

AYURVEDIC MANAGEMENT OF KAPHA RAKTAJ ABHISHYANDA W.S.R. TO
BACTERIAL CONJUNCTIVITIS: A CASE REPORTDr. Poonam Malaviya^{1*} and Dr. D. B. Vaghela²¹3rd Year M.S Scholar, Department of Shalakya Tantra, I.T.R.A., Jamnagar, Gujarat.²HOD and Professor, Department of Shalakya Tantra, I.T.R.A., Jamnagar, Gujarat.

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ABSTRACT

Background: Eyes are considered the windows to the soul and their health reflects the balance within. *Netra Abhishyanda*, correlated with bacterial conjunctivitis, is a common yet troubling ocular disorder characterized by redness, itching, burning, swelling, and discharge. In Ayurveda, this condition is primarily due to vitiated *Kapha* and *Rakta*, often rooted in faulty dietary habits, lifestyle, and impaired digestion. Objective: To evaluate the efficacy of a classical Ayurvedic approach in managing *Netra Abhishyanda* by addressing both systemic imbalance and local ocular inflammation. Methods: A 50-year-old female with bilateral symptoms and a history of recurrence was managed using an integrative Ayurvedic protocol. Initial treatment focused on improving digestion and clearing associated nasal symptoms. Local therapeutic ocular procedures were employed alongside strict lifestyle and dietary regulations aimed at pacifying the vitiated *Doshas*. Results: Significant clinical improvement was observed within a week, with complete relief from itching and substantial reduction in burning and redness. Conclusion: This case illustrates how a holistic, *Dosha*-based Ayurvedic intervention can offer fast, safe, and sustainable relief in *Netra Abhishyanda*—restoring both ocular health and systemic balance.

KEYWORDS: *Dashmool Kwath, Lakshmvilas Rasa, Sitopaladi Churna, Parisek, Abishyand, conjunctivitis.*

INTRODUCTION

Due to the consumption of *Dosha Prakopaka Ahara* and *Vihara*, individual and collective *Doshas* become vitiated. These excessive vitiated *Doshas* move upwards through the *Siras*, especially following the path of *Pitta-anusari Siras*, where they become lodged in *Sarvang Netra*. This results in the *Dosha Dushya Samurchhana* at those sites, leading to *Sarvagata Netra Roga*.^[1] Acharya Sushruta has emphasized that most *Netra Rogas* primarily originate from *Abhishyanda*. Therefore, timely management of *Abhishyanda* is crucial to prevent further complications.^[2]

Acharya Sushrut has described 17 types of *Sarvagata Netra Rogas*, among which in *Kaphaja Abhishyanda* is characterized by symptoms such as *Akshi Shotha* (inflammation of the eyes), *Kandu* (itching), *Upadeha* (mucous deposition on the ocular surface), and *Pichchhila Strava* (thick discharge from the eyes). In *Raktaja Abhishyanda*, classical symptoms include *Lohit Netrata* (redness of the eyes), *Rakta Varna Rajis* (reddish streaks in the eye), along with features of *Pittaja Abhishyanda*, such as *Daha* (burning sensation), and *Ushna Ashru* (excessive hot discharge).^[3]

Acharya Vagbhata has also described 16 types of *Sarvagata Netra Rogas*. In which *Kaphaja Abhishyanda*, he supports the descriptions given by Acharya Sushruta and further adds symptoms such as *Akshi Jadya* (heaviness or dullness in the eyes) and *Anna An Abhilasha* (anorexia), indicating systemic involvement beyond the localized ocular symptoms. *Abhishyand* can be correlated with conjunctivitis.^[4]

Conjunctivitis is defined as an inflammation of the conjunctiva, conjunctivitis manifests itself in many grades and types, but it is usually of an infective or allergic origin. Hyperaemia and increased secretion always accompany it. Hyperaemia varies in degree and in distribution, and the secretion varies in nature and amount. The nature of the secretion is of diagnostic importance. It may be watery or serous, largely due to an increased secretion of tears, or mucoid, mucopurulent or purulent, in which case the disease is usually due to a bacterial agent. Common causative bacteria are staphylococcus aureus, koch-weeks bacillus, pneumococcus and streptococcus. Mucopurulent conjunctivitis generally accompanies exanthemata such as measles and scarlet fever. A serous secretion suggests

viral aetiology. A white, stringy mucus secretion is suggestive of an allergic aetiology.^[5]

Symptoms of bacterial conjunctivitis is discomfort and foreign body sensation due to engorgement of vessels, mild photophobia, mucopurulent discharge, sticking together of lid margins with discharge during sleep, slight blurring of vision due to mucous flakes in front of cornea, colored halos etc. Clinical signs include chemosis, conjunctival congestion, giving the appearance of 'fiery red eye', Petechial haemorrhages, particularly when the causative organism is pneumococcus. Flakes of mucopus are seen in the fornices, canthi and lid margins. Cilia are usually matted together with yellow crusts.^[6]

Cases of *Netrabhishyanda* (conjunctivitis) in day to day practice are increasing. Its incidence is increasing due to poor hygienic conditions, hot & dry climate, poor sanitation & unhygienic habits. The incidence of bacterial conjunctivitis was estimated to be 125 in 10000 in one study. With the aim of establishing the efficacy of Ayurvedic management in cases of bacterial conjunctivitis, this study was undertaken.

