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Effect Of Triphala Ghirita Paana In The Management Of Shukthika W. S. R. To Bitot's Spots

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Abstract

Effect of Triphala Ghrita Paana in the management of Shukthikaw. s. r. to Bitot's Spots. It was a single blind open trial where 40 patients were selected.

TriphalaGhritawas treated with internal administration inmadyamamathra after considering the age, agni, koshta etc. of the patients, once before meals when the patient is hungry for a period of 30 days.

The subjective parameters were pain in eyes, burning sensation in eyes, thirst, diarrhea and fever. The objective parameters were size of the Patch and number of a patches. They were suitably graded to assess the results based on the clinical observations. Statistical tests were applied to analyse the results. It was observed that ThriphalaGhrita is very effective in treating Shuktika.

Key Words: Shukthika, Bitot's spots, Triphalaghrita.

Introduction

Triphala Ghrita is mentioned in SusrutaSamhitha in the management of Shukthika. preparation of TriphalaGhrita is mentioned in AshtangaHridaya. Hence an attempt will be made with such a set of simple and effective measures picked up from Ayurvedic treatise i.e. internal administration of TriphalaGhrita in Shukthika and an assessment will be made as regard to the efficacy of TriphalaGhrita in treating Shukthika in this present study.

Bitot's spot consists of heaping of desquarnated, keratinized epithelial cell which forma slightly raised area on the conjunctiva in the interpalpebral area.

Based on a deficient serum retina there are more than 125million preschool age children with Vitamin A deficiency among whom close to 4 million have an ocularmanifestation of some kind, termed broadly as Xerophtlialmia. Bitot's spots are clear indicators of Vitamin A eficiency, which can be screened even prior to other complicated and costly blood investigations. Hence diagnosing them early and giving proper treatment is important to prevent further complications like Keratomalacia and structural damages like Xerophthalmic fundus etc. Management as per modern medical science includes oral and intramuscular supplementation of Vitamin A.

Inchildren being treated for Vitamin A deficiency according to the protocols, transient bulging of fontanels occurs in 2% of infants and transient nausea, vomiting and head ache occur in 5% of preschoolers. Acute toxicity of Vitamin A can result in increased intracranial pressure, vertigo, diplopia, bulging fontanels in children, seizures and exfoliative dermatitis, it may result in death.

Bitot's spots are best correlated with Shukthika as per Ayurveda as per Ayurvedic reference. Binduwhich are multiple, resemble muscles or Sukthi(oyseter shell)developing on the sclera. There are various non-invasive as well as safe treatment modalities told in Ayurvedic classics for the treatment of Shukthika. These can be done on O.P.D. level and as well as by the patient himself and are cheap and convenient.

Aims And Objectives:

• To evaluate the efficacy of TriphalaGhrita in the management of Shukthika.

Materials And Methods : Methodology

Shukthika is a disease of Netra comes under the classification or Shukla Gata Roga according to Sushruta Samhita. Shukthika is best co-related to Bitot's Spots.

The symptoms are -a. Raised, silvery white, foamy, triangular patch of keratinized epithelium,

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situated on the bulbar conjunctiva in the interpalpebral areas.

b.Multiple spots/dots resembling oyster shell (Shukthi) on sclera.

c.Burning sensation in eves.

- d. Pain in eye.
- e. Diarrhoea
- f. Thirst
- g. Fever

Method of collection of data

A. Drug

Method of Preparation of Triphalaghrita

Triphalaghrita was prepared in the Baishajya Kalpitna Department of Late Kedari Redekar Ayurveda Medical College, Gadhinglaj as per classics.

Inclusion Criteria -

- Patients irrespective of age, sex, socioeconomic status and religion will be included for the study.
- Patients with clinical factures of Shukthika will be taken for the study after proper screening.

Exclusion Criteria -

- Patients who are on supplementation with Vitamin A.
- Patients having any inflammatory disease of the eye.
- Patients suffering from chronic debilitating systemic diseases.
- Patients with a history of previous intestinal surgery.

Dose -

Dose was fixed individually after considering the Age, Koshta, Agni etc. of the patient.

Follow up:

The patients will be followed up at regular intervals of 1 month after stopping the treatment of a period of two months.

Observations And Results:

40 patients of Shukthika were treated by TriphalaGhrita. The effects are being described under the respective headings.

