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ROLE OF KRIYAKALPA IN THE MANAGEMENT OF NETRAROGAS

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ABSTRACT- The Promotion of the visual acuity was considered as on of the priorities in the branch of shalakyatantra of Ayurveda. Many procedures and formulations have described to cure the ophthalmic disorders.present conventional system of medicine has topical and systemic administration of drugs to the eye which are highly inefficient and there is a need for controlled, sustained release, particularly for conditions that affect all parts of the eye. sushrutathe father of ancient indiansurgery, Advocated 'kriyakalpa' is the main therapeutic procedure for NetraRogas, along with other forms of treatment. He has described this in a separate chapter in uttartantra of sushrutasamhita. Some of the proven principles of management procedures and medicaments include intake of purified medicated ghee (Ghritarpana), nourishing eye both therapy (Tarpana), and processed liquid instillation through nostrils by drops or powders (Nasya), eye both therapy (pariseka), application of medicated paste on eye lids (Bidalaka) and collyrium (Anjana), these procedures improve the vision by strengthening of the cilliarymuscles, maintaining unctuousness of the eye ball, proper accommodation of the lens, delays the senile muscles, maintaining unctuousness hand these procedures also helpful in dealing with inflammatory condition conjunctivitis, hordeolum, Corneal ulcer, staphyloma, panophthalmitisetc. thuskriyakalpa can be done in healthy as well as diseased eye conditions to improve the ophthalmic heath.

KEYWORDS–*kriyakalpa*, eye diseases,uttarTantra, shalakyaTantra.

INTRODUCTION— *Kriyakalpa* is the basis of the ophthalmic disorders, as *panchkarma* is the basis of *kayachikitsa* when we refer to our classies for the therapeutic measures adopted in the management of eye diseases, we find that the management includes many of the topical treatments along with systemic ones. The reason might be that the drugs administered systematically may not cross the blood aqueous, blood-vitreous and blood-retinal barriers.ancient seers have designed many unique routes of drug administration and also varied formulations to suit the anatomy, physiology and pathological status of all parts of the body and more importance is given to design eye medicaments. The eye being a very vital and sensitive part was of main focus while designing *kriyakalpas-charaka-samhita* deals with the diseases of the entire body on the medical lines without paying any special reference to the disorders of the eye, ear, nose and throat (1).

However, some references are available regarding the eye ailments saying that eye disorders should be treated with the help of mentioned three *kriyakalpa* in *chikitsasthana* i.e. *Bidalaka, Aaschyotana* and *Anjana*(2). *Acharyasushruta* mentioned five *kalpa* i.e. *Seka, Aaschyotana*, *Anjana, Tarpana* and *Putpaka*(3). *Acharyasharangadhara* mentioned 7 *kriyakalpa* five of themare same as *sushruta* and added *pindi* and *Bidalaka* to them

(4). Acharya Bhavamishra has meant the same seven types of kriyakalpa as that of sharangadharasamhita while chakradatta has described complete chapter for netraroga with many formulations and bahirgunthanavidhi for acute eye condition (5). Which include seka and Aschyotana

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(contiuous pouring or instilling drops). Now all these are Topical measures came into play and these are called as 'kriyakalpas'

Kriyakalpa(6)- kriyakalpa is the main therapeutic process for ophthalmology in shalakyatanta as thepanchakarma is the bases of kayachikitsa the word kriyakalpa built from two wordskriya and kalpa. Kriya means therapeutic procedures for chikitsa used to cure the disease and kalpa means practicable, possible, manner of acting, a prescribed rule so kriyakalpa means specific formulation used for therapy in Ayurveicophthalmology. It includes selection of specific procedure, preparation of special drug form and finally its proper application to the eyes. when we refer to our classics for the therapeutic measures adopted in the management ofeye diseases, we find that the management includes many of the topical treatment along with systemic ones. the reason might be that the drug administered systematically may not cross the blood aqueous, blood-vitreous and blood-retinal barriers, Now the topical measures came into play and these are called as 'kriyakalpas'

Erymology- *kriyakalpa* is formed b two words as *kriya and kalpa*word*kriya*refers here to therapeutic procedures which cures the disease without causing any adverse effects while the word *kalpa* indicates the specific formulations adopted for the therapeutic procedures. Hence, the word*kriyakalpa* literally means to perform proper treatment who opines that *kriyakalpa* includes various preparations like *Tarpana*, *putapaka* etc. for the treatment of eye diseases.

