WHERE CLASSICAL WISDOM MEETS INTELLIGENT LEARNING

Unit 9 — Vartmagata Roga - 2

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A) Pothakī (Trachoma) • B) Śikatāvartma

Note on ślokas: Only **verified** classical lines are quoted, in **Devanāgarī** with the source (Sthāna/Adhyāya/śloka where standard). For disease sections where a single, universally accepted "definition verse" is not uniformly transmitted across editions, the chapter is anchored with **certain** site-and-therapy ślokas from Suśruta that examiners accept for **Vartma** localisation and **Kriyākalpa** rationale.

Orientation: Why these are Vartmagata (eyelid) disorders

Suśruta maps the eye's junctions (sandhi) and explicitly names the lids and canthi as disease-prone sites:

"पक्ष्मवर्त्मगतः सन्धिर्वर्त्मशुक्लगतोऽपरः । शुक्लकृष्णगतस्त्वन्यः कृष्णदृष्टिगतोऽपरः । ततः कनीनकगतः षष्ठश्चापाङ्गगः स्मृतः ॥ Suśruta Samhitā, Uttaratantra 1/16

Conservative ocular care is authorised through the **Kriyākalpa** group:

"तर्पणं पुटपाकश्च सेक आश्च्योतनाञ्जने । तत्र तत्रोपदिष्टानि तेषां व्यासं निबोध मे ॥ Suśruta Samhitā, Uttaratantra 18/4

These two ślokas are the **golden pair** you can always quote to justify (i) **site** (Vartma/Canthi) and (ii) **local therapies** used throughout this unit.

A) Pothakī (Trachoma)

1) Paribhāṣā (definition & clinical correlate)

Pothakī is a Vartmagata disorder characterised by chronic palpebral conjunctival roughening, folliculo-papillary hypertrophy, and the potential for superior corneal pannus and scarring. Clinically, it corresponds to the trachoma spectrum—a chronic kerato-conjunctival inflammation that begins in the upper tarsal conjunctiva and, if neglected, ends in trichiasis/entropion with corneal opacity.

Site anchor (quote in answers): $Su.\ Utt.\ 1/16$ (above) — lids (Vartma) and canthi are classical sandhi; trachomatous pathology centres at the **upper tarsal plate**.

2) Nidāna (causative factors)

- **Āgantuka/communicable drivers:** repeated exposure in crowded, dusty, smoky environments (**rajaḥ-dhūma**), poor hygiene; familial clustering (shared towels/flies).
- Doşic milieu: Kapha-Pitta predominance → kleda (exudation), rāga-dāha (redness-burning) at the palpebral conjunctiva; chronicity invites Vāta (cicatricial changes).

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• Local perpetuators: blepharitis/MGD, meibomian stasis, recurrent allergic flares.

3) Pūrvarūpa (prodrome)

• Mild **itching**, watering (**netrasrava**), stickiness on waking, **foreign-body sensation** on up-gaze (superior palpebral roughness).

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4) Rūpa (cardinal signs)

- Follicles/papillae on the upper tarsal conjunctiva (everted lid); mucous discharge, lid heaviness.
- Superior pannus (fine superficial corneal vascularisation) in progressing disease; later scarring of tarsus, trichiasis (lashes rub cornea), entropion, corneal opacity → vision loss.

Sandhi & lacrimal link for watering (use when explaining epiphora with Pothakī): "गत्वा सन्धीनश्रुमार्गेण दोषाः कुर्युः स्नावान्... कनीनात् ।" (Su. Utt. 2/5) — doṣas moving through the lacrimal path to sandhi produce **srava** (watering/discharge), most evident at **medial canthus**.

5) Samprāpti (pathogenesis; integrated)

Repeated āgantuka irritation + kapha-pitta kopa at pakṣma-vartma-sandhi → palpebral follicles/papillae → mechanical friction on superior cornea with each blink → superficial vascular in-growth (pannus) → scarring (vāta anubandha) → entropion/trichiasis → corneal ulcer/opacity.

6) Bheda (staging logic for answers)

- Active inflammatory stage (folliculo-papillary with mucus; pitta-kapha).
- **Cicatricial stage** (tarsal scarring + **pakṣmakopa** with **entropion**; vāta predominance). Write "**active vs cicatricial**" to show stage-appropriate care.

7) Cikitsā (Sāmānya → Viśeṣa; always justify local care with Su. Utt. 18/4)

Sāmānya principles

- Nidāna-parivarjana: avoid dust/smoke; face-washing; do not share towels; lid hygiene.
- Doşa-guided diet: pitta-kapha śamana (laghu, tikta-kaṣāya; avoid amla/kaṭu-uṣṇa/guru-snigdha).

