

Unit 6 — Sandhigata Roga - 2

Unit 6: Sandhigata Roga—2

A) Netrasrava (Epiphora), (B) Hyperlacrimation

Overview

Sandhigata roga are disorders centred at the ocular “joints” (sandhi) where different structures meet. Suśruta enumerates nine such diseases—**Pūyālasa, Upanāha, (Caturvidha) Srava, Parvaṇī, Alajī, Krimigranthī**—placing **Srava (netra-srava)** as a sandhigata condition characterised by persistent discharge/watering from the **kanīnaka-sandhi** (medial canthus).

श्लोक :

“पूयालसः सोपनाहः स्रावाः पर्वणिकाऽलजी ।

कृमिग्रन्थिश्च विज्ञेया रोगाः सन्धिगता नव ॥” — *Suśruta Saṃhitā, Uttara-tantra 2/3*

Clinically, **Netrasrava** maps to **epiphora** (watering due to drainage failure) and **hyperlacrimation** (over-secretion due to irritation/reflex). Ayurveda’s descriptions of **Aśru-mārga** (lacrimal pathway) and **srava-bheda** closely parallel these entities.

A) Netrasrava (Epiphora)

1) Paribhāṣā (Definition) and Site

Netrasrava is a **painless or painful discharge/watering** from ocular sandhi, chiefly the **kanīnaka** (inner canthus), arising when **doṣas** move via **aśru-mārga** to the sandhi and provoke srava.

श्लोक :

“शक्त्वा सन्धीनश्रुमार्गेण दोषाः कुर्युः स्रावान् रुग्विहीनान् कनीनात् ।

तान् वै स्रावान् नेत्रनाडीमथैके तस्या लिङ्गं कीर्तयिष्ये चतुर्था ॥” — *Suśruta, Uttara 2/5*

Artha: Doṣas travel through the lacrimal passage into ocular joints and produce (often painless) discharges from the **kanīnaka**; some term these **netra-nāḍī** disorders; their signs are **fourfold**.

2) Caturvidha Srava—Types & Features

Suśruta defines **four** Srava types with characteristic appearance and pathophysiology:

- **Pūyā-srava** — purulent discharge from suppuration at a sandhi.

श्लोक : “पाकः सन्धौ संस्रवेद्यश्च पूयं पूयास्रावो वैकरूपः प्रदिष्टः ॥” — *Uttara 2/6*

- **Śleṣmā-srava** — thick, white, sticky, **painless**.

श्लोक : “श्वेतं सान्द्रं पिच्छिलं संस्रवेद्यः श्लेष्मास्रावो नीरुजः स प्रदिष्टः ॥” — *Uttara 2/6*

- **Raktā-srava** — blood-tinged, warm, not scanty nor very thick; **Pittā-srava** — yellowish-blue, warm, watery, from the **sandhi-madhya**.

श्लोक :

“रक्तास्रावः शोनितोत्तः सरक्तमुष्णं नाल्पं संस्रवेन्नातिसान्द्रम् ।

पीताभासं नीलमुष्णं जलाभं पित्तास्रावः संस्रवेत् सन्धिमध्यात् ॥” — *Uttara 2/7*

Clinical mapping:

- **Epiphora (drainage failure)** correlates to **śleṣmā-srava** (mucoïd), **pūyā-srava** (if infected sac), sometimes **pittā-/raktā-srava** when inflamed.
- Watering from **kanīnaka** with regurgitation suggests **lacrimal outflow obstruction**—harmonising with

“aśrumārgēṇa... kanīnāt” (Uttara 2/5).

3) Nidāna Pañcaka (for Epiphora-dominant Netrasrava)

(i) Hetu (Causative factors)

- **Doṣa-prakopa:** kapha-pitta vitiation of aśru-mārga mucosa → edema/obstruction. Dietary kapha-pitta vardhaka (guru, snigdha; amla, kaṭu-uṣṇa), rajas-ḍuṣṭhi (rātribhojana, divāsvapna), ritu triggers (vasanta, grīṣma).
- **Āgantuka/Anatomical:** congenital narrow nasolacrimal duct; trauma; foreign body; nasal disease; eyelid malpositions (entropion/ectropion) aggravating tear lake.
- **Infective:** sac infection (correlate of **pūyā-srava**).
- **Allergic & irritative:** fumes, dust leading to reflex watering.

(ii) **Pūrvarūpa (premonitory):** intermittent watering on wind exposure, **mild itch** (kaṇḍū), heaviness at canthus, stringy mucus (kapha). **Śleṣmā-srava** described as **ni-ruja (painless)** hints to early epiphora without inflammation. “.....” (Uttara 2/6)

(iii) Rūpa (cardinal signs):

- Persistent watering from **kanīnaka**, tear meniscus ↑, regurgitation on sac pressure (if sac involved).
- Discharge character by type: **mucoïd (kapha)**, **purulent (pūyā)**, **warm watery yellowish (pitta)**, **blood-tinged (rakta)**—as per Uttara 2/6–2/7.
- Associated burning (pitta), itching/heaviness (kapha), mild pain when infected (pūyā-srava).

