



## KANTALIKADYANJANA WITH CHITRAKADI KASHAYA INTERNALLY IN KAPHAJA KACHA W.S.R TO SENILE IMMATURE CATARACT – A CASE STUDY

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### ABSTRACT

Eyes are regarded as “the index of man’s mind and nature”. *Atharva veda* exclaims “May Surya, the sovereign lord of eyes protect me”. *Dalhana* quotes “*Sarevndriyanam madhye nayanasya pradhanatwat*” implying the importance of *Netra*. Ayurveda, the holistic science outlines the basic needs to maintain health and prevent, treat diseases. *Shalaky Tantra*, one among the 8 branches of Ayurveda, deals with precious sense organs, their health and diseases. Protection of vision is one among the priorities of *Shalaky tantra* thus it widely explores the diseases of eye with even minute details. *Kacha* is one among the *Drishtigata roga*, progress of which results in loss of vision. Similar condition is on the rise, with increasing incidences of cataract, we are becoming a generation of handicapped at old age. A 65 year old female known case of controlled diabetes mellitus complaining of blurring of vision for distant and near objects since 1 and half years presented to our eye OPD in GAMC, Bengaluru. She was diagnosed with anterior cortical cataract, was prescribed with spectacles and was advised surgery for the same on further progression. But the patient did not opt for surgery and hence for further management came to our hospital. In this case report the effective management of *Kaphaja Kacha* with *Bheshaja* and *Anjana karma* is being addressed to.

**KEYWORDS:** *Kaphaja kacha*, senile immature cataract, *anjana karma*, *chitrakadi kashaya*, *timira*, cortical cataract.

### INTRODUCTION

CATARACT- The word Cataract has been derived from the Greek word ‘Katarraktes’ meaning ‘Waterfall’, it refers to development of any opacity in the lens or its capsule<sup>[1]</sup> and is one of the leading avoidable causes of blindness worldwide. As per WHO report 2021, around 94 million people globally have moderate/severe distance vision impairment/ blindness due to cataract. It is classified as Congenital and Developmental/ Acquired. ‘AGE RELATED CATARACT’ also called as ‘SENILE CATARACT’ is the commonest type of acquired cataract occurring in people above 50 years of age. It occurs equally in both men and women and is frequently bilateral. Cataract maybe present without causing any symptom, maybe discovered during a routine eye check-up, or maybe present with following symptoms – Glare, coloured halos around the light, watering of eyes, black spots in front of the eyes, deterioration of vision.<sup>[2]</sup> Currently in modern medicine, surgery is the major available treatment for cataract. However, in a developing country like India, with a vast majority of agro background people, it imposes a great economic

burden on the society. Also globally, high cost is the major barrier for rural population in not pursuing eye care.

There is no direct mentioning of senile cataract in Ayurveda. Considering the signs/symptoms/changes in the lens, its different stages may be compared to *kaphaja timira/ kacha/linganasha*. When *Timira* not treated progresses into *Kacha*, a major *Drishtigata roga* causing diminution of vision and Further into *Linganasha* (loss of vision).

*Acharya Sushruta* has described 12 *drishtigata rogas*<sup>[3]</sup> whereas *Acharya Vagbhata* has described 27<sup>[4]</sup> of them, *Timira* is one among them. *Acharya Dalhana* particularly states that *Timira* acquiring *ragata* should be called as *Kacha*.<sup>[5]</sup> *Samanya nidana* of *netra roga* can be taken as *nidana* for *kacha*. *Acharya Vagbhata* specifically opines that *achakshushya* and *pitta prakopaka nidana* results in *dosha* vitiation traversing to the *netra* via *netra siras* and localizing in the specific *netra avayava* with *khavaigunyata*, here in the *drishti*

resulting in development of *kacha*. In *kaphaja kacha*, bright objects like sun, moon and lamp appear lusterless and dull along with *drishtimandala* of eye appearing as white in colour.<sup>[6]</sup> *Virechana, nasya, Anjana* are advised in its initial stages. Surgery is advised in the stage of *kaphaja linganasha*.

Present study thus aims at evolving an effective measure for *kaphaja kacha* by employing *Kantalikadyanjana* containing *Kantakari, Amalaki, Saindhava-chakshushya, Lekhana dravyas* with *Chitrakadi kashaya*, having *lekhana, rasayana karma* given internally. The yogas mentioned can be easily prepared, contains effective dravyas which are cost effective, simple and easily available. Thus, are expected to yield better result. Hence this study is taken.

