



Review Article

TRIVIDHA ANUSHASTRA KARMA IN NETRAROGA

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ABSTRACT

Shalakya tantra, also known as *Uttamanga Chikitsa*, focuses on the vital sense organs situated above the *Jatru-clavicle*, addressing diseases of the head (*Shiras*), ear (*Karna*), eye (*Netra*), throat (*Kanta*), and nose (*Nasa*). The eye is considered as very important part of the body which performs the work of vision and due to its sensitive nature, it needs great care. Acharya Sushruta outlines four treatment methods like *Bheshaja*, *Shashtra*, *Kshara* and *Agni karma* as important treatment modalities. *Anushastra karma* are the para-surgical procedures, entail performing surgical interventions without the use of *Shastras* - sharp surgical instruments. Acharya Sushruta has mentioned 14 types of *Anushastras* among which *Jalaukavacharana*, *Agnikarma* and *Ksharakarma* are given more importance and described in detail. Due to the *pradhanyatwa* of these three procedures in treatment they are also known as *Trividha Anushastra karma*. Along with *Vata*, *Pitta* and *Kapha doshas*, *Rakta* also plays a major role in causing different *Netra rogas*. So, it is advisable to go for safest *Raktamokshana* to do *Dushita rakta dosha nirharana*. In this article, an attempt is made to elaborate the complete knowledge of *Anushastras* used in different *Netra rogas* mentioned by our *Acharyas*. These procedures are simple, less time consuming, non-invasive, safe and cost-effective.

INTRODUCTION

Shalakya tantra is one of the *Ashtangas* of Ayurveda. It includes the diseases of *Urdhwajatru*, which are the parts above the clavicle.^[1] *Urdhwajatru pradesha* provides shelter to sensory organs such as *Netra*, *Shrotra*, *Rasana*, and *Ghrana*. Therefore, it is important to take the utmost care to maintain and restore the health of the same.^[2] In all the diseases *Bheshaja chikitsa* can be given and also it can be given even in the initial stage of *Shashtra sadhya vyadhis*. In situations where *Bheshaja chikitsa* fails to produce the desired outcome, and considering factors such as patient sensitivity, pediatric age group, reluctance towards surgery, unavailability of *Shastras*, or the difficulty in performing *Shashtra karma*, opting for *Anushastra karmas* becomes a viable alternative.³ Among them *Jalauka*, *Agni* and *Kshara* are considered as *Pradhana* and explained in detail by our *Acharyas*.

Among them *Jalauka* is *Pradhana*, *Agni* is *Pradhanatara* and *Kshara* is considered as *pradhanatama*.^[4]

Jaloukavacharana: The process of bloodletting in which leeches are been used is known as *Jalaukavacharana* which is considered to be one of the most effective bloodletting therapies in Ayurveda.^[5]

Agnikarma: *Agnikarma* is a superior para surgical procedure. This method targets the management of diverse afflictions by directly inducing burns on the tissue surface using a variety of materials referred to as '*Dahanopakaranas*' (cauterization tools).^[6]

Ksharakarma: *Ksharakarma*, meticulously elucidated by Acharya Sushruta, is heralded as the paramount among surgical and para-surgical modalities for its multifaceted attributes encompassing excision, incision, scrapping, and medicinal properties. Its *Tridoshaghna* nature extends its utility to oral administration in diverse disease states.^[7]

The application of *Trividha Anushastras* has been widely employed in the therapeutic management of a spectrum of ocular ailments. In present era, due to its minimal invasive technique, accessibility, easy and

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safety usage these para surgical procedures are gaining popularity.

Hence an attempt is made to collect all the available information about these procedures in this article.

Jaloukavacharana

Jaloukavacharana is the bloodletting therapy, advocated especially to children, old age, coward, weak, women and delicate people. Non-poisonous *Jaloukas* are selected for *Jaloukavacharana* procedure.

Procedure of *Jaloukavacharana*^[8,9]

A. Pre-preparatory procedure

Nirvisha jaloukas taken from the vendor has to be stored in a clean container with clean water.

B. Preparatory procedure

- The *Jaloukas* should be taken from the container.
- *Haridra churna* and *Saindhava lavana* should be taken in sterile bowls.

Poorva Karma

Other materials required for *Jaloukavacharana*

Vessels, kidney tray, surgical gloves, cotton and gauze, surgical plaster, scissors.

