



A CRITICAL REVIEW ON THE MANAGEMENT OF AJAKAJATA WITH REFERENCE TO IRIS PROLAPSE

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ABSTRACT

Acharya Sushruta has explained seventy-six eye diseases in detail with their aetiological aspects, clinical features, and both conservative and surgical management in detail. He has classified *Netra Rogas* based on different aspects; one such classification is based on the site of manifestation of the disease (*Avayava Bheda*). *Ajakajata* is one among the *Krisnagata roga* which is said to be *Asadya* and manifests as a protruded mass over the *Krishnamandala*. Though it is said as *Asadya Roga*, both medical and conservative line of management is available in the classical texts. This article deals with various aspects of its pathogenesis, symptomatology, medical line of management with reference to Iris prolapse in the modern medical science.

KEYWORDS: Ajakajata, Iris Prolapse, Krishnagata Roga.

INTRODUCTION

Shalakya Tantra - A branch of Ashtanga Ayurveda also known as *Urdhwanga Chikitsa*, deals in detail about *Urdhwajathrugata Rogas*. *Ajakajata* or *Ajaka* is one among four^[1] five^[2] *Krishnamandalagata NetraRoga* (corneal disease). It mainly affects the *Krishnamandala* and cause visual impairment with cosmetic disfigurement (*Bheebatsata*)^[3] of the affected eye. *Ajakajata* is a *Asadhya Roga*^[4], but medical line of management has been explained in *Yogarathnakara* and *Ashtanga Samgraha* and *Ashtanga Hridaya*.^[3] This disease can be correlated to Iris Prolapse based on the symptomatology.

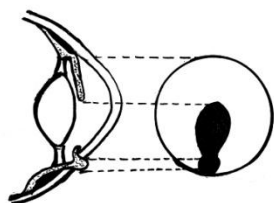
A mass resembling *Aja Pureesha* (goat's excreta), occurs over the *Krishnamandala*. It is associated with *Ruja* and *Lohita Varna*, *Pichchila Ashru Srava*.^[5] *Tamra Varna Aja Vit Sadrusa Pitika* over the *Krishna Mandala* associated with *AtiRuk* and *Pichchila Srava*. It develops because of the vitiation of *Rakta* and is *Asadhya*.^[4] Acharya Videha adds involvement of third layer of *Krishnamandala* (*Madhukosha*, *Madhava Nidana*). The pain radiates to head, Intraocular and extraocular structures, ears, eyebrows, temple region, and eyelids (trigeminal nerve involvement?). The patient experiences a great agonising pain as if his eye is being churned (*Mathyaman*), hot lacrimation and increased moisture in the eye.^[6]

Iris Prolapse - The commonest causes of iris prolapse include corneal perforation due to injury, corneal ulcer or post operative complication of any intraocular surgeries.

Pathogenesis - Iris prolapse usually follows the corneal perforation due to sudden forceful exertion by the patient, during coughing, sneezing, straining and defecating. Because of these reasons, there will be rise in blood pressure which in turn raises intraocular pressure. The weak floor of the ulcer unable to support the sudden strain, gives way leading to corneal perforation. Following perforation, the aqueous comes out and the intraocular pressure falls. The pain subsides immediately after the aqueous escape. The iris is pushed anteriorly to the posterior surface of the cornea thus forming anterior synaechiae. If the corneal perforation occurs just opposite to iris, the aqueous, while escaping through the perforation, carries some part of the iris along and iris becomes attached to the perforation, thereby seals the perforation. Then a membrane or layer of scar tissue is formed over this adherent iris. This is called as pseudo cornea. Because of closing of the perforation by the iris, the anterior chamber re-establishes, IOP comes to normal and aqueous collection occurs in both the chambers. Because of intraocular pressure, the iris which is attached to the corneal posterior surface is again pushed anteriorly through the perforation to bulge over the cornea and exposes it to the atmosphere. Soon, the exposed iris surface is infiltrated with inflammatory, grey or yellow exudate, its colour become obscured. The exudates over

the prolapsed iris organise and form a connective tissue. Over this connective tissue, corneal or conjunctival epithelium rapidly grows giving it a characteristic appearance.