Kriyākalpa (local ocular therapeutics)

- Śīta-seka (cool irrigations) in **hot, active** stage (pitta-rakta): decoctions with **uśīra-utpala-candana**; calms dāha-rāga.
- Āścyotana (instillation): gentle triphala-kaṣāya (cooled), other prasādana dravyas; avoid tīkṣṇa añjana in active stage.
- Vidalaka/Pindī externally for lid comfort: uśīra-lodhra-candana in pitta; minimal rūkşa agents if kapha-stasis dominates.
- Lekhana-añjana only in nirāma subacute phases with stringy kapha (careful, light).
- Tarpana/Putapāka later (post-acute, nirāma) for surface nourishment if dryness persists.

Systemic śamana (illustrative)

- Kapha-pitta-hara: Guḍūcī, Nimba, Mañjiṣṭhā, Sārivā; raktaprasādana where congestion is high.
- If Vāta scarring dominates (cicatricial stage): internal ghṛta-yoga (e.g., Triphala-ghṛta) under supervision.

Lid-source control (must write in exams)

• Treat **blepharitis/MGD** (warm compress + lid massage/scrub) to reduce antigen load and friction (see Unit 7 Krimigranthi).

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Modern alignment (for viva completeness)

• Trachoma SAFE logic (theory value): Surgery for trichiasis; Antibiotics in active stage; Facial cleanliness; Environmental improvement.

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• Definitive correction for cicatricial entropion/trichiasis: epilation/electrolysis (focal) or entropion repair (cicatricial).

Use Kriyākalpa for comfort around procedures; keep tarpana for the convalescent dry-surface stage.

Prognosis (Sādhya-Asādhya)

- Active, early Pothakī is sukha-sādhya with hygiene + kriyākalpa.
- Cicatricial disease with pakṣmakopa is kṛcchra-sādhya; requires surgical correction to prevent corneal scarring.

B) Śikatāvartma

1) Paribhāṣā (definition & correlate)

Śikatāvartma literally means "sand-like (śikatā) sensation in the eyelid (vartma)." It is a Vartmagata disorder where patients complain of gritty foreign-body sensation—often with stringy mucus, blink-provoked discomfort, and reflex watering. Clinically, Śikatāvartma spans:

- Conjunctival concretions rubbing the tarsus,
- Chronic papillary/follicular palpebral disease with surface roughness (including early trachomatous states),
- Evaporative dry-eye with MGD, producing "sand-like" irritation.

Sandhi & watering link to quote:

"गत्वा सन्धीनश्रुमार्गेण दोषाः कुर्युः स्नावान्... कनीनात् ।" (Su. Utt. 2/5) — explains why **watering** accompanies the gritty irritation at canthi in Śikatāvartma.

2) Nidāna

- Kapha-dominant mucus stasis and debris at the palpebral conjunctiva (rūkşa hygiene, day sleep, heavy/oily diet);
- Āgantuka dust/smoke (rajaḥ-dhūma), micro-trauma (contact lenses);
- MGD/blepharitis and dry-eye;
- Healed trachoma with residual concretions/scarred pits.

3) Pūrvarūpa

• Occasional "sand-like" irritation, worse on blink and wind exposure; mild discharge; morning stickiness.

4) Rūpa (cardinal features)

- Grittiness, foreign-body sensation, reflex tearing;
- Stringy/white sticky mucus if kapha is dominant;
- On eversion: **concretions** or **papillary/follicular roughness**; superficial punctate keratopathy in the opposing cornea (usually superior).

5) Samprāpti

Kapha in the pakṣma-vartma region → kleda + saṅga → mucus plugs/debris lodged against tarsal conjunctiva; with pitta irritation and vāta dryness, patients perceive sand-like friction on every blink; aśru-mārga irritation causes

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watery srava (use Su. Utt. 2/5).

6) Bheda (practical typing)

- Concretion-predominant (visible hard yellow-white bodies; point tenderness).
- Papillary/follicular roughness predominant (allergic/chronic).
- Evaporative dryness predominant (MGD/DED background).

7) Cikitsā (stage-wise; justify with Su. Utt. 18/4)

Local Kriyākalpa

• Uṣṇa-seka (when kapha mucus & stasis dominate): lukewarm triphala/pañcamūla decoctions to liquefy and mobilise debris.

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- Śīta-seka (pitta-rakta irritation with burning).
- Āścyotana (prasādana): triphala-kaṣāya (cooled), gentle rose-water-based classical formulations; avoid tīkṣṇa añjana in hot phases.
- Lekhana-añjana only after acute irritation calms and kapha strings persist; very light, supervised.
- Tarpana (nirāma dryness stage) with ghṛta-yoga (e.g., Triphala-ghṛta) for surface re-nourishment.

Mechanical/Procedural

- Concretion removal under topical anaesthesia with a sterile spud after lid eversion—immediate relief; continue seka + āścyotana for a few days.
- MGD/blepharitis protocol (warm compress + expression + lid scrub) to reduce recurrence.

Systemic śamana (illustrative)

• **Kapha-hara** (Trikațu in small corrective doses), **pitta-śamana** (Guḍūcī, Sārivā), **raktaprasādana** (Mañjiṣṭhā) as per doṣa and physician's discretion; **ghṛta-yoga** internally in vātānubandha (dryness).