Definition of *kriyakalpa* – No specific definition of *kriyakalpa*

Classification and Indication of kriyakalpa- AcharyaAstangaHridaya indicated for Tarpanain following symptoms and diseases.

Sr no.	Eye Symptoms(8)	Sr.no	Eye diseases(9)
1.	When a pt. seen darkness/blackouts	1.	Kricchronmeelana
	in front of eyes		
2.	In severe dryness of the eye	2.	Siraharsha
3.	Roughness of the eyes	3.	Sirotapata
4.	Stiffiness of the eyelids	4.	Arjuna
5.	Falling of eye lashes/Modrosis	5.	Shukra
6.	Deviated eye ball/squint	6.	Abhishyanda
7.	Dirtiness of the eyes	7.	Timir

TarpanaDravyas-

Ghrita prepared from kwath of kashmary,

Madhuk, Kumuda, Utpala, Urupaga, Kushtha, Brihati, Tamalamam si, Sariva,

Prapaundarika, Darbhamula and kasheru in milk. This Ghrita can be used

*By using *Ajayakrita*, *Agaru*, *Priyangu*, *Nalada*, *andDevadaru* prepare *ksheerapaka*Navaneeta from the curd obtained from this *ksheerapaka* is used for *Tarpana*.

Tarpana duration-

(a) According to *Dosha*

1.Vata-1000 matra

2.Pitta-800 matra

3.kapha-600 matra

(b) According to Adhisthana-

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- 1.Vartma-100 matra
- 2.Sandhi-300 mantra
- 3.Shukla-500 matra
- 4. Krisna-700 mantra
- 5.Drishti-800 mantra
- 6. Sarvagata-1000 manta(10)

How NetraTarpana work- By virture of its sanskaranuvartana property Ghrita attains the properties ingredients without losing its own. Ghrita is supreme injangamasneha and Balavardhaka, Ojovardhaka, Vayasthapana, agni Deepana and Dhatuposhaka. Acharyacharaka in sutrasthanasnehadhyaya explained that "SnehoanilamHanti" which means that snehana is the supreme treatment for *vataDosa*. He mentioned *AskshiTarpana* as one of the 24 *snehapravicharana* in sutrasthana 13th chapter. According to charaka, Ghrita is effective in subsiding pittaja and vatajadisordes; It improves Dhatus and is overall boosterfo improvingojas(11).

2) Putapaka- In this process the oily (ghee) substance is kept in eye for a specific time by special arreangement simple ghee or oil is used as medicine which is the form of suspension so its particles do not leave the eye and contact time is more and more drugs are absorbed . It will cross corneal epithelium barrier easily due to its lipophilic property putapaka can be done in all those conditions in which Tarpana is done. Those in whom nasya(nasal instillation of medications), Tarpana and snehapana(Treatment in which medicated oils or ghee is given for intake in metered doses either everyday or as a part of pre-treatment procedure for *shodhana* vis-à-vis cleansing procedures) are contra-indicated are not eligible to take the treatment after the aggravation of Doshas has been subsided(12)

Indications- It is indicated when eye get fatigued after the *Tarpana* i.e. for rejuvenation of eyes*putapaka* is used to give energy to the eyes to over come from fatigued stage

1) Snehanaputapaka (putapaka having or admixed with fats or prepared with unctuous or fat-rich drugs)the below mentioned snehanaputapaka-sneha(ghee are used for oil),mamsa(meat),vasa(meat soup),majja(bone marrow),meda(fat)and madhuraaushadha (medicines or drugs having sweet taste)(14).

Indications-It is preferred to be done in a person having Rukshata(excessive dryness in the body) or Rukshanetra(dryness in the eye), vata disorders of the eye.

Duration- It is done for 200 matrakala.

2. Lekhaneeya putapaka(putapaka prepared using drugs having a scraping nature i.e. capacity to scrap off the kapha and fat) the below mentioned drug are mixed together and used for lekhaneeyaputapakajangalayakritmamsa(flesh or meat of the liver of animais and birds living in dry and desert regions), shunti(ginger), maricha(pepper), pippali(long peppper), krishna or kantalohabhasma(Ash or calyx of magnetic iron), Tamrabhasma (calyx or Ash of coppper), shankhabhasma (Ash or calyx of

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^{*}putapakayogas are-

^{*}putapaka prepared from nimbapatra and lodhra with jala.

