



Research Article

TO STUDY THE EFFECT OF MAHAUSHADHADI ANJANA IN THE MANAGEMENT OF PISHTAK WITH SPECIAL REFERENCE TO PINGUECULA

Santosh Kumar Sahu

PG Scholar, Department of Shalaky Tantra, Acharya Deshabhushan Ayurvedic Medical College and Hospital Bedkihal, Karnataka, India.

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ABSTRACT

Bindu (dot/spot) which is bulged up resembling water, white like flour of rice and round in shape is known as *Pistaka*. Acharya Sushruta is described *Pistaka* is *Ashastrakruta vyadhi* in *Sushruta uttartastra* 8 chapter 9 *sholka*. In *Astanga Hridaya uttarsthana* Acharya Vagbhatta has told the *Pistaka* is *Sandhigata vyadhi*. Pinguecula is an extremely common degenerative condition of the conjunctiva. It is characterized by the formation of the yellowish-white patch on the bulbar conjunctiva near to the limbus. Inflammation of Pinguecula is called as Pingueculitis. It is characterized by pain, redness, watering and foreign body sensation in eyes. Pinguecula is found in the nasal and temporal limbal conjunctiva. The etiology of Pinguecula is not known but it's found those person are work in sunlight, populated environment like wind, dust, soil etc, the majority of this disease is occur, people who lived in hot and dry climate. Symptoms of Pinguecula can be correlated to sign and symptom of *Pistaka*. The histological picture is very similar to that of pterygium and hence is considered to be its Precursor. If inflamed Pinguecula untreated leads to inflamed pterygium. Hence there is a need to find safe and effective medicine. Signs and symptoms of *Pishtak* can be correlated with Pingueculitis or Pinguecula.

INTRODUCTION

Asatmyeindriyarthasamyoga, Pragnaparadha, and Parinama these three factors are very important in preventive and curative aspects of any diseases. Astasthanapareeksa, Dasavidhpareeksa, Panchaindriyapareeksa, etc are the unique contribution of Ayurveda to assess the severity of disease and condition of the patient. The importance of Ayurveda in the global scenario is because of its holistic approach towards a positive lifestyle.

The study of disease is the study of man and his environmental factors; hence the key to man's health lies largely in his environment. Much of man's ill health can be traced to adverse environmental factors such as water pollution, soil pollution, air pollution,

poor housing condition, presence of ignorance about the spread of diseases. The above mentioned factors are responsible for the *Nidana* or causes of the disease called *Pistaka* (Pinguecula).

Acharya Susrutha has mentioned 76 eye diseases^[1] based on *Videha Tantra*. Caraka has casually described according to *Dosha*, while *Vagbhata*, *Bhavaprakasha Sharangadhara*, etc. have also described the eye diseases and their management with slight variation in the number of diseases and their sign and symptoms.

Now a days due to urbanization and very much changes in lifestyles and due to different causative factors like exposure to the sun, smoke, dust, heat, etc. are causes the disease *Pistaka* (Pinguecula) which is very commonly seen.

Acharya Sushruta described *Pistaka* is one of the among the *Shuklagata netrarogas*^[2]. It is *Kaphadosha* predominance disease, it is *Ousadhasadhya vyadhi*. In *Pistaka vyadhi shukla mandala* is spread with white round and fresh papule nodular development, seen like whitish rice flour and fresh like water so it's called as *Pistaka*^[3].

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Pistaka is one variety where is seen as a yellow-white deposits on the conjunctiva adjacent to the junction between the cornea and sclera it is similar to Pinguecula.

The white and yellowish lesion on the conjunctiva does not cross the cornea. It is an alteration of the existing tissue and generally developed after the age of forty while the exact cause is unknown.

Pingueculae are among the more common conjunctival disorders with prevalence rates ranging from 22.5% to 90%. Pingueculae are benign, white to yellow raised lesions which can sometimes have a lipid-like appearance. Pingueculae are typically located at the three and nine o'clock positions on the bulbar conjunctiva near the sclerocorneal junction but do not cross into the cornea.

