



AYURVEDA MANAGEMENT OF *Arma*(Pterygium) - A CASE STUDY

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ABSTRACT

Arma is one of the very common *Suklagata Netraroga*. *Arma* can be compared with *Pterygium*. The prevalence of this disease mostly seen in Global Rural Community and in central India is about 13%, among adult >30 years of age. Asymptomatic nature of the disease and non-availability of medical treatment are the main hurdles in management. More –over recurrence rate is high after surgery. A wide variety of treatment principles are explained in the classics for *Arma* such as *Lekhana Chedana* and *Anjana*. *Lekhana Karma* is a surgical management indicated for *Arma*. In this study, *Arma* is scrapped with *Bijapura*(*citrus medica*) *Bhavitha Saindhva Lavana* using *Shalaka*. With the help of *Sukshma Tikshana Guna* and *Lekhana Karma dravyas* the progression of the *Arma* towards *Krishna Mandala* can be reduced and helps to avoid recurrence.

KEY WORD – *Netraroga*, *Arma*, *Lekhana*,

INTRODUCTION

Shalaky tantra is one of the *Ashtangas* of *Ayurveda* that deals with the diseases affecting the *Urdhwajatrugata Vyadhi's* (organs above the clavicle). The most important organ of *Urdhwajatrugataavayawa* is eye. *Acharya Sushruta* has mentioned eleven types of *Shuklagata Rogas* that is the white part of the eye in which *Arma* is also one of the *Shuklagata Vyadhi's*. *Arma*, is a disease of eye which is characterized by wing like encroachment of the conjunctiva over the cornea¹.

Arma can be compared with *Pterygium*. *Pterygium* is not only a degenerative disease but may be proliferative disorder of the ocular surface. The aetiology of *Pterygium* has intrigued researchers for centuries. Several surveys have consistently shown that countries near the equator have higher rates of *Pterygium*. A possible reason for this geographic variation is that UV B radiation may be a risk factor for the development of *Pterygium*. UV B radiation may induce cellular changes in the medial/lateral limbus of the cornea². Several case control and cross-sectional studies have been attempted to accurately quantify UV light exposure and document its relationship with *Pterygium*. Genetic attributes and other lifestyle behaviours may also contribute to the development of *Pterygium*. The causative factors of *Arma* include exposure to dust, light, *Dhooma*, *Raja*, variation in seasons, unhygienic conditions and *Asatmya Vihara*. Different treatment modalities are explained for the management of *Arma* mainly *Lekhana*, *Chedhana*, *Anjana*, *Ghrithapana* and *Lepa*. *Arma* is a type of

Mamsavridhi (muscle like growth) hence *Acharyas* have indicated *Lekhana* and *Chedana* as the mainstay of treatment³. Hence for the present study dravyas having *Sukshma Tikshana Guna* and *Lekhana Karma* which arrest's further progression and also helps in the removal of *Dushitakaphadi Doshas* which causes *Mamsadushti* and *Bijapura*(*citrus medica*) *Bhavitha Saindhva lavana* using *Shalaka* is used to treat *Arma*.

CASE REPORT

The Present case study is successful Ayurvedic management of a case of *Arma*(*Pterygium*). A 52 year old female patient came to SDM Ayurveda Hospital who presented with the classical symptoms of *Arma* like *MamsaVridhi* (fleshy growth of conjunctival tissue), *Raga* (Redness/congestion of conjunctiva), *Gharsha* (Foreign body sensation) for 2 years was selected for the study.

History of present illness

The patient was having normal eyesight before 2 years. But then patient gradually got symptomatic appearance of *Arma* and was diagnosed during routine check up at Ophthalmologist. Patient was also psychologically upset since last few years due to fear of loss of eyesight and was on local and oral medication. But there was no any significant relief. Hence, she came to SDM Ayurveda Hospital for better management

Past history: No abnormality noted.



