

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.
- **Doṣa-tantra:** assess **pradhāna doṣa** and **āma status**.
 - **Vātaja:** rukṣa, śūla, sandhi-kṣobha → *snigdha śamana*, mṛdu svedana, ghṛta-yoga, gentle aścyotana with warm sneha; tarpana later.
 - **Pittaja/Raktaja:** dāha, raga, kṣata-śoṭha → *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:** mṛdu 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) → Ama check → Focus doṣa → Early local kriyā → Śodhana (if needed) → Tarpana/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 Saṃhitā, Uttara-tantra (Kriyākalpa Adhyāya) | 5 — Tarpana, Putapāka, Seka (Pariseka), Aścyotana, Añjana |
| Vāgbhaṭa (Aṣṭāṅga Hṛdaya/Saṃgraha) | 5 — same as Suśruta |
| Śārṅgadharma, 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 **Pindī** and **Vidalaka** → total **seven** widely taught today.



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-kṣīra-pāka, yaṣṭimadhu-kṣīra, pañcamūla-kwātha lukewarm.

Technique (steps):

1. **Pūrva-karma:** assess doṣa/āma; wipe discharge; mild svedana in kapha/vāta.
2. **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-saṅga)
- **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.

**Dravya choices:**

- **Pitta/Rakta:** chandana, uśīra, lodhra, maṇḍūkapaṇṇī, padma-patra; binders—ghṛta/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).
- **Doṣa 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/tikṣṇa 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.



Excess: heaviness, sliminess, tearing, itching.

Deficient: dryness, photophobia, continuing cloudiness.

Viva tip: “Tarpana = snigdha-bṛṃhaṇa kriyā; Putapāka = targeted extract (snehana/lekhana/ropana) after doṣa 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, ghṛta/kṣīra).
2. **Lekhana Putapāka:** for **kapha-sañcaya** or over-snehanatā; includes lekhana dravyas—lodhra/triphala + śaṅkha-bhasma/saindhava etc.
3. **Ropana 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 doṣa subsidence; apply 1-3 consecutive days per need.

Doṣ & antidotes: too hot/too tīkṣṇa → burning/redness; too cold/mild → ineffective; correct with nasya/dhūma/anjana per doṣa.

I) Añjana — Collyrium applications

Kinds (therapeutic intent):

1. **Lekhana Añjana** — scraping/decongesting (kapha-sañga, mala-sañcaya)
2. **Prasādana Añjana** — soothing/tonic (pitta/rakta pradhāna, fatigue)
3. **Ropana 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, prasādana at night.

Method (śālākā-prayoga):

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

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



Putting it together: site-doṣa-state → procedure

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

Assessment

Long Essays (10 marks; answer 1)

- Define **Kriyākalpa** and describe **Suśruta's five** with indications, contraindications, steps, and signs of proper/improper application.
- 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)

- Tarpana**: indications, method, and complication management.
- Putapāka**: classify into **Snehana-Lekhana-Ropaṇa** with examples.
- Añjana**: lekhana vs prasādana vs ropaṇa—times, techniques, and precautions.
- Pindī vs Vidalaka**: definitions, differences, and suitable clinical snapshots.

Short Notes (3 marks; answer 4)

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

MCQs (1 mark × 5)

- Foundational kriyākalpas in Suśruta** are:
a) 3 b) 5 c) 6 d) 7
- Closed-eye irrigation** refers to:
a) Aścyotana b) **Seka** c) Añjana d) Tarpana
- Māṣa-piṣṭi ring** is essential for:
a) Pindī b) Vidalaka c) **Tarpana** d) Aścyotana
- Lekhana putapāka** is best in:
a) Raktaja dāha b) Vātaja sūla c) **Kapha-sañcaya** d) Tear deficiency
- 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



- **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.
- **Śārṅgadhara Saṃhitā** (Madhyama-khaṇḍa) and **Cakradatta** (Netraroga prakaraṇa): inclusion and details of **Pindī** and **Vidalaka**.
- **Yogarātnākara, 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, doṣa-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, Ropāṇa Putapāka, Prasādana Añjana)**.
- **Tarpana hallmarks**: māṣa-piṣṭi ring, lukewarm ghr̥ta, akṣara-kāla-based retention; clear signs of proper/excessive/deficient application.
- **Putapāka triad**: **Snehana / Lekhana / Ropāṇa**—choose by dryness-kapha-ulcer status.
- **Añjana safety**: avoid in fever, windy day, just after nasya/bath; choose lekhaṇa vs prasādana judiciously.