Effects of Triphala Ghrita on Shukthika -

Group 1 (TriphalaG	Mean Score		% of reduct	SD of	SE of	ʻt' Val	P Val
hrita)	В	Α	ion in	Me	Me	ue	ue
	T	T	mean	an	an		
			score				
Pain in	1	0.7	39.00	0.28	0.08	6.54	<
Eyes		0					0.01
Burning	1.1	0.9	33.14	0.31	0.05	6.39	<
sensation	0	0					0.01
Diarrhoea	1	0.4	61.00	0.42	0.08	8.34	<
		2					0.01

Thirst	1	0.6	45.00	0.28	0.07	6.65	< 0.01
Fever	1.2 5	0.6 5	50.00	0.45	0.12	6.51	< 0.01
Size of Patch	2.2	1.6	30.81	0.49	0.10	6.35	< 0.01
No. of Patches	1	1	0.00	0%	0	0	> 0.1

Discussion:

Discussion On Review Of Literature

Susruta has explained 72 types of Netrarogas and shukthika is one among them. The features of Shukthika can be correlated to Bitot's spots because the main symptom is spots that resemble muscle or Sukti (oyster shell). developing on the sclera. Bitot's spots are clear indicators of Vitamin A deficiency and if left untreated accounts to major ophthalmic complications like Keratomalacia, and structural damages like Xerophthalmic fundus etc.

According to our classics, pitta dosha is responsible for shukthika. Due to ahara and vihara the pitta dosha undergoes chaya followed by prakopa and stanasamsraya in the eyes to manifest the disease.

This study was designed to assess the efficacy of TriphalaghritaPaana in Shuktika.

Discussion On Observations

✓ Age

In this study 81% of the cases were below 30. As vitamin A deficiency is more prevalent in preschool age children and women of reproductive age, this would have lead to more incidence of Bitot's spots in this age group.

✓ Sex

It was observed that number of female patients (53.5%) having Bitot's spots were more than male patients (46.5). It may be because women of reproductive age and during pregnancy are at higher risk of vitamin A deficiency.

✓ Religion

Religion wise distribution of patients showed that majority of patients (75.5%) were Hindus. This might be because Hindus outnumber other communities in the general population. Hence it don't have any research significance

✓ Occupation

Agriculturists were more affected. Poor nutrition, lack of education on balanced diet might be the possible reason.

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✓ Education

Illiterates (65%) were more affected than literate (35%) patients. This might be due to lack of knowledge on balanced diet to them.

✓ Marital status

Almost 72% of the cases in the present study were unmarried. This may be because children in preschool age and young women in their reproductive age were more prone to vitamin A deficiency.

✓ Place

Patients living in rural area (79.5%) were more affected than patients from urban area (20.5%). This might be due to lack of education on nutrition and poor living standards as well as poverty.

✓ Socio-economic status

Socio economic wise distribution of patients in the study showed that Bitot's spots were more prevalent in lower class (50%) than middle class (38%) and upper class (12%). This might be due to poor living standards, poor nutrition, lack of health education, lack of timely treatment in lower class.

✓ Prakruthi

Prakruti wise distribution showed that maximum number of patients in the study were of pitta predominant prakruti (49.5%) followed by kapha predominant prakruti and vita predominant prakruti. This may be since it is easy for pitta predominant person to cause prakopa of pitta and result in a paitikavyadhi as shukthika is apaitikavyadhi.

✓ Ahara

Dietary wise distribution in the patients of shukthika showed that 70% of the patients have vegetarian diet and 30% patients have mixed diet. This don't have any research significance as the population was mostly vegetarians.

✓ Agni

Agni wise distribution showed that 65% of the patients were having vishamagni and 35 percent were having mandagni. More importantly none of the patients were having samagni. This indicates the importance of role of agni in shukthika. If the agni is improper even the balanced food we take don't get digested and end up in nutritional deficiency diseases like Bitot's spots.

✓ Malapravritti

Based on malapravritti the distribution showed that 79% of the cases were having loose motion and only 21% were having regular bowels., this also shows the disturbed digestive sr stem in these patients.

✓ Vyasana

Addiction wise distribution showed that 72% of the cases were taking tea, 15.5% of cases taking alcohol, 16.5% smokers, 4% of cases chewing tobacco and 2.5% cases using pan masala.

✓ Visual Acuity

Basrd of Visual acuity, 89.5% of cases were having normal vision (6/6 -6/18) and 10.5% were having diminished vision (6/24 — 6/60). Diminished vision was more prevalent in higher age group and in might be because of normal ageing process and don't have any research significance.

✓ Affected eye

Based on the affected eye, 57.5% of the cases in the present study had the incidence in the right eye and 42.5% in the left eye.

Discussion On Clinical Features

The cardinal feature of shukthika, the Bitot's spots, was present in all patients. Pain in eyes was present in 66%. Diarrhoea was present in 72% of cases. 85.5% of cases were having increased thirst, Fever was present in 82.5% cases.

