the conditions like Allergic Conjunctivitis. Because of this Haridrakhand such best remedy used for treatment aspect for this research topic. This research study carried out on 25 patients .

Introduction –

Shalakya is an important branch of Ayurveda, which deals with the diseases manifesting above the clavicular region³. Acharya Nimi is considered as the Acharya of Shalakya. Acharya Sushruta is the only person who has explained the ENT and Ophthalmology in a systematic manner. Abhishyanda is one among the Sarvagata Netra Rogas, which affects all parts of the eye, having good prognosis. Signs and symptoms of allergic conjunctivitis like redness , itching , watering ,burning, F.B sensation, photophobia and ropy discharge which simulates with signs and symptoms of Abhishyanda explained in our classics, that are Ragata, Kandu, Achhasruta, Sangharsha, Vishushka Bhava etc. It is of four types depending upon the predominant dosha viz Vataja, Pittaja, Kaphaja and Raktaja Abhishyanda. In each type of Abhishyanda nature of pain, discharge, congestion, oedema etc varies⁴. On analyzing the signs and symptoms predominant Dosha can be assessed. If these Abhishyanda are not treated in time it leads to a hemi cranial painful condition of eye called Adhimantha⁵

Aim & objectives –

- To study the allergic conjunctivitis as per modern and ayurvedic classics .
- To study the efficacy of Haridra khand Grannuels in the management of allergic conjunctivitis .

Material Methods –

This is clinical study of Allergic conjunctivitis carried out on 25 patients. Patients randomly selected from OPD & IPD Dept of shalakyantra of our institute . Patients from irrespective age ,sex ,religion etc. written consent taken from patients , After taking Detailed ophthalmic history of patients with conjunctival examination done with torch lamp and slit light .

Inclusion Criteria :

- Age of the patients in between 20 – 45years
- The patients having the signs and symptoms of Abhishyanda Allergic conjunctivitis

Exclusion Criteria :

- Age of the patients less than 20 and more than 45 years.
- Patients having any other known ocular pathology. e.g. Bacterial conjunctivitis, all type of infective conjunctivitis, corneal opacity etc

Subjective criteria

❖ **Toda (pricking pain)**

- 1 Absent - no pain
- 2 Occasionally present and very mild
- 3 Intermittently present and mild
- 4 Frequently present and moderate ,not disturbing the routine work
- 5 Present almost all the time – severe - disturbing routine activities

❖ **Stambh (stiffness of lid)**

- 1 Absent
- 2 Occasionally feeling of Stambhaof lids.
- 3 Intermittently and mild feeling of Stambha of lids
- 4 Frequently and moderate feeling of Stambha of lids
- 5 Feeling of Stambha of lids & Eye ball almost all the time

❖ **sangharsha (Foreign body sensation)**

- 1 Absent Sangharsha
- 2 Occasionally present, mild and not troublesome
- 3 Intermittently present mild and troublesome
- 4 Frequently present, moderate and troublesome
- 5 Present almost all the time, severe and continuously troublesome

❖ **Shishirsruta**

- 1 Absent.
- 2 Mild and occasionally need to wipe
- 3 Mild but intermittently need to wipe
- 4 Moderate and need to wipe frequently
- 5 Severe and need to wipe almost all the time

❖ **Parushya**

- 1 No dryness
- 2 Visible dryness of lid skin with no roughness, mild (fade) dull white streak after scratching on to lid skin, disappearing after sometime.
- 3 Dryness with roughness, bright white streak on scratching on to the lid skin remaining for a considerable time
- 4 Dryness, roughness, slight thickening of the lid skin with visible crisscross marking with no cracking of the lid skin.
- 5 Dryness, roughness, slight thickening of the lid skin with visible crisscross marking with cracking of the lid skin.

❖ **Achastruta –**

- 1 No chemosis
- 2 Puffy lids with discrete mild chemosis visible on slit lamp examination
- 3 Puffy lids with discrete mild chemosis visible on touch light examination
- 4 Swelling of lids visibly evident chemosis.
- 5 Swollen eye lids / ballooning of conjunctiva

❖ **Alpashopha**

- 1 No chemosis
- 2 Puffy lids with discrete mild chemosis visible on slit lamp examination
- 3 Puffy lids with discrete mild chemosis visible on touch light examination
- 4 Swelling of lids visibly evident chemosis.
- 5 Swollen eye lids / ballooning of conjunctiva.