The literature of the *Shalakyā tantra Netra Roga*, was therefore explored, to select a classical formulation indicated in the treatment of the *Pistaka* disease, the contents of the drug had to be easily available. *Mahaoushadhadi Anjana*, that is mentioned in the *Chikitsa* of *Pistaka roga* in *Sushruta Samhita*. Fulfilled our criteria for drug selection.

AIM AND OBJECTIVES

- To study the role of *Mahaoushadhadianjana* in the management of *Pistaka*.
- To study the *Pistaka* according to Ayurveda.
- To study the pinguecula according to modern science.
- To evaluate the efficacy of *Mahaoushadhadianjana* in the management of *Pistaka*.

Study Design

60 patients satisfying the diagnostic and inclusion criteria were randomly selected. Out of 60 patients, The 60 patients were taken in 2 different groups i.e. group A and group B-

Group A: 30 Patient- Trial group (received *Mahaoushadhadi Anjana*)

Group B: 30 Patient- Control group (received Flubigat eye drop, 1 drop thrice a day)

The study was carried out for 15 days duration. One and a half *Harenu* of *Mahaoushadhadi Anjana* was applied in the eyes twice daily for continuous 15 days in enrolled patients. The assessment was done on 0 days, 5th day, 10th day and 15th day of the treatment (observation between treatments) and on 30th day (follow up).

MATERIAL AND METHODS

Selection of Patients

Patients will be selected from OPD & IPD and special camps conducted by Acharya Deshabhushan Ayurvedic Medical College and Hospital Bedkihal. The patients were selected irrespective of religion, caste, and gender, in the age group of 15-70 years.

Diagnostic Criteria

Diagnosis will be established based on subjective symptoms of *Pistaka* are-

- *Pistashukla Bindu*
- Watering in eye
- Foreign body sensation

Inclusion Criteria

- Patient of the age group of 15-70 years.
- Patients of either gender.
- Patients presenting signs & symptoms of pinguecula.
- Patients who are ready to sign the informed consent form.

Exclusion Criteria

- Recently eye operated patients.
- Any individual above 70 years and below 15 years of age either any sex.
- Pregnant woman.

Trial Drug

The trial drug was *Mahaoushdhadhi anjana* which is a classical formulation mentioned in *Susrutha Samhita*. It contains 6 ingredients- *Mahaoushdha*, *Magadhika*, *Musta*, *Saindhava lavana*, *Sukla maricha*, and *Matulunga swarasa* in the ratio 1:1:1:1:1:25. These drugs were powdered and triturate with *Matulunga swarasa* then dry. The drug was collected in bottled under aseptic conditions.

For preparation of *Mahaoushadhadi anjana* drug should be taken the drugs are-

- *Mahaousadha* i.e., *Shunthi*- 1 part
- *Magadhika* i.e., *Pippali*- 1 part
- *Musta* – 1 part
- *Saindhava*- 1 part
- *Shukla maricha* i.e., seeds of *Sobhanjana*- 1 part
- *Matulunga Swarasa*- 25 parts
- *Khalwa yantra*
- *Anjana shalaka*

		
Mahaoushadha	Magadhika	Musta
		
Saindhav lavana	Shukla Marich	Matulunga
		
On the time of Preparation	Product after Bhavana	Mahaoushadhadhi Anjana

The drugs *Mahaoushadha*, *Magadhika*, *Musta*, *Saindhava*, and *Shukla maricha* is taken in *Khalwa yantra* and macerated in the juice of *Matulunga swarasa* and applied to the eye with the help of *Anjana shalaka* in the form of collyrium cure *Pistaka* soon.

According to *Sharangdhar Samhita pratham khanda* 1st chapter, 47-48 *Shloka* explain about the proportion of ingredients-

Acharya Sharandhar explains when the proportion of all ingredients is not specified, and then all the ingredients are to be taken in equal quantities.

Method of Study

All the patients selected for trial were explained the nature of the nature of the study and their consent was obtained on the proforma before inclusion in the study.

Method of Collection of Data

Patients with signs and symptoms of *Pistaka* (*Pingucula*) were taken for the study.

