

TUTTHADI RASAKRIYA ANJAN IN THE MANAGEMENT OF UTSANGINI W. S. R. TO
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ABSTRACT

Due to the consumption of *Dosha Prakopaka Ahara* and *Vihara*, individual and collective *Doshas* become vitiated. These excessive vitiated *Doshas* move upwards through the *Siras*, especially following the path of *Pitta-anusari Siras*, where they become lodged in *Vartma* (eyelids) *Sthana* (sites). This results in the *Murchhana* (vitiating) of the *Doshas* at those sites, leading to the vitiating of *Mamsa* and *Rakta Dhatus*, ultimately manifesting as *Varmagata Vyadhi*. *Utsangini*, classified as a *Vartmagata Roga*, is described differently by *Acharya Sushruta* and *Acharya Vagbhata*. According to *Acharya Sushruta*, *Utsangini* is a *Tridosha-Pradhana Vyadhi* (disease involving all three *Doshas*), whereas *Acharya Vagbhata* considers it a *Rakta Doshaja Vyadhi* (originating from the vitiating of *Rakta*). *Utsangini* can be correlated with chalazion. Chalazion is a chronic non-infectious inflammatory granuloma of a meibomian gland. The glandular tissue is replaced by granulations containing giant cells, plasma cells, histiocytes and polymorphonuclear probably as a result of chronic irritation. Retention of meibomian secretions could lead to such a reaction.

KEYWORDS: *Lekana Raskriya, Anjana, Tutthadi Anjana, Utsangini, Chalazion.*

INTRODUCTION

Utsangini, classified as a *Vartmagata Roga*, is described differently by *Acharya Sushruta* and *Acharya Vagbhata*. According to *Acharya Sushruta*, *Utsangini* is a *Tridosha-Pradhana Vyadhi* (disease involving all three *Doshas*), whereas *Acharya Vagbhata* considers it a *Rakta Doshaja Vyadhi* (originating from the vitiating of *Rakta*).^[1,2]

This condition is characterised by the presence of *Abyantaramukhi Pidika* (inward-opening), *Bahya Utsanga* (nodular swelling on the external surface of the eyelid), and *Adho Vrtmana* (located on the lower eyelid). It features *Tadrupa Pidika* (secondary *Pidika* resembling the primary one), *Kandu* (itching) in the eyelid. Additionally, the *Pidika* is *Bahyata Api Drishyate* (visible externally), *Kathina* (hard to the touch), with *Mand Vedana* (dull pain). Upon rupture, it discharges thick pus resembling egg yolk, known as *Prabhinna Strava Kukkutanda Rasopama*.^[3]

In chalazion, glandular tissue is replaced by granulation tissue containing giant cells, plasma cells, histiocytes, and polymorphonuclear cells, likely due to chronic irritation. Retention of meibomian gland secretions may lead to this reaction. The patient often notices a hard, painless swelling in either eyelid, which gradually

increases in size without inflammatory symptoms. Smaller chalazia can be difficult to see but are easily felt by passing a finger over the skin. Upon everting the eyelid, the conjunctiva over the nodule may appear red or purple. In later stages, it often turns grey and, rarely, yellow if infection occurs (as in hordeolum internum). The grey appearance results from changes in the granulation tissue, which transforms into a jelly-like mass. Chalazia may reduce in size over several months, but complete spontaneous resolution is rare. Sometimes, the contents are extruded through the conjunctiva, where granulation tissue may protrude, causing persistent conjunctival discharge and irritation.^[4]

Although antibiotics, intralesional injections of long-acting steroids, and incision and curettage are commonly used treatments for chalazion, they come with significant side effects.^[5] To overcome these side effects, *Tutthadi Rasakriya Anjan* serves as an effective mainstream treatment for curing chalazion.

Utsangini is a *lekhana-sadhya vyadhi*, and *Tutthadi Raskriya* possesses *lekhana* properties. This is why we selected *Tutthadi Raskriya* to treat *Utsangini*.^[6]

CASE STUDY

Chief Complaints with Duration: A 24-year-old female patient presents with nodular swelling, heaviness, itching, accompanied by a sticky discharge and mild pain in the left eye. This condition has been present for the past three days and tends to aggravate in the morning.

History of Present illness: Patient was asymptomatic 6 years ago when she suddenly developed heaviness, swelling, and itching in the left upper eyelid, accompanied by a sticky discharge and mild pain in the left eye. These symptoms persisted for approximately 3-4 days and resolved within four days, with a recurrence occurring every 3-4 months. Each time, the patient used antibiotic eye drops for relief. However, 6th month ago, the condition evolved into a nodular, hard, movable swelling in the upper eyelid. Initially, there was a small, which gradually increased in size without any signs of inflammation. Previously, there was no hard structure or nodular swelling present in the upper eyelid.

Past History: Jaundice, Urticaria.

Personal History

- Kshudha* - Poor, *Agnimandya* (low digestive power), *Udargaurav* (heaviness in abdomen), *Amla Udagar* (sour belching), *Mukha Vrana* (ulcer in mouth).
- Nidra* - Disturbed occasionally
- Mala Pravrutti* - *Vibandha* (constipation)
- Mutra Pravrutti* - *Samyak*

Eye Examination

Inspection

Left Eye: Swelling on upper eyelid, congestion in upper palpebral conjunctiva.

Right Eye: Congestion

Slit Lamp Examination

Left Eye: Soft, tender swelling at upper eyelid, pus point at nasally at lid margin, upper palpebral conjunctiva congestion (grade-3), papillary changes (grade-2).

Right Eye: Upper palpebral conjunctiva congestion (grade-2), papillary changes (grade-1).

