

Unit 3 — Pañcakarma & Netraroga

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Arhata (Eligibility) and Importance of Pañcakarma in Netraroga Cikitsā

Introduction

Pañcakarma—**vamana**, **virecana**, **basti**, **nāsyā** (śirovirecana), **raktamokṣaṇa**—provides **śodhana** and **mārga-śuddhi** for ocular disorders where **pitta/rakta** congestion, **kapha** clogging, or **vāta** dryness/neuropathy predominate. A classical maxim underpins **nāsyā** for head-sense organ diseases:

“ऊर्ध्वजत्रुविकारेषु विशेषान्नस्यमिष्यते । नासा हि शिरसो द्वारं, तेन तद्व्याप्य हन्ति तान् ॥” (Aṣṭāṅga Hr̥daya, Sūtrasthāna 20/1–2)

Suśruta assigns **sirāvyadha** (venesection) to several netrarogas (e.g., forms of **abhishyanda** and **adhimantha**), underscoring **raktamokṣaṇa**. **Basti** is celebrated as **chikitsārdha** (half of therapy), crucial when **vāta** drives chronic visual morbidity.

A. Arhata (Eligibility)

General grid

- **Doṣa-avasthā**: pradhāna doṣa + āma status.
- **Bala/Agni**: avoid strong śodhana in alpa-bala.
- **Vayaḥ**: prefer **pratimarśa-nāsyā** and gentle measures at extremes of age.
- **R̥tu/Deśa**: align with season (e.g., **śarad** for virecana); strict post-care.

Ocular-specific

- **Pittaja-raktaja** (rāga, dāha): **virecana**, **raktamokṣaṇa**, cooling **nāsyā** after acute subsides.
- **Kaphaja** (picchila srāva): **vamana** in robust, **nāsyā**, lekhana-añjana.
- **Vātaja** (dryness, timira): **basti** courses + **pratimarśa-nāsyā**; sneha-based local care when nirāma.
- **Mixed**: staged—dīpana-pācana → virecana/raktamokṣaṇa or vamana → basti → kriyākālpa.

Contra-indications

Acute corneal ulcer/suppurative, recent ocular surgery, pregnancy (avoid strong śodhana), extreme debility, uncontrolled systemic disease.

B. Importance of Pañcakarma in Netraroga

1. **Nāsyā** targets **ūrdhvajatru** via nasal route—ideal for ocular complaints.
2. **Doṣa-specific evacuation**: vamana (kapha), virecana (pitta/rakta), basti (vāta).
3. **Raktamokṣaṇa** rapidly decongests **raktaja** flares.
4. **Synergy with kriyākālpa**: Post-śodhana eyes respond better to **aścyotana**, **añjana**, **tarpana/putapāka** with reduced recurrence.

C. Procedure-wise Arhata & Application

Vamana

Eligible: robust kapha-dominant **abhishyanda** (thick, sticky discharge, heaviness).

Avoid: vātapradurāva, active pitta flares, fragile extremes of age.

Outline: dīpana-pācana → snehana-svedana → emesis → saṃsarjana; ocular protection.



Outcome: reduces stickiness/itching; improves tolerance to **aścyotana/añjana**.

Virecana

Eligible: **pittaja/raktaja** states (rāga, dāha, photophobia).

Avoid: dehydration, intestinal weakness.

Outline: snehapāna → svedana → purgation → graded diet; **prasadana añjana** after 24–48 h.

Outcome: calms vascular congestion; prepares for raktamokṣaṇa if needed.

Basti (nirūha + anuvāsana)

Eligible: **vātaja** dryness/fatigue, timira/adhimantha tendencies.

Outline: yoga/kāla/karma-basti plan; nirūha day; anuvāsana after meals; dravya—jīvanīya/madhura with gṛta/taila (add tikta if pitta association).

Outcome: nurtures **tarpaṇa kapha/majja-vāta** axis; reduces pain/strain; slows timira progression.