- 60 patients who are fulfilling the criteria for diagnosis & inclusion will be selected for the study.
- 63 patients were screened. Out of 72 screened populations, 60 were enrolled in the study.
- Excluded those patients who didn't agree to the terms and conditions of a research study.
- The patients were selected irrespective of religion, caste and gender.

Treatment Design

The patients of the trial group were provided one bottle of the trial drug per month. They were asked to administer one and half *Harenu* of it into the lower fornix of the affected eye twice daily in the morning and evening for 15 consecutive days. The patients were advised to close their eyes and rotate the eyeball after administering the drug. They were asked not to squeeze their eyes. When the immediate effects of the trial drug subside, they were asked to wash the eyes thoroughly with Luke warm water.

Follow up

Follow up of these patients will be taken on 0, 5th, 10th, 15th, 30th day.

Clinical Assessment

The sign and symptoms were assessed by adopting a suitable scoring method. The detailed are as follows:

Pistashukla Bindu

- No *Pista shukla bindu* - G0
- Presence of limbal nodule i.e. *Pista shukla bindu* 0.5mm size - G1
- Presence of >0.5mm size limbal nodule i.e., *Pista shukla bindu* - G2

Watering in Eye

- No lacrimation - G0
- Mild lacrimation - G1
- Moderate lacrimation - G2
- Profuse lacrimation - G3

Foregine Body Sensation

- No foreign body sensation - G0
- Mild foreign body sensation - G1
- Moderate foreign body sensation - G2
- Severe foreign body sensation - G3

As assessment parameters were ordinal, "Wilcoxon Signed Rank test" is used for intra-group comparison. (i.e., before and after treatment of a group) while for inter-group comparison, (i.e., for comparing two groups with each other) "Mann-Whitney U test" is used.

Overall Assessment of the Therapy

To assess the overall effect of the therapy, the following criteria were laid down:

- Marked improvement ->75 % relief in signs and symptoms
- Moderate improvement - >50 % to 75 % relief in signs and symptoms
- Mild improvement - >25% & 50% relief in signs and symptoms
- Unchanged - Up to 25% relief in signs and symptoms

OBSERVATIONS

In this study, 63 patients of *Pistaka* (Pinguecula) were registered and randomly allocated under two groups viz. *Mahaoushadhadi Anjana* (Group A) and Fubigate Eye Drop (Group B). The collection of data with the help of, personal history, *Dasha Vidha Pariksha* ect.

In age wise distribution patient of *Pistaka vyadhi* shows 35% of patients 15 to 30 year and 65% of 31 to 70 year. In gender wise distribution patients of *Pistaka vyadhi* shows 63.33% male and 36.66% female. In relation wise distribution patients was of *Pistaka* 80% Hindu and 20% Muslim. In socio economic status wise distribution of *Pishtak vyadhi* 26.67% upper class, 31.66% middle class and 41.67% lower class. In habitat wise distribution of patients of *Pishtak vyadhi* 60% rural and 40% urban. In the diet-wise distribution of *Pistaka vyadhi* 71.67% mix and 28.33% veg. In *Nidra* wise distribution of *Pistaka vyadhi* is 75% *Heen nidra* and 25% is *Madhayam nidra*. In *Satva* wise distribution of *Pistaka* is 58.37% is *Madhayam*, 33.33% *Uttam* and 8.33% is *Heena satva*. In *Satmya* wise distribution of *Pistaka* is 50% *Madhayam satmya*, 40% *Uttam satmya* and 10% *Heena satmya*. In *Vyayam* wise distribution of patients, *Madhaym Vyayam* having 33.33%, *Pravar Vyayam* having 53.33% and *Avar Vyayam* having 13.33% of *Pishtak*. In *Prakruti* wise distribution of *Pistaka* is 60% *Vata* and *Kapha* predominance *Dosha* and 40% *Pitta* and *Kapha* predominance. In *Agni* wise distribution of patients *Manda* having 28.33%, *Vishama* having 46.67%, *Tikshana* having 16.67% and *Sama agni* having 46.33% of *Pishtak* patients. In *Kostha* wise distribution of patients, *Mrudu Kostha* having 23.33%, *Madhyam Kostha* having 60% and *Krura Kostha* having 16.67% of *Pistaka* disease. In the working history-wise distribution of patients agriculture having 30%, business having 13.33%, service having 21.67% and labour having 35% of *Pishtak* disease.