Preventive measures in case of iris prolapse include, avoiding rubbing of eye, straining and coughing in patients with impending corneal perforation. Necessary precautions are to be taken in intraocular surgeries where the chances of iris prolapse complication are high.



Iris Prolapse

Oushadha Sadhya Ajaka Lakshana. ^[7, 3]	
1	Which is developed independently as a primary disease.
2	If it is not hard or chronic.
3	Originated because of/in association of other <i>Sadhya NetraRoga</i> .
4	If there is no visual impairment (initial Stage).
5	The one which is located at the peripheral part of the <i>Krishnamandala</i> (away from <i>Drishtimandala</i>).

In such conditions treatment the principles to be adopted are i) *RaktaVisravana*, ii) *MadhuraVirechana* and iii) *Ksheerabasti*.

Ajakajata is a *Kaphaja Asadya Vyadhi* as per *Dalhana*. *Raktaja asadya* as per *Ashtanga Hridaya*. The *Dooshya* involved in this disease are *Rakta* and *Medas*. Acharya *Dalhana* while commenting on the term *Prachaya* comments about the destruction of *Medo Ashrita Patala*.^[5] (third *Patala*). *Medavridi* can be because of impaired functioning of *Kapha(Sangha)*, increasing size of the prolapse is due to *meda* and *Kapha vridi*; it's spreading to surrounding structures and can be understood as the impaired functioning of *Rakta* (*Atipravritti* and *Vimargagamana*), while the tissue destruction (*Bheebatsata*), and churning type of pain, referred pain in other sites can be attributable to impaired functioning of *Vata*. Due consideration has to be given to *Rakta*, *Vata* and *Kapha* while planning the treatment protocol. *Sampraprti Vighatana* is very important to prevent the manifestation and further progression of this disease.

Yogarathnakara advises *Raktamokshana*, *Virechana*, *NetraSeka/Parisheka*, *Pana*, *Abhyanga*, *Bhojana* with *Vataghna Sidda Ghrita*, *Aschyotana*, *Anjana*.^[8]

Following treatment procedures can be planned
Netra Seka/ Parisheka– *Seka* or irrigation washes away the collected vitiated doshas, the dead cells and exudation present on the affected site and thereby enhances early healing of the perforation. If the

Modern Treatment– Iris can be replaced back to it's normal position by using an instrument called iris repository if the prolapse is a small one. But may require peripheral button hole iredelectomy under local or general anaesthesia. In big iris prolapse, sector iridectomy should be performed which includes excision of iris upto pupillary margin. Both the surgeries should be done as early as possible to prevent further complications. Our Acharyas also mentioned *Chedhana Chikitsa* if the *Ajakajata* is a bigger one and if it is not responding to medical line of management. *Yogarathnakara* and *Ashtanga Samgraha* has mentioned the features of *Oushadha Sadhya Ajaka* and its conservative line of management while *Sushruta* has mentioned the *Shastra Chikitsa*.

Ajakajata is in *Rakta* and *pitta* predominant stage, *Seka* has to be done with *Sheeta veerya dravyas*, but if it is in the stage of *Vata* predominance (stage of tissue destruction), *seka* with *Ushna Virya dravyas* is to be done.^[9]

The active principles of the drugs travel through the *Srothas* (proper channels) connecting the eyes, head, nose, and oral cavity (*Shringhataka Matma*) reaches the affected site and eliminate the vitiated doshas.^[10, 11]

Usheera, *Chandana*, *Lodha*, *Padmaka*, *Yastimadhu*, *Manjista* and other drugs can be used for *Netra Seka*. *Yogarathnakara* quotes, in *Pittaja* and *Raktaja Netraroga*, *Ropana Parisheka* is to be done.^[12]

Aschyotana– *Aschyotana* is the first line of treatment to be adopted in all the *netraroga*. It alleviates the symptoms like *Vedana*, *kandu*, *ashrusrava*, *raga*(redness) and *Daha* etc.^[13] In case of *Vatadushti*, *tikta* and *Snigdha Guna dravyas* in warm state, in case of *pitta /Raktadushti*, *Madhura(Kakolyadi Gana dravyas)* and *Sheetala dravyas* are used for *Aschyotana*.^[14] *Aschyotana* is done for *Vedana Shamana* purpose.

