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An Ayurvedic Management of Raktaja Abhishyanda – A Case Report

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Abstract

Introduction:*Abhishyanda* is one of the seventeen *Sarvagata Netra Rogas* described in *Shalakya Tantra*. As per *Acharya Sushruta*, it is considered the root cause of most *Netra rogas*. If left untreated, it may progress to *Adhimantha*, which can eventually lead to *Hata Adhimantha* and *Drishti Nasha* (vision loss). Based on clinical features, *Raktaja Abhishyanda* closely consider under viral conjunctivitis, an inflammation of the conjunctiva. Conventional medicine largely emphasizes symptomatic relief, whereas *Ayurveda* adopts a comprehensive approach aimed at both managing symptoms and rectifying the underlying causes. **Materials and Methods:**A 24-year-old male patient presented to the Shalakya tantra OPD with complaints of redness, burning sensation, excessive watering, and mild itching in both eyes for the past 5–7 days. Based on classical symptoms, the condition was diagnosed as *Raktaja Abhishyanda*.The patient was managed with Ayurveda interventions including *kosthasodhana*(~elimination of accumulated doshas) followed by *Vidalaka*(~application of medicinal paste over eyelids),*Aschyotana*(~instillation of eye drops) and *Pitta-RaktaShamaka Chikitsa*. **Results:** Within 2 weeks of treatment , gradual improvement was observed in redness,watering and itching in bilateral eyes with adherence to *pathya*, 90% symptomatic relief was achieved. **Conclusion:**This case highlights the efficacy of classical Ayurvedic interventions in the successful management of *Raktaja Abhishyanda*, validating their relevance in modern clinical practice.

Keywords: *Aschyotana, Bidalaka*, Conjunctivitis, *Raktaja Abhishyanda*

INTRODUCTION:

Abhishyanda is one of the seventeen *SarvagataRogas* described under the heading of *NetraRoga* in *ShalakyaTantra*[i] caused by vitiation of Tridosha-Vata,Pitta,Kapha leading to obstruction of the srotas(~channels) leading to inflammation,discharge,pain.. As per *Acharya Sushruta, Abhishyanda* is the main cause for all the *Netrarogas*.[ii] If we don't treat it on time, it will cause *Adhimantha*. And *Adhimantha* will latter progresses in *AsadhyaVyadhis* like *Hataadhimantha* and leads to*Drishtinasha*.[iii] *Netra* is very important organ as it is the *Adhishtana* of *ChakshuIndriya* and is responsible for *RupaGyana* (Vision). Due to the symptoms it closely resembles Conjunctivtis in modern medicine. Conjunctivitis is defined as an inflammation of the conjunctiva.[iv]In modern ophthalmology, it is classified as bacterial, viral, allergic, or chemical conjunctivitis based on the causative factors,onset. The condition affects individuals of all ages, with higher incidence during seasonal changes, humid environments, and in populations exposed to poor hygiene or allergens.Ayurvedic treatment targets upon countering pathogenesis from the root level. The treatment protocol described in the classics has been selected here which includes *kosthasodhana*(~elimination of accumulated doshas) followed by *Vidalaka*(~application of medicinal paste over eyelids),*Aschyotana*(~instillation of eye drops) and *Pitta-RaktaShamaka Chikitsa*.[v]

Patient information

A 24-year-old male patient presented to the Outpatient Department (OPD) with complaints of redness, burning sensation, watering, and itching in both eyes for the past 5 to 7 days. The symptoms initially appeared in the right eye, where redness and burning were more pronounced during the first two days. Afterward, similar complaints developed in the left eye with comparatively milder intensity at onset but gradually progressed. The overall discomfort was mild to moderate, with burning and watering aggravated by exposure to sunlight, wind, and dust. The patient also reported photophobia, pain, and a foreign body sensation in both eyes. He has not visited any ophthalmologist or taken any medicine.He experienced difficulty in studying and driving and came to OPD for Ayurvedic management. He had no history of allergic rhinitis, diabetes mellitus,hypertension,thyroid disease,rheumatoid arthrtitis or any other auto immune disorder. The patient had a history of contact with a patient of Conjunctivitis before 10 days. On examination, the personal history of the patient revealed *ratri jagarana*(~night time awakening),junk food eating.