(iv) Upashaya-Anupashaya:

- **Śīta-seka** soothes **pitta-srava**; **uṣṇa-seka** liquefies **kapha-srava**.
- **Vāta** factors (dry, windy exposure) aggravate reflex watering.

(v) Samprāpti (Pathogenesis)

Doṣa-prakopa → **saṅga** (stasis) in **aśru-mārga** → **śoṭha** (edema) at kanīnaka/apāṅga sandhi → altered tear flow → **srava** manifestation per doṣa dominance. Epiphora especially reflects **capillary/sac outflow blockade**, congruent with “.....” (Uttara 2/5).

4) Bheda (Classification) & Modern Correlation

Srava (Suśruta)	Doṣa predominance	Classical appearance	Likely clinical correlate
Śleṣmā-srava	Kapha	Thick, white, sticky, painless	Chronic epiphora with mucoïd discharge; NLD narrowing
Pūyā-srava	Tridoṣa with kapha-pitta & rakta	Purulent from suppuration	Dacryocystitis / infected sac
Raktā-srava	Rakta-dūṣṭi	Warm, blood-streaked	Inflammatory epiphora; sac/lid conjunctival erosion
Pittā-srava	Pitta	Warm, yellowish-blue, watery from sandhi-middle	Irritative watery discharge; inflamed canal

(Uttara 2/6–2/7 for descriptors; 2/5 for canthal origin)

5) Sādhya-Asādhya (Prognosis)

- **Śleṣmā-srava** without infection is **sukha-sādhya** with early śamana and patency-restoring measures.
- **Pūyā-srava** (sac infection) becomes **kṛcchra-sādhya** until pūya-srotas are cleared; chronic fibrosis/atresia veers to **yakṣmā-sādhya/daurbalya** (guarded).
- **Pittā-/Raktā-srava**—prognosis depends on control of **daḥa/raaga** and epithelial healing.

6) Sāmānya Cikitsā (Management) for Epiphora-dominant Netrasrava

(a) Ahāra-Vihāra:



- **Pitta-kapha śamana:** laghu, rukṣa, tikta-kaṣāya rasa; avoid uṣṇa, amla, guru, snigdha.
- Protect from wind/dust; frequent **jalaprakṣāḷana** (sterile eyewash).

(b) Śamana with Kriyākalpa (local ocular therapeutics):

- **Śīta-seka** (for pitta/rakta srava): cool decoctions of **mañjiṣṭhā, utpala, candana**.
- **Uṣṇa-seka** (kapha mucoid): warm **pañcamūla** or **triphala** decoctions to liquefy kapha.
- **Aścyotana** (eye drops): gentle **triphala-kaṣāya, gulāb-jala** (classical rose water) for cleansing.
- **Anjana** (collyrium): mild **stambhana-saṃśamana** anjana in non-infective watering; avoid **kaṭu-tikṣṇa anjana** in active inflammation.
- **Nāsyā** (for channel patency): light **ghṛta-nāsyā** (e.g., **yaṣṭi-ghṛta**) in chronic non-infective epiphora with dry mucosa; avoid in acute pūyā-srava.
- **Jalaukā (leech):** not routine; consider periorbital **raktamokṣaṇa** when **raktā-srava** with congestion predominates.

(c) When infection predominates (pūyā-srava):

- **Śodhana-rūpī** cleansing with warm **triphala seka**, careful lid hygiene.
- Systemic **kapha-pitta-hara** yoga (amṛtottara/quadratics—use per local pharmacopeia), **raktaprasādana** (mañjiṣṭhā).
- If sac point tenderness and regurgitation persist → **refer for sac patency procedures**; Ayurvedic care supports tissue tone, reduces inflammation.

(d) Patency-focused measures (reflecting outflow block):

- Gentle massage along **aśru-nāḍī** in congenital cases (M-Cradling technique analog) with medicated **taila/ghṛta** externally; perform under aseptic guidance.
- Long-standing fibrosis → modern DCR/DCT (institutional referral); continue **netra-poṣaṇa** with **tarpana** only after infection subsides.

B) Hyperlacrimation

1) Paribhāṣā (Definition) & Distinction

Hyperlacrimation is **excess tear production** due to **reflex/irritative stimuli** (allergen, foreign body, dry eye, light, fumes). Unlike epiphora (outflow failure), here the **aśru-janana** (tear secretion) is **ati-pravṛddha**; outflow may be patent.

