

AYURVEDIC THERAPEUTIC APPROACH TO A CASE OF UNILATERAL VERNAL KERATOCONJUNCTIVITIS

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ABSTRACT

Background: Vernal keratoconjunctivitis also known as spring catarrh, is a troublesome form of exogenous allergic conjunctivitis that predominantly affects children and adolescents. From an Ayurvedic perspective, Vernal keratoconjunctivitis may be correlated with *Kaphaja Abhishyanda*, in which there is vitiation of *Kapha* and *Pitta Doshas*. The condition is characterized by severe itching, a gritty or foreign-body sensation, ocular discharge, redness, watering, photophobia, and other discomforts, which may interfere considerably with the child's daily activities and reduce productive or learning hours. **Case:** A 12-year-old male child presented with recurrent unilateral Vernal keratoconjunctivitis involving the left eye, despite previous treatment with topical corticosteroids. At presentation, clinical examination revealed photophobia, itching, heaviness and watering of eyes persisting for seven days. **Interventions and Outcomes:** The patient underwent an Ayurvedic treatment protocol administered including *Gandhaka Rasayana*, *Shigru-Pallava Madhu Aschyotana* and *Triphala Netra Pariseka* over a period of three months. Following fourteen days of treatment, the patient demonstrated significant clinical improvement in the presenting symptoms. At the three-month follow-up, the patient remained free from corticosteroid therapy, and no treatment-related adverse events were documented. **Conclusion:** This case highlights the potential role of Ayurvedic approach in alleviating the clinical manifestations of Vernal keratoconjunctivitis and reducing dependence on topical corticosteroids.

KEYWORDS: *Kaphaja Abhishyanda*, Vernal keratoconjunctivitis, *Gandhaka Rasayana*, *Shigru-Pallava Madhu Aschyotana* and *Triphala Netra Pariseka*.

INTRODUCTION

Vernal keratoconjunctivitis is a recurrent allergic inflammatory condition that affects both eyes and primarily involves the conjunctiva.^[1] Vernal keratoconjunctivitis is a type of allergic conjunctivitis.^[2] Vernal keratoconjunctivitis represents a particularly troublesome form of allergic conjunctivitis, especially in children. It is characterized by prominent ocular symptoms such as severe itching, a sensation of grittiness or a foreign body in the eye, mucoid discharge, conjunctival hyperemia, watering, and photophobia. The condition usually follows a chronic and recurrent course,

with exacerbation commonly observed during the warmer months.^[3] While pollen exposure has traditionally been regarded as an important triggering allergen, the occurrence of Vernal keratoconjunctivitis throughout the year in many patients suggests that pollens alone may not be responsible for the development and persistence of the disease.^[4]

Vernal keratoconjunctivitis can be categorized according to the affected area of the eye into palpebral, limbal, and mixed types.^[5] The term *Abhishyanda* is derived from two words: 'Abhi,' meaning profuse or excessive, and

'Syandana,' referring to discharge or secretion. Together, the term denotes excessive discharge or secretion from various parts of the eye.^[6] In Ayurveda, Vernal keratoconjunctivitis is considered comparable to *Kaphaja Abhishyanda*, which is associated with the vitiation of *Kapha* and *Pitta Doshas*. The condition is more commonly aggravated during childhood and in *Vasanta Ritu* (spring season), as both are characterized by *Kapha* predominance and may contribute to the exacerbation of symptoms.^[7] The clinical features can be correlated with *Kaphaja Abhishyanda* as marked swelling (*Shotha*) along with oily or unctuous (*Snigdha*), whitish (*Sweta*) and mucoid (*Pichila*) discharge, excessive lacrimation (*Ashrusrava*), mild pain (*Alpa Vedana*), drowsiness (*Nidra*), itching (*Kandu*) and other associated symptoms.^[8] Modern medical treatment for these conditions includes lubricating eye drops, decongestants, mast cell stabilizers, antihistamines, topical corticosteroids, NSAIDs and immunomodulatory agents. Antihistamines are generally effective for short-term management, typically for 2–6 weeks, but they do not prevent the recurrence of symptoms. Prolonged or inappropriate use of certain treatments, particularly topical steroids, may lead to complications such as cataracts, glaucoma, infections, and corneal melting.