### CASE STUDY

A 65 year female patient known case of controlled diabetes mellitus was brought to Shalakyta tantra EYE opd, GAMC, Bengaluru with complaints of blurring of vision for distant and near objects since 1 and half years. The patient observed gradual increase in blurring of vision for distant and near objects and hence approached a nearby ophthalmologist and got her vision checked. Here the patient was diagnosed with anterior cortical cataract in both eyes, was prescribed with spectacles and was informed that on further progression she can opt for surgery for the same. Even with spectacles usage the patient found no comfort and to avoid surgery she approached our hospital for further management.

**Past history:** K/C/O DM since 5 years (Controlled under medication)

**Surgical history:** Nothing significant.

### Ocular examination

#### External ocular examination

	Right eye	Left eye
1. Head posture	Normal	Normal
2. Eyeball - position and size	Normal	Normal
3. Eyelids	Normal	Normal
4. Eyelashes	Normal	Normal
5. Nasolacrimal duct	Normal	Normal
6. Conjunctiva	Normal	Normal
7. Sclera	Normal	Normal
8. Cornea	Normal, transparent	Normal, transparent
9. Anterior chamber	Quite, normal depth	Quite, normal depth
10. Iris	Normal	Normal
11. Pupil	Rrr	Rrr

B/L Facial symmetry – Normal

B/L Ocular Posture – Orthophoric

Ocular motility: Full, both eyes (OU), no nystagmus

Confrontational Visual Fields: Full in both eyes

#### Internal ocular examination

Slit lamp examination

A) Conjunctiva and Sclera: NORMAL

### Examination

#### Ashta sthana pariksha

1. *Nadi: Prakrita*
2. *Mutra: Prakrita*
3. *Mala: Prakrita*
4. *Jihva: Lipta*
5. *Shabdha: Prakrita*
6. *Sparsha: Prakrita*
7. *Drik: Vikrita*
8. *Akruti: Prakrita*

#### Dashavidha pariksha

1. *Prakriti: Kapha-vatala*
2. *Vikriti: Kapha pradhana tridosha, Dushya- rasa, rakta, mamsa, meda*
3. *Sara: madhyama*
4. *Samhanana: madhyama*
5. *Pramana: sama*
6. *Satmya: sarvarasa*
7. *Satva: pravara*
8. *Aharashakthi: avara*
9. *Vyayamashakthi: avara*
10. *Vaya: jara*

Vitals were within normal limits and showed no abnormality.

### General examination

1. Bowel: Regular
2. Appetite: Reduced
3. Micturition: Regular
4. Sleep: Sound

B) Cornea: CLEAR

C) Iris: NORMAL

D) Lens: a) Capsule – Anterior capsular opacity

Cortex - Clear

Nucleus - Clear

b) Opacity – Site – Anterior Capsule

Grading of Opacity - C<sub>2</sub>

**Ophthalmoscopic examination****A) Distant direct ophthalmoscopic examination**

	<b>Right eye</b>	<b>Left eye</b>
1. Glow	Showing central circular dark shadow	Showing central circular dark shadow
2. Media	Clear	Clear

**B) Direct ophthalmoscopic examination**

	<b>Right eye</b>	<b>Left eye</b>
1. Fundus	Normal	Normal
2. Optic disc		
Shape:	Normal	Normal
Cup: disc ratio:	0.4	0.3
Border:	Well defined	Well defined
Color:	Normal	Normal
3. Retinal vessels	Normal	Normal
4. Macula lutea	Normal, foveal reflex seen	Normal, foveal reflex seen

**OBSERVATION BEFORE TREATMENT****Visual acuity**

	<b>Without glasses</b>		<b>With glasses</b>		<b>Pin hole</b>
	DV	NV	DV	NV	
Both eye	6/24	N10	6/12	N8	
Right eye	6/36	N12	6/12	N8	6/60
Left eye	6/24	N10	6/12	N8	6/24

**Refraction**

	<b>RE</b>			<b>LE</b>				
	<b>SPH</b>	<b>CYL</b>	<b>AXIS</b>	<b>V/A</b>	<b>SPH</b>	<b>CYL</b>	<b>AXIS</b>	<b>V/A</b>
DV	-1.50	-	-	6/12	-1.25	-	-	6/12
NV	+2.00	-	-	N8	+1.75	-	-	N8

Oblique Illumination Examination: Iris shadow – Present

**Chief complaints****Table 1**

<b>Sl. No.</b>	<b>Complaints</b>	
1.	<i>Drishti vihwalaata</i>	—
2.	<i>Dwidha bahula darshana</i>	—
3.	<i>Avyakta darshana</i>	+
4.	Glare	—
5.	Deterioration of vision for distant and near	+
6.	Coloured halos around the light	—
7.	Watering of eyes	—
8.	Black spots in front of the eyes	—

Treatment adopted

Duration – Total duration of 78 days.