CASE STUDY

Chief Complaints with Duration: A 50-year-old female patient presents with swelling, heaviness, itching, redness, burning accompanied by a sticky discharge and mild pain in both eyes. This condition has been present for the past 10 days and tends to aggravate in the morning.

History of Present Illness: Patient was asymptomatic before 10 days after that she gradually developed heaviness, swelling, redness, burning and itching in the right eyelid, accompanied by a sticky mucopurulent discharge and mild pain in the right eye. In the left eye itching, redness, burning and watering of the eye present. She has a history of recurrent episodes of this condition, for which she had taken allopathic treatment. However, this time, the condition is not resolved by allopathic treatment. So, patient came to us for Ayurvedic treatment.

Past History: Recurrent attack of conjunctivitis.

Personal History

- Kshudha* - Poor, *Agnimandya* (low digestive power), *Udargaurav* (heaviness in abdomen), *Amla Udagar* (sour belching).
- Nidra* - *Samyak*
- Mala Pravrutti* - *Vibandha* (constipation)
- Mutra Pravrutti* - *Samyak*

Eye Examination

Inspection

Right Eye: Swelling on upper eyelid, congestion in upper and lower palpebral conjunctiva, mucopurulent discharge present near inner canthus, chemosis present, yellowish white flakes present over upper and lower eyelashes.

Left Eye: Congestion in upper and lower palpebral conjunctiva, watery discharge present in lower fornix.

Slit Lamp Examination

Right Eye: Eyelid oedematous, congestion in upper palpebral conjunctiva and lower palpebral conjunctiva (grade-3), multiple pinpoint petechial haemorrhages are seen near the corneal margin, concretion present at laterally of lower palpebral conjunctiva, mucopurulent discharge present, chemosis (grade-3))

Left Eye: congestion in upper palpebral conjunctiva and lower palpebral conjunctiva (grade-2), concretion present at medially of lower palpebral conjunctiva, watery discharge present, chemosis (grade-1), papillary changes (grade-2)

MATERIALS AND METHODS

A patient presenting symptoms of *Kapha Raktaj Abhishyand* or bacterial conjunctivitis was selected from the *Shalakya Tantra* OPD of ITRA Jamnagar. Both internal as well as local treatments were given to the patient. A medicinal drug was selected based on the classical references.

Therapeutic Intervention

After thorough examination of the patient, it was noted that the patient also exhibited prominent nasal symptoms such as nasal discharge, itching in the nose, sneezing (particularly during early morning and evening hours), nasal congestion and sensation of cough in the throat. Considering that bacterial conjunctivitis can be exacerbated by local infectious conditions—such as infections of the lacrimal sac, eyelids, and nasopharynx—it was clinically appropriate to first address the nasal involvement.

In addition to these nasal complaints, the patient also presented with symptoms of *Agnimandya*, including *Udara Gaurava* (heaviness in the abdomen), *Amla Udgara* (acidic eructation), and *Vibandha* (constipation). From an Ayurvedic perspective, the presence of *Agnimandya* and *Vibandha* can lead to *Dosha Vimargaman*—the displacement of aggravated *Doshas* from their natural course—which, in this case, likely led to their *Sthanasamshraya* (localization) in the nasal region. This eventually contributed to the progression of pathology from the nose to the eyes, manifesting as severe *Netra Abhishyanda* (bacterial conjunctivitis).

For breaking the *Samprapti* (pathogenesis), *Vaishwanar Churna* was prescribed. *Dashamoola Kwatha* was administered orally. A combination of *Sitopaladi Churna*, *Shati Churna*, and *Lakshmilasa Rasa* was prescribed for internal use. Additionally, *Parisheka* (therapeutic irrigation) was performed using a decoction prepared from *Triphala Churna*, *Vasa Churna*, and *Arjuna Churna*. This treatment regimen was continued for a duration of seven days.

Follow-up after seven days revealed complete relief from itching and about 70% reduction in the burning sensation. However, due to the persistent redness and inflammation, treatment was continued with a focus on *Pitta Shamak* and *Rakta Prasadana*.

Therefore, *Parisheka* started using *Yashtimadhu churna*, *Lodhra churna*, and *Daruharidra churna*. Additionally, internal administration of *Guduchyadi Kwath* and *Avipattikar Churna* was started to support systemic *Rakta Prasadana* and *Pitta Shamana*.

Pathya Apathya (dietary and lifestyle guidelines)

The patient was strictly advised to avoid cold drinks, ice cream, junk food, curd, salad, fruit, fermented food items, and spicy foods. The regular intake of *Sunthi*, *Guduchi*, *Haritaki Siddha Aushadha Jala* throughout the

day was recommended as part of their routine. *Pravat Sevan* (Head wind) *Diwaswapa* (daytime sleeping) should be avoided, and *Goghruta* local application on nasal mucosa.