Clinical findings

Examination: (Before Treatment) Torch Light Examination: (Table-1)

Site	**Right eye**	**Left Eye**
Eye Lid	Normal	Normal
Conjunctiva	Congestion in Bulbar and Palpebral conjunctiva	Congestion in Bulbar and Palpebral conjunctiva
Cornea	Clear	Clear
Pupil	Normal size,normal reaction	Normal size,normal reaction
Lens	Normal	Normal
Slit lamp examination	Conjunctival hyperaemia present (Bulbar and palpebral conjunctiva),papillary changes in lower palpebral conjunctivitis	Conjunctival hyperaemia present (Bulbar and palpebral conjunctiva) ,papillary changes in lower palpebral conjunctivitis

Fig-1(bilateral conjunctival hyperaemia)

Fig-2(Right eye Papillary changes in LPC)

Fig-3(Left eye congestion of LPC and BC)

Visual Acuity:

DVA- 6/6 (B/L), PH- 6/6 (B/L), NVA- N6 (B/L)

IOP: Right eye- 12.2 mm/Hg, Left eye- 12.2 mm/Hg

Dashvidha Pariksha (~tenfold examination of a patient)

Ayurveda examination revealed that the *Prakriti* (~physical constitution) and *Nadi* (~pulse) were*Pittakaphaja*, *Manasa prakriti* (~mental constitution) was *Satva-raja*, *Sara*(~excellence of tissue elements) was *Masha sara*, *Samhanana* (~compactness of tissue or organs) was *Madhyama*(~medium), *Pramana* (~anthropometry) was *Madhyama*, *Satmya* (~homologation) was *Sarva rasa*, *Satva* (~psyche) was *Madhyama* and *Vaya* (~age) was

Tarunavastha. Aharashakti (~capacity of intake of food) was examined as *Abhyavaharana* (~power of ingestion) and *Jaranashakti* (~digestive power) was also found to be *Madhyama.*

Ashtavidha pariksha (~eight-fold examination of the patient)
Nadi (~pulse), *Mutra* (~urine) and *Shabda* (~voice) were *Prakrita* (~normal). *Mala* (~bowel movements) was *Vikrita* (1 time in 2 days),*Jihva* (~tongue) was *Sama* (~coated). *Sparsha* (~tactile examination) was *Anushnasheeta* (~not too hot and cold).*Akriti* (~body stature) was *Madhyama* and *Drik* (~vision) was *Vikrita* (~ impaired).

Clinical Diagnosis

On the basis of torch light examination and slit lamp examination, the patient is diagnosed as a case of *Raktaja Abhishyanda* mainly due to *rakta dosha* aggrevation with involvement of *Pitta dosha* too so too pacify the doshas the ayurvedic treatment protocoal was selected.

Therapeutic Intervention: (Table No.3)

Days	Medications(local procedures &internal medications)
Day 1 to 5	1.Aampachan vati (2 vati thrice a day with luke warm water) 2. *Avipattikara Churna* 5gm at night with luke warm water 3. *Vidalaka* with *Chandana ,Usheera,lodhra,mustha,Yastimadhu churna each 2 gm* two times in a day
Day 6-13	Continue 2 ,3 4. *Triphala Churna* 10gm for *Aschyotana* 10 *bindu* bilateral eyes after *Vidalaka* two times in a day 5. Maha*ManjishthadiKwatha* 10 ml orally before food two times in a day
Day 14-21	Continue 2,3,4,5

Follow up and outcome Visual Acuity: (After Treatment)
DVA- 6/6 (B/L), PH- 6/6 (B/L), NVA- N6 (B/L) ,**IOP:** Right eye- 12.2 mm/Hg, Left eye- 12.2 mm/Hg

(Table No.4 & Figure 4,5)

Time duration	**Symptomatic relief**	**Slit-Lamp examination**
Day 1 to 5	Watering of eyes decreased (-40%) Itching decreased in both eyes (60%) Burning sensation decreased in both eyes (-40%)	Conjunctival hyperaemia decreased (Bulbar and palpebral conjunctiva) (30%)
Day 6 to 13	Burning sensation decreased (-80%) Redness decreased (-70%),watering absent,itching absent	Conjunctival hyperaemia decreased (-75%),papillary changes decreased(-30%)
Day 14 to 21	Burning sensation absent Watering & itching absent from eyes Redness decreased (-95%)	Conjunctival hyperaemia decreased (-90%),papillary changes decreaed(-90%)

Fig-4(Normal lower palpebral conjunctiva and bulbar conjunctiva of both eyes)

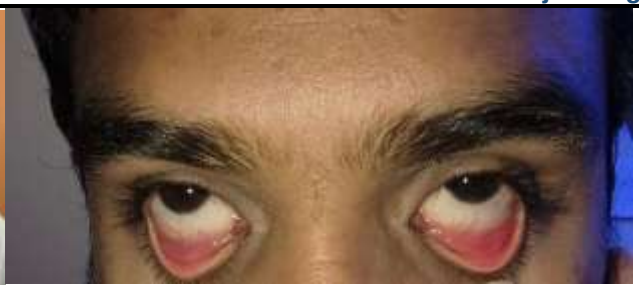

Fig-5(Normal lower palpebral conjunctiva and bulbar conjunctiva of both eyes)