<b>Treatment</b>	<b>Dose</b>	<b>Duration</b>	<b>Follow up period</b>
<i>Kantalikadyanjana</i>	2 Shalaka (In morning)	One mandala Prayoga = 48 Days	30 Days
<i>Chitrakadi kashaya</i>	1/2 Pala <sup>[7]</sup> with 1 Karsha Gritha <sup>[8]</sup> Nishi prayoga kala <sup>[9]</sup>	30 Days	

**Diagnostic criteria<sup>[15]</sup>**

- Visual acuity -for distant and near - with and without spectacles
- Pin-hole test
- Oblique illumination examination – Iris shadow
- Slit lamp examination
- Distant direct Ophthalmoscopy

**Assessment criteria:** The effect of the treatment planned was assessed by the subjective and objective parameters along with the diagnostic criteria mentioned.

#### A) Subjective parameter

##### 1. *Drishti vihwalata* –

Grade 1 – Transparent  
Grade 2 – Opaque  
Grade 3 – Others (ring type)

##### 2. *Dwidha bahula darshana*

D0 – No area of Double vision  
D1 – Within 40°  
D2 – Within 20°  
D3 – Involving the gazing point

##### 3. *Avyakta darshana*

Grade 0 – No blurriness  
Grade 1 – Occasional blurriness  
Grade 2 – Present always  
Grade 3 – Maintained blurriness  
Grade 4 – Worsened

#### B) Objective parameter

1. Slit lamp Examination - LENS Opacity Classification System

#### OBSERVATION AND RESULTS

After the treatment plan of 48 days and follow up period of 30 days, improvement in visual acuity is seen in both eyes. Reading with a pinhole improvement noted.

#### Observation after treatment

##### Visual acuity

	Without glasses		With glasses		Pin hole
	DV	NV	DV	NV	
Both eye	6/12	N8	6/9	N6	
Right eye	6/24	N8	6/9	N6	6/24
Left eye	6/12	N8	6/9	N6	6/12

##### Refraction

	RE			LE				
	SPH	CYL	AXIS	V/A	SPH	CYL	AXIS	V/A
DV	-1.50			6/9	-1.00	-	-	6/9
NV	+1.75	-	-	N6	+1.50	-	-	N6

Oblique Illumination Examination: Iris shadow – Present

##### Slit lamp examination

a) Capsule - Anterior capsular opacity

Cortex - Clear

Nucleus - Clear

b) Opacity – Site - Anterior Capsule

Grading of Opacity C<sub>2</sub>

#### DISCUSSION

Probable mode of action of *KANTALIKADYANJANA* - It contains drugs *Kantakari*, *Amalaki* and *Saindhava*.<sup>[10]</sup> Among these *Amalaki* and *Saindhava* are *chakshushya* in nature added with the *vayasthapana karma* of *Amalaki*, *lekhana property* of *saindhava*. *Kantakari* has *laghu*, *rooksha*, *teekshna guna* with *katu*, *tikta rasa* which does *lekhana karma*. These drugs are used in the form of *choornaanjana* as *Anjana karma* provides greater bio availability of the drugs, along with increased local time of absorption. Hence *choornaanjana* of the above drugs alleviate *kaphaja kacha* via *lekhana karma* with added *rasayana* effect. At time of usage *choorna* is mixed with honey and is applied.

Probable mode of action of *CHITRAKADI KASHAYA* – It contains *chitrakamoola*, *triphalala*, *patola* and *yava* which are used in the form of *kashaya* along with *gritha*.<sup>[11]</sup> *Yava* does *kshalana karma* and *Chitraka* does *lekhana karma* and *agni deepana* thus correcting the

*agni* and *dhatu paka kriya*. *Triphala*, *patola*, *ghritha* are *chakshushya* in nature helping in proper nourishment.

#### CONCLUSION

*Kantalikadyanjana* with *Chitrakadi kashaya* internally showed significant improvement in subjective parameters of *Kaphaja Kacha*. By drugs mentioned above, the treatment protocol followed in this case has the property of Antioxidant, *vayasthapana*, *chakshushya*, anti-inflammatory, *Tridoshashamaka*, *Rasayana*, *Agni Dipana*, *Anulomana*, *srotoshodhaka* and *lekhana* properties. No adverse drug reactions were reported during the study. This case study concludes that *Ayurveda* treatment effectively restores vision and delays the progression of *Kaphaja Kacha*. The result obtained has proven the effectiveness of *Ayurvedic* management in *Kaphaja Kacha*, and satisfactory results can be found in such cases, when there is a high risk of surgical complications.

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