Key idea: Basti = **chikitsārdha** (half of therapy).

Nāsya (śirovirecana)

Eligible: ocular fatigue/dryness, heaviness of head, allergic tendencies; ideal **pratimarśa** for fragile patients.

Outline: svedana-mardana → instill lukewarm sneha/kvātha-svarasa → kavala/dhūma → rest.

Outcome: lubricates **netra-sandhi**, relieves heaviness; improves dṛṣṭi-prasāda.

Śāstra support: “नासा हि शिरसो द्वारम्...” (A.H. Su. 20/1–2).

Raktamokṣaṇa (sirāvyadha/jalauka)

Eligible: **raktaja** flares with intense **rāga-dāha** and throbbing pain; episcleral congestion.

Method: sirāvyadha in strong-bala; jalauka for delicate localized areas.

Outcome: rapid decongestion; follow with śītala seka/prasādana añjana.

D. Doṣa-Lakṣaṇa-Roga Map

Clinical picture	Likely doṣa	First-line śodhana	Then add
Kapha-dominant abhishyanda	Kapha	Vamana → nāsya	Lekhana añjana, seka
Red hot burning eye (pitta/rakta)	Pitta/Rakta	Virecana, Raktamokṣaṇa	Prasādana añjana, cool aścyotana
Dryness, strain, fluctuating clarity; timira tendency	Vāta	Basti	Pratimarśa-nāsya, later tarpaṇa/putapāka
Mixed recurrent flares	Samnipāta	Staged (lightening → śodhana)	Tailored kriyākalpa

E. Sequencing with Kriyākalpa

Acute sāma: seka + aścyotana → virecana/raktamokṣaṇa (pitta-rakta) or vamana (kapha).

Subacute: add nāsya (start with pratimarśa), pindi/vidālaka.

Nirāma chronic: basti courses; tarpaṇa/putapāka for restoration.

F. Safety & Outcomes

Before: rule out ulcer/trauma; check bala/agni/Hb/BP.

During: watch for excess śodhana, ocular spasm/chemosis.

After: saṃsarjana, avoid glare/wind; sustain with **pratimarśa-nāsya**.

Expected ocular outcomes: less **rāga-dāha/srāva**, improved tear stability, reduced pain/strain, better response to local procedures, slower **timira** progression.



Sanskrit Support (quoteable lines)

1. “ऊर्ध्वजत्रुविकारेषु... नासा हि शिरसो द्वारम्...” (A.H. Su. 20/1-2)
2. Suśruta’s categorization of ocular diseases by treatment includes **sirāvyadha** for several **ākṣi-roga** (Uttaratantra).
3. **Basti** extolled as **chikitsārdha** in Caraka Siddhi-sthāna discussions.

Assessment

Long Essay: Arhata for Pañcakarma in Netraroga with doṣa-āma-bala-ṛtu logic; importance of Pañcakarma and synergy with kriyākalpa.

Short Essays: Basti schedules; Raktamokṣaṇa choice and care; Virecana steps; Nāsyā (marśa vs pratimarśa).

Short Notes: Sequencing; saṃsarjana for eyes; daily pratimarśa-nāsyā; basti for ocular degeneration; jalauka indications.

MCQs: 1) Nāsyam (gateway line) 2) Sirāvyadha in abhishyanda/adhimantha 3) Basti—vāta & chikitsārdha 4) Virecana—pitta/rakta 5) Pratimarśa safer at extremes of age.

References

Classical: Aṣṭāṅga Hṛdaya, Sūtrasthāna 20 (Nāsyā-vidhi); Suśruta Saṃhitā, Uttaratantra—Netra-roga-cikitsā sections (including sirāvyadha indications); Caraka Saṃhitā, Siddhi-sthāna—Basti-sūtrīyam/Basti-siddhi.

Modern/Standard: Vasant C. Patil—Principles & Practice of Pañcakarma; K.S. Dhiman—Śālākya Tantra (integration of śodhana with kriyākalpa).