Ayurveda Management of Viral Conjunctivitis
Raktaja Abhishyanda: A Case Report

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Abstract
Introduction: Conjunctivitis, also known as "pink eye", is inflammation of the conjunctiva. The three most common causes of conjunctivitis are viral, allergic, and bacterial, and the majority of cases are caused by adenovirus. It’s outbreak is not uncommon. Outbreak usually linked to people congregation settings like hostels, classrooms, shared accommodations etc. Conjunctivitis causes the eye to appear erythematous secondary to the dilation of blood vessels and is usually accompanied by increased tearing or mucoid discharge. This activity describes the risk factors, evaluation, and management of viral conjunctivitis and highlights the role of the practitioners in enhancing care delivery to affected patients.

In Ayurveda, Viral Conjunctivitis can be correlated to Raktaja Abhishyanda. Materials and Methods: 22 years old male patient came to the eye OPD, ITRA, Jamnagar with the complaints of Redness, Burning sensation, Watering in both the eyes since 2 days. Majority of the symptoms are same as the Raktaja Abhishyanda mentioned in the classics. Hence it is diagnosed as Raktaja Abhishyanda. The patient was intervened with Shunthyadi Fanta for Pachana, Swadistavirechana Churna for Shodhana, Yashtimadhvadi Parisheka, Bruhat Manjishthadi Kwatha.

Result: Patient showed gradual improvement in symptoms over a period of 4 to 5 days. Along with proper treatment and Pathya Sevana, complete relief in the symptoms has been achieved.

Conclusion: It shows that the Ayurvedic treatment protocol described by the classics is a good choice of intervention for the management of Viral conjunctivitis (Raktaja Abhishyanda).

Keywords: Viral Conjunctivitis, Raktaja Abhishyanda, Parisheka, Kwatha.

1. Introduction:
Conjunctivitis is the inflammation of conjunctiva characterized by swelling, congested blood vessels, watering and pain in eyes. Infective conjunctivitis is caused by a variety of bacterial or viral pathogens and non-infective causes include allergies, irritants or medications. Viral Conjunctivitis is symptomatically managed with artificial tears, anti histamine eye drops and cold-compress. Viruses account for 80% of all cases of acute conjunctivitis and adenovirus; enterovirus and herpes virus are the common causative agents. Abhishyanda is one of the seventeen Sarvagata Rogas described under the heading of Netra Roga in Shalakya Tantra. According to Acharya Sushruta Abhishyanda is the main cause for all the Netra Rogas. If we don’t treat it on time, it will cause Adhimantha. And Adhimantha will latter progresses in Asadhya Vyadhish like Hataadhimantha and leads to Drushtinasha. On the basis of signs and symptoms, Viral Conjunctivitis can be correlate with Raktaja Abhishyanda having symptoms.
like Rakta raji (Hyperaemia), Raktamandala (Congestion in bulbar and palpebral conjunctiva). Acharya Sushruta and Vagbhatta in their texts had explained that Pittaja Abhisheyanda Lakshana can also be seen in Raktaja Abhisheyanda. In Viral Conjunctivitis (Raktaja Abhisheyanda) we can notice the symptoms like inflammation Paka, burning sensation Daha, watery discharge Ushnaashruta, Shopha which are being explained by Acharya Sushruta in Sushruta Samhita. One unique symptom has been explained by Acharya Vagbhatta in his text kleda which can be compared to mucous like sticky discharge which patient gets in morning.

2. Case report:
A 22 years old Male patient came to Eye OPD, ITRA Jamnagar with the complaints of Lohita Netrata (Redness of eyes), Netra Daha (Burning sensation in eyes), Bashpa Samucchayata (Excessive lacrimation), Antaha Kledaashruta (Watering from eyes), Dhumayana (Feeling of hotness in eyes), Kandu (Itching) in both the eyes since last 5 to 7 days.

History of present complaints:
A nondiabetic, normotensive, 22 years old male patient came to the Eye OPD in afebrile and conscious state. He was apparently normal before 1 week, then he had suffered from redness, burning sensation, excessive lacrimation and mild itching since 2 days. He approached us with these complaints at the OPD and treatment was further started.

