



TO STUDY THE EFFICACY OF KANCHANAR GUGGUL IN POST OPERATIVE MANAGEMENT OF LAGAN.

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ABSTRACT

In this present era the human life style, habits and environment is dramatically changed. These changes give rise to various eye diseases requiring special attention. The fast food, junk food habits environmental pollution, dust, working habits like heavy computer work, driving vehicles, and also watching T.V. continuously, use of cosmetics and the negligence regarding refractive errors in young generations is more, all that things are hazardous for ophthalmic health given rise to disease like "Lagan" (Chalazion). "Lagan" is one of the diseases described by Sushruta Acharya under the heading of Vartmagata Vyadhis. Lagan is the "Kolpramano" swelling in eyelid, which is itchy, painless, hard, tense or cystic in nature. Chalazion is rare and recurrence is common. The treatment in modern science consists of local antibiotic and hot compression with light massage if the Chalazion does not disappear with the appropriate treatment. The treatment consists of incision and curettage. The recurrence of Chalazion is common. Therefore, I thought of treating post operative "Lagan" (chalazion) with ayurvedic medicine. While going through texts. I found references of Kanchanar Guggul as a rogadhikar on Granthi Roga also Kanchanar Guggul as a shothahara, lekhyā, vedanahara & vranaropaka, Hence. I have decided to see whether post operative management of chalazion with Kanchanar Guggul will be effective or not.

KEYWORDS : Lagan, Kanchanar Guggul.

INTRODUCTION

LAGAN:-

In Ayurvedic texts Acharya had described Lagan under the heading of Vartmagata vyadhi.

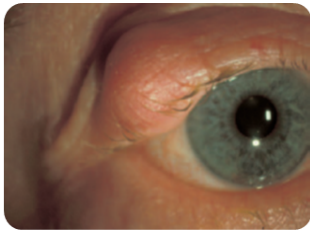
“अपाकः कठिनः स्थूलो ग्रन्थिवर्त्मभवोऽरुजः।

सकन्दुः पिच्छिलः कोलप्रमाणो लगणस्तुसः॥”

सु. उ. ३/२७

A small Zizipus (badar) like structure appears at the lid which is painless, hard, bulky & apaki and cystic in nature is called as lagan.

In Ashtang sangraha and Madhav- Nidan saatyaki says that Lagan is a granthi which is painless, hard structure at Vartma which is apaki and Shleshmaudbhava.



TREATMENT:-

“रुलेष्मोपनाहलगणौ च बिस च भेद्या ॥

ग्रन्थिश्च यः कमिकृतोऽजनामिकाच ॥”

सु. उ. ८/८

Sushruta Acharya describes Lagan as on bhedyā vyadhi. Usually bhedan karma should be done when Pakva avastha comes. But lagan is apaki so in Lagan bhedan should be done if it dose not cure by medicine line of treatment.

KANCHANAR GUGGUL:-

-As a systemic medication

कांचनारस्य गृहीयात् त्वचं पंचपलोन्मिताम् । नागरस्य कणायाच्य मरिचस्य पलंपलं ॥

पथ्याविभितधात्रिणां पलमाधुं पृथक्पृथक् । वरुणस्याक्षमेकच पत्रकैला त्वचं पुनः ॥

टङ्कटङ्क समाधाय सर्वाण्येकत्र चूर्णयेत् । यावच्चूर्णमिदं सर्वं तावानेवात्र गुग्गुल्लुः ॥

संङ्कट्य सर्वमेकत्र पिण्डकृत्वा विधारयेत् । गुटिकामाषिकाः कृत्वा प्रभाते भक्षयेन्नरः ॥

गलगडं जयत्युग्रमपचिर्मुर्दानी च । ग्रन्थिन् व्रणानि गुल्मांच्च कुष्ठानिचभगंदरम् ॥

प्रदेहाच्चानु पानार्थं क्वाथो मुण्डीतिका भवः । क्वाथः खदिरसारस्य क्वाथः

कोष्णाऽभयाभवः।

भै. र.गलगडाधिकार. ३३-३८

Kanchanar, Guggul, Trifala, Trikatu, Varun, Dalchini, Ilayachi, Tejpatra.

