



AYURVEDIC MANAGEMENT OF *ARMA* (~PTERYGIUM): A REVIEW ARTICLE

Dr Savita Meena

Lecturer, Department of Shalakya Tantra, Shri Shri Krishna Ayurvedic Medical College & Hospital,
Rauna Khurd, Choolapur, Varanasi, Uttar Pradesh, Pin-221101,
Email: savitakhuntla@gmail.com

Abstract

Arma is one of the important diseases described under *Shuklagata Netraroga*. It is characterised by an abnormal fleshy growth arising from the conjunctival region and gradually extending towards the *Krishna Mandala* (~cornea). Based on clinical presentation and progression, *Arma* is closely correlated with pterygium, a common ocular surface disorder characterised by a triangular fibrovascular growth extending onto the cornea. Environmental factors such as excessive exposure to ultraviolet radiation, dust, smoke, wind, and chronic ocular irritation are considered important etiological factors. Although surgical excision remains the primary treatment modality in modern ophthalmology, recurrence after surgery remains a significant challenge. *Arma* management approach involving *Nidana Parivarjana*, local ocular therapies, internal medications, *Lekhana Karma*, and *Chedana Karma*. *Kriyakalpas* such as *Aschyotana*, *Anjana*, *Tarpana*, *Putapaka*, and *Seka* are recommended based on the disease's stage and severity. Integrating *Ayurvedic* principles with modern ophthalmic care may offer a way to manage and prevent recurrence effectively.

Keywords: *Arma*, *Pterygium*, *Shuklagata Netraroga*, *Kriyakalpa*, *Lekhan Karma*, *Chedana Karma*.

Introduction

The eye is regarded as the most important sense organ and as the seat of *Alochaka Pitta*.^[1] *Acharya Sushruta* has devoted extensive attention to *Shalakya Tantra* under *Uttara Tantra* and described numerous ocular diseases with their diagnosis and treatment. Among these, *Arma* is included under *Shuklagata Netraroga* and is considered a significant disorder affecting the ocular surface. *Arma* is defined as a painless (~*mamsal vruddhi*) fleshy growth originating from *Kaneenika Sandhi* or *Apanga Sandhi* and gradually extending towards the *Krishna Mandala*. The disease closely resembles pterygium, as described in modern ophthalmology. Pterygium is a wing-shaped fibrovascular growth of conjunctival tissue that extends onto the cornea, usually from the nasal side. It may remain asymptomatic in early stages but can eventually cause irritation, redness, astigmatism, cosmetic disfigurement, and visual impairment.^[2]

Materials and Methods

This review was conducted through a comprehensive study of classical *Ayurvedic* texts and contemporary scientific literature. Relevant information was collected from authoritative Ayurvedic classics, including the *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, as well as standard textbooks of *Shalakya Tantra*. Modern literature was reviewed through textbooks, peer-reviewed journals, and electronic databases. The gathered information was critically analysed and compiled to provide an integrated *Ayurvedic* and modern perspective on the subject.

Study Design: Narrative literature review.

Ayurvedic Concept of Arma

Acharya Sushruta has described *Arma* as one of the diseases affecting the *Shukla Mandala*. The disease is characterised by *Mamsa Vriddhi* (~abnormal tissue growth) that gradually extends over the scleral and corneal regions.

Types of Arma

1. *Prastari Arma*
2. *Shukla Arma*
3. *Kshataja Arma*
4. *Adhimamsa Arma*
5. *Snayu Arma*

These varieties differ in colour, texture, thickness, vascularity, and prognosis.^[3]

Modern Concept of Pterygium

Pterygium is a degenerative and proliferative ocular surface disorder characterised by a triangular fibrovascular growth extending from the bulbar conjunctiva onto the cornea.

Major risk factors include:

- Ultraviolet radiation exposure
- Dust and wind exposure
- Dry environmental conditions
- Chronic ocular irritation
- Outdoor occupations

Clinical manifestations include:

- Foreign body sensation
- Redness
- Watering
- Photophobia
- Astigmatism
- Visual impairment^[4]

The similarity in morphology and progression supports the correlation between *Arma* and pterygium.

Management of Arma

1. *Nidana Parivarjana*

Avoidance of causative factors is the first principle of treatment.

- Protection from sunlight
- Avoidance of dust and smoke
- Maintenance of ocular hygiene
- Reduction of excessive visual strain.^[5]

2. Internal Medications

Triphala

Triphala is regarded as *Chakshushya* and *Rasayana*. It possesses antioxidant and anti-inflammatory properties that support ocular health.

Lauhadi guggulu

Traditionally used to improve visual function and strengthen ocular tissues.

Mahatriphala Ghrita provides nourishment and rejuvenation to ocular structures.

