

# Unit 2 — Sāmānya Cikitsā & Kriyākalpa (Netra)

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# A) Sāmānya Cikitsā of Netraroga

## 1) Therapeutic framework

- **Nidāna-parivarjana:** absolute first step—avoid smoke/dust (dhūma/rajaḥ), late nights, excessive near-work (sūkṣma-darśana), glare/heat alternation, and irritant cosmetics.
- Doşa-tantra: assess pradhāna doşa and āma status.
  - Vātaja: rukṣa, śūla, sandhi-kṣobha → snigdha śamana, mrdu svedana, ghrta-yoga, gentle aścyotana with warm sneha; tarpana later.
  - Pittaja/Raktaja: dāha, raga, kṣata-śotha → śītala, raktaprasādana, lekhana where needed, seka/aścyotana with cool dravyas; nasya/śiro-śītala measures; tarpana/putapāka only after acute phase calms.
  - Kaphaja: guru-staimitya, kapha-srāva → rūkṣa dīpana-pācana, warm seka/aścyotana, lekhana-anjana; avoid heavy sneha early.
- Āma vs nirāma decision:
  - Sāma eyes: sticky discharge, heaviness, photophobia; start with dīpana-pācana, rūkṣa seka/aścyotana; delay tarpana.
  - Nirāma eyes: clean tear film, settled pain; proceed to snehana procedures (tarpana, ropana putapāka) as indicated.
- **Śodhana when needed:** mrdu virecana in pittaja/raktaja states; *śirovirecana* (nasya) and *raktamokṣaṇa* in select raktaja conditions; basti in chronic vātānubandha.
- Rasāyana/poshana: cakṣuṣya ghṛta (e.g., triphalā-ghṛta) orally when suitable; tarpaka support through diet (snehayukta, madhura-rasa) and padābhyanga/netrabhyanga.
- Charyā (regimen): avoid day sleep in kapha states; use dark glasses outdoors (anukūla deśa-kāla), controlled reading time, frequent blinking (nimeṣa-unmeṣa saumyatā).

**Exam mnemonic (SAFEST):** Sūtra (nidāna-parivarjana)  $\rightarrow$  **A**ma check  $\rightarrow$  **F**ocus doṣa  $\rightarrow$  **E**arly local kriyā  $\rightarrow$  **S**hoḍhana (if needed)  $\rightarrow$  **T**arpana/putapāka (later).

# B) Enumeration of Kriyākalpa

Kriyākalpa = localized ocular therapeutics (bāhya-parimarjana) applied on/around the eye for targeted action.

#### Ācārya/Text Enumerated procedures

Suśruta Samhita, Uttara-tantra (Kriyakalpa Adhyaya) 5 — Tarpana, Putapaka, Seka (Pariseka), Aścyotana, Añjana

Vāgbhaṭa (Aṣṭāṅga Ḥrdaya/Saṃgraha) 5 — same as Suśruta

Śārṅgadhara, Cakradatta, Yogaratnākara 7 — above + Pindī + Vidalaka

Caraka Saṃhitā (selected contexts) 3 — Bidālaka (Vidalaka), Aścyotana, Añjana

For university answers: write "Suśruta's five" as the foundational list; add that later compendia include  $Pind\bar{\iota}$  and  $Vidalaka \rightarrow total$  seven widely taught today.

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# C) Seka (Pariseka) — Therapeutic irrigation

**Paribhāṣā:** Continuous stream of medicated liquid over **closed** eyes (palpebral surface), at controlled temperature and height.

## Indications (typical):

- Acute pittaja/raktaja abhishyanda with dāha, raga, photophobia
- Foreign-body sensation without abrasion, environmental irritation
- As pūrva-karma before aścyotana/añjana

**Contra-indications:** open corneal ulcer, recent ocular surgery, severe vātānubandha pain (prefer warm aścyotana first), extreme photophobia where streaming worsens spasm.

### Dravya selection (doṣa-wise examples):

- Pitta/Rakta: cool infusions—uśīra, candana, padma-patra, triphalā kwātha cooled, dudh-mixed rose-water style śītala anupāna (classically advised).
- Vāta/Kapha: warm dashamūla-kşīra-pāka, yaşţimadhu-kşīra, pañcamūla-kwātha lukewarm.

