

# Abhishyanda As A Systemic Reflection: Insights from Ayurveda and Modern Medicine

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## ABSTRACT

The eye serves as a window to systemic health, reflecting both wellness and disease. Often, ocular manifestations are the first indicators of underlying systemic conditions. One such disease of importance is *Abhishyanda*, a *Sarvagata Roga* considered in particular as a localized eye condition or that which is involving the *Urdhwajatrugata Srotas* but the pathology can pervade throughout the body. The term '*Abhishyanda*' or '*Syanda*' in various contexts of the Ayurveda literature signifies '*Sroto Syandana*'—discharge through bodily channels. Classical Ayurvedic texts also highlights its association with conditions such as *Jwara*, *Prameha*, *Ardita*, *Kushtha* and *Rajyakshma*, where ocular symptoms like redness, discharge, and irritation are described which signifies systemic involvement. The disease *Abhishyanda* which can be correlated to the inflammatory disorders of the eye has its manifestation due to various conditions such as metabolic, autoimmune or infectious conditions. This paper explores the systemic associations of *Abhishyanda*, integrating insights from both *Ayurveda* and modern medicine. By correlating ancient Ayurvedic concepts with contemporary clinical findings, we can uncover meaningful connections between ocular inflammation and broader systemic conditions. This approach not only enriches our understanding of disease pathogenesis but also supports the development of more timely diagnostic and treatment strategies.

**Keywords:** Abhishyanda, Sroto syandana, Ocular inflammatory diseases, Systemic association

## INTRODUCTION

*Abhishyanda* is categorized as a *Sarvagata Roga*, a disorder that affects all structures of the eye. It is defined as *Srotosyandana* of the *Urdhwajatru*<sup>1</sup> i.e., discharge through the channels of head and neck. It is a disease altering the fluids of the eye, with excessive discharges, swelling and may end up with suppuration<sup>2</sup>. The word *Abhishyanda* is defined as '*Aasrava*'<sup>3</sup> meaning 'the process of oozing out'<sup>4</sup>. It can be assumed that it is a state of wetness caused due to oozing out of fluids from channels<sup>5</sup>. The pathology is not just restricted to eye rather pervade throughout the body. The word *Abhishyanda* is used in different contexts in Ayurvedic classics by Acharyas. It is said that *Abhishyanda* is the causative factor for all the diseases of the eye<sup>6</sup> and utmost importance is given for its timely treatment. It is classified into four types – *Vataja*, *Pittaja*, *Kaphaja* and *Raktaja* having dedicated chapters on each *Dosha pradhana Abhishyanda*

*chikitsa*. Acharya Sushruta has also explained the disease *Netra Abhishyanda* as one of the “*Aupasargika Rogas*”<sup>7</sup>. He explains the contagious nature of the disease.

Abhishyanda can be broadly understood as the inflammatory eye diseases. Ocular inflammatory diseases are conditions characterized by the inflammation of various structures in the eye, which can lead to symptoms like pain, redness, and vision loss. Inflammation can be triggered by infections, autoimmune responses, or may occur alongside systemic diseases. There are two categories of ocular inflammatory disease, Inflammation-Driven Diseases and Inflammation-Related Ocular Degenerative Diseases. Inflammation-Driven Diseases include Keratitis, Conjunctivitis, and uveitis, and inflammation is the primary cause of the disease. Dry eye syndrome (DES), glaucoma, diabetic retinopathy (DR), and Age-Related Macular Degeneration (AMD) are typical examples of inflammation-related ocular degenerations. Based on the anatomic location, ocular inflammations are broadly grouped as (a) those involving conjunctiva, cornea and sclera as extraocular inflammations, and (b) those involving intraocular structures, called intraocular inflammations, where the uvea and the retina are the main sites of inflammation. Based on the *Dosha* involved in the pathology, the structures involved different types of *Abhishyanda* can be correlated accordingly<sup>8</sup>.

The eyes, often referred to as the windows to the soul, serve as a vital indicator of systemic health. Many systemic diseases present ocular symptoms that can precede or accompany other clinical signs, offering valuable insights into a patient's overall health<sup>9</sup>. These manifestations are frequently overlooked or misattributed to isolated eye conditions. Understanding ocular signs in the context of systemic diseases facilitates early diagnosis and intervention.

While *Abhishyanda* is primarily understood as an inflammatory eye disease, it often reflects deeper systemic imbalances which can be understood through its *Samprapti* and varied references of the word in different contexts of Ayurveda literature.