RESULT**Effect of Therapy Group A (Trail Group) and Group B (Control Group)*****Pishta Shukla Bindu*****Table 1: Showing the result of *Pishta shukla Bindu* Before & After treatment**

Group	Mean score			Median diff.	IQR of diff. Q ₃ - Q ₁	Sample size	Wilcoxon signed-rank test (T+)	P-Value
	B.T	A.T	Diff					
Group A	1.63	0.63	1.00	1.00	0.0(1.0 - 1.0)	30	378.00	< 0.001
Group B	1.87	0.57	1.30	1.00	1.0(2.0 - 1.0)	30	351.00	< 0.001

For group A, the median reduction in *Pishta shukla bindu* score after treatment is significant (P-value <0.001) at 5% level of significance, i.e., it can be said that there is significant reduction in *Pishta shukla bindu* for group A. For group B, the median reduction in *Pishta shukla bindu* score after treatment is significant (P-value <0.001) at 5% level of significance i.e., in group B, there is a significant reduction in *Pishta shukla bindu*.

Comparative Analysis of Groups**Table 2: Showing Comparative analysis of *Pishta shukla bindu* in both groups**

Group	Median difference (bef-aft)	Mean of difference (bef-aft)	S.D. of difference (bef-aft)	Mann-Whitney U statistic	P-Value
Group A	1.00	1.00	0.45	328.50	0.038
Group B	1.00	1.30	0.70		

Reductions in *Pishta shukla bindu* score for group A and group B were not significantly different (p-value = 0.038) at a 5% level of significance. Thus, treatment B can be considered as more efficacious in reducing *Pishta shukla bindu* as compared to treatment A.

Watering of Eyes**Table 3: Showing the result of the Watering of eyes Before & After treatment**

Group	Mean score			Median diff.	IQR of diff. Q ₃ - Q ₁	Sample size	Wilcoxon signed-rank test (T+)	P-Value
	B.T	A.T	Diff					
Group A	2.70	1.03	1.67	1.00	1.8 (2.8- 1.0)	30	435.00	< 0.001
Group B	2.70	0.93	1.77	1.00	2.0 (3.0- 1.0)	30	465.00	< 0.001

For group A, the median reduction in watering of eyes score after treatment is significant (P-value <0.001) at a 5% level of significance, i.e., it can be said that there is a significant reduction in watering of eyes for group A. For group B, the median reduction in Watering of eyes score after treatment is significant (P-value <0.001) at 5% level of significance, i.e., in group B, there is a significant reduction in watering of eyes.

Comparative Analysis of Groups**Table 4: Showing Comparative analysis of Watering of eye in Both Groups**

Group	Median difference (bef-aft)	Mean difference (bef-aft)	S.D. difference (bef-aft)	Mann-Whitney U statistic	P-Value
Group A	1.00	1.67	0.92	428.50	0.729
Group B	1.00	1.77	0.94		

Reductions in watering of eyes score for group A and group B were not significantly different (p-value = 0.729) at a 5% level of significance. Thus, both treatments A and treatment B can be considered as equally efficacious in reducing Watering of eyes.

Foreign Body Sensation**Table 5: Showing the result of Foreign body sensation & After treatment**

Group	Mean score			Median diff.	IQR of diff. Q ₃ - Q ₁	Sample size	Wilcoxon signed-rank test (T+)	P-Value
	B.T	A.T	Diff					
Group A	2.83	1.03	1.80	2.00	1.0 (2.0 - 1.0)	30	465.00	< 0.001
Group B	2.83	0.70	2.13	2.00	0.0 (2.0 - 2.0)	30	465.00	< 0.001

For group A, the median reduction in foreign body sensation score after treatment is significant (P-value <0.001) at a 5% level of significance. i.e., it can be said that there is a significant reduction in foreign body sensation for group A. For group B, the median reduction in foreign body sensation score after treatment is significant (P-value <0.001) at 5% level of significance. i.e., in group B, there is a significant reduction in foreign body sensation.