Properties :-

Dosha :- Kapha – Vataghna.

Dushya:- Rasa, Rakta, Mans, Meda Lekhana, Pachan, Ksha pana.

Rogadhikar :- Shotha(Oedema), Arbud(Tumor), Granthi, vranā,

Galganda, Gulma, Gandamala, Kushta, bhagandar, Apachi, Pakva Vidradhi etc.

MATERIALS AND METHODS

METHOD OF PREPARATION:-

Take fine powder of all above mentioned drugs except guggul.

Give heat to Guggul exudates and water, till up to just liquefy them.

Then add above mentioned quantity of churna & thoroughly mixed.

Thereafter tablets were prepared, each weighing 250 mg and dried in shadow.

Each tablet :- Contains Kanchanar Guggul 250 mg approx.

Maatra :- 500 mg to 1000 mg

Anupan :- Koshna Jala

Sevankal :- After meal, two times a day.

Colour :- Brown colour, Biconvex tablets.

Rasa (Taste) :- Tikta

Gandha (odour) :- Nirgandha

INCLUSION CRITERIA:-

Total 30 patient were taken for this study

- 1) Sex- male & female.
- 2) Patient which is ready to accept our treatment
- 3) Post operative patients of "Lagan" (chalazion) were randomly selected irrespective of age, sex, cast and religion, economical and educational status.

EXCLUSION CRITERIA:-

- 1) Patient suffering from other systemic diseases i.e. Hype

- rtension, H.I.V. Asthama, Diabetes, etc.
- 2) Patient suffering acute or chronic eye diseases i.e. Glaucoma, etc.
- 3) Patient below 14 yrs & above 60 yrs. of age will not be selected.
- 4) Known case of allergic to Kanchar Guggul.

RESULT:-

- 18 males and 12 female patient were taken for study. So it can be said that, though Lagan (Chalazion) is a common in both sex. It is pre dominant in male. It might be possible that due to the cosmoes consciousness the male patients.
- It is clear that Lagan (Chalazion) is more common in the Age group of 14 to 25 years.(11 patients)
- Lagan is more in Student age Group may be due to work on computer, Plying in dust, Motorcycle driving, Study, more use of cosmetics.
- It is clear that lagan is more common in married people (i.e.17 patients) than unmarried people (i.e.13patients) because of Lagan is more common in young age groups.
- The symptoms of pain, lid oedema, conjection, discharge are recovers in 7day.

DISCUSSION

Patients came with complaint of Painless nodular swelling of the eyelid, which is firm, tens, and non-tender and no any signs of inflammation.

Spontaneous resolution of Chalazion is rare and recurrence is common. The treatment in modern science consists of local antibiotic and hot fomentation with light message if the Chalazion does not disappear with the appropriate treatment. The treatment consists of incision and curettage with the recurrence of Chalazion is common.

Therefore, I thought to treat post-operative "Lagan" (Chalazion) with Ayurvedic medicine.

While going through texts. Kanchar Guggul as a roghadhikar on Granthi Roga also Kanchar Guggul as a shothahara, lekhyā, vedanahara & Vranaropaka, Hence. I have decided to see whether post operative management of chalazion with Kanchar Guggul will be effective or not.

The study entitled "To Study The Efficacy Of Kanchar Guggul In Post Operative Management Of Lagan."

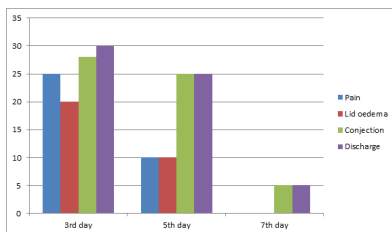
Patients were diagnosing based on sign and symptoms, which is mentioned in Ayurvedic and modern text.

The patients suffering from Lagan were randomly selected irrespective of age, sex, cast and religion, economical and educational status.