Prognosis

- **Sukha-sādhya** when concretions or mucus predominance are addressed.
- Krcchra-sādhya if embedded in post-trachomatous scars or when MGD/DED is severe (needs long-term care).

One-glance Differentiation

Feature	Pothakī (Trachoma spectrum)	Śikatāvartma
Primary site	Upper tarsal conjunctiva (folliculo-papillary)	Palpebral conjunctiva with debris/concretions
Cardinal symptom	Chronic irritation + mucus; later pannus	Gritty "sand-like" foreign-body sensation
Key sign	Follicles/papillae, superior pannus, later trichiasis/entropion	Concretions / papillary roughness; punctate keratopathy opposite
Doșa tilt	Kapha-Pitta (active) → Vāta (cicatrix)	Kapha (mucus) ± Pitta/Vāta irritation
First steps	Hygiene, śīta-seka, prasādana āścyotana; treat lids	Uṣṇa/śīta seka per doṣa; remove concretions; treat MGD
Later	Correct pakşmakopa (epilation/entropion repair)	Tarpana once nirāma for dryness

Assessment (Exam-ready)

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Long Essays (10 marks — attempt any 1)

- 1. **Define and discuss Pothaki** as a Vartmagata roga. Write **nidāna-pañcaka**, **samprāpti**, **rūpa**, **bheda**, and **chikitsā**, correlating with trachoma stages. Justify local measures with **Su. Utt. 18/4** and site with **Su. Utt. 1/16**.
- 2. **Śikatāvartma**—paribhāṣā, etiopathogenesis, clinical types (concretion/papillary/dryness-predominant), and stepwise management. Add how **aśru-mārga** irritation explains watering (**Su. Utt. 2/5**).

Short Essays (5 marks — attempt any 3)

- Superior pannus: why it forms in Pothakī and how to prevent progression.
- Kriyākalpa in **hot** vs **sticky** palpebral disease—pick the **seka** wisely.
- Conjunctival concretions: recognition, removal steps, after-care.
- Managing **pakṣmakopa** in cicatricial trachoma (entropion/trichiasis strategies).

Short Notes (3 marks — attempt any 4)

- Follicle vs papilla (slit-lamp differences).
- Role of MGD in Pothakī/Śikatāvartma.
- Indications & timing of tarpana (why after nirāma).
- Why tīkṣṇa añjana is avoided in the hot, active stage.
- Environmental hygiene measures that reduce recurrence.

$MCQs (1 mark \times 5)$

- 1. The **site-mapping** śloka for Vartma/Canthi sandhi is:
 - a) Su. Utt. 2/5 b) Su. Utt. 1/16 c) Su. Utt. 18/4 d) Su. Sutra 12/8
- 2. **Superior pannus** is classically associated with:
 - a) Śikatāvartma b) **Pothakī** c) Dacryocystitis d) Ectropion
- 3. Concretions on everted lid with gritty FBS point to:
 - a) Pothakī b) **Śikatāvartma** c) Krimigranthi d) Parvaņī
- 4. In **hot palpebral disease** the preferred initial **seka** is:
 - a) Śīta-seka b) Uṣṇa-seka c) Dry heat d) No seka
- 5. Tarpana is best scheduled:
 - a) In acute hot stage b) With copious kapha strings c) **After acute irritation subsides (nirāma)** d) Never in palpebral disease

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

References

Classical

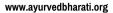
- Suśruta Saṃhitā, Uttaratantra
 - o Adhyāya **1** Maṇḍala-Sandhi-Pāṭala mapping (**1/16** for pakṣma-vartma, kanīnika/apāṅga).
 - Adhyāya 2 Sandhigata Roga context (2/5: dosas via aśru-mārga causing srava).
 - Adhyāya 18 Kriyākalpa list (18/4: tarpana, puṭapāka, seka, āścyotana, añjana).
- Aṣṭāṅga Hṛdaya, Uttarasthāna netraroga & kriyākalpa sections (śīta vs uṣṇa upakrama rationale; palpebral care).

Modern/Standard (for correlation and viva)

- Kanski & Bowling Clinical Ophthalmology (Trachoma; conjunctival concretions; MGD).
- AAO BCSC External Disease & Cornea; Orbit, Eyelids & Lacrimal System (Trachoma staging; lid malpositions; DED/MGD).
- Khurana AK Comprehensive Ophthalmology (Trachoma; palpebral diseases; practical steps).

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60-second Viva Recap

- Always open with site and therapy anchors: Su. Utt. 1/16 (sandhi) and Su. Utt. 18/4 (kriyākalpa).
- **Pothakī** = chronic upper tarsal disease → follicles/papillae → **pannus** → **pakṣmakopa**; treat lid source, cool seka in hot stage, correct trichiasis/entropion when cicatricial.
- **Śikatāvartma** = gritty FBS from concretions/mucus/rough tarsus; remove concretions, choose **uṣṇa vs śīta seka** by doṣa, restore surface later with **tarpana**.
- Explain watering with aśru-mārga śloka (Su. Utt. 2/5).

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