Personal & Demographic Data:
Age: 22 years
Sex: Male
Occupation: Store
Diet: Mixed
Appetite: Moderate
Bowel: Irregular
Micturition: Normal (5-6 time/ day)
Sleep: Normal
Addiction: No Addiction
Prakruti: Vata-Pitta

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

<table>
<thead>
<tr>
<th>Site</th>
<th>Right eye</th>
<th>Left eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Lid</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Conjunctiva</td>
<td>Normal</td>
<td>Congestion in Bulbar and Palpebral conjunctiva</td>
</tr>
<tr>
<td>Cornea</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Pupil</td>
<td>Normal sized normal reactive</td>
<td>Normal sized normal reactive</td>
</tr>
</tbody>
</table>
Lens: Normal

- **Slit Lamp Examination:** (Table-2)

<table>
<thead>
<tr>
<th></th>
<th>Right eye</th>
<th>Left eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td></td>
<td>Conjunctival hyperaemia present (Bulbar and Palpebral conjunctiva)</td>
</tr>
</tbody>
</table>

- **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

- **Intervention:** (Table-3)

<table>
<thead>
<tr>
<th>Date</th>
<th>Drug</th>
<th>Dose</th>
<th>Time with Anupana</th>
<th>Route of administration</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/9/2023</td>
<td>1.Shunthyadi Fanta</td>
<td>45 ml</td>
<td>Twice (before meal)</td>
<td>Oral</td>
<td>3 days</td>
</tr>
<tr>
<td></td>
<td>2.Swadishtavirechana Churna</td>
<td>5 gms</td>
<td>HS with Lukewarm water</td>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rep. 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/9/2023</td>
<td>3.Yashtimadhu Churna Lodhra Churna</td>
<td>5 gms</td>
<td>Parisheka</td>
<td></td>
<td>Alternate day for 7 days 5 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 gms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.Bruhat Manjish thadi Kwatha</td>
<td>40 ml</td>
<td>Twice (before meal)</td>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>14/9/2023</td>
<td>Rep. 2</td>
<td></td>
<td></td>
<td></td>
<td>7 days</td>
</tr>
<tr>
<td></td>
<td>Rep.4</td>
<td></td>
<td></td>
<td></td>
<td>15 days</td>
</tr>
</tbody>
</table>

- **Pathya- Apathya:** (Table-4)

<table>
<thead>
<tr>
<th>Pathya</th>
<th>Apathya</th>
</tr>
</thead>
<tbody>
<tr>
<td>Langhana</td>
<td>Vegadharana</td>
</tr>
<tr>
<td>Mudga-Masha-Yava-Lohita Shali</td>
<td>Krodha- Shoka</td>
</tr>
<tr>
<td>Patola, Karvellaka- Karkotaka Tikta- Laghu Aahara</td>
<td>Dadhi Sevana</td>
</tr>
<tr>
<td></td>
<td>Amla- Lavana-Katu- Vidahi</td>
</tr>
</tbody>
</table>
3. Result and observation: (Table-5) (figure-2,3)

<table>
<thead>
<tr>
<th>Treatment sitting</th>
<th>Symptoms</th>
<th>Examination</th>
</tr>
</thead>
</table>
| After 3 days       | Watering of left eye decreased (-40%)  
Burning sensation decreased in both eyes (-40%) | Conjunctival hyperaemia decreased (Bulbar and Palpebral conjunctiva) (30%) |
| After 8 days       | Burning sensation decreased (-80%)  
Redness decreased (-70%)  
Watering from eyes absent  
Itching absent | Conjunctival hyperaemia decreased (-75%) |
| After 15 days      | Burning sensation absent  
Watering from eyes absent  
Redness decreased (-95%) | Conjunctival hyperaemia decreased (-90%) |

❖ 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

4. Discussion:
In this case report, the patient showing symptoms like Redness in eyes, burning sensation in eyes, Excessive watering from the eyes and mild itching in both the eyes has been selected. Majority of the symptoms are same as the Raktaja Abhishyanda mentioned in the classics. Hence it is diagnosed as Raktaja Abhishyanda. The treatment selected here are, Mrudu Virechana with Swadishtavirechan Churna after Deepana-Paachana with Shunthyadi Fanta, Yashtimadhvadi Parisheka and Bruhata Manjishthadi Kwatha.