Comparative Analysis of Groups

Table 6: Showing Comparative analysis of Foreign body sensation in both group

Group	Median difference (bef-aft)	Mean of difference (bef-aft)	S.D. of difference (bef-aft)	Mann-Whitney U statistic	P-Value
Group A	2.00	1.80	0.71	331	0.049
Group B	2.00	2.13	0.57		

Reductions in foreign body sensation scores for group A and group B were not significantly different (p-value = 0.049) at a 5% level of significance. Thus, B can be considered as more efficacious in reducing foreign body sensation as compared to treatment A.

Summary of the Analysis

Table 7: Showing Summary of the Analysis

Parameter	Group A	Group B	Comparative efficacy
<i>Pishta shukla bindu</i>	Significant	Significant	Group B
Watering of eyes	Significant	Significant	Equally effective
Foreign body sensation	Significant	Significant	Group B

Table 8: Showing Improvement of treatment in the different parameters

Parameter	Group A	Group B
<i>Pishta shukla bindu</i>	63.33%	65.00%
Watering of eyes	63.33%	66.11%
Foreign body sensation	64.44%	76.67%
Average % improvement	63.70%	69.26%

Distribution of Patients According to Relief

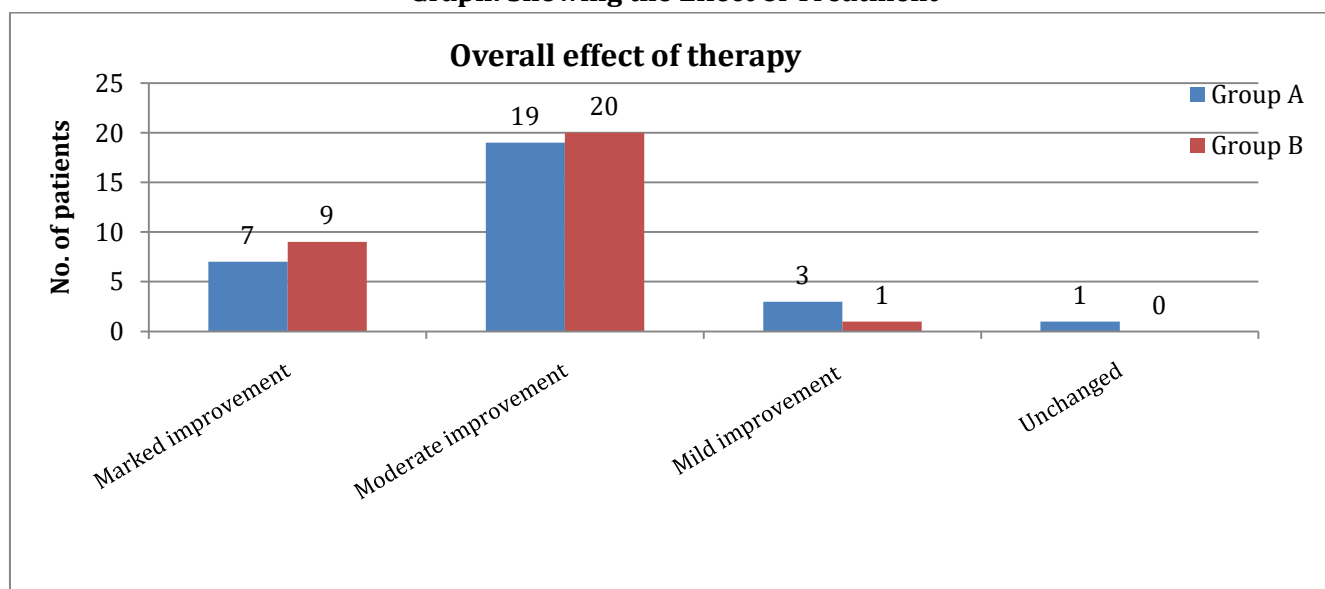
Table 9: Showing the Distribution of Patients According to Relief

Overall Effect (patient wise)	No. of patients			
	Group A		Group B	
	Count	%	Count	%
Marked improvement	07	23.33%	09	30.00%
Moderate improvement	19	63.33%	20	66.67%
Mild improvement	03	10.00%	01	03.33%
Unchanged	01	03.33%	00	00.00%
Total	36	100.00%	36	100.00%

In group A, 7 patients (23%) realized marked improvement, 19 patients (63%) were moderately improved, 3 patients (10%) were seen with mild improvement while 1 patient (3%) remained unchanged.