Yashtimadhu Preparations

Useful in reducing inflammation and promoting tissue healing. [6]

3. Non-surgical management

Acharya Vagbhat describes *Sukrvat* management *Lekhan shadhya* appearance *Sukrama* (curd-like appearance), bluish (~*Prastari Arma*), reddish (~*Raktarma*), greyish (~*Snayu Arma*), and *Tanu*. [7] *Lekhana Karma* is indicated in selected cases to control excessive tissue proliferation. *Anjanas* mainly have *Lekhana* properties that can gradually reduce the thickness of the pterygium membrane, prevent the growth of *Arma*, and reduce its size. The important *Anjanas* mentioned in our texts are different varieties of *Lekhana Anjanas*, such as *Samudra Phena*, *Gutikanjana*, *Churnanajana*, *Pathyadi Varthi*, etc. [8] In addition to these, *Anjana*, *Snehan*, *Swedan*, *Nasya*, *Rakthamokshan* and other internal medications are used for the treatment of *Arma*. [9] *Pippalyadi Anjana* is one among *Lekhana Anjana*, which is explained in *Bhaishajya Ratnavali*. [10]

***Aschyotana*:** Medicated drops made with formulations like these are used to soothe irritation, reduce redness, and mitigate *Kapha* and *Vata* imbalances. [11]

4. Surgical Management (~*Chedana Karma*)

Acharya Sushruta considered *Arma* a *Chedana Sadhya Vyadhi*. Surgical intervention is recommended when:

- Growth progresses towards the cornea.
- Vision becomes affected.
- Conservative management fails.
- Cosmetic disfigurement is significant.

Classical surgical principles include:

The patient should be given *Snigdha* food and lie down on the bed with the head slightly down. The eye should be given *Swedan* (~hot fomentation) by cotton cloth or lukewarm water. Apply fine powder of saindhav salt with bijapuraka.

Patient is asked to look laterally (~*Apanga sandhi*), and the arm is lifted with the *Badish yantra* at a point of wrinkling. *Arma* is held with a *Muchundi yantra*, and the surgeon should keep both eyelids open and in the right position to make the procedure easier. Three hooks should be used to securely hold the swelling that has become loose and separated from the eyeball, and should be dissected from all sides with a sharp circular scalpel. After removing *Arma*. [12]

5. Postoperative Care

The classics emphasise:

rubbed gently with powder of *yavanal*, *trikatu* and *saindhav lavan*(~*pratisaran*)

Protective bandaging

Madhu and *ghrit misharan*

Aschyotan

Shoolhar pralape

Anjana

Prevention of dust exposure

These measures facilitate wound healing and may reduce recurrence. [13]

Feature proper *Chedan karma*

Free from fatigue in the eye of action
 The complexion of the eyeball became natural
 The eye performs its function painlessly
 Eye irritation will disappear
 Other problems like colic, itching, swelling, etc., also do not arise.^[14]

Discussion

Arma and pterygium exhibit striking similarities in clinical presentation, anatomical location, and disease progression. Modern treatment mainly depends upon surgery; however, recurrence remains a significant concern. *Ayurvedic* management addresses both local pathology and systemic *Doshic* imbalance. *Kriyakalpa* procedures provide nourishment, lubrication, anti-inflammatory effects, and tissue rejuvenation. Surgical intervention is reserved for advanced lesions, while postoperative *Ayurvedic* care may help reduce recurrence and promote ocular health.

Conclusion

Arma is a well-described *Shuklagata Netraroga* in *Ayurveda* that closely correlates with pterygium. *Ayurvedic* management encompasses preventive measures, internal medications, *Kriyakalpa* procedures, *Lekhana* therapy, and surgical intervention. The holistic approach of *Ayurveda* not only focuses on removing the lesion but also aims to restore *Doshic* balance and prevent recurrence. Integration of *Ayurvedic* principles with modern ophthalmology may provide a comprehensive and sustainable strategy for managing pterygium.

References

1. Dr Ambikadatta Sastri: *Susruta Samhita Uttaratantra* 21/10; Chaukhambha Publications, Varanasi; p.115
2. Khurana A.K., *Comprehensive Ophthalmology*, New Delhi, The Health Sciences Publishers, 5th edition, 2015; page no. 79
3. Dr Ambikadatta Sastri: *Susruta Samhita Uttaratantra* 4/5-6; Chaukhambha Publications, Varanasi; p.26
4. Moran DJ, Hollows FC. Pterygium and ultraviolet radiation: a positive correlation. *Br J Ophthalmol*. 1984 May;68(5):343-6.
5. Dr Ambikadatta Sastri: *Susruta Samhita Uttaratantra* 1/25; Chaukhambha publications, Varanasi; p.26
6. Tripathi Indradev, Yogratanakar, Vaidyaprabha Hindi commentary, published by Krishndas Academy, Varanasi, First edition, 1998; 788
7. Dr Ambikadatta Sastri: *Susruta Samhita Uttaratantra* 15/16-17; Chaukhambha publications, Varanasi; p.69
8. Dr Ambikadatta Sastri: *Susruta Samhita Uttaratantra* 18/90,102,105; Chaukhambha publications, Varanasi; Edition; p.102,103,104
9. Dr Ambikadatta Sastri: *Susruta Samhita Uttaratantra* 12/24-26; Chaukhambha Publications, Varanasi; Edition, p. 61
10. Shastri Ambikadutta, Bhaishjya Rtnawali, Vidyotini Hindi commentary, published by Chaukhambha Publication Varanasi
11. Vagbhata, Ashtanga Hridaya, Commentary by Brahmananda Tripathi, Chapter 13/1, Chaukhambha Sanskrita Pratishthan, Delhi, Re-edition 2012. P 37
12. Dr Ambikadatta Sastri: *Susruta Samhita Uttaratantra* 15/5-8; Chaukhambha Publications, Varanasi; p. 68
13. Dr Ambikadatta Sastri: *Susruta Samhita Uttaratantra* 15/14-16; Chaukhambha Publications, Varanasi; p. 69
14. Dr Ambikadatta Sastri: *Susruta Samhita Uttaratantra* 15/19; Chaukhambha Publications, Varanasi; p.70