

CASE STUDY ON *KAPHAJA ADHIMANTHA* (POAG)[Harshmani Mangain¹](#), [Jyoti Gupta²](#)

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ABSTRACT

Introduction: Glaucoma is a chronic progressive optic neuropathy caused by a group of ocular conditions which lead to damage of the optic nerve with loss of visual function. **Case Presentation:** A 58-year-old male patient of POAG with no history of diabetes and hypertension was taken from the OPD of Patanjali Ayurveda hospital is presented here. **Intervention:** Patient underwent the ayurvedic management consisting of specific *Kriyakalpa* procedures i.e., *Tarpana*, *Marsha Nasyam* and *Jalaukavacharana*. **Result:** The combined effect of *Tarpana*, *Nasyam*, *Jalaukavacharana* provides proper treatment for POAG.

Conclusion: This case study shows that ayurvedic treatment *Tarpana*, *Marsha Nasyam* and *Jalaukavacharana* are helpful for reducing the symptoms of *Kaphaja Adhimantha* (POAG).

Keywords: *Kaphaja Adhimantha*, POAG, *Tarpana*, *Nasyam*, *Jalaukavacharana*.

INTRODUCTION

In India, nearly 12 million people are affected by glaucoma with an estimated 40-50 percent of cases going undetected. Glaucoma is the second leading

cause of irreversible blindness globally and third leading cause in India. Glaucoma is a chronic progressive optic neuropathy caused by a group of ocular condi-

tions which lead to damage of the optic nerve with loss of visual function¹. It may be congenital (developmental) or acquired. These disorders destroy the optic nerve which sends visual information to the brain resulting in blindness. Intraocular pressure is a key modifiable factor. Glaucoma affects 2-3% of people over the age of 40 years but up to 50% may be undiagnosed. In Ayurveda, *Kaphaja Adhimantha*, a disease mentioned by *Sushruta*, which is caused due to improper management of *Abhishyanda* can be compared with POAG. *Kaphaja Adhimantha* is one of the *Sarvakshi rogas* which extends to all *mandalas* and *netra patalas* of the eyes. Clinical features of *kaphaja Adhimantha* are pain in eyes, feeling of foreign body sensation, headache, redness of eyes which is not excessively congested, ocular discharge and itching, heaviness in eye².

CASE PRESENTATION

A 58-year-old male patient of POAG with no history of diabetes and hypertension was taken from the OPD of Patanjali Ayurveda hospital.

Presenting complaints with duration

1. Gradual diminution of distant as well as near vision in both eyes in the last 2 years.
2. Pain and heaviness in both eyes.
3. Foreign body sensation in both eyes.
4. Delayed dark adaptation in both eyes.

History of present illness

The patient was apparently asymptomatic 2 years ago. Then he noticed gradual blurring of vision which was progressively increasing. After one year, the patient complained of pain in both eyes with headache. After consulting an ophthalmologist at a private hospital, he was diagnosed with POAG. Later, he developed peripheral vision loss in both eyes (L>R) and delayed dark adaptation in both eyes. The patient was suffering from stress and was insomniac. The ophthalmologist prescribed him Dorzox eye drop and soft drop eye drop for the management but he didn't receive much relief. Then a patient visited *Shalakya* OPD for further treatment on 10-08-2022 for the first time.

EXAMINATION

Table 1: Visual Examination

Eye	Distance Vision Without Glass	Distance Vision With Glass	Near Vision Without Glass	Near Vision with Glass
Od	6/12	6/6p	N ₁₂	N ₆
Os	6/6p	6/6	N ₁₂	N ₆

IOP	OD	OS
	11 mmHg	12 mmHg

Table 2: Ocular Examination

PARTS	OD	OS
Eyelids, Eye lashes	Normal	Normal
Conjunctiva	Normal	Normal
Sclera	Normal	Normal
Cornea	Clear	Clear
Ant. Chamber	Deep	Deep
Pupils	Normal / Reacting to light	Normal / Reacting to light
Lens	Normal	Normal

Table 2 : Fundus Examination

Examination	OD	OS
Media	Clear	Clear
Vessels	Nasal Shifting	Nasal Shifting
Optic Disc	WNL	WNL

CDR	0.7	0.7
Macula	WNL	WNL

Treatment: The below mentioned treatment was given in 3 sitting with the gap of 30 days.