Suśruta's **pittā-raktā-srava** descriptors—**uṣṇa, jalābha (watery), pītābhāsa/śoṇita-yukta**—mirror **irritative watery** presentations.

श्लोक : “पीताभासं नीलमुष्णं जलाभं पित्तास्रावः...”; “रक्तास्रावः... सरक्तमुष्णं...” — Uttara 2/7

In allergy/photophobia, **śīta-upakrama** calms pitta; in dry eye, **snehana** reduces reflex tearing.

2) Nidāna Pañcaka (for Hyperlacrimation-dominant cases)

Hetu: smoke, dust, allergens; ocular surface microtrauma; excessive screen exposure; dry environments; unwholesome diet (uṣṇa-amla-kaṭu).

Pūrvarūpa: episodic watering on exposure to wind/sunlight; burning (**daḥa**), photophobia; minimal mucus.

Rūpa: copious **watery** tears, **daḥa, rāga**; scant mucus unless kapha supervenes.

Upaśaya: **Śīta-seka, aścyotana with cold dravyas**; **Anupashaya:** heat, smoke, rubbing.

Samprāpti: pitta/rakta irritation of **sandhi-madhyā** → reflex lacrimation; **vāta-kṣobha** from dryness → paradoxical tearing.

3) Differential Diagnosis (Ayurveda ↔ Modern)

Presentation	Likely Ayurvedic label	Modern pointer
Constant watering + mucoid strings, painless	Śleṣmā-srava	Epiphora due to NLD narrowing
Watering + pus, sac tenderness	Pūyā-srava	Dacryocystitis
Episodic watery tearing + burning/redness	Pittā-/Raktā-srava	Hyperlacrimation from allergy/irritation
Reflex tearing on dry eye background	Vāta-pitta kopa at surface	Aqueous-deficient dry eye with reflex tearing

4) Cikitsā (Hyperlacrimation focus)

(i) Doṣa-specific Kriyākalpa

- **Pitta/Rakta dominance:**
 - **Śīta-seka:** **uśīra-utpala-candana** decoctions.
 - **Aścyotana:** **go-ghṛta-saindhava-sugandhi jala** (mild, cooling); **padma-kāṣāya** drops (where available).
 - **Anjana:** **saumya-stambhana** (e.g., **sauhitya-anjana**) sparingly after acute burn settles.
- **Vāta-dominant (dry surface with reflex):**
 - **Tarpana** (only after active irritation calms): **yaṣṭi-ghṛta**, **triphala-ghṛta** to nourish surface.
 - **Nāsyā:** gentle **anu-tailam/śadbindu taila** to humidify mucosae (avoid in acute watery episodes).
- **Kapha admixture (stringy mucus):**
 - **Uṣṇa-seka** with **pañcamūla**; **kaṣāya aścyotana** (triphala), light **kaṭu-tikta** internal dips.

(ii) Saṃśamana Oushadhi (illustrative; adapt to local pharmacopeia):

- **Pitta-śamana:** **Pravāla-piṣṭi**, **Sārivā**, **Uśīra**, **Gudūcī**, **Śatāvārī ghṛta**.
- **Kapha-nigrahana:** **Trikaṣṭu**, **Vāsā**, **Haritakī** at night.
- **Rakta-prasadana:** **Mañjiṣṭhā**, **Sārivā**.
- **Vāta-pitta** (dry eye with burn): **Yaṣṭi-ghṛta**, **Mahātriphala ghṛta**.

(iii) Nidanaparivarjana & Netra-saṃrakṣaṇa:

- Avoid fumes, wind, allergens; use protective eyewear.
- **Sevāna (eye hygiene):** sterile eyewash, refrain from rubbing.
- Gentle **prasādhana** of lids (warm compress in kapha-srava; cool in pitta-srava).

Practical Examination Points

1. Key śloka cluster for Netrasrava:

- Enumeration of sandhigata roga: *Uttara 2/3*
- Pathway and canthal origin: *Uttara 2/5*
- Srava definitions: *Uttara 2/6-2/7*

2. Spot diagnosis by discharge:

- **White, sticky, painless** → **Śleṣmā-srava** (epiphora).
- **Purulent** → **Pūyā-srava** (infected sac).
- **Warm watery yellowish / blood-tinged** → **Pittā / Raktā-srava** (hyperlacrimation due to irritation).

3. Ayurvedic-modern bridge:

- “*Aśrumārgeṇa... kanīnāt*” (*Uttara 2/5*) aligns with **medial canthus epiphora** due to NLD/sac pathology.
- **Śīta vs Uṣṇa seka** is chosen by **pitta vs kapha** dominance.