Drug :

Haridra Khanda Granules prepared in our Rasashatra dept.

Dose - 5gm twice daily per day

Duration – 15 days .

Route – oral

Follow up – 1st day ,15th day , 30th day .

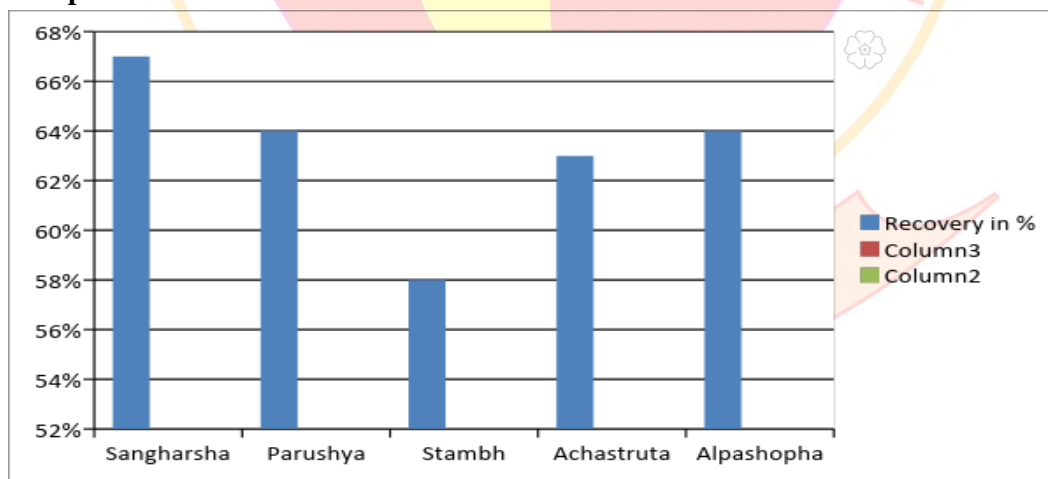
Results and observation –

This is clinical study carried out on 25 patients .paired t test used for data analysis .

Result and observation drawn from parameters of subjective criteria .

Chief complaints	No of patients	Mean		Mean +/- SE	%	SD	T	P
		BT	AT					
Toda	25	2.00	1.44	0.36+/- 0.19	62.10	0.7	8.79	<0.001
Sangharsha	21	2.00	1.60	0.56+/- 0.20	67.00	0.50	9.9	<0.001
Parushya	13	1.69	1.20	0.55+/- 0.20	64	0.66	5.0	<0.001
Stambh	17	1.08	1.20	0.27+/- 0.20	58	0.42	5.4	<0.01
Achastruta	20	1.30	1.10	0.42+/- 0.00	63	1.44	8.0	<0.001
Alpashopha	23	1.49	1.10	0.49+/- 0.20	64	0.81	5.0	<0.001
Shishirstruta	20	1.30	1.20	0.50+/- 0.00	64	1.23	5.0	<0.001

Graphical presentation of result.



Discussion –

Patients were advised to consume maximum Amalaki, Dadima, Ghee, Shatavari , Patola, Mudga, Jeevanti Shaka, Shigruetc and use of plain or sun glasses in day time where chances of contact of allergen in ocular surface will be less ⁶. Patients were advised not to consume food substances of Katu, Amla Rasa, Tikshna, Ushna Padartha, Madya, Matsya and Vidahi Anupana. They

were advised to avoid looking at bright, glittering and minute objects and live in smoke & dust free environment ⁷

Conclusion –

- ❖ Haridrakhanda granules gave significant results in the symptoms Kandu (itching), Sangharsha (foreign body sensation), Alpa shopha (mild Chemosis), Alpa Dushika (scanty discharge), and Absolute Eosinophils Counts.

Reference –

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