OBSERVATION AND RESULT

The patient showed marked improvement within seven days. Nasal symptoms such as sneezing, itching, and discharge were significantly reduced, and complete relief from nasal irritation was observed. The intensity of burning sensation in the eyes decreased by approximately 70%, and itching subsided completely. With continued *Pitta Shamana* and *Rakta Prasadana* therapy, ocular redness and inflammation also gradually diminished. The patient responded well to internal and local therapies, with overall symptomatic relief and no recurrence during follow-up.

Pictogram of Conjunctivitis



DISCUSSION

Treatment was planned according to the *Samprapti* (pathogenesis), with the primary objective being the *Samprapti Vighatan*—the disruption of the disease process.

Vaishwanar Churna

It contains *Saindhava Lavana* (Rock salt), *Yavani* (*Trachyspermum ammi*), *Sunthi* (*Zingiber officinalis*), *Ajamoda* (*Apium leptophyllum*), and *Haritaki* (*Terminalia chebula*). *Vaishvanara Churna* is used as a *Saraka* (laxative), *Shotaprasamana* (anti-inflammatory) and It is also used in the management of *Vibandha* (Constipation), *Udaragaurav* (abdominal heaviness), *Sula* (pain). It is also recommended for use as *Dipana* (appetizer), *Pachana* (digestive issue) and *Vedanasamana* (analgesic).^[7]

Dashmool Kwath

It is effectively acting on *Vata - Kapha Dosha*. It possesses anti-inflammatory, antioxidant, expectorant and analgesic effects.^[8]

Combination of *Sitopaladi Churna*, *Lakshmi Vilas Ras* and *Shati Churna*.

It proved beneficial in treating *Pratishyaya* by clearing the respiratory channels and supporting *Sroto Shodhana*. This combination also showed effective results in managing *Urdhwajatrugata Vyadhi* through its *Kaphahara*, *Amapachana*, and *Agni Deepana* properties.^[9,10]

Parisheka

Parisheka with *Triphala*, *Vasa* and *Arjuna churna* was administered to the patient. This combination of drugs

possesses *Ruksha*, *Kleda Hara*, *Tridosha-shamaka*, *Raktha Prasadana*, and *Netrya* (beneficial for the eyes) properties.

Parisheka with *Yashtinadhu*, *Lodhra* and *Daruharidra Churna* possesses *Pittahara* and *Raktaprasadana* properties. This combination has a soothing and cooling effect on the eyes, helping to reduce redness, burning sensation, and inflammation.

The mode of action of *Parisheka* is both quick and efficient due to the enhanced absorption of the medicated liquid through the thin skin of the eyelids. The skin around the eyes is the thinnest in the body, measuring approximately 0.05 cm, which allows for faster transdermal penetration. When *Parisheka* is performed using warm medicated decoctions at a regulated temperature and for an appropriate duration, it facilitates deeper absorption of the active constituents.

Avipattikar Churna and *Guduchyadi Kwatha*

It possesses potent *Pitta-shamaka* properties. As per Ayurvedic principles, *Pitta* shares an *Ashraya-Ashrayee Sambandha* with *Rakta*, meaning that any vitiation in *Pitta* directly affects *Rakta*. Hence, pacifying *Pitta* plays a crucial role in *Rakta Prasadana* and in reducing inflammatory conditions. Additionally provide ocular comfort and clarity.^[11]

CONCLUSION

This case study demonstrates the efficacy of a comprehensive Ayurvedic approach in the management of *Kapha-Raktaja Abhishyanda*, clinically correlated with bacterial conjunctivitis. The treatment was carefully planned with the objective of *Samprapti Vighatana* by addressing both *Urdhwajatrugata* involvement and systemic imbalances. The patient presented with ocular as well as nasal and gastrointestinal symptoms, indicating a deeper *Doshic* involvement beyond the local manifestation.

Initial treatment with *Vaishwanar Churna* and *Dashamoola Kwatha* targeted *Agnimandya*, *Vibandha*, and *Kapha Prakopa*, while the combination of *Sitopaladi Churna*, *Shati Churna*, and *Lakshmivilasa Rasa* effectively cleared the respiratory channels and reduced nasal symptoms. *Parisheka* therapy using *Triphala*, *Vasa*, and *Arjuna Churna* significantly reduced the itching, burning, and mucopurulent discharge within seven days. Subsequently, *Parisheka* with *Yashtimadhu*, *Lodhra*, and *Daruharidra Churna* was introduced to address residual *Pitta* and *Rakta* vitiation, showing excellent results in reducing redness and inflammation.

Internal administration of *Guduchyadi Kwath* and *Avipattikar Churna* further supported *Pitta Shamana*, *Raktha Prasarana*. The dietary and lifestyle regimen (*Pathya-Apathya*) also played a vital role in preventing aggravation and recurrence. Overall, this case illustrates how a classical Ayurvedic treatment protocol, rooted in

Dosha-Dushya Samoordhana and guided by *Nidana Panchaka*, can effectively manage complex conditions like *Netra Abhishyanda*, offering lasting relief and preventing recurrence.

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