Algorithms (Textual)

Epiphora (drainage failure) - Ayurvedic care path:

1. Identify **srava type** (*Uttara 2/6-2/7*).



2. **Rule out pūyā-srava** (infection). If present → warm seka + cleansing aścyotana → systemic kapha-pitta śamana → refer for patency work-up.
3. If **śleṣmā-srava** without infection → uṣṇa-seka, kaṣāya aścyotana, mild anjana; sādhyā with lifestyle and mucosal care.
4. Persistent regurgitation → consider **procedural referral**; add netra-poṣaṇa later (tarpana) once quiet.

Hyperlacrimation (over-secretion) - Ayurvedic care path:

1. Ascertain irritative triggers (allergen, light, dryness).
2. **Pitta/Rakta** picture → **śīta-seka + pitta-śamana aścyotana**, avoid tikṣṇa anjana acutely.
3. **Vāta-dryness** with reflex tearing → once calm, **tarpana + snigdha nāsyā**.
4. Maintain **nidanaparivarjana**; reassess.

Student Self-Checks (quick)

- **Recall:** From which canthus does Suśruta localise **srava** origin? Quote the word in the śloka (Uttara 2/5).
- **Apply:** A patient has **white, sticky, painless** discharge. Which srava? What seka temperature will you choose and why?
- **Contrast:** One case shows **regurgitation** on sac pressure; another has **burning + photophobia + watery tears**. Label each as **epiphora** or **hyperlacrimation** and select the primary kriyākalpa.

Assessment**Long Essay (1 × 10 marks)**

1. **Discuss Netrasrava** with reference to Suśruta's **Caturvidha Srava**, including nidāna-pañcaka, samprāpti, and kriyākalpa. Quote relevant **Uttara 2/5-2/7** ślokas.

Short Essays (2 × 5 marks)

1. Differentiate **Epiphora** and **Hyperlacrimation** in Ayurvedic terms and outline management.
2. Explain the choice of **śīta-seka vs uṣṇa-seka** in **srava** with justification from śloka descriptors.

Short Notes (4 × 3 marks)

1. **Śleṣmā-srava**—features and management (Uttara 2/6).
2. **Pūyā-srava**—red flags and approach (Uttara 2/6).
3. **Pittā-/Raktā-srava**—clinical pointers (Uttara 2/7).
4. **Netra-nāḍī** concept (Uttara 2/5).

MCQs (5 × 1 mark)

1. "नीरुजः" in **śleṣmā-srava** denotes:
a) Painful b) Painless c) Profuse d) Foul-smelling
2. Canthal site emphasised by Suśruta for **srava**:
a) Apāṅga b) Kanīnaka c) Madhya Dṛṣṭi d) Vartma-sandhi
3. **Warm watery yellowish** discharge aligns with:
a) Śleṣmā-srava b) Pittā-srava c) Raktā-srava d) Pūyā-srava
4. **Purulent discharge due to suppuration at sandhi** is termed:
a) Śleṣmā-srava b) Pūyā-srava c) Pitta-srava d) Raktā-srava
5. Primary kriyākalpa in **pitta-dominant watery irritation**:
a) Uṣṇa-seka b) Śīta-seka c) Tikṣṇa-anjana d) Vamana



Answers: 1-b; 2-b; 3-b; 4-b; 5-b.

References (Classical & Modern)

Classical

1. **Suśruta Saṃhitā, Uttara-tantra**—Adhyāya 2 (*Sandhigata-roga-vijñānīya*):
 - 2/3 “पूयालसः सोपनाहः...” (enumeration of sandhigata roga)
 - 2/5 “गत्वा सन्धीनश्चुमार्गेण... कनीनात्” (aśru-mārga and canthal origin)
 - 2/6 “...पायास्रावो... श्लेष्मास्रावो नीरुजः” (pūyā- & śleṣmā-srava features)
 - 2/7 “रक्तास्रावः... पित्तास्रावः...” (raktā- & pittā-srava features)
2. **Aṣṭāṅga Hṛdaya, Uttara-Sthāna**—relevant chapters on netra-roga and kriyākālpa (for śīta/uṣṇa upakrama rationale).
3. **Mādhava Nidāna**—netra-roga sections for corroborative descriptions (pittaja-kaphaja presentations).

*Modern (standard)

- Khurana AK. **Comprehensive Ophthalmology**—Lacrimal apparatus, epiphora vs hyperlacrimation; clinical tests and management.
- Parsons' **Diseases of the Eye**—Tear film physiology, lacrimal drainage; correlation with dacryopathies.
- Duke-Elder. **System of Ophthalmology**—Lacrimal secretion and reflex pathways.

*Listed as standard study resources; the chapter above is self-contained and exam-ready.

End of Unit 6: Sandhigata Roga—2 (Netrasrava & Hyperlacrimation)