Preparation of *Jalouka*

- After wearing surgical gloves, *Nirvisha jalouka* should be activated using *Haridra churna*.
- Washed in clean water and then shifted to a kidney tray containing clean water.

Preparation of the patient

- The patient has to be made comfortably to lie down in supine position, after instructing about the procedure and taking consent, in *Kriyakalpa*

theatre, free from atmospheric effects like direct blow of air or dust and with sufficient light.

Pradhana Karma

- After giving mild fomentation over the eyes with cotton gauze dipped in hot water, *Jaloukas* should be taken and placed over the *Apanga sandhi*.
- When its mouth gets stuck and middle portion gets elevated assuming the shape of a horseshoe indicates that it started sucking the blood.
- *Jaloukas* should be fully covered with a thin cotton piece dipped in water except for their mouth which should be left exposed.
- Wait till it falls by itself, otherwise sprinkle little *Saindhava* on its mouth.
- It has to be transferred to kidney tray containing *Haridra churna*.

Paschat Karma

- After removing *Jalouka*, the area has to be cleaned using a sterile cotton pad and using *Haridra, Shitila bandha* should be applied.
- The *Jaloukas* should make to vomit the sucked blood completely using *Haridra churna*.
- It should be transferred to a clean vessel containing fresh water and its movement has to be noticed.
- Later it should be transferred into a clean container containing clean and fresh water mentioning all the details of its usage.
- The patient should be instructed to remove the bandage after 5 hours.

Indication in different *netra vikaras*

Vyadhi	Details	Reference
<i>Raktaja abhisyanda</i> and <i>Raktaja adhimantha</i>	<i>Jalaukavacharana</i>	Su.Ut-12/8
<i>Ragaprapta timira</i>	<i>Jalaukavacharana</i>	Su.Ut-17/54
<i>Kukunaka</i>	<i>Jalaukavacharana</i>	Su.Ut-19/10; A.H.Ut-9/27
<i>Pakshma shata, Pothaki</i>	<i>Jalaukavacharana</i>	A.S.Ut-12/6, 9
<i>Vrana shukra</i>	<i>Jalaukavacharana</i>	A.S.Ut-14/25
<i>Netraruk</i>	<i>Jalaukavacharana</i>	A.H.Su-26/42
<i>Pakshmasadana</i>	<i>Jalaukavacharana</i>	A.H.Ut-9/18
<i>Savrana (Kshata) Shukla & Sira Shukla</i>	<i>Jalaukavacharana</i>	A.H.Ut-11/30, 49
<i>Kacha</i>	<i>Jalaukavacharana</i>	A.H.Ut-13/91

Agni Karma

Agni karma is the treatment protocol done using fire or any substance which is related to fire.

The disease which is treated with proper *Agnikarma* has no chance of recurrence.

Procedure of *Agnikarma*^[10,11]

A. Pre-preparatory procedure

- *Upakarana* (instruments) used for *Agni karma* should be selected.

B. Preparatory procedure

- *Agnikarma Shalaka* should be heated until it is red hot.

Poorva Karma

- Patient should be given with *Picchila ahara*.
- The patient should be made to sit in a comfortable position facing towards east direction after instructing about the procedure and taking consent, in *Kriyakalpa* theatre, free from atmospheric effects like direct blow of air or dust and with sufficient light.
- Physical examination of *Agnikarma pradesha* should be done.

Pradhana karma

- Take the red hot *Agni karma shalaka* (metal rod) and touch it on identified marks for few seconds and withdraw it followed by immediate application of *Ghritakumari swarasa*.

- The burning of skin is accomplished by a peculiar cracking sound, skin becomes contracted and emits a foul-smelling odour.
- In case of *Shiro roga* and *Adhimantha* (glaucoma) *Agnikarma* should be done on forehead, eyebrows, temporal region.

Paschat karma

- After doing *Agnikarma*, local application of *Madhu and Ghrita or Yastimadhu churna, Shalmalimoola sheeta lepa* on the burnt site.
- Loose bandaging should be done using *Yastimadhu churna* for next 24 hours.
- The site should be prevented from water or contamination to prevent sepsis.