# Technique (steps):

- 1. Pūrva-karma: assess doṣa/āma; wipe discharge; mild svedana in kapha/vāta.
- Pradhāna-karma: patient supine; closed lids; irrigate from inner → outer canthus with a steady thin stream (height ~6-8 cm), 10-20 min or till symptomatic relief.
- 3. Paścāt-karma: dab dry; protect from wind/glare; if pittaja, follow with prasadana añjana later in the day.

Lakṣaṇa of proper Seka: cooling/comfort, reduction of burning/tearing, easy opening of eyes.

**Improper:** too cold→ spasm; too hot/strong→ increased dāha/raga.

# D) Pindī — Medicated poultice over closed lids

Paribhāṣā: Sterile gauze/cloth poultice soaked in medicated swarasa/kwātha/sneha and placed over closed eyelids.

**Indications:** subacute blepharo-conjunctival inflammation, meibomian dysfunction, post-irritative fatigue; also for **kapha-staimitya** with sticky discharge.

# Materials & dravyas:

- Lekhana/Rūkṣa: triphalā kwātha, daruharidrā, saindhava (for kapha-sanga)
- Śītala-prasadana: uśīra-candana-padma-patra swarasa, chandana-taila (pitta/rakta)
- Snigdha: yaṣṭimadhu-kṣīra-pāka gāḍha for vātānubandha

Method: prepare warm/cool as per doṣa; soak folded pads; place 10-15 min; repeat 2-3 times/day.

**Paścāt:** light prasadana aścyotana or gentle añjana when nirāma.

# E) Vidalaka (Bidālaka) — Pastous lepa on lids

Paribhāṣā: Thick paste of indicated drugs applied externally over eyelids (not entering the fornix), typically 1-2 mm layer.

**Indications:** superficial **pittaja** inflammations with burning, mild swelling; eyestrain/cephalalgia linked to ocular surface irritation.

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## Dravya choices:

- Pitta/Rakta: chandana, uśīra, lodhra, mandūkaparnī, padma-patra; binders—ghrta/kṣīra-paṣṭa for prasadana
- Kapha: saindhava, trikatu + lodhra in minimal medium (rūkṣa)
- Vāta: add a touch of ghṛta/tila-taila to avoid over-drying

Application: avoid ciliary margins; keep 15-30 min; wash gently.

Cautions: do not use on eczema/dermatitis, infected chalazion, or when discharge is profuse (prefer Pindī/Seka).

# F) Aścyotana — Instillation of eye-drops

Paribhāṣā: Controlled dropwise instillation of medicated liquid into the open eye, typically 2-6 drops per sitting.

#### Indications:

- First-line for sarvābhiśyanda, foreign-body sensation, early timira discomforts
- After Seka/Pindī to deliver active drug to cul-de-sac

## Types (vehicles):

- Swarasa (fresh juice), kwātha (decoction), sneha (taila/ghṛta), kṣīra-pāka (milk-processed), madhu-yukta (for lekhana/prasadana).
- Doşa logic: pitta/rakta → cool swarasa/kwātha; kapha → lekhana/madhu-yukta; vāta → warm sneha/kṣīra-pāka.

## Technique pearls:

- Patient supine; look up; pull lower lid; instill without touching lashes; ask patient to blink gently; collect overflow.
- Frequency: 3-6×/day depending on acuity.
- Avoid very strong/tīkṣṇa drops in acute raktāvasthā (risk of flare).

Proper effect: clarity, reduced pain/watering; Improper: increased burning, chemosis, spasm.

# G) Tarpana — Retention of medicated sneha over eyes

Paribhāṣā: Retaining lukewarm sneha (classically clarified butter/ghṛta) over the open palpebral aperture within a māṣa-piṣṭi ring built around the orbit.