MATERIALS AND METHODS

Case Report

A 12-year-old male child presented to the Shalakya Tantra OPD at NIA, Jaipur, with recurrent unilateral Vernal keratoconjunctivitis involving the left eye, with complaints of photophobia, itching, heaviness and watering of eyes persisting for seven days.

History of Present Illness

The patient was apparently healthy until 2 years prior to presentation, when he gradually began experiencing with complaints of photophobia, itching, heaviness and watering of eyes persisting then he took allopathy

medicines but did not get proper relief. The severity of these symptoms fluctuated, with periods of exacerbation followed by spontaneous relief. Due to the persistence and recurrence of the symptoms, the patient sought consultation at the Shalakya Tantra OPD, NIA, Jaipur.

Past History

There was no previous history of systemic disease or ocular trauma.

Family History

No relevant family history was reported.

Personal History

- **Appetite:** Poor
- **Bowel habits:** Regular
- **Sleep:** Normal

General Examination

The patient's general examination revealed the following:

- **Blood Pressure:** 110/76 mmHg
- **Pulse Rate:** 70/min
- **Respiratory Rate:** 16/min

Physical Examination

Ashtavidha Pareeksha

According to the Ayurvedic method of assessment, the findings of *Ashtavidha Pariksha* were recorded as follows:

• Nadi (Pulse)	P-K
• Mootra (Urine)	Normal
• Mala (Stool)	Regular
• Jihwa (Tongue)	Coated
• Shabda (Speech)	Normal
• Sparsha (Touch)	Normal
• Drika (Vision)	Vikrutha
• Akruti (Body build)	Normal

Clinical Findings: On ocular examination, the patient's visual acuity without spectacles was 6/6 in both eyes. Eyeball movements were normal, while conjunctival congestion was noted in left eye. The sclera, cornea, iris, pupil, and anterior chambers were otherwise normal. Based on the clinical signs and symptoms, the patient was diagnosed with Vernal keratoconjunctivitis and advised to undergo *Gandhaka Rasayana*, *Shigru-Pallava Madhu Aschyotana* and *Triphala Netra Pariseka* over a period of three months.

Assessment Criteria

The patient was evaluated using both objective and subjective parameters. The severity of individual symptoms and clinical findings was graded on a 0-3 scale.

➤ **Palpebral Conjunctival Hypertrophy**

Grade	Parameter
0	No congestion
1	Congestion with clear pattern of blood vessels
2	Congestion with poorly visible pattern of blood vessels
3	Velvety conjunctiva with loss of blood vessels pattern

➤ **Bulbar Conjunctival Congestion**

Grade	Parameter
0	No congestion
1	Muddy color of bulbar conjunctiva
2	Conjunctival congestion visible only in palpebral aperture
3	Conjunctival congestion in entire bulbar conjunctiva

➤ **Horner-Trant's Dots**

Grade	Parameter
0	No Tranta's spot
1	Tranta's spot 1-2 in no
2	Tranta's spot 3-5 in no
3	>5 Tranta's spot

➤ **Photophobia**

Grade	Parameter
0	No photophobia
1	Photophobia only in day light
2	Photophobia in bright light
3	Photophobia even in dim light

➤ **Kandu (Itching in the Eyes)**

Grade	Parameter
0	No itching
1	A mild itching, not requiring eye rubbing
2	A definite itching, requiring eye rubbing sometimes
3	An incapacitating itching with significant eye rubbing

➤ **Guruta (Heaviness in the Eyes)**

Grade	Parameter
0	No heaviness on lids.
1	Occasional heaviness on lids
2	Intermittent heaviness on lids
3	Continuous heaviness on lids

➤ **Pichila Srava (Slimy Discharge)**

Grade	Parameter
0	No watering
1	Slightly watering
2	Occasional watering
3	Tears rolling down cheeks

Outcome

The effect of medications before and after the treatment were assessed and a notable improvement was observed in all the symptoms of disease as follows:

Parameter	Grade Before Treatment	Grade After Treatment
Palpebral Conjunctival Hypertrophy	3	1
Bulbar Conjunctival Congestion	3	1
Horner-Trant's Dots	2	1

Photophobia	2	0
Kandu (Itching in the Eyes)	2	0
Guruta (Heaviness in the Eyes)	2	0
Pihchila Srava (Slimy Discharge)	2	0



Fig.1 Before Treatment.