Response

After treatment with internal administration of Triphalaghrita, pain in eyes reduced by 39% which is highly significant (p value — < 0.001), burning sensation reduced by 33.14% which is highly significant (p value — < 0.001), diarrhoea reduced by 61% which is highly significant (p value — < 0.001), thirst reduced by 45% which is highly significant (p value - < 0.001), fever reduced by 50% which is highly significant (p value - < 0.001), size of patch reduced by 30.81% which is highly significant (p value -< 0.001), number of patches was unchanged.

Discussion On Mode Of Action

As per Susrutasamhita, the causative dosha in Shukthika is Pitta and hence treatment involves mitigating this pitta dosha. It is told in susrutasamhita that the causative dosha should be eliminated from below (by purgation).

Triphalaghrita is having purgative properties. the medicine tried in the present research is ghrita, especially 'go ghrita' is pittahara and is considered best for the eyes.

TriphalaGhrita—Triphala is a combination widely used in the treatment of eye diseases. Triphala consists of 3 drugs namely Haritaki, Vibithaki and Amalaki. Haritaki is a drug said in the treatment of eye diseases and is having properties like tridoshahara and chakshushya. Vibithaki is also a drug rich in pittahara properties. Amalaki is the 3rd drug of the triphala combination and is tridoshahara, rasayana and chakshushya. Cow's milk is the last drug in triphalaghrita it mitigates the aggravated pitta.

Medicine is in a lipid medium. The disease Bitot'sspots is a Vitamin A deficiency disease and VitaminA is a lipid soluble vitamin. It is almost impossible for any medicine to cross the blood-brain barrier unless it is alcohol or lipid to reach the conjunctiva where the disease is manifested.

Conclusion:

- Shukthika can be compared to Bitot's spots. Presence of raised silvery, white, foamy, triangular patch of keratinized epithelium situated on the bulbar conjunctiva in the inter-palpebral area is the chief complaint accompanied by pain in eyes, burning sensation in eyes, diarrhoea, thirst and fever.
- Most common etiology of Shukthika is improper ahara and vihara causing chaya followed by prakopa and stanasamsraya of pitta dosha in the eye. Etiological factors concerned with Bitot's spots are Vitamin A deficiency.
- In the present study Shukthika was found to be more prevalent in pre-school age children, students, women in reproductive age and alcoholics.
- In general internal administration of Triphalaghrita was found to be more efficacious.
- Symptoms like pain in eyes, diarrhoea, thirst, fever responded more with internal administration on Triphalaghrita.
- TriphalaghritaPaanais cost effective, safe and easy procedure which can be done by the patient himself in their own homes.

Summary:

• This clinical work is entitled — Effect of TriphalaGhritaPaana in the management of Shukthikaw.s.r. to Bitot's Spots.

- Introduction, Review of literature, Methodology, Observation and Results, Discussion, Conclusion and lastly Summary.
- The introductory part includes the need for the selection of the topic, therapy, drug of present study with its aims and objectives.
- The review describes historical aspects of Shukthika, Anatomical and physiologic considerations of Netra as per Ayurveda, followed by Anatomy and physiology of eye. Next chapter deals with disease review of Shukthika and its management, its relation to Bitot's spots and its management Contemporary Medicine. In next chapter, Santana Snehapana is explained. The drugs used for the preparation of Sneha have been explained in the Drug review.
- The third part deals with Methodology, which was carried out on 40 patients in, Source of patients, materials, plan of study and criteria for inclusion, exclusion and assessment of results has been given.

Observations made and Results obtained from the study has been presented in table and chart forms. The signs and symptoms are analyzed statistically.

Bibliography:

- 1) Agnivesha. Charaka Samhita, Chakrapani Vyakhya Samhita, Edited by Yadavji Trikamji Acharya, Chaukhamba, 1941.
- 2) Agnivesha. Charaka Samhita, Ed. Sharma R. K, Bhagavan Dash, Edition I, Chaukhamba Sanskrit Series, Varanasi, 1984.
- 3) Amarasimha. Amarakosha, 2ndEdition, 1976.
- 4) CCRAS, Exercise Therapy in Ophthalmic Affections: an innovative perspective, Govt of India. 2001.
- 5) Chalaapani Duna Chalu.adatta: with Bhavarthasandipani by Tripathi P Ed. IV, 1976.
- 6) Anonymous. Atharva Veda Samhita, Ed. Satvalkar S.D. Svadhyaya Mandala.
- Baghel M.S. Researches in Ayurveda, Mridu Publications, Jamnagar, 1997. Bhavamishra, Bhavaprakasa, with Vimarsha by K.C. Chunekar, haukhamba Bharati, Varanasi.
- 8) BhelaSanihita. Pub. by Central Council for Research in Indian Medicine and Homeopathy. New Delhi, 1997.
- CCRAS. Aetiopathoclenesis and Treatment of Timira with Saptamrita Lauha and Mahatriphala Ghrita, Govt of India, 1987.

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