Kriya - kalpa

Procedure	Drug	Dose	Duration
TARPANA ³	MAHATRIPHALA GHRITA ⁶		7 DAYS
M.NASYAM ⁴	MAHATRIPHALA GHRITA	6-6 DROPS	7 DAYS
JALAUKAVACHARAN ⁵	Bhru Pradesh		1 DAY

ORAL MEDICINES

Medicines	Dose	Anupana	Duration
VACHA CHURAN	2 gm	With warm water before food	BD
JATAMANSI CHURAN	2 gm	With warm water before food	BD
MUKTASHUKTI BHASMA	10 gm	Combination of these 3 to be taken one tsp twice a day before meal with honey	BD
SAPTAMRIT LAUH	20 gm		BD
AMALAKI RASAYAN	200 gm		BD
PATOLADI GHRITA	1 tsp	With milk after food	BD

The above treatment was given for the duration of 3 months.

RESULTS AFTER TREATMENT:

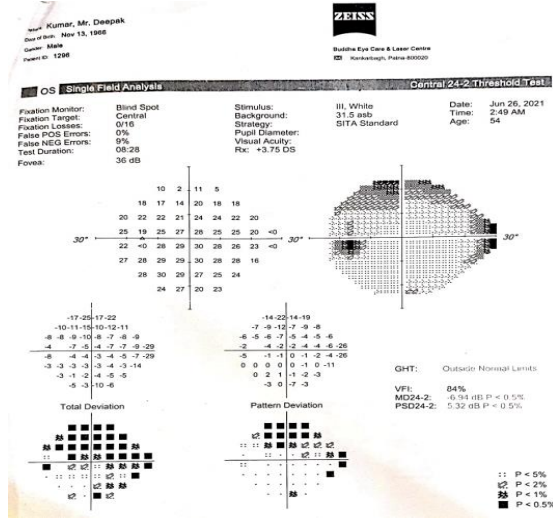
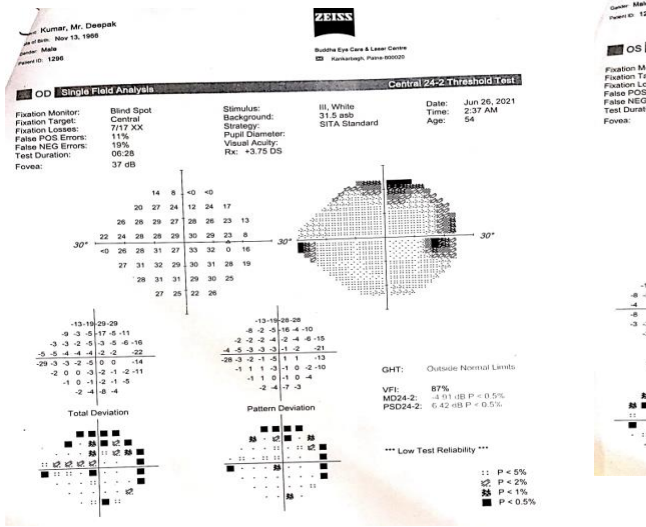
Results included checking for visual acuity and IOP which are the clinical measurements.

Subjective Parameter

- Improvement in blurred vision
- Improvement in pain and heaviness
- Improvement in dark adaptation

	Rt eye		Lt eye	
	V / A	IOP	V / A	IOP
During first visit	6 / 12	11	6 / 6p	12
During second visit	6 / 9p	12	6 / 6	13
During third visit	6 / 6p	11	6 / 6	12