Fig.2 After Treatment.

DISCUSSION

Abhishyanda is described among the *Sarvagata Netraroga* in Ayurveda and is characterized by clinical features that closely resemble conjunctivitis in modern medicine. In the present case, the patient exhibited photophobia, itching, heaviness and watering in left eye. Based on these clinical features, the condition was diagnosed as Vernal keratoconjunctivitis (*Kaphaja Abhishyanda*). *Gandhaka Rasayana* was prescribed as *Gandhaka* possesses *Ushna Veerya* and undergoes *Katu Vipaka*, which contribute to its potent *Kaphaghna* and *Kledaghna* properties. *Gandhaka Rasayana* is considered effective in breaking the *Samprapti* (pathogenesis) of *Kaphaja Abhishyanda*, primarily due to its *Ushna Veerya* and *Katu-Kashaya Rasa* and this way, *Gandhak Rasayana* acts as *Agnideepak*, *Pachak*, *Kaphaghna*, *Kledaghna*, *Raktaprasadak*, *Krimighna*, *Kushthaghna*. According to *Brihat Yoga Tarangini* explained it is used in *Kustha*, blood related skin disorders, *Dhaatukshay*, *Prameh*, *Mandaagni* (poor digestion) and *Udarshool* (pain abdomen) etc.^[9] *Shigru-Pallava Madhu Aschyotana* was prescribed as *Shigru* possesses *Tikta katu rasa*, *Tikshan* and *Laghu guna*, *Ushna virya*, *Katu vipaka*, *Krimighana* and Anti-inflammatory properties which is helpful in combating symptoms of Vernal keratoconjunctivitis (*Kaphaja Abhishyanda*). The dichloromethane extract of *Moringa oleifera* has demonstrated significant antioxidant activity.^[10] It has also been reported to possess a wide range of pharmacological properties, including anti-inflammatory, antimicrobial, antioxidant, anticancer, cardiovascular, hepatoprotective, anti-ulcer, diuretic, antiurolithiatic, and antihelminthic effects.^[11] Furthermore, both drugs were found to be effective in treating or controlling the clinical manifestations of the condition. In *Shigru-Pallava*

Madhu Aschyotana, *Madhu* is used as the major component of the formulation. It is regarded as an excellent *Kapha-shamaka Dravya*.^[12] and possesses *Lekhana* properties.^[13] *Madhu* also acts as a *Yogavahi Dravya*.^[14] thereby enhancing and facilitating the therapeutic action of *Shigru*. *Netra seka* with *Triphala kwath* acts as *Tridosha shamaka*, it comes under *lekhana Netra seka*^[15] so helpful in *Kaphaja Abhishyanda*. *Parisheka* is also acts as *shamana* and *shodana* of *doshas*. *Triphala Netra Parisheka* with lukewarm decoction was performed to better purification of the eye. It is also helpful for the eliminating the irritation or foreign body sensation. Also it increases blood circulation inside the lids which increases drug absorption. Further *Triphala Netra Parisheka* have *Chakshushya* properties which are beneficial for the healthy maintenance of eye and has anti-inflammatory properties too.

CONCLUSION

Based on the findings of the present study, the adopted line of treatment can be considered an effective approach for the management of Vernal keratoconjunctivitis (*Kaphaja Abhishyanda*). The treatment resulted in considerable improvement in almost all the signs and symptoms without producing any noticeable adverse effects. Moreover, the therapeutic benefits were sustained during the one-month follow-up period.

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