Snehapana

Snehapana pacifies *Vata*, lubricates & softens the *Doshas*. It improves the *Jataragni*, causes *koshta shuddi*. It imparts strength to the *Dathus* and *Indriyas*.^[15] In *Ajakajata*, *Snehapana* is done for two purposes i) As *Poorva-Karma* to *Virechana*. ii) *Vedanashamanarta*. *Snehapana* along with *Rakthamoksha* and other

procedures mentioned in *Shukra Chikitsa* gives relief from Severe pain.^[3] *Yogarathnakara* advises *Vataghnadravyasiddha Ghrita*, *Shashakadi Ghrita* for *snehapana*.

Raktamokshana

Raktamokshana eliminate the vitiated blood from the site, makes the blood to circulate freely in the vessels by clearing off the obstructions (*sangha*), increases the local blood circulation and thereby provide essential nutrients and fastens the healing process of *Ajakajatha*. In *Timira*, *Akshipakatyaya* and other *Netra rogas*, sites of *Siravyadha* are the blood vessels present near to the nose or forehead or at *Apanga* region.^[16] As the eye is a sensitive structure, *Jaloukavacharana* at the *ApangaSandhi* is preferred over *Siravyadha*.

Virechana

Most of the diseases arise due to *Jataragnimandyata* in *Amashaya* (*Amashayasamuttha*). *Agnimandya* occurs due to collection of vitiated doshas in the *Shakha* as well as *Koshta*. The patient has to undergo *Agnideepana*, *Snehana*, *swedana* and *Virechana chikitsa* in systematic manner as said in the classics. *Snehapana* causes *shitilata* of *shakashrita doshas*, *swedana* causes *vilayana* of *shakashrita doshas* and makes their travel to *Koshta* easier. By virtue of *Guna* and *karma* of *Virechanopaga dravyas*, *Virechana* procedure clears off the vitiated doshas from the *Koshta* through the anal route and thereby indirectly improves the *Jataragni*. *Virechana* cleanses the *Koshta*. It gives strength to the sense organs, stability to the tissues (*DhatuSthirativam*).^[17] This function of *Dhatusthirativam* is very much essential in *Ajakajata* as there is localised bulge over the *krishnamandala* because of its thinning and perforation and prolapse of iris through the perforation. In contemporary modern medicine, tissue adhesive glues are used to seal the perforation and soft contact lens are made use of to give extra support to the weak and thin part of cornea. In *Ajakajata*, *Yogarathnakara* advises *Trivrit Choorna* for *Virechana*.

Anjana

Anjana procedure brings *nirmalata* to the eyes.^[18] *Anjana Chikitsa* is to be done only in *netrasyaniramavastha* and when the *Ajakajata Lakshana* are stabilised and the perforation is sealed up. *Ropanaajana* – *Anjana* which heals the *abhishtyanda* and other *netragatavrana* is called *Ropananjana*.^[19] It can be applied with an intention to speed up the healing process. *Ajakajata* is a dreadful disease as the patient may lose his vision completely in the affected eye if proper medical intervention is not done. *Gutikanjana* – the most powerful among the three types of *Anjana* is strong enough to use in severely aggravated eye diseases.^[20]

Dalhana opines that, in *pittaja* and *raktaja netrarogas*, drugs processing *tikta* or *Kashayarasa* are to be selected for *Anjana karma*. *Lekanjanana* can be applied at the end

to remove excess *Kapha*, *Meda* and tissue debris/remnants.

CONCLUSION

Though the *sthanika chikitsa upakramas* like *Netra Seka*, *Aschyotana*, *Anjana* helps to relieve the symptoms of *Ajakajatha* to a greater extent, *Agnideepana*, *Snehana*, *Swedana*, *Virechanadi Shodhana* procedures followed by *Sthanika Chikitsa* is very essential to treat the probable underlying cause. A wise physician should plan the treatment according to the stage of the disease and predominant *dosha*. In spite of all the above mentioned conservative line of treatment modalities, if the *Ajakajata* is not responding, then *Shastra Chikitsa* as mentioned in classics can be done.

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