^{*}Juice of cookedAjayakrita,camel,pig with pippali,saindhava,madhu and ghrita prepared as putapaka method .This Ghrita can be used for Tarpana.

^{*}Types of *putapaka*- There are 3 types(13)

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conch), (Ash or calyx of conch), *pravalabhasma* (calyx or ash of coval), *saindharalavana* (Rock salt), *Dadhi* (curds etc) (15).

Indications- It is preferred to be done in a person having *snigdhata* (oily body or excessive unctuousness of the body) or *snigdhanetra* (very unctuous eye). It is preferred to be in *kaphavata* conditions or *kapha-vata* disorders of the eye.

Duration- It is done for time duration of 100 matrakala.

3) Ropaneeyaputapaka- prepared by the milk, madhu, ghritajangalamansa and tikta rasa dravyas. It is preferred for bringing strength and luster in the eye or in eyes afflicted by merbif(16)

Indication- *Pitta,Raktaorvata* or eyes afflicted with vrana(ulcers)*Acharyavagbhata* names it as *prasadanaputapaka*(*putapaka* prepared with nourishing drugs) and indicates its usage in *DrishtiRogas*(vision related disorders)

Duration-300 matrakala

(3)Seka –Seka is defined medicated solution poured as stream from 4 angula on closed eye continuously for specific time according to doshas. It is more beneficial in those conditions which are strong and cannot cure with Aschyotana. In this process "medicine is poured on closed eye (on eye lids) continuously from 4 inches height fir a specific time according to Dosha". So the medicine is absorbed through skin of lids.

Classification and doses(17)-

(a)Lekha (200 matra)-kapharoga

(b)Ropana (600 matra)-pitta and raktaroga

(c)snehana(400 matra)-vataRoga

Indications-

- *Itching in the eyes
- *watery eyes
- *conjunctivitis
- *Burning eyes
- *Dry
- *Photophobia
- (4) Aschyotana- It is indicated as first procedure in all eye diseases. Instilling medicated Ghee/Drops to eyes for specific frequency. This is usefull in dry eyes, myopia, and allegic and inflammatoty eye disorders. Aschyotana is adyaupakrama in which medicated drops are instilled into open eye from do angula height at kanineekasandhi most commonly used medicated drop for Aschyotana istriphalakwath containing amalaki (Emblicaofficinalis), Bibhitaki (Terminatiabellirica) and Haritaki (Terminaliachebula)

Indications- Initial stage of eye disease when *Doshas* are not severely vitiated specially *pitta Dosha*. It is used in eye condition like mild pain, redness, watering, foreign body sensation.

Itching, burning sensation, congestion of vessels etc. It is contraindicated in night.

Classification and Doses(18)-

(a)Lekhana (8 drops)-KaphaRoga

(b)Ropana(12drops)-pitta and raktaroga

(c)snehana(10drops)vataroga

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(5)Aanjana-The medication applied in the form of ointment to the eyes is termed as anjana when the patient has undergone the shodhana therapies of vamana and virechana and the niraamadosha are causing eye diseases, then anjanashould be done.

Types- these are 3 types

- 1) Lekhanaanjanas mentioned forkapha predominant conditions.
- 2) Ropanaanjanas for pitta related diseases
- 3) for *vatajadravyas*(20)

Time of applications of anjana(21)

PrasadanaanjanaThere is different opinion regarding the timing of anjana during night due to sleep and in the day time because of the hot rays of sun the becomes weak so it is advised to do anjana both morning and evining .while applying in the morning time it should be kalpasamana in nature as there is chance of vitiation of the same in the morning while in the evening it is better if it is pitta samana as it may make the eye fresh and cool which become weak due to the expossur to hot sun in way the application of in morning and evening surely correct the daily vitiation of doshas in a healthy eye. It is not applicable in pathological eye. The other anjanaopinion is regarding the theekshnanjanaapplication of, as it contains katu,lavana,Amaladrevyas which of boutique combination of agnivayu applying it in day time will again harm the eye as there is hot outside but during night the coolness of the moon helps the eye to recover easily from the ill effect of teekshnajana but according to some application of anjana in night should strictly avoided to them the sheet in night it will cousestambhana so the drug cant act properly acharyasusruta advises to doanjana in morning for kapha predominant eye diseases, during diseases it is advised to do in night.