In group B, 9 patients (30%) realized marked improvement, 20 patients (67%) were moderately improved whereas 1 patient (3%) was seen with mild improvement.

Graph: Showing the Effect of Treatment



DISCUSSION

In the present study *Pistaka* is one of the 11 *Shuklagata netra roga* explains by *Acharya Sushruta*^[4]. *Pistaka* is one variety where is seen as a yellow, white deposit on the conjunctiva adjacent to the junction between the cornea and sclera, does not cross the cornea it is similar to pinguecula. It is an alteration of the exciting tissue and generally developed after the age of 40 to 45. Pinguecula is most common in a tropical climate and there is a direct correlation with UV exposure.

Acharya Vagabhatta is told *Pistaka vyadhi* is *Sandhigata roga*^[5].

Acharya Bhavamisra told the *Pistaka* to occur due to vitiation of *Kapha* Predominance and *Vata dosha* associated *Kaphaja sadhya suklamandalagata vyadhi*. The feature is white, round and fresh papule eruption associated features like foreign body sensation and contact lens intolerance, inflammation, redness are symptoms of Pinguecula^[6].

The main cause of *Pistaka roga* is entering polluted water in the eye, people who are exposed to strong sunlight, dust and wind. The associate cause is anger, sorrow, a lack of sleep, consuming *Sukta, Arnala*, and such other sour food prepared from *Kulattha masa*, etc.

Due to *Sevana* of *Nidana* aggravated *Dosas* moving upward, through the *Siras* i.e., blood vessels and localized in the eye and give rise to dreadful diseases in the conjunctiva^[7] called *Pistaka*.

An overall analysis of drug shows that is having properties like *Lekhana, Rasayana, Chakshushya* and *Kapha-Vata shamaka, Tikta-Katu rasa* and *Ushna veerya pradhana*.

Kapha-vata dosha drugs act to break *Samprapti* of this disease. The action of medicine not only the single drug effect but it is a combination effect after *Samskara*. The effect of *Lekhana karma* is flushed out the debris and unwanted tissue performing and removes the *Vikruta kapha* from *Urdhwajatrugata*. All drugs having *Chakshusya* property and act protecting the normal tissue of the eyeball and improve visual parameters. *Rasayana* property of drug acts in antioxidant thereby scavenging the free radicals and prevent pinguecula development.

Clinical Study

Group - A

Pishta Shukla Bindu: Here in this present study we got before treatment mean for the present symptom is 1.63 which was reduced up to 0.63 and the mean difference for this was came 1.00 the percentage of cure was 63.33% and the standard deviation for these symptoms was came 0.45 and Wilcoxon signed-rank test was calculated 378.00 and 'p' value is highly significant at level <0.001

Watering of Eye: Here in this present study we got before treatment mean for the present symptom is 2.70 which was reduced up to 1.03 and the mean difference for this was came 1.67 the percentage of cure was 63.33% and the standard deviation for these symptoms was came 0.92 and Wilcoxon signed-rank test was calculated 435.00 and 'p' value is highly significant at level <0.001

Foreign Body Sensation: Here in this present study we got before treatment mean for the present symptom is 2.83 which was reduced up to 1.03 and the mean difference for this was came 1.80 the percentage of cure was 64.44% and the standard deviation for these symptoms was came 0.71 and Wilcoxon signed-

rank test was calculated 465.00 and 'p' value is highly significant at level <0.001

Group - B

Pishtak shukla bindu: Here in this present study we got before treatment mean for the present symptom is 1.87 which was reduced up to 0.57 and the mean difference for this was came 1.30 the percentage of cure was 65% and the standard deviation for these symptoms was came 0.70 and Wilcoxon signed-rank test was calculated 351.00 and 'p' value is highly significant at level <0.001

