The Management of Arma (Pterygium) in Ayurvedic Literature

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Abstract: Arma is very common ophthalmic ailment in temperate environment like India. It has been described under Shuklagata sadhya vyadh in Ayurveda. It is a disease in which a wing like growth is gradually developing from either Kaneenika (inner canthus) or Apanga Sandhi (outer canthus) towards the cornea. On the basis of signs and symptoms described by the modern medical science, the disease ‘Arma’ can be correlated with conjunctival degenerations including ‘Pterygium’. Arma is chedan sadhya having thin membrane and cured like colour, can be treated by Lekhana Anjanas. It is widely used to prevent the speedy growth of the membrane. Likewise, it is also highly beneficial after the surgical treatment for prevention of relapse after surgery.

Keywords: arma, pterygium, kaneenik, anjana.

Introduction: In Ayurveda Samhita Grantha ‘Arma’ is described under ‘Shuklagata netraroga’. ‘Arma’ is a mansal vruddhi developing either from Kaneenika or Apanga Sandhi, which may progress towards Krishna Mandal. Arma can be correlated with eye disease ‘Pterygium’ in modern science which is a wing shaped fold of conjunctiva encroaching upon cornea from either side within interpalpebral fissure. Pathologically ‘Pterygium’ is an elastic proliferation of subconjunctival tissue. Pterygium is commonly found in temperate region (hot dusty and sandy weather) and due to ultra violet irradiation (common in farmers and outdoor workers). Though in our Samhitas, arma is mainly explained as a Chedan Sadhya vyadh, along with that there are so many Aushadi yogas explained for arma in the form of ashyotana, anjana, nasya karma, lepa, etc. In modern science, prior to surgical intervention, only symptomatic treatment is explained for inflamed Pterygium. It grows continuously, therefore it is called arma. Prastari arma, Shakla arma, Kshataja arma, Adhimamsa arma and Snayu arma are the 5 types of arma explained by Acharya Sushrut. Prastari arma- Tanu, vistirma, mrudu, neel, raktavarmi, vedana rahit. Shakla Arma- Mrudu, shweta varmi, slow growing Kshataja Arma- Mrudu, slaksan, having colour of red lotus. Adhimamsa Arma- Prathu, shhula, mrudu, having yakrut varna. Snayu Arma- Kathina, vistrat, sushka, mansa yakta, having shweta varna. The arma which is small, thin, yoghurt like, and blue, red or brown in appearance are be treated on Chikitsa Sutra explained for shukra vyadh.

Clinical features of Pterygium: ‘Pterygium’ is a wing shaped fold of conjunctiva encroaching upon cornea from either side within the interpalpebral fissure. Generally ‘Pterygium’ is an asymptomatic condition but when it gets inflamed it exhibits clinical features like redness, watering, foreign body sensation, etc. Sometimes it produces astigmatism due to corneal encroachment.

Classification of Pterygium:
Type I- extends less than 2mm on cornea
Type II- involve up to 4mm of cornea
Type III- involve more than 4mm of cornea and involve visual axis.

Treatment of Arma: As arma is an abnormal growth in the suklamandala, it should be removed. But a clever physician should try with medicines before going for surgery. Hence clinical classification should be done as:
(a) Lekhana sadhya (Non-surgical treatment)
(b) Chedan sadhya (Surgical treatment)

Non-surgical treatment
Features of Lekhana sadhya arma: Looking like curd (sukrama), bluish (prastari arma), reddish (raktaarma), greyish (snayu arma), tanu. Treatment of krishnagata rogas and pittaj abhishyand are useful in arma. Further, virechan and nasyakarma will expel dosas from eyes, thereby facilitating complete cure in addition to lakhan anjanas.

Nasya karma: Fine powders of equal quantity of krshna loha, Tamra, Sankha, Pravala, Saindhasa, Samudrakensa, Kasisa and Srotanjana should be pasted with the watery portion of curds (Dadh Mastu). This can be applied over the arma or used for Nasya karma.

Oral drugs: Sadanga Guggula, Vasakadi kwath and Brhat Vasadi Kwath, Satavaryadi churna, Maha Triphaladi Ghrta and Lohadi Guggula.

Lepana: Marichadi Lepa
The fine powders of Marich and Bibhitaka, pasted with fresh turmeric juice should be applied over arma regularly will clear the extra growth.

Anjana: Kharpardari Anjana
Arma will be cured, like excised by surgery with kharpardari anjana. Kharpardari (1 part), Sphutika (1 part), Tuitha (1 part) and Sugar (1 part) should be finely pasted with cow’s milk. This anjana will relieve corneal opacities, night blindness and patalagata diseases and also pterygium.
Also Pippalyadi Gutikanjan (Y.R), Pushpakshi raskriya (Y.R) and Nayanasaakha varti (B.R- Pippali 1 part, Haritaki 2 Part should be finely powdered and pasted with water to apply as anjana relieves Arma, Patala, Timira etc.) can be used.