Mode of action:-(22)

After deciding the type and dose of anjana the desired amount of it can be applied in the eye using the different salakas mentioned for particular purpose i.e. if lekhanais the aim of treatment the salaka made of tamra (copper) is the best option and for ropana karma a kalalohoya (iron)salaka is better and if prasadana is the ultimate aim of treatment one can prefer a salaka made of roopya (silver)suverna (gold) and anguli (finger)is also mentioned for thetrupti askedtheekshnanjana to move the eye ball after gently closing of the eye application of anjana in eye. After appling isspontaneously. Rubbing of the lid forcefully and washing of eye should be avoided just after the application of anjana karma. When the eye becomes free from the gritty feeling developed after the application of anjana. Netraprakshlana should be the performed with suitable decoction while preparing the decoction the factors like disease ,Dosha and season should be considered. After washing the eye it should be cleaned with a piece of clean cloth. In conditions like severe vitiation of kapha. Dhoomapana can be advised after anjana. Theekshnajanas are contraindicated for prolonged use and prathyanjanas are advised for correcting the complications if developed during application of theekshanjanas(23).

(6) Pindi- Bandaging a medicated bolus over closed eye for a stipulated time period .as soon as kavalika it is indicated abhishandyaadhimantha(24).

Indication:-Acute stage of all eye diseases in general and particular *abhishandya* it reduces inflammation produce due to trauma and wound .

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7) *Bidalak*:- Application of medicated paste over the eyelids for stipulated time .It is application of medicated paste to eyelids externally except at eyelashes ⁽²⁵⁾.

Indications:- Acute stages of all eye disorder burning sensation, swelling, discharge, redness, pain foreign body sensation etc.

OCULAR PHARMACOLOGY:- These are four method⁽²⁶⁾

- 1) topical instillation in to conjunctival sac. As in the from of drops ointments and gel.
- 2) periocular injection these include subconjunctival subtenon, retroblbar and peribulbar injection.
- 3) Intraocular route- intrachimeral injection (into anterior chamber) intravitrial injection (into vitreous cavity)
- 4) Systematic administration :- in the form of antibiotics and steroids eyedrops are the simplest most convenient method of topical application. It is instilled in two form i.e. aqueous suspension. In solution drugs are totally dissolved but it's
- Quickly dilated by tears and drains into NLD so tissue contact time is less in suspension tissue contact time is higher than solution because the drug present as small particales and kept suspended in aqueous medium.

Ointment and gel increases bioavailability of drugs by increasing the tissue contact time and by preventing dilution drainage of active ingredients.

Ocuserts form a system of drug delivery through membrane. These can be placed in upper or lower fornix to a week. The corneal epithelial tight junction and lipid-water-lipid sandwich layer provides mechanical and chemical barrier for the drug absorption .the lipophilic aand hydrophilic substance can be effectively delivered permeability across sclera depends on ocular pharmacology the therapeutic effect of kriyakalpa can be understandable and conclusion of the effect can be drown as follows.

CONCLUSION- As in Ayurveda we are applying ophthalmic therapeutics either in the form of local therapy i.e. kriyakalpa or in the form of systemic use i.e.oralchakshushyadravyas the main aim of any pharmacotherapeutics is the attainment of an affective concentration at the site of action for a sufficient period of time to elicit the response. In practice, therapeutic effect is the attainment of an affective concentration at the site of action for a sufficient period of time to elicit the response. In practice, the rapeutic effect is found in all types of kriyakalpa. It is up to the science to correlate the observations with their scientific explanation. Here in present reviesarticle, it is tried to correlate the ayurvedic ocular therapeutic i.e.kriyakalpa on the basis of modern pharmaco-Therapeutic various drugs can be selected according to the stage and types of the disease and can be used in various krivakalpa procedures according to need. In the light of above fundamentals of morden pharmacology, all the ayurvedic ocular therapeutic procedures are relevant as such. Today current methos of drug delivery exhibit specific problems that scientists are attempting to address for example many drugs potencies and therapeutic effects are limited or otherwise reduced because of partial degradation that accurs before they reach a desired target in the body. If or ally administered time-release medications deliver treatment continuously rather than providing relief of symtoms and protection from adverse event solely when necessary present conventional system of medicine has topical and systemic administration of drug to the eye which are highly inefficient and there is a need for controlled ,sustained release, particularly for conditions that effect the posterior segment various

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non implantable and implantable drud delivery devices have been developed which are far from satisfactory and result in more adverse effects which is driving scientists to research more and more into safe, effective drug delivery methods for all parts of the eyes.

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