Objective Parameter

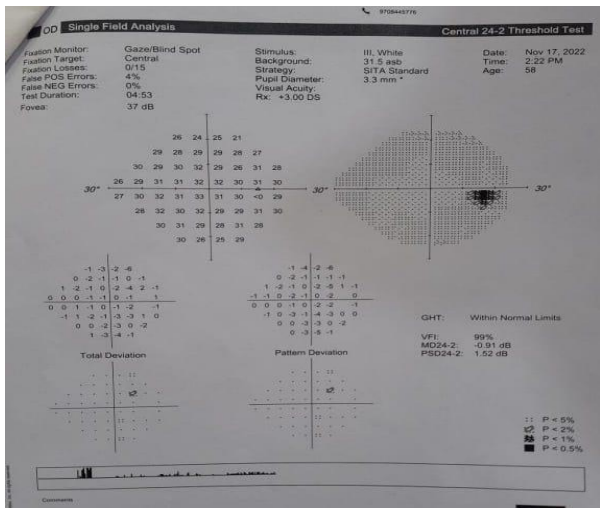


OD

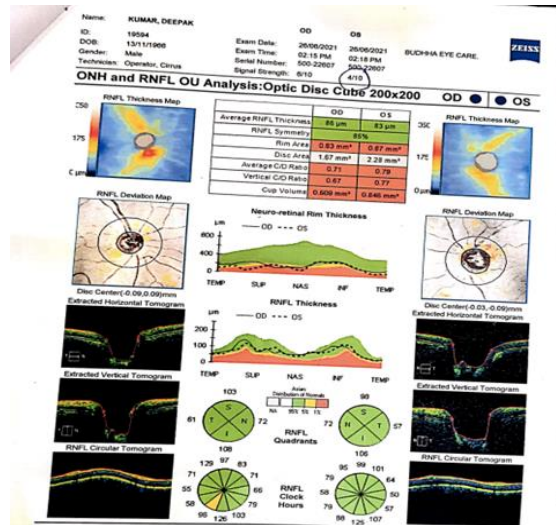
OCT-RNFL

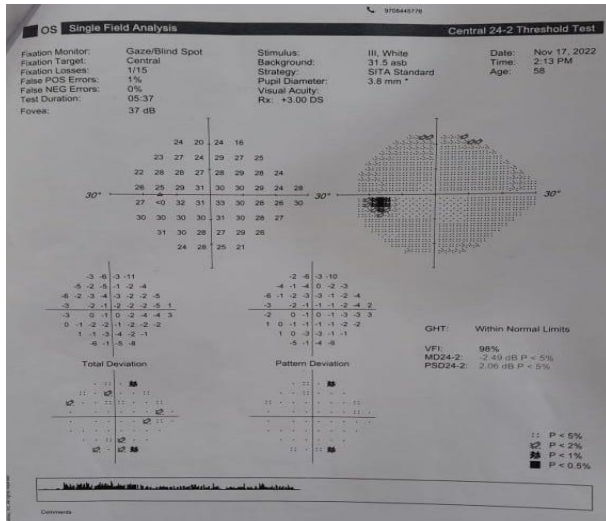
Before Treatment

- Perimetry Before Treatment



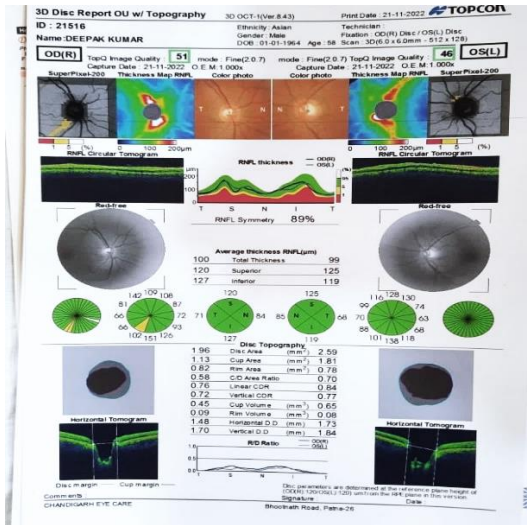
OD After treatment





OS

After Treatment



DISCUSSION

Adhimantha has drawn the attention of ancient physicians which is evident from the fact that its description, classification, complication and management are available in literature. If treatment is given well on time, then *Adhimantha* can be cured.