Watering of Eye: Here in this present study we got before treatment mean for the present symptom is 2.70 which was reduced up to 0.93 and the mean difference for this was came 1.77 the percentage of cure was 66.11% and the standard deviation for these symptoms was came 0.94 and Wilcoxon signed-rank test is 465.00 and 'p' value is highly significant at level <0.001

Foreign Body Sensation: Here in this present study we got before treatment mean for the present symptom is 2.83 which was reduced up to 0.70 and the mean difference for this was came 2.13 the percentage of cure was 76.67% and the standard deviation for these symptoms was came 0.57 and Wilcoxon signed-rank test was calculated 465.00 and 'p' value is highly significant at level <0.001.

CONCLUSION

Pistaka is a disease of *Shuklagata netraroga*, it is a *Kaphaja sadhaya vyadhi* presenting with *Pistasukla bindu*, watering of the eye and foreign body sensation. The causes of *Pistaka* are *Aatap Sevan* means exposure to sunlight, exposure to wind, exposure to dust, etc. Group A (*Mahaoushadhadi Anjana in Pistaka Roga*) and Group B (*Flubigat Eye drop in Pinguecula*) showed significant relief in signs and symptoms of *Pistaka*. Group A showed equal efficacy in reducing signs and symptoms of *Pistaka* namely *Pistashukla Bindu*, Watering of the eye and Foreign body sensation with Group B. After an assessment, it can be concluded that, even though *Mahaoushadhadi Anjana* had a satisfactory effect on *Pistashukla Bindu* and foreign boy

sensation, but in all other parameters it had equal results in a given period.

Overall, it may be concluded that Group A has shown results and improvement equivalent to Group B in the management of *Pistaka*. Hence, it may be recommended that Ayurveda physicians may safely and confidently practice *Mahaoushadhadi Anjana* in *Pistaka*. *Mahaoushadhadi Anjana* helps in the easy removal of *Dushita Kapha* and *Vata* from *Urdhwajatrugata* and improved the vision.

REFERENCES

1. Prof. K.R.Srikanth Murthy, Sushruth samhita of mahrshi Sushrutha, English Translation, Uttarsthana, 1st Chapter, 28th Shloka, Varanasi, Chaukhambha Orientalia, Reprint- 2012, Page no. 8.
2. Prof. K.R.Srikanth Murthy, Sushruth samhita of mahrshi Sushrutha, English Translation, Uttarsthana, 4th Chapter, 3rd Shloka, Varanasi, Chaukhambha Orientalia, Reprint- 2012, Page no. 18.
3. Prof. K.R.Srikanth Murthy, Sushruth samhita of mahrshi Sushrutha, English Translation, Uttarsthana, 4th Chapter, 8th Shloka, Varanasi, Chaukhambha Orientalia, Reprint- 2012, Page no. 19.
4. Prof. K.R.Srikanth Murthy, Sushruth samhita of mahrshi Sushrutha, English Translation, Uttarsthana, 4th Chapter, 3rd Shloka, Varanasi, Chaukhambha Orientalia, Reprint- 2012, Page no. 18.
5. Acharya Vishvanath duwedi, Netra Chikitsa Vijayana, Hindi translation, 4th edition 2004, page no. 306-307.
6. Kaviraj Ambikadatta shastri, Sushruth samhita of mahrshi Sushrutha, Hindi Translation, Sharirsthana, 1st Chapter, 6th Shloka, Varanasi, Chaukhambha Sanskrit Sansthana, Reprint- 2007, Page no. 2.
7. Prof. K.R.Srikanth Murthy, Sushruth samhita of mahrshi Sushrutha, English Translation, Uttarsthana, 1st Chapter, 20th Shloka, Varanasi, Chaukhambha Orientalia, Reprint- 2012, Page no. 7.

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*Address for correspondence

Dr. Santosh Kumar Sahu

PG Scholar,

Department of Shalaky Tantra,
Acharya Deshabhushan Ayurvedic
Medical College and Hospital
Bedkihal, Karnataka, India.

Email: drsantoshsahu89@gmail.com

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