MATERIALS AND METHODS

A patient presenting symptoms of *Utsangini* or chalazion was selected from the *Shalaky Tantra* OPD of ITRA Jamnagar. Both internal as well as local treatments were given to the patient. A medicinal drug was selected based on the classical reference of *Sharangdhar Samhita*.^[7]

Therapeutic Intervention

After a thorough examination of the patient, *Shankha Vati* was administered to promote *Deepana* (enhancing digestive fire), *Pachana* (digestive transformation), and *Anulomana* (regulation of the bowels), targeting symptoms such as *Agnimandya* (diminished digestive power) and *Udargaurava* (heaviness in the abdomen), as *Agnimandya* can lead to various disorders. Additionally, *Bidalaka* was applied using a combination of *Triphala*, *Vasa*, and *Lodhra Churna*. *Netraprakshalana* (eye wash) with *Triphala* and *Tankana* was also performed to facilitate the *Samprapti Vighatana* (disruption of the pathogenesis).

The patient followed the treatment for 3-4 days, which was a positive step, but afterward, they discontinued the medication once the symptoms of heaviness, itching, sticky discharge, and mild pain had subsided. However, after one month, the condition progressed into a hard, nodular swelling of the upper eyelid. The patient then returned for further treatment, at that time we first administered *Virechana* to cleanse and balance the system. Following this purification process, *Tutthadi Raskriyanjana* was applied to the eyes as the next step in the treatment for the purpose of *Lekhana* (scraping).

Table 1: Content of Tutthadi Rasakriya (Sharangdhar Samhita).

Drug	Botanical Name	Proportion
<i>Tuttha</i>	<i>Copper Sulphate</i>	20gm
<i>Makshika</i>	<i>Chalcopyrite</i>	20gm
<i>Saindhava</i>	<i>Rock Salt</i>	20gm
<i>Sita</i>	<i>Saccharum Officinarum</i>	20gm
<i>Shankha</i>	<i>Turbinella Pyrum</i>	20gm
<i>Manahshila</i>	<i>Arsenic Sulphide</i>	20gm
<i>Gairik</i>	<i>Red Ochre</i>	20gm
<i>Samudraphen</i>	<i>Sepia Officinalis</i>	20gm
<i>Maricha</i>	<i>Piper Nigrum</i>	20gm
<i>Daruharidra</i>	<i>Berberis Aristata</i>	500gn

Pathya Apathya (dietary and lifestyle guidelines)

The patient was strictly advised to avoid cold drinks, ice cream, junk food, curd, salad, fruits, fermented items, and spicy foods. *Pravat Sevan* (exposure to head wind) and *Divaswapna* (daytime sleeping) should be avoided.

Proper handwashing, maintaining facial hygiene, and avoiding repeated contact with the eyes are also essential. Regular intake of *Sunthi* and *Musta Siddha Aushadha Jala* throughout the day was recommended as part of their routine.

Anjana Procedure

Purva Karma - Virechana Karma

Pradhan Karma - After performing Sanshodhan, Mangala Charana was chanted, and the patient was asked to sit comfortably in Sukh Purvak Asana. Anjana was applied by opening the eye with the left hand and applying Rasakriya Anjana from the Kaninik Sandhi (inner canthus) to the Apang Sandhi (outer canthus), moving back and forth from Kaninik to Apang and Apang to Kaninik Sandhi for 2-3 times. Following this, the patient was instructed to close their eyes for 2-3 minutes until the sensation of burning, excessive discharge, and pain subsided.

Paschat Karma - After the burning sensation and discharge had completely subsided, the patient was

Pictogram of Chalazion



BT - Left Eye



BT - Left Eye



AT - Left Eye

DISCUSSION

Kriyakalpa holds a highly esteemed position in eye care, being a tissue-targeted, fast-acting, and simple yet innovative method for administering medications to various parts of the eye. Among these procedures, *Anjana* is a widely practised method of applying medicine directly into the eye and is recommended as part of a daily routine to protect and maintain eye health. However, it is only administered once the *Amavastha* (immature stage of disease) is resolved and the *Doshas* are localised solely in the eyes. In the treatment of *Utsangini*, *Tutthadi Rasakriya Anjana* played a significant role. This is because *Utsangini* is a *Sannipataj Vyadhi*, and it is specifically a *Lekhana Sadhya Vyadhi*, for which the ingredients of *Tutthadi Anjana*, being predominantly *Tridoshaghna* and having *Lekhana* properties, are highly effective.

CONCLUSION

Tutthadi Rasakriya Anjana yields highly effective results in the treatment of *Utsangini* (nasal polyp). It is an economical and efficient procedure that does not cause adverse effects, unlike modern medicine, which often focuses on suppressing the condition. In contrast, *Ayurveda* aims to support the body in expelling the *Dushit Dasha* that accumulates within the body. *Ayurveda* emphasises cleansing the body and pacifying the *Tridoshas* at the root through treatment modalities such as *Nidana Parivarjana* and *Samprapti Vighatana*, employing *Shodhana* therapies. These therapies are complemented by appropriate *Pathya-Apathya* (dietary

instructed to gently perform *Netra Prakshalan* (eye cleansing) using a decoction prepared from *Vasa* and *Yashtimadhu*.

RESULTS

During the initial stage of the *Vyadhi*, the symptoms of heaviness, itching, sticky discharge, and swelling subsided after 3-4 days. However, after one month, the patient developed a hard nodular swelling. To address this, we administered *Tutthadi Rasakriya Anjana* over a period of two weeks, with a three-day gap between applications. As a result, the hard, movable nodular swelling was completely resolved.

and lifestyle guidelines). Internal medications are also prescribed to enhance *Agni* and strengthen the patient's *Bala* (immunity). As a result, there is significant improvement in the condition, with no recurrence of symptoms. Therefore, there is a need to implement *Ayurvedic* treatments on a larger scale to draw more definitive conclusions.

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