Personal History

Name -XXX
 Age – 52 years
 Sex -Female
 Marital status - Married
 Occupation – House wife
 Addiction – Coffee, Tea
 Bowel habit -Regular
 Appetite - Good
 Sleep – Good

Table No 1- AshtavidhaPariksha

<i>Nadi</i> (Pulse)	78/min
<i>Mala</i> (Stool)	<i>Saama</i>
<i>Mutra</i> (Urine)	<i>Nirama</i>
<i>Jivha</i> (Tongue)	<i>Saama</i>
<i>Shabda</i> (Speech)	<i>Spashtha</i>
<i>Sparsha</i> (Touch)	<i>Anushna</i>
<i>Drika</i> (Eye)	Pallor(+)
<i>Akriti</i> (Built)	<i>Madhyama</i>

Table No.2- General Examination

BP	120/80 mmhg
<i>Bala</i>	<i>Madhyama</i>
<i>Prakriti</i>	<i>Vath-Kaphaja</i>
Height	147cm
Weight	58kg

Table No.1- OcularExamination

Ocular Examination	OD	OS
Eyelid	NAD	NAD
Eyelashes	NAD	NAD
Lacrimal apparatus	NAD	NAD
Bulbar Conjunctiva	Congestion present with white elevated mass	NAD
Palpebral conjunctiva	NAD	NAD
Cornea	Clear	Clear
Pupil	RRR	RRR

Table no 2: Fundus examination

Fundus	OD	OS
Media	Clear	Clear
Optic disc	NAD	NAD
Macula	NAD	NAD
Retinal blood vessel	NAD	NAD

Table no 3: Visual Acuity

Visual acuity	OD	OS
Distant vision (without glasses)	6/6(P)	6/6
Near vision	N6	N6



No investigation is required but Schirmer's Test was done to test any association with a dry eye which was 17 mm for the eye without topical anaesthesia.

Interventional anti-inflammatory and artificial tear eye drops were stopped. Hence for the present study *Bijapura*(citrus medica) *Bhavitha Saindhva lavana* having Lekhana property is used to arrest the further progression and removal of *Arma*.

Table no.4: Intervention chart

Visit	Procedure done	Drug used	Date
First visit	lekhana karma	Bijapurabhavithasaindavalavana	2/03/2022
Second visit	lekhana karma	Bijapurabhavithasaindavalavana	9/03/2022
Third visit	lekhana karma	Bijapurabhavithasaindavalavana	16/03/2022

DISCUSSION

Arma is one among 11 *Netravikara* studied under *Shuklagataroga* by *Acharya Sushruta* and 13 explained by *Acharya Vagbhata*. It is mainly classified into 5 types i.e., *Prasthari*, *Shuklarma*, *Kshatajarma*, *Adhimamsaarma*, *Snayuarma*.⁵ It is nothing but membranous growth that forms in *Shuklamandala*. There are different treatments that are explained for the management of *Arma* mainly *Lekhana*, *Chedhana*, *Anjana*, *Ghrithapana* and *Lepa*.⁶ It is also explained in *Bhavaprakasha Madhyama Khanda*, *Netraroga Chikistadhikara* of *Yogaratanakara* and in 3rd chapter of *Gada Nigraha*. *Madhavakara* explained about *Arma* in *Madhyama Khanda*, also *Netraroga* and *Chikitsa* explained in *Sahasra Yoga* and *Chikitsamanjari*.

A wide variety of treatment principles are explained in the classics for *Arma* such as *Lekhana Chedana* and *Anjana*. *Lekhana Karma* is a surgical management indicated for *Arma*. In this study *Arma* is scrapped with *Bijapura* (citrus medica) *Bhavitha saindhvalavana* using *Shalaka*.⁷ With the help of *Sukshma Tikshana guna* and *Lekhana karma* dravyas the progression of the *Arma* towards *Krishana Mandala* can be reduced and helps to avoid recurrence.⁸

CONCLUSION

Pterygium is sometimes not problematic as it is usually found in adults and old aged people. But if it is seen at a very young age and also causes ocular discomfort, dry eye symptoms and congestion then it cannot be ignored. In the present study, the condition was the same. So, the *Ayurvedic* treatment is advised to the patient following the classical principles. The patient was

completely relieved. Furthermore, studies are needed to make a good conclusion and effective treatment for patients with Pterygium. *Lekhana Karma* is a surgical management indicated for *Arma*. In this study *Arma* is scrapped with *Bijapura* (citrus medica) *Bhavithasaindhvalavana* using *Shalaka* which reduced the progression and avoided the recurrence.

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