

Effect of Kachayapanam Kuzhambu Anjanam in the Management of Kaphaja Kacha (Immature Cataract): A Single Case Report

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ABSTRACT

INTRODUCTION: *Kacha* is one among the *Dristigata roga* of *Netraroga* explained in Ayurvedic classics. When the dosas gets localized in the 3rd *Patala* of *netra*, the person gets the disease called *Kacha*, in which he sees objects present above but not below, objects seen are covered with thin cloth, area of vision assumes the colour related to *dosha* and gradually the vision diminishes. Immature cataract is characterized by a variable amount of opacification, present in certain areas of lens. It is a vision impairing disease characterized by gradual progressive loss of vision. It is one of the leading causes of preventable blindness.

MATERIALS AND METHODS: A patient with presenting symptoms of *kaphaja kacha* or immature cataract was selected from the *Shalaky Tantra* OPD of ITRA Jamnagar. Both internal as well as local treatments were given to the patient.

RESULTS: Patient showed marked improvement in the Visual Acuity both aided and unaided after 3 months of treatment.

DISCUSSION:-*Anjana* is one among the *Netra Kriyakalpas* in which medicine is applied as collyrium in the eyes. It is administered only when the *Amavastha* is removed and the *dosas* are localised only on the eyes. In this case *Anjana* played a major role in reducing and controlling the progress of immature cataract or *Kacha*.

KEYWORDS: Anjana, Kaphaja kacha, Immature cataract

BACKGROUND

According to Acharya Susruta, when Doshas invade the third layer of eye(thriteeya patala), the person will see objects present above but not below, sees even big objects as though covered with cloth, sees the face of others as though devoid of ears, nose and eyes; as Doshas become more aggravated, disorders of vision also increase; when Doshas are localised at the bottom the person will not see objects which are nearby, when localised at the top, he will not see far away objects, when localised at sides, he will not see objects at sides, when localised at all places he sees objects as though combined; when localised in the centre, he finds one object as two, two object as three; when doshas are not localised(but are moving from place to place) he sees one object as many.

Senile cataract is an age-related, vision-impairing disease characterized by gradual progressive clouding and thickening of the lens of the eye. It is the world's leading cause of treatable blindness. A patient with

senile cataract often presents with a history of gradual progressive visual deterioration and disturbance in night and near vision.

Vision 2020, an International initiative by World Health Organization (WHO), was started to decrease the number of people having preventable blindness. Senile cataract is the most important cause of this avoidable blindness affecting 12 to 15 million persons worldwide. Till date an effective medical therapy for senile cataract has not been found out. The only treatment of choice is surgery. Owing to the increased rate of incidence of senile cataract and the possible complications and contraindications of surgery, research for the need for drugs that could effectively tackle the problem has arisen.

CASE REPORT: A 52 year old female patient visited the Out Patient Department of Shalakyia Tantra with complaints of gradual diminision of both distant and near vision on bilateral eyes since last one year. She has been using spectacles for both near and distant vision since last 7 months. Her unaided VA was 6/36 B/L and NV was N18 B/L. Her BCDVA was 6/12(P) with spherical lens correction of +1.5 B/L, and her Best corrected NV was N6 with spherical lens correction of +2.00 B/L.

PRESENT AND PAST HISTORY:No H/O any metabolic diseases

PERSONAL HISTORY:

1.	Bowel	1-2 times a day
2.	Appetite	Moderate
3.	Micturition	5-6 times a day
4.	Sleep	6-7 hrs a day
5.	Blood Pressure	130/90 mmHg
6.	Pulse Rate	76bpm
7.	Respiratory Rate	18/min

OPHTHALMIC EXAMINATION

SL. No		RIGHT EYE	LEFT EYE
1	LID	Normal	Normal
2	SCLERA , CONJUNCTIVA	No congestion	No congestion
3	CORNEA	Clear	Clear
4	PUPIL	Normal size, Reacting to light	Normal size, Reacting to light
5	LENS	Immature cataract Grade 2	Immature cataract Grade 2
6	ANTERIOR CHAMBER	NAD	NAD
7	INTRAOCULAR PRESSURE	17.3	17.3
8	FUNDUS EXAMINATION	NAD	NAD

THERAPEUTIC INTERVENTION

SL.NO	DATE OF VISIT	MEDICINE	MODE OF APPLICATION	DOSAGE
1.	10/04/2023	a)Vaiswanara churna b)Triphala churna	Internally	a)1 TSP BD B/F with luke warm water b)1 TSP H.S with madhu
2.	18/04/2023	c)Triphala coarse powder Continue (b)	Netra parisheka	Twice daily
3.	27/04/2023	d)Kachayapanam Anjana Continue (b)	Anjana	Once daily at morning
4	09/05/2023	Rasayana churna+ Shatavari churna+ Aswagandha churna Continue (d)	Internally	1 TSP BD A/F with milk

Ingredients of *Kachayapanam Kuzhambu Anjana*

Sl.No	Name of drug	Botanical Name	Quantity out of 10gm
1.	<i>Guda</i>	Jaggery	0.11g
2.	<i>Samudraphena</i>	Bone of cuttle fish	0.11g
3.	<i>Anjana</i>	Black antimony	0.11g
4.	<i>Krsna</i>	Piper longum	0.11g
5.	<i>Maricha</i>	Piper nigrum	0.11g
6.	<i>Kumkuma</i>	Crocus sativus	0.11g
7.	<i>Madhu</i>	Honey	4.57g

ADVERSE REACTIONS: No adverse effects were found during the course of treatment.

RESULT:

Significant improvement was seen in the VA of the patient. Her unaided VA was 6/12(P) B/L and NV was N9 B/L. Her BCDVA was 6/6 with her old specks. The observations shows that *Kachayapanam kuzhambu Anjana* is very effective in the management of *Kaphaja kacha*.

DISCUSSION:

Considering the increased rate of incidence of senile cataract, on availability of effective medical measures, possible complications and contraindications surgery, the need arises to research for drugs that could effectively help in arresting the progression and disintegrate the opacification of lens proteins. The Symptoms such as blurriness of vision, Glare, Diplopia etc. are mentioned in senile immature cataract which can be correlated with *Kaphaja Kacha*

In this regard, the *lekhaneeya* and *kaphaghna* properties of *Kachayapanam Anjana* have the action of *samprapti vighatana* (breaking the pathology of cataract) of *Kaphaja kacha*, and can be considered as potential intervention that could delay the progression of cataract.

The therapy approach in this case was based on *Rasayana* and *Chakshushya* properties of the *Dravyas*. This treatment plan has shown reduction of the symptoms of immature cataract in this patient such as visual improvement and decrease in discomfort.

Anjana(collyrium/eye-salves) should be applied only after the purification of the body and only when the *Doshas* are localised in the eyes.

Anjana is of three kinds- *Lekhana*, *Ropana*, *Drishtiprasadana*. *Lekhana* kind is prepared from drugs of *Kasaya*,*Amla*,*Patu*,*Usna*; *Ropana* from drugs of *Tikta Rasa* and *Prasadana* from drugs of *Madura Rasa* and *Seeta Virya*.

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