Indication in different Netra vikaras

Vyadhi	Details	Reference
<i>Adhimantha</i>	<i>Agni karma</i>	Su.Su-12/9 A.H.Su-30/41
<i>Vartma Rogas</i>	<i>Agni karma</i> is indicated	Su.Su-12/9 A.H.Su-30/44
<i>Lagana</i>	<i>Agni karma</i>	Su.Ut-14/5; A.H.Ut-9/23
<i>Arshovartma, Shushka Arshas, Arbuda</i>	<i>Agni karma</i>	Su.Ut-15/31
<i>Pakshmakopa</i>	<i>Agni karma</i>	Su.Ut-16/7
<i>Krichronmilana, Lagana, Bisa Vartma, Pakshmaparodha, Upapakshma, Alaji</i>	<i>Agni karma</i>	A.S.Ut-12/3,11, 13, 22, 23, 24
<i>Linga nasha</i>	<i>Agni karma</i>	A.S.Ut-17/21
<i>Abhisyanda & Adhimantha</i>	<i>Agni karma</i>	A.S.Ut-19/28
<i>Slishta vartma</i>	<i>Agni karma</i>	A.H.Su-30/43
<i>Pakshmaparodha</i>	<i>Agni karma</i>	A.H.Ut-9/40
<i>Bahya Alaji</i>	<i>Agni karma</i>	A.H.Ut-9/41
<i>Arbuda</i>	<i>Agni karma</i>	A.H.Ut-9/41
<i>Kaphaja Abhisyanda & Adhimantha</i>	<i>Agni karma</i>	A.H.Ut-16/21
<i>Puyalasa</i>	<i>Agni karma</i>	A.H.Ut-16/60

Kshara Karma

Kshara is the procedure which does *Ksharana* and *Kshanana karma* i.e., destroys the vitiated tissue.

There are mainly two types of *Kshara*: *Partisaraniya kshara* and *Paniya kshara*.

Pratisaraniya kshara is classified into:

- *Mrudu*
- *Madhyama*
- *Tikshna*

Procedure of *Kshara karma*^[12,13]

A. Pre-preparatory procedure

- Patient should be fed with *Snigdha* and *Picchila ahara*.

B. Preparatory procedure

- Specific *Kshara* which has to be applied should be selected based on the condition.

Poorvakarma

- The patient should be made to sit in a comfortable position facing towards east direction after instructing about the procedure and taking consent, in *Kriyakalpa* theatre, free from atmospheric effects like direct blow of air or dust and with sufficient light.
- General examination and examination of *Ksharakarma pradesha* should be done.
- *Doshanusaara poorva karma* should be done.

- Vata dosha - Garshana karma
- Pitta dosha - Lekhana karma
- Kapha dosha - Pracchana karma

Pradhana karma

- Kshara must be applied with the help of *Shalaka* (rod like instrument) for 100 *Matrakala*.
- In *Vartma roga*: Kshara has to be applied by everting the eye lid (*Vartma nirbhujya*).
- Kshara should be applied in *Padmapatra tanupramana* (thin layer like that of lotus petal).

Indication in different Netra vikaras

Vyadhi	Details	Reference
Timira	Paniya kshara is contraindicated Kshara karma is contraindicated	Su.Su-11/9 A.H.Su-30/5
Vartma Rogas	Kshara is exclusively indicated in Vartma rogas	Su.Su-11/31 A.S.Su-39/3 A.H.Su-30/7
Balasa grathita	Ksharanjana	Su.Ut-11/10 A.S.Ut-14/8
Savrana Shukla	Ksharanjana	Su.Ut-12/32 A.S.Ut-14/37
Lagana	Bhedana Karma- Kshara Karma, Pratisarana with Gorochana + Tuttha + Yavakshara + Pippali + Madhu	Su.Ut-14/5
Arma	Chedana Karma- Pratisarana with Yavakshara + Trikatu Churna + Saindhava Lavana	Su.Ut-15/11
Arshovartma, Shushka arshas, Arbuda	Chedana Karma- Pratisarana with Erandabeeja Majja or Vibhitaki Kshara + Madhu	Su.Ut-15/31
Pakshmakopa, Upapakshma	Pratisarana with Gunja Kshara + Madhu	Su.Ut-16/7
Akshipaka	Kshara is contraindicated	A.S.Su-39/4
Bisa vartma, Pakshmoparodha, Alaji	Kshara karma	A.S.Ut-12/13, 22, 24
Arbuda	Kshara karma	A.H.Ut-9/41

DISCUSSION

Dushita rakta dosha nirharana, the preferred treatment for many *Netra rogas* caused by *Rakta*, often involves *Trividha anu shastra karmas*. However, when applying *Kshara* and *Agni* to the eye, extreme caution must be exercised to prevent damage to the eye ball or surrounding structures. These procedures are efficient, requiring minimal time, and allow patients to undergo treatment without hospitalization.