Deepana-Pachana & KoshthaShodhana:
In Ayurveda Koshta Shuddhi is primary treatment as all the Vyadhis originate from the Kostha Dushti. Also, Acharya Sushruta describe the Shodhana Karma in Raktaja Abhishyanda. Swadishtavirechana Churna has been selected for it. Before Shodhana, Deepana-Pachana was done with Shunthyadi Fanta described in Dravyaguna Shastram. The main ingredient of Swadishtavirechana Churna is Swarnapatri (Cassia augustifolia). Leaves of Swarnapatri contains flavanols, isorhamnetin, kaempferol, rhein, emodin and anthraquinone glycosides which are laxative in nature. The main ingredient of Swadishtavirechana Churna is Swarnapatri (Cassia augustifolia). Leaves of Swarnapatri contains flavanols, isorhamnetin, kaempferol, rhein, emodin and anthraquinone glycosides which are laxative in nature. The main ingredient of Swadishtavirechana Churna is Swarnapatri (Cassia augustifolia). Leaves of Swarnapatri contains flavanols, isorhamnetin, kaempferol, rhein, emodin and anthraquinone glycosides which are laxative in nature. The main ingredient of Swadishtavirechana Churna is Swarnapatri (Cassia augustifolia). Leaves of Swarnapatri contains flavanols, isorhamnetin, kaempferol, rhein, emodin and anthraquinone glycosides which are laxative in nature. Gandhaka acting as a blood purifier and detoxifier. Yashtimadhu has properties for Pitta Shamana. Also, it contains Mishri which is Pitta-Raktahara. With all these properties it can act as Mrudu Virechaka and Pitta Rakta Shamana and Shodhana. Pitta Rechana will lead to Rakta Shodhana Karma due to its Ashraya Ashrai Bhava. With Kostha Shodhana property Samaavastha will be removed.Patient got approx. 50% relief in the symptoms like itching, burning and watering from the eyes. It shows the importance of Agni Chikitsa.
Parisheka:
Yaashtimadhvadi Churna has been selected for the Parisheka Karma. This combination of Churna is described in Pittaja Abhishyanda by Sushruta for Anjana Karma. Anjana Karma is contraindicated in Sama Avastha of Netraroga. As Parisheka is described on third position in Shashtiupakrama in wound healing. So Parisheka is prescribed for procedure because of its high contact time. Contains and properties of Yashtimadhvadi Churna are mentioned in table 6. Majority of the drugs are of SheetaVirya, Madhura-Tikta-Kashaya Rasa, Pitta-RaktaShamaka, Shothahara, Dahahara etc. All these properties can help in Rakta-Shamana Karma.

Contains of Yashtimadhvadi Churna: (Table-6)

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Rasa</th>
<th>Virya-Vipaka</th>
<th>Guna</th>
<th>Dosh karma</th>
<th>Other properties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yashtimadhu</td>
<td>Madhura</td>
<td>Madhura, Sheeta</td>
<td>Guru, Sheeta</td>
<td>Vata-Pitta-Raktahara</td>
<td>Daha Shamaka Rakta pitta Shamana</td>
</tr>
<tr>
<td>Lodhra</td>
<td>Kashaya</td>
<td>Sheeta</td>
<td>Laghu, Grahi</td>
<td>Kapha-Pitta Hara</td>
<td>Chakshushya Shothahara Rakta vikara Hara</td>
</tr>
</tbody>
</table>

Bruhat Manjisthadi Kwatha:
According to Sharangdhara Samhita Bruhat Manjisthadi Kwatha can be used in Netrarogas. Also, it work on the Rakta dosha and purify the Rakta dosha. Kwatha is contraindicated in Sama Avastha of Netradosha, that’s why the Kwatha has been prescribed to the patient after Nirama Avastha of Netraroga. It has been prescribed after complete remission of the disease for fifteen days for the blood purification purpose.

Figure 1: Congestion in Palpebral and Bulbar Conjunctiva in left eye, Day 1

Figure 2: Mild Congestion in Palpebral Conjunctiva in left eye, Day 8
5. Conclusion:
It shows that the Ayurvedic treatment protocol described by the classics is a good choice of intervention for the management of Viral Conjunctivitis (Raktaja Abhishyanda). Since the study includes only one case it needs to be evaluated further and research should be conducted with more sample size, so further study on this treatment protocol in the management of Viral Conjunctivitis (Raktaja Abhishyanda) is needed in this regard.

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11. Sharangadhara Acharya, Sharangadhara Samhita, Deepika Hindi commentary by Dr Brahmananda Tripathi, Chaukhambha, samkrit samsthan, Varanasi, Madhyama Khanda, Kwathadi Kalpana, 2/137142; p.102.