As mentioned earlier, the patient has been suffering from POAG for 2 years. He had ocular symptoms of blurring of vision, pain, heaviness, foreign body sensation, delayed dark adaptation in both eyes. Patient

is administered with *Tarpana* and *Marsha Nasyam* with *Mahatriphala Ghrita* and *Jalaukavacharana*. *Mahatriphala ghrita* contains *Triphala*, *Bhringraja* swears, *Vrisha rasa*, *Utpala*, *Ajakshira*, *Shatavari*, *Guduchi rasa*, *Amalaki rasa*, *Pippali Draksha*, *Sita*, *Madhuka*, *Madhuparni*, *Ashwagandha*, *Ghrita*, etc. *Mahatriphala Ghrita* is *tridosha shamaka*. It pacifies dosha at a systemic level and nourishes the ocular tissues locally. *Tarpana* is a *kriyakalpa* procedure that locally nourishes the ocular tissues, pacify data kappa and improves the *Sneha* properties like luster,

moisture of eyes etc. *Jalaukavacharana* has an important role in treating *pittaja* and *raktaja netra roga* by doing *Raktashodhana*. When leech is applied over the site, they inject biologically active substances through saliva i.e., Calin, Eglin and Hirudin that has an anti-inflammatory properties that helps in arresting inflammation and vasodilators like acetylcholine, histamine increases the blood flow of affected area and hyaluronidase facilitates the penetration and diffusion of pharmacological active substances into deeper tissues. *Nasyam* removes vitiated data *kapha* from *Murdha* (Head) and gives strength to supraclavicular organ. *Nasyam* provides strength and nourishment to *urdhwajatrugata anga*. The visual acuity for the right eye improved from 6/12 to 6/6_p and left eye from 6/6_p to 6/6 in three visits. The RNFL symmetry also improved from 85 to 89% after the treatment. The average C:D ration also improved from 0.71 to 0.58 in right eye and 0.79 to 0.70 in left eye. In the present study, a highly significant effect of the therapy was found in improving the visual acuity and other parameters of the patients of *Adhimantha*. The improvement remained steady at the end of follow up without treatment. This shows the long-term effect of treatment. The safety parameters show that the administered management protocol had no local side effects. Thus, the combined effect of *Tarpana*, *Nasyam*, *Jalaukavacharana* provides proper treatment for POAG.

CONCLUSION

This case study shows that ayurvedic treatment *Tarpana*, *Marsha Nasyam* and *Jalaukavacharana* are helpful for reducing the symptoms of *Kaphaj Adhimantha* (POAG).

The patient approached Patanjali Ayurveda Hospital with symptoms of blurred vision, pain and heaviness in both eyes, delayed dark adaptation and his vision was gradually diminishing. During the treatment, the patient observed gradual reduction in all the above-mentioned symptoms and his condition started improving. After completing the three months treatment, patient is fully recovered, and he is showing no signs of blurred vision, pain or heaviness in the eyes. This clearly indicates that ayurvedic treatment is effective in treating *kaphaj Adhimantha*.

REFERENCES

1. Tandon Radhika, Sihota Ramanjit, Parson's Diseases of the eye, Published by New Delhi, ELSEVIER, Reprint 2015, P. 261.
2. Prof. Shankar Udaya, Textbook of *Shalaky Tantra* Illustrated, Vol-I, *Netra Roga*, Published by Varanasi, Chaukhamba Visvabharti, Reprint 2015, P. 479.
3. Dr. Tripathi Brahmanand, *Astanga hrdayam of Shrimad vagbhata*, Nirmala Hindi commentary, Published by Delhi, Chaukhamba Sanskrit Pratishthan, Reprint 2019, P.269.
4. Dr. Tripathi Brahmanand, *Astanga hrdayam of Shrimad vagbhata*, Nirmala Hindi commentary, Published by Delhi, Chaukhamba Sanskrit Pratishthan, Reprint 2019, P. 244.
5. Kaviraj Shastri Ambikadutta, *Susrutasamhita of Maharsi-susruta*, Ayurveda-Tattva- Hindi commentary Sanskrit Sansthan, Reprint 2018, P. 58.
6. Dr. Tripathi Brahmanand, *Astanga hrdayam of Shrimad vagbhata*, Nirmala Hindi commentary, Published by Delhi, Chaukhamba Sanskrit Pratishthan, Reprint 2019, P.966.

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