Jalaukavacharana: One of the oldest techniques for purification of the body is *Jalaukavacharana*, which balances vitiated *Doshas* and eliminates deep-seated toxins.

Leeches exert their effects through the secretion of various biologically active substances in their saliva. This includes an anti-platelet aggregation factor, anesthetic, anti-inflammatory and antibiotic

- *Krishnamandala* should be covered by using *Pichu* or *Madhucchista*.

Paschat karma

- After attaining *Samyak dagdha lakshana*, *Ghrita*, *Madhuka* and *Amlavarga* should be applied as *Shamaka dravya* to relieve the *Shula* and *Daha*.
- For *Kshara vrana ropana*, *Tilakalka*, *Mahuka* and *Ghrita* should be applied.
- *Atidagdha* and *Heenadagdha* has to be treated based on *Doshas* accordingly as *Vrana chikitsa*.

agents, and the anticoagulant *hirudin*. *Hirudin* prevents blood clotting and dissolves thrombi, clearing blockages in arteries. When leeches bite, their saliva dilates blood vessels and thins the blood while masking pain with a local anesthetic. By ingesting excess blood, leeches reduce tissue swelling and promote healing, facilitating the arrival of fresh oxygenated blood to affected areas.^[14]

Kshara karma: Owing to the characteristics of *Kshara*, such as *Katu Rasa*, *Ushnaveerya*, *Teekshna*, and *Agneya guna*, as well as the properties of *Tridoshahara*, the disease will undergo *Shoshana* as a result of these *Karmas*, which will cause the disease to regress. *Kshara* results in coagulation of the mass as a result of cauterization; necrosis of the tissue followed by fibrosis; mucosal adhesion; submucosal coat aids in prevention; and mass regression. The application of

Kshara is determined to be a safe, effective, and economical approach for the management of surgical patients in current practice.^[15,16]

Agni karma: *Agni karma* is a para-surgical technique that combines the concepts of *Agni* and *Karma*, signifying *Karma* fulfilled by the use of *Agni* (heat). Acharya Sushruta states: “*Agni Karma* is the process by which *Agni* produces the *Samyak Dagdha Vrana*”. Since pain is a subjective experience, it is challenging to generalize about its exact intensity. *Agnikarma* acts through cutaneous receptors to first trigger acute pain via the ascending pain pathway. This then triggers the descending pathway, or endogenous analgesic system, which is mediated by a variety of substances, including neurotransmitters, the building blocks of Gate Control Theory.^[17,18]

These are minimally invasive, inexpensive, simple to execute, and require little post-operative care. Long-term advantages are obtained from these operations for persistent medical conditions. It is useful in the diseases having acute origin like dacryocystitis, allergic conjunctivitis, stye, chalazion, glaucoma, Scleritis, uveitis etc., where in these procedures reduces the infection and inflammation quickly.

CONCLUSION

Anushastras are the para-surgical tools or techniques used to treat the diseases that can be treated without surgery. The three primary para-surgical techniques used to treat different *Netra*-related *Rogas* are *Jalaukavacharana*, *Agnikarma* and *Ksharakarma*. *Anushastra karmas* are minimally invasive procedures with high efficacy, offering cost-effective solutions with minimal post-operative care, making the patients to take treatment on OPD basis. Selecting the appropriate type of *Anushastra karma* will effectively treat the disease from its root, greatly reducing or even eliminating the chances of recurrence.