## Classical indications:

- Dry, fatigued eyes; lack of tears; eyelash depilation/shrivelling; chronic vātānubandha pain; early optic fatigue syndromes.
- Per Suśruta, seat-/doṣa-based **retention times** are modulated (shorter for sandhi-gata, longer for dṛṣṭi/sarvagata).
- Not to be done during acute upadrava, cloudy/very hot or very cold days, or in anxious/fearful patients.

#### Method outline:

- 1. Pūrva-karma: bowel-head lightness, āma clearance; ambient still air; protect from dust/sun.
- 2. Ring: māṣa (black gram) paste made into an even, firm circular wall around the eye; ensure leak-proofing.
- 3. **Sneha:** transparent layer of **ghṛta**, made **lukewarm**; pour till lash level; retain as per indication (gradations traditionally expressed in **akṣara-kāla** counts).
- 4. **Paschāt-karma:** drain via inner canthus; gentle **barley paste** pads; kapha-śamana **dhūma** if needed; protect from wind/glare; diet-regimen for 1–3 days.

**Satisfactory tarpana:** easy sleep, lightness, clarity, less secretion.

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**Excess:** heaviness, sliminess, tearing, itching.

**Deficient:** dryness, photophobia, continuing cloudiness.

**Viva tip:** "Tarpana = snigdha-brmhana kriyā; Putapāka = targeted extract (snehana/lekhana/ropana) after dosa subsides."

# H) Putapāka — Cooked extract for the eye

**Paribhāṣā:** A **bolus** of flesh/herbs is wrapped in leaves, **clay-coated**, roasted (puṭa), then its **expressed extract** is applied/retained like tarpana.

## Three classical types & indications:

- 1. **Snehana Putapāka:** for **extreme rukṣatā/parchedness** (vātaja); uses sneha-rich materials (māṃsa of ānūpa animals, vāsa/majjā/medas, madhura-varga, ghrta/ksīra).
- Lekhana Putapāka: for kapha-sañcaya or over-snehanatā; includes lekhana dravyas—lodhra/triphala + śańkhabhasma/saindhava etc.
- 3. **Ropaņa Putapāka:** for **healing** ulcers/defects after doṣa subsides—jangala māṃsa cooked with stanya, madhu, ghṛta, tikta-varga; enhances **vāta-pitta-rakta** normalization and **ropana**.

Timing: usually after tarpana and after acute doşa subsidence; apply 1-3 consecutive days per need.

**Doș & antidotes:** too hot/too tīkṣṇa  $\rightarrow$  burning/redness; too cold/mild  $\rightarrow$  ineffective; correct with nasya/dhūma/anjana per dosa.

# I) Añjana — Collyrium applications

#### Kinds (therapeutic intent):

- 1. **Lekhana Añjana** scraping/decongesting (kapha-saṅga, mala-sañcaya)
- 2. **Prasādana Añjana** soothing/tonic (pitta/rakta pradhāna, fatigue)
- 3. **Ropaṇa Añjana** healing (after ulcers/erosions begin to settle)
- 4. Rasakriyā Añjana concentrated decoction reduced to thick extract (often counted under above intents)

Indications: kapha-mala on lids, chronic mucus strands, post-putapāka/tarpana cleanup, prasadana at night.

# Method (śālākā-prayoga):

- Use appropriate añjana-varti (size ≈ kalāya pulse).
- Draw lower lid diagonally; apply from **kanīnika** → **apāṅga** and back on **inner lid margin** (not thickly in corners).
- Time: generally morning/evening/night depending on doşa and intended effect (lekhana often morning; prasādana at night).

**Contra-indications & cautions:** fever, intoxication, severe head disease, angry/grieving state, windy day, just after nasya or bath; in **insomnia**, strong añjana may worsen vision—prefer prasadana only.

**Proper effect:** lightness, whiteness, clarity, improved vision and no discharge; **Over-use:** deep discoloration, dryness, lid hardness—treat with santarpaṇa measures.

