

Why kaphaja linganasha is shastra sadhya: a review

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Abstract:

Ayurveda Speaks about many mode of healing art, even surgery & para surgical techniques. *Ayu*. Means life and *veda* means knowledge, *Shalakyatantra* one of its specialized branch deals with the science of ophthalmology was contributed & developed by *Rajrishi Nimi*, he deserves all the credit ad regards for *shalakyatantra*. *Linganasha* is one of the oldest surgeries documented since ancient times, Regarding the technique of cataract surgery of an ancient surgeons is still a matter of debate but *Maharshi Shushrut* who lived in sixth century BCE, The father of surgery” he is the first gave the accurate description of different varieties of *Linganasha* and the first who described “The *Linganasha* surgery” In his medical thesis *sushruta samhita & uttar Tantra*. *Sushruta* mentioned six types of *linganasa*. In this six type only *Kaphaja*

linganasa is curable which is devoid of any complications, and *kaphaja* type of *linganasa* is curable by surgical treatment (*shashtra sadhya*). Secondly the objective of this literary research papers is to find proper correlation between disease cataracts to those mentioned in *Ayurvedic* classic. Needless to say, no other surgically treatable diseases and its complication except *Linganasha (Kaphaj)* are given this much attention.

Keywords: *Linganasha, Shalakyatantra, Vedhana, Daivakrita, Sushruta Samhita.*

Introduction:

Linganasha term in *Ayurvedic* literature, which means loss of vision (*Dalhan*)¹. The word *linga* indicates which provides knowledge or information. Here this word denotes *Drsti* or eye. Hence *Linganasa* means

loss of vision. *Linganasha* can be classified² as follows. Endogenous and Exogenous. In endogenous *Linganasha* is described vividly on anatomical and etiological grounds and is said to be the end stage of *timira*, a serious disease of the visual apparatus, on anatomical descriptive ground when the vitiated body human reaches 4th *patal* of eye ball, the patient's vision is obstructed pupil is covered by vitiated body human then patient perceives only bright illuminating object that too when the eye (posterior segment) is normally. *patals* are nothing but the cataract induced lenticular changes in its different stages whereas *timir, kach and linganash* are nothing but the immature and mature stage of cataract. the first *patal* is *tejo jalashrit patal* in this stage all objects like blurred or foggy in nature i.e. is *TIMIRA* (first and second *patala dosh dushti*). when the vitiated *doshas* enter third *patals* i.e., *medashrit patal*, where the *medaas dravya* becomes *vikrut* and looks blurred, and terms becomes *KANCH* stage. when vitiated *doshas* enters in fourth *patals*, in this stage unable to see the objects completely may be in one eye or both eyes. this stage is called *LINGNASH*. The clinical picture is as per the causative body humours among these

pathologically classified *linganasha* only is surgically curable because when *doshas* localized on the *dristi* pupil is not in the shape of half moon, sweat drop or a pearl, when the *dristi* is static, irregular, thin in the middle having lines, very bright, painful or painless only the *shastra sadhya* (surgical) treatment should be done.³

Aims and objects

- 1) To Review the literature on *Linganash*
- 2) To explore why *kaphaj Linganash* is *shastra sadhya*

Material and methods:-

The data was collected from *Ayurveda* text books *vaidyas* and through personal experiences. The collected classical material was compared and put forth in a systematic manner.

Clinical pictures of *kaphaja linganasha*⁴.

Complete obstruction of vision except slight perception of light. When this disease has not advanced completely, the patient can see the moon, sun & stars lightening in the sky and other clear, bright or luminous object.⁵

Pupillary circle appears to be thick, smooth and white in colour like a white drop of water (fluid) lotus leaf. Pupil constricts in sun and dilates in shade/dark. (+ve papillary reaction). Papillary circle is mobile/changes its shape on occur massage.

These clinical features of *Kaphaja linganasha* invading fourth patal (lens) exactly simulate the picture of Mature/hypermature senile cortical (cuneiform) cataract, the white and soft cataract.

Cataract:-

Definition: Any opacification of the lens or its capsule whether developmental or

acquired, whether stationary or progressive, whether partial or total is known as cataract.

Senile cataract (*kaphaj linganash*)

It is also called as age related cataract, this is most common cataract observed in day to day practice. Which is affecting equally persons of either sex usually above the age of 50 years

It has two forms.

- a) **Cortical (soft caractret) coniform** - 70 percent. It is more common or cupiliform cataract.

- b) **Nuclear (hard cataract)** 25 percent.

In modern science its precise etio pathogenesis is not clear. On the other hand in ancient science there are such causative factor described in the text which are commonly seen in practical life like. *Adibal pravrutta, prakash adhiyaka* dietary factor, Dehydration crisis.