The patient was assessed weekly for a period of four weeks. During the first follow-up, a mild reduction in ocular hyperemia, burning sensation,itching and lacrimation was noted. By the second week, there was complete improvement in itching, photophobia and moderate improvement in conjunctival congestion. In the third week, with near-normal appearance of the conjunctiva with complete relief in rest of the symptoms. By the fourth week, complete remission of symptoms was achieved with no recurrence observed. Overall, the treatment exhibited a gradual and consistent improvement in subjective and objective parameters, indicating effective control of the inflammatory process and restoration of ocular health.During the follow up period of 1 month, no recurrence of any symptoms was found.Lifestyle modification such as making change in the night sleep timings and avoiding outside food were also advised.

DISCUSSION:

The conjunctiva is a thin, transparent mucous membrane that covers the sclera and lines the inner surface of the eyelids. It serves to protect the ocular surface and maintain moisture. Inflammation of this layer results in conjunctivitis, characterized by redness, irritation, watering, and mucous discharge, commonly caused by infections, allergens, dust, smoke, or chemical irritants.In *Ayurvedic* classics, a comparable condition is described as *Raktaja Abhishyanda*, primarily resulting from the vitiation of *Pitta* and *Rakta Doshas*. Factors such as excessive heat exposure, dust, trauma, or infection disturb the *Netra Srotas* (~ocular channels), leading to symptoms such as *raga* (~redness), *daha* (~burning), *kandu* (~itching), and *srava* (~discharge). The vitiated *Doshas* localize in the *Netra Sandhi* (~conjunctival–scleral junction), causing *sanga* (~obstruction) and *srti* (~oozing) within ocular tissues, closely resembling the inflammatory pathophysiology of conjunctivitis described in modern medicine. Hence, this condition is identified as *Raktaja Abhishyanda.*The treatment selected here are, *MruduVirechana* after *Deepana- Paachana* with *aampachan vati* ,*Triphala churna*[vi] *Aschyotana, Vidalaka* and *Mahamanjishthadi Kwatha*[vii]. In *Ayurveda KoshthaShuddhi* is primary treatment as all the *Vyadhis* originate from the *Kosthadushti*. Also, *Acharya Sushruta* describe the *Shodhana Karma* in *Raktaja Abhishyanda*. It act as an *MruduVirechaka* and *PittaRaktaShamana* and *Shodhana*. *Pitta Rechana* will lead to *RaktaShodhana Karma* due to its *Ashraya Ashrai Bhava*. With *Kostha Shodhana* property *Samaavastha* will be removed. *Aschyotana* with *Triphala Churna* has been selected for *Aścyotana Karma* in *Raktaja Abhishyanda*. It helps in removing vitiated *Doshas* from *Netra Srotas* and gives immediate relief from symptoms like *Daha, Raga*, and *Kandu*. *Vidalaka* is a topical paste applied around eyelids and serves as *BahyaUpakrama* in *netra rogas*. It is indicated especially in *Raktaja Abhishyanda*, where *pitta* and *rakta* are vitiated,so to pacify the doshas locally and reducing the redness,discharge ,itching from the bilateral eyes.

In *Raktaja Abhishyanda*, the *netra srotas* are inflamed and congested. *Aścyotana* clears the *srotas* internally, but sustained local cooling and *pitta–rakta* pacification is needed for the eyelids. The drugs used were predominantly *Sheeta Virya***,** *Madhura–Tikta–Kashaya Rasa***,** and possessed *Pitta–Rakta Shamaka***,** *Shothahara* and *Dahahara* properties, collectively reducing inflammation, congestion, and burning sensation. *MahaManjisthadi Kwatha* mentioned in *Sharangdhara Samhita* can be used in *Netrarogas* as it work on the *Raktadosha* by purifying it from *srotas* levels (~minute levels). It has been prescribed after complete remission of the disease for fifteen days for the blood purification purpose.

Conclusion

The *Netrabhishyanda* is a prime cause of other eye diseases and leads to various complications. Viral conjunctivitis can be consider under the concept of *Raktaja Netrabhishyanda* on the basis of similarities in signs and symptoms. The combination of *kostha- sodhana, Aschyotana, Bidalaka,* along with internal medicines and adherence to *Pathya-Apathya*, provides 90% relief to the patient with no recurrence of symptoms in the follow up time.This treatment protocol can be adopted for seasonal epidemic viral conjunctivitis, effectively curing the patient.

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