30 patients are selected randomly and patients were treated with kanchar Guggul vati 250mg 2 Tab. twice daily for 7 days along with Koshna jala.

Follow up on 3rd, 5th & 7th days was done.

The subjective gradation of symptoms was done. All the clinical observation was recorded in tabular form. And statistical analysis was done by applying Student's T test.



FROM THE ABOVE OBSERVATION, WE CAN DISCUSS THE STUDY AS:-

ACCORDING TO SEX:-

It was found that Lagan (Chalazion) is a common in both sex. It is pre dominant in male. It might be possible that due to the cosmoes consciousness the male patients

ACCORDING TO OCCUPATION:-

Lagan (Chalazion) is more common in the Age group of 14 to 25. Lagan is more in Student age Group may be due to work on computer, Plying in dust, Motorcycle driving, Study, more use of cosmetics.

ACCORDING TO MARITAL STATUS:-

Lagan is more common in married people than unmarried because of Lagan is more common in young age groups.

ACCORDING TO ECONOMIC STATUS:-

Lagan is more in middle Class as compare to lower class may it can be possible because of middle class population is more in the our hospital area.

ACCORDING TO DIET:-

On the observation of it is clear that lagan is more in people taking mixed diet than vegetarian people.

PAIN

On considering the symptoms of pain. It was found that, In trail grup symptom of pain is found in 30 patient. After treatment the symptoms of pain reduced totally in 30 patients.

LID OEDEMA

On considering the symptoms of lid oedema. It was found that, In trail grup symptom of lid oedema is found in 30 patient. After treatment the symptoms of lid oedema reduced totally in 30 patients.

CONGESTION

On considering the symptoms of congection. It was found that, In trail grup symptom of congection is found in 28 patient. After treatment the symptoms of congection reduced totally in 25 patient and 3 patient had mild form of congection.

DISCHARGE

On considering the symptoms of discharge. It was found that, In trail grup symptom of discharge is found in 30 patient. After treatment the symptoms of discharge reduced totally in 25 patient and 5 patient had mild form of discharge.

From statistical analysis it can be conclude that this treatments is effective. Hence, from the above results it may be abstracted that trial group (Kanchar Guggul) provided better overall relief in the patients of Post-Operative of Lagan.

SAMPRAPTI-BHANGA:-

According to Sushruta Acharya, Lagan is Kapha pradhan and Shastrasadhya vyadhi. In Lagan Kapha vitiates Mansa, Rakta, Meda, and Sira. This vitiated Kapha dosha produce Aruj, Apaki, Kathin itchy "Kolpramano" Granthi like swelling (Shotha) at Vartma Mandala.

As a Lagan is a Bhedyā and Lekhyā vyadhi. Therefore incision and curettage was doing but after proper curretting, there was some fibrous tissue was remaining. Kanchar Guggul given orally after incision and curettage. Kanchar Guggul having Kaphavata Nashak and it acts on Rasa, Rakta, Mans, Meda Dhatu dushti. On the basis of its Lekhana property, Kanchar guggul acts on remaining tissue it prevents recurrence of disease And it also helps the operative wound healing due to its Vranaropana property and its prevents or decreases of post operative infection due to antiseptic activity.

It is a Vranaropaka so it helps in post operative rapid wound healing and as a Shothahara it reduce a surgical edema (Shoth) and also helps to reduce post operative pain due to his Vedanahara property.

Basically Kanchanar Guggul is Kapha Vatahara, medohara it helps to resolve Meda and Siragata drushti that is why there is a less chance of recurrence.

CONCLUSION

After evaluating the Observation from Trial group and taking in to consideration of the statistical analysis of this study. We come to the conclusion that :-

- The clinical features of Post-operative Lagan are closely related to chalazion.
- Kanchanar Guggul is proved to be cost effective, safe and better drug.
- Effect of Kanchanar Guggul in reduction of clinical symptoms is well appreciated within 7 days.
- It is also observed that this line of treatment did not produce any type of side effect
- So the systemic drug Kanchanar Guggul is better option in Post-operative Lagan.

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