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# Putting it together: site-doṣa-state → procedure

State Pitta/Rakta-pradhāna Vāta-pradhāna Kapha-pradhāna Aścyotana (warm sneha), Seka/Aścyotana (rūksa, Seka (cool), Aścyotana (śītala Acute (sāma) swarasa/kwātha) mild **Seka** (warm) madhu-yukta) Pindī, Vidalaka (śītala) → later Pindī (snigdha), tarpana **Subacute** Pindī, Lekhana Añjana prasadana Añjana when nirāma signs appear Chronic/Nirāma Tarpana, Ropaṇa Putapāka, Prasādana Añjana Tarpana, Snehana Lekhana Putapāka, Lekhana Añjana Putapāka

# **Assessment**

# Long Essays (10 marks; answer 1)

- 1. Define **Kriyākalpa** and describe **Suśruta's five** with indications, contraindications, steps, and signs of proper/improper application.
- 2. Write Sāmānya Cikitsā of netraroga. Emphasize āma-nirāma assessment, doṣa-wise plan, and sequencing of Seka → Aścyotana → Añjana → Tarpana/Putapāka.

# Short Essays (5 marks; answer 3)

- 1. Tarpana: indications, method, and complication management.
- 2. Putapāka: classify into Snehana-Lekhana-Ropaņa with examples.
- 3. Añjana: lekhana vs prasādana vs ropaņa—times, techniques, and precautions.
- 4. Pindī vs Vidalaka: definitions, differences, and suitable clinical snapshots.

## Short Notes (3 marks; answer 4)

- Pariseka (Seka): temperature & stream dynamics
- Rasakriyā añjana (preparation & use)
- Doşa-wise aścyotana vehicles
- Paścāt-karma after tarpana/putapāka
- When **not** to do Kriyākalpa

# MCQs $(1 \text{ mark} \times 5)$

- 1. Foundational kriyākalpas in Suśruta are:
  - a) 3 b) 5 c) 6 d) 7
- 2. Closed-eye irrigation refers to:
  - a) Aścyotana b) **Seka** c) Añjana d) Tarpana
- 3. Māṣa-piṣṭi ring is essential for:
  - a) Pindī b) Vidalaka c) **Tarpana** d) Aścyotana
- 4. Lekhana putapāka is best in:
  - a) Raktaja dāha b) Vātaja śūla c) **Kapha-sañcaya** d) Tear deficiency
- 5. **Prasādana añjana** is usually preferred at:
  - a) Morning b) Mid-day c) Night d) Any time

**Answer key:** 1-b, 2-b, 3-c, 4-c, 5-c.

# References (cite these in your answers)

### Classical

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- Suśruta Saṃhitā, Uttara-tantra, Kriyākalpa Adhyāya (Chapter on "Preparations and medicinal measures for ocular affections in general"): Tarpana, Putapāka (types, indications, retention logic, proper vs improper signs), Aścyotana/Añjana guidelines.
- Aṣṭāṅga Hṛdaya, Sūtrasthāna: Aścyotana-Añjana-vidhi Adhyāya and Tarpana-Putapāka-vidhi Adhyāya—vehicle selection, timing, and procedural precautions.
- Śārngadhara Samhitā (Madhyama-khanda) and Cakradatta (Netraroga prakarana): inclusion and details of Pindī and Vidalaka.
- Yogaratnākara, Netraroga Cikitsā: seven kriyākalpas and dravya choices.

### **Modern/Standard Texts**

Sreedhar Śālākya Tantra (Part-1); K.S. Dhiman Śālākya Kriyākalpa Vijñāna; Shiv Nath Khanna Śālākya Tantra—procedural standardization, doşa-wise drug choices, safety.

## **Quick 60-second Review**

- **Suśruta's five:** Tarpana, Putapāka, Seka, Aścyotana, Añjana.
- Later seven: + Pindī, Vidalaka.
- Sequence rule: sāma → Seka/Aścyotana; nirāma → Sneha-based (Tarpana, Ropaṇa Putapāka, Prasādana Añjana).
- Tarpana hallmarks: māṣa-piṣṭi ring, lukewarm ghṛta, akṣara-kāla-based retention; clear signs of proper/excessive/deficient application.
- Putapāka triad: Snehana / Lekhana / Ropaņa—choose by dryness-kapha-ulcer status.
- Añjana safety: avoid in fever, windy day, just after nasya/bath; choose lekhana vs prasādana judiciously.

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