

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 सन्धिवर्त्मशुक्लगतोऽपरः ।
शुक्लकृष्णगतस्त्वन्यः कृष्णदृष्टिगतोऽपरः ।
ततः कनीनकगतः षष्ठश्चापाङ्गगः स्मृतः ॥
Suśruta Saṃhitā, Uttarantra 1/16

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

“तर्पणं पुटपाकश्च सेक आश्च्योतनाञ्जने ।
तत्र तत्रोपदिष्टानि तेषां व्यासं निबोध मे ॥
Suśruta Saṃhitā, Uttarantra 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/flyes).
- **Doṣic milieu:** **Kapha-Pitta** predominance → **kleda** (exudation), **rāga-dāha** (redness-burning) at the palpebral conjunctiva; chronicity invites **Vāta** (cicatrical changes).



- **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).

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):

“शत्वा सन्धीनश्रुमार्गेण दोषाः कुर्युः स्रावान्... 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.
- **Doṣa-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 tikṣṇa añjana** in active stage.
- **Vidalaka/Piṇḍī** externally for lid comfort: **uśīra-lodhra-candana** in pitta; minimal rūkṣa 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).

**Modern alignment (for viva completeness)**

- **Trachoma SAFE** logic (theory value): **Surgery** for trichiasis; **Antibiotics** in active stage; **Facial cleanliness**; **Environmental improvement**.
- **Definitive correction** for cicatricial **entropion/trichiasis**: **epilation/electrolysis** (focal) or **entropion repair** (cicatricial).
Use **Kriyākālpa** for comfort around procedures; keep **tarpana** for the convalescent dry-surface stage.

Prognosis (Sādhya-Asādhya)

- **Active, early** Pothakī is **sukha-sādhya** with hygiene + kriyākālpa.
- **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 सन्धीनश्चुमार्गेण दोषाः कुर्युः स्रावान्... 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 (rūkṣa 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) Saṃprāpti

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

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.
- **Śīta-seka** (pitta-rakta irritation with burning).
- **Āścyotana** (prasādana): **triphala-kaṣāya** (cooled), gentle rose-water-based classical formulations; **avoid tikṣṇa 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** (Trikaṭu 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.
- **Kṛcchra-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
Doṣa 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 pakṣmakopa (epilation/entropion repair)	Tarpana once nirāma for dryness

Assessment (Exam-ready)

Long Essays (10 marks — attempt any 1)

1. **Define and discuss Pothakī** 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 step-wise 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 **tikṣṇa añjana** is avoided in the hot, active stage.
- Environmental hygiene measures that reduce recurrence.

MCQs (1 mark × 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) Entropion
3. Concretions on everted lid with gritty FBS point to:
a) Pothakī b) **Śikatāvartma** c) Krimigranthi d) Parvaṇī
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**
 - Adhyāya **1** — Maṇḍala-Sandhi-Pāṭala mapping (**1/16** for pakṣma-vartma, kanīnika/apāṅga).
 - Adhyāya **2** — Sandhigata Roga context (**2/5**: doṣas 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).



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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