**Putapaka : Krishnadi putapaka**

The fine powders of Pippali, Loh, Tamra, Sankha, Mudga, Saindhava, Lawana, Samudra phena, Kasisa and Sauviranjana should be pasted with Dadhimastu. This can be applied as Anjana or used for Putapaka.

**Surgical Treatment:**

Surgery is indicated in very thick like extra skin (charmabha), highly elevated (bahala), fleshy growth covered densely with fibrous tissues (snayu-mamsa avrita), visible blood vessels in arma. However, if arma is already encroached the drishti mandala, it is a sign of incurability and surgery should be avoided in such cases.

**Purva Karma**

- Patient should be given oily food and ghee before surgery.
- Routine prayers.
- Position: Patient can lie down in a bed, where head is slightly in a downward position; or sit comfortably.
- The eyes should be given fomentation with a cotton cloth (gauze piece) dipped in warm water.
- *Nayana samrosa*: The powder of saindhava should be pasted with the juice of Bijapuraka and applied to eyes.
- *Parighattana*: Attempt should be made to shake the arma.

**Pradhana Karma**

- Patient is asked to look laterally.
- *Arma* is lifted with a hook (*Badish yantra*) at a point where wrinkled.
- *Arma* lifting, *arma* is held with a pair of forceps (*Muchundi yantra*) or stay sutures (*Suchi sutra*) and elevated.
- The lids should be held apart tightly as there is a risk of being hurt by the instrument.
- The *arma*, thus weakened and suspended by these three instruments (hook, forceps, suture thread) should be dissected from all sides with a sharp circular knife (*mandlaqra*).
- It should be removed after freed from all the sides sparing the canthus (*kaneenika sandhi*).

**Caution:**

The one fourth (*Susruuta*) or one third (*Chakradatta*) of the *arma* should be retained at its attachment. The excessive excision can damage the blood vessels and lacrimal apparatus; produce fistula and haemorrhage. But inadequate excision has the risk of regrowth.

**Paschat Karma**

- *Pratisarana*: The operated part should be rubbed gently with powders of *Yavanala, Trikuta* and *Saindhava lawana*.
- *Parisheka*: The wound should be cleaned with sterilized gauze and honey; washed with cold water and lukewarm ghee.
- *Vrana bandhana*: Bandaging should be done after applying the honey and ghee.
- *Sita pradeha*: The cooling medicaments like *satadhatu ghrta* should be applied to head and sole of the feet.

Later on, wound management with due consideration of *dosa*, seasons, strength and time factors is to be followed.

The lukewarm mixture of honey and ghee should be dropped to the head and eyes keeping the bandage intact on the second day, morning, afternoon and night. For the next five days, ghee should be given orally with *anupana* of hot water. On the third day, bandage should be opened and fomented with *karanja bija ksira paka*. *Aschyotana* should be done with the decoction of *Lodhra, Yastimandhu, Palasha, Patola, Haridra, Duruthridra* etc. mixed with honey and bandage for the next seven days. Later bandage can be opened completely. But care should be taken to avoid direct sunlight and viewing the sky or other luminous objects.

**Management of complications**

- To reduce the swelling, *dhumapana, nasya karma* and *sira visravana* should be done.
- To reduce excess discharge and redness, *nasya karma* is helpful.
- If there is damage to *krishna mandala*, during surgery, it should be treated like *savvana sukla*.
- If part of *arma* is still remaining, application of *Lekhan anjana* should be done.

**Conclusion**

In ayurvedic classics, *arma* is described under shuklagata netra roga, is a chedana sadhya vyadh. Our acharyas have described aushadha chikitsa i.e., shukravat chikitsa in the form of lekhana anjana, seka, lepa, pratisarana for arma in alpa, tanu, dadhinibha, rakta, neela or dhusara varna. Clinical features and management of arma simulates that of Pterygium in modern science. “Prevention is better than cure”, conjunctiva, the most superficial layer of the eyeball and hence utmost care and all precautionary measures should be taken to avoid its degeneration. *Vata* is the main causative factor for degeneration. That’s why regular *padabhyanga*, intake of *ghrita, shiroabhyanga* has to be advocated in every individual who are under risk factors. In our classics, in view of *arma nidana, chatra dharana, shirasnakrapan* measures to be observed regularly.

**References**

[3] Yogaratnakar Netra chikitsa 305; pg no.788
[5] Yogaratnakar Netra chikitsa 301; pg no. 787
[6] Chakradatta-Netraroga chikitsa prakaran-42,43,44; pg. no.351
[7] Yogaratnakar Netra chikitsa 279 pg no.786
[8] Yogaratnakar Netra chikitsa 303; pg no.788
[10] Yogaratnakar netrachikitsa 300; pg no.788
[13] Chakradatta netra roga chikitsa prakaran-191; pg no. 366
[14] Dr. Ambikaadatta Sastri : *Susruta Samhita Uttartantra* 15/19; Chaukhambha publications, Varanasi; Edition-Reprint : 2006; pg no.53
[15] Astanga Sangrah Uttartantra vol 3; 14/16; pg no.124
[16] Astanga Sangrah Uttartantra vol 3; 14/19; pg no.125