Indication for *shastra sadhya linganasha*

- 1) Well developed *kaphaja linganasha* with clinical picture mentioned above.
- 2) Uncomplicated cataract⁶. *Avartaki, sharkara, Rajimati, chhinanshuka, chandraki, chhratrki* following six complications of *kaphaja linganasha* avoided before surgical intervention

Contra indication of surgery.

Related to *kaphaja linganasha*.⁽⁷⁾

- *Dosh* situated in lens, semilunar, sweat drop,
- Hard, pear shaped. Thin, striated,
- Excessively shining, Redness, multi colored

- Blood or abnormal material in papillary area, painful eye.

Related to time & place

Excessive hot or cold season/atmosphere cloudy.

Shastra sadhya linganasha operative measures according to *sushruta* Pre-operative –

- *Snehan*
- *Swedan*
- *Virechana*
- *Ghrita* mixed food
- *Tarpana* of head by *abhyanga*
- *Nasya* of *mamsarasa* on previous night

Operative⁸ :-

Patient should not take any food on the day of surgery. The operation theater should be checked for all necessary equipment or medicine the day should be normal one without excessive heat or cold. There should be good illumination. The surgeon should be sit in front of patient. The eye should be given mild sudation by surgeon breath. The surgeon should hold the barley shaped *salaka* instrument between

thumb, middle and index finger of his right hand. The surgeon should open the eyes and puncture the eyeball toward the temporal canthus avoiding part of the whole of the eye from the cornea. The puncture should be made neither too high nor too low, nor at the sides saving the network of veins. It should then be directed toward the natural orifice “*Daiva krita chidra*” (pupil). The surgeon should operate the left eye on his right hand. The right eye with his left hand. The proper puncturing is recognized by the production of typical sound and by the outflow of drop of liquid.

As soon as the puncture has been done, the *salaka* should be held firmly in proper position. The eye should be irrigated with human milk and fumigated with vata pacifying leaves from outside. The substances of the lens should be punctured and scraped with the tip of the *salaka*. The patient should make to blow out violently & expel the accumulated *kapha* (in the lens) after closing the nostril of opposite side.

Post operative care:-

When the patient is able to visualize the object the *salaka* should be

gradually withdrawn, the eye should be lubricated with *ghrita* and bandaged. The patient should be made to lie supine in a room free from disturbing factor (like dust, smoke sand etc.) he should be instructed to avoid belching coughing, sneezing, spitting, shivering.

Discussion:-

Linganasha is one of the major causes of blindness. *kaphaja linganasha* is only surgically treatable type rest all being incurable as *sushruta* described in his *uttar tanta* chapter 17 / 55. first *patal* *patal* is curable second *patal* is curable with difficulty and third *patal* is relievable (when there is discolouration of lens had appered). *acharya dalhan* mentioned only *kaphaj linganasha* is *sadhya* and rest type of *lingnasha* is *asadhya*. The indicated puncture for *linganasha* surgery is *Daivaknita chidra* (keyhole) which is the junction medial $2/3^{\text{rd}}$ & lateral $1/3^{\text{rd}}$ of the area between limbus and outer canthus in interpalpebral space. *sushruta* adviced three steps surgical procedure for cataract extraction which as follows, *vedhana* (take the incision first), *nirlekhana* (do the capsulotomy), *aharana* (take out the opaque lens matter from the papillary

area through incision site). *Sushruta* clearly mentioned the sign & symptom in his *uttar tantra* chapter 17 /56-57. The technique given in *sushrutra samhita* (reproduced from *nimitanta*) closely resembles to extra capsular cataract Extraction.

Conclusion:-

Rajarish nimi, the king of *videha*, who is the original contributor to the science of ophthalmology the origin of *ayurveda*, should be given a due credit that he highly deserves. *Kaphaja linganasha* seems to be the proper word to be used for the eye disease cataract in modern science.

The detailed description of indication, sign and symptom of *khapaja linganasha* and surgical indication which prove why *khapaj linganash* is *shashtra sadhya* by ancient eye surgeons *sushruha* has clearly mentioned in his text *Sushruta Samhita*. (view point to king of *Videha Rajrishi Nimi*).

The above mentioned literature prove that the indication of *kaphaj linganasha* is *shatra sadhya* was selective, systematic & in continuous process of transition since its recognition as major catastrophe in the literature of *Ayurveda*.

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Cite this article:

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AYURLINE: INTERNATIONAL JOURNAL OF RESEARCH IN INDIAN MEDICINE 2017; 1(1) : 63-68