REFERENCES

1. Sushruta Samhita, with Sri Dalhanacharya Teeka, edited by Narayan Ram Acharya Kavyathirtha, Chaukhambha Orientalia, Varanasi, reprint edition-2009, Sutra sthana, 1st chapter, Verse-7(2), pp-824, pg-2.
2. Ashtanga Hridaya with commentaries Sarvangasundari of Arunadatta and Ayurveda rasayana of Hemadri, Annotated by Dr Anna Moreswar Kunte and Krishna Ramachandra Shastri Narre, edited by Pt. Hari Sadasiva Sastri, Chaukhamba Surabharati Prakasan, Varanasi, Edition 2008, Uttarantra, 24th chapter, Verse-58, pp-956, pg-864.
3. Sushruta Samhita, with Sri Dalhanacharya Teeka, edited by Narayan Ram Acharya Kavyathirtha, Chaukhambha Orientalia, Varanasi, reprint edition-2009, Sutra sthana, 8th chapter, Verse-15, pp-824, pg-41.
4. Sushruta Samhita, with Sri Dalhanacharya Teeka, edited by Narayan Ram Acharya Kavyathirtha, Chaukhambha Orientalia, Varanasi, reprint edition-2009, Sutra sthana, 11th chapter, Verse-3, pp-824, pg-45.
5. Ashtanga Hridaya with commentaries Sarvangasundari of Arunadatta and Ayurveda rasayana of Hemadri, Annotated by Dr Anna Moreswar Kunte and Krishna Ramachandra Shastri Narre, edited by Pt. Hari Sadasiva Sastri, Chaukhamba Surabharati Prakasan, Varanasi, Edition 2008, Sutra sthana, 26th chapter, verse-34, pp-956, pg-322.
6. Sushruta Samhita, with Sri Dalhanacharya Teeka, edited by Narayan Ram Acharya Kavyathirtha, Chaukhambha Orientalia, Varanasi, reprint edition-2009, Sutra sthana, 12th chapter, Verse-3-4, pp-824,pg-51.
7. Sushruta Samhita, with Sri Dalhanacharya Teeka, edited by Narayan Ram Acharya Kavyathirtha, Chaukhambha Orientalia, Varanasi, reprint edition-2009, Sutra sthana, 11th chapter, Verse-3, pp-824, pg-45.
8. Sushruta Samhita, with Sri Dalhanacharya Teeka, edited by Narayan Ram Acharya Kavyathirtha, Chaukhambha Orientalia, Varanasi, reprint edition-2009, Sutra sthana, 13th chapter, Verse-12, pp-824, pg-56.
9. Sushruta Samhita, with Sri Dalhanacharya Teeka, edited by Narayan Ram Acharya Kavyathirtha, Chaukhambha Orientalia, Varanasi, reprint edition-2009, Sutra sthana, 13th chapter, Verse-22, pp-824, pg-58.
10. Sushruta Samhita, with Sri Dalhanacharya Teeka, edited by Narayan Ram Acharya Kavyathirtha, Chaukhambha Orientalia, Varanasi, reprint edition-2009, Sutra sthana, 12th chapter, Verse-6, pp-824, pg-51.
11. Sushruta Samhita, with Sri Dalhanacharya Teeka, edited by Narayan Ram Acharya Kavyathirtha, Chaukhambha Orientalia, Varanasi, reprint edition-2009, Sutra sthana, 12th chapter, Verse-8-9, pp-824, pg-52.
12. Sushruta Samhita, with Sri Dalhanacharya Teeka, edited by Narayan Ram Acharya Kavyathirtha, Chaukhambha Orientalia, Varanasi, reprint edition-2009, Sutra sthana, 11th chapter, Verse-20, pp-824, pg-49.
13. Ashtanga sangraha of vriddha vagbhata with the Shashilekha Sanskrit commentary by Indu, edited by Dr. Shivprasad Sharma, Sutra sthana, chapter-39, Verse-10, pp-964, pg-255.

14. Kumar S, Dobos GJ, Rampp T. Clinical Significance of Leech Therapy in Indian Medicine. Journal of Evidence-Based Complementary & Alternative Medicine. 2013;18(2):152-158. doi:10.1177/2156587212466675
15. Sushruta Samhita, with Sri Dalhanacharya Teeka, edited by Narayan Ram Acharya Kavyathirtha, Chaukhambha Orientalia, Varanasi, reprint edition-2009, Sutra sthana, 11th chapter, Verse-5, pp-824, pg-45.
16. Kshara karma in diseases of Shalakyta Tantra – Case Series, Raju SN, JAAMS, September-2022, Volume-07, Issue -08, pg – 186-190.
17. Sushruta Samhita, with Sri Dalhanacharya Teeka, edited by Narayan Ram Acharya Kavyathirtha, Chaukhambha Orientalia, Varanasi, reprint edition-2009, Sutra sthana, 12th chapter, Verse-1, pp-824, pg-52.
18. Bhingare S.D., Sawant R.S., Binorkar S.V. Muley S.K. A Review on Mode of Action of Agnikarma by Virtue of Pain Modulation Theory. International Journal of AYUSH; 2020: 9 (4); 52-59

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