## CONCEPT OF THE WORD ABHISHYANDA

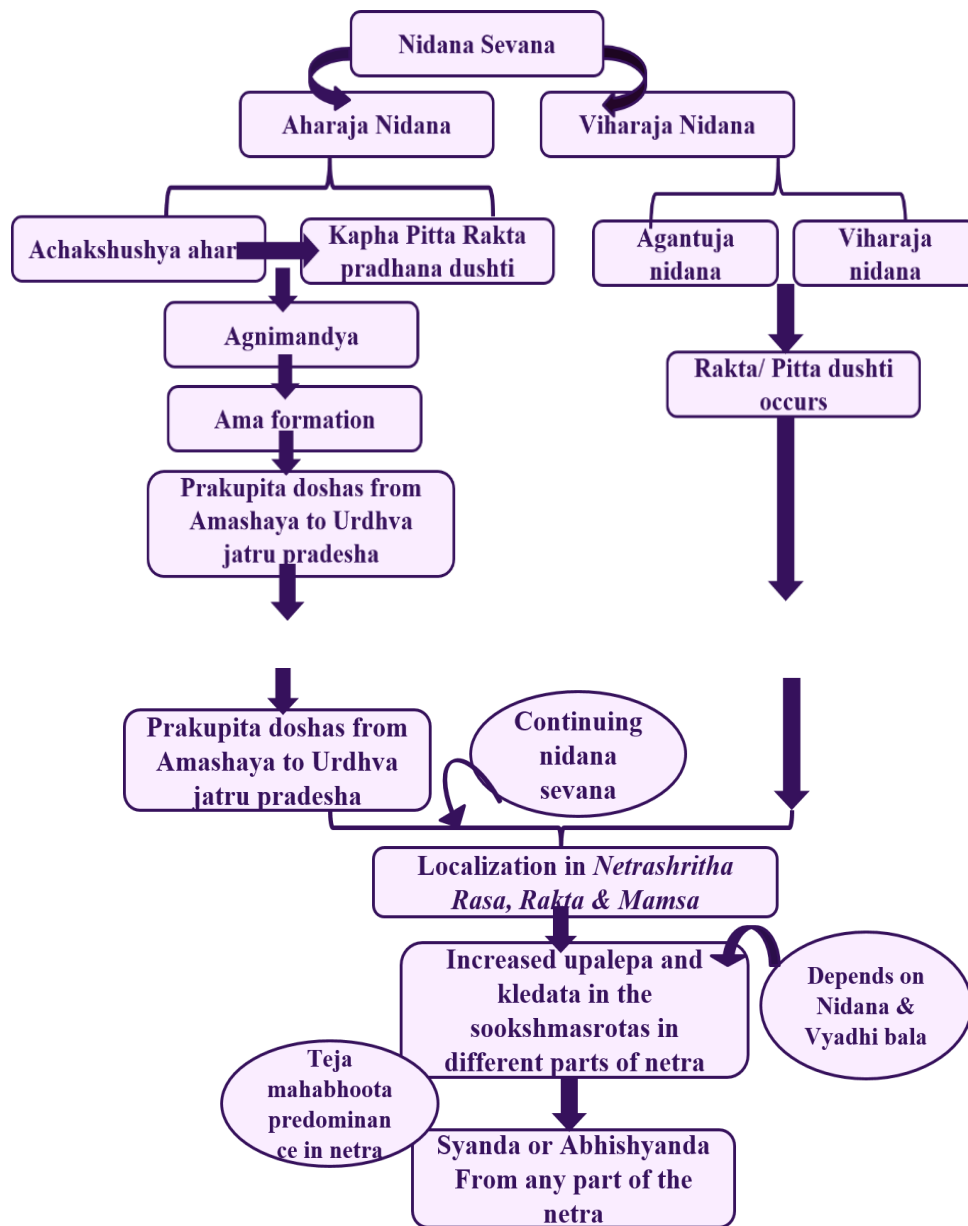
There are scattered references in the classical textbooks of Ayurveda on the term *Abhishyanda* and its synonyms. The etymology of the word helps in understanding the underlying pathological processes occurring in the *Sharira*. The primary clinical feature of *Abhishyanda* is discharge from all the structures of the eye (*Abhisamantāt Syandati*), which reflects various stages of pathological progression, including both exudative and obstructive conditions

- ***Shabdakalpadruma***<sup>11</sup> - *Abhishyanda* as *Aasrava* (oozing), *Ati Vruddhi* and *Syanda* as *Sravaka*
- ***Ashtanga Hridaya***<sup>12</sup> and ***Ashtanga Sangraha***<sup>13</sup> - *Dravi Bhava* and *Ardribhoote*
- ***Sushruta Samhita***<sup>14,15</sup> – *Upalepakari*, *Shelshmasravi*, *Upasnehena*, *Sravate*

In total it refers to *Sarva Deha Sroto Syandana* either in the *Sthoola Srotas* or *Sookshma Srotas*. The etymology refers to the process of liquefaction, discharge, anointing or spreading through the body channels. This understanding is not limited to the ocular region but extends to systemic involvement, considering *Abhishyanda* as a reflection of deeper pathological processes within the body.

## SAMPRAPTI OF ABHISHYANDA

The *Prakupita doshas* which are formed due to *Achakshushya ahara* and *vihara*, move upwards from the *Koshtha* through the vessels and produce intense diseases in different parts of the eyes<sup>10</sup>. Initially there will be *Sarvadeha sroto syandana* later leading to *Shiro – abhishyanda* finally resulting in *Netra Abhishyanda*. The *Samprapti* of *Abhishyanda* is explained with the help of a chart given below.



## UNDERSTANDING ABHISHYANDA AS A SYSTEMIC DISEASE

According to *Sharngadhara Samhita*<sup>16</sup>, the manifestation of *Abhishyanda* is closely linked to the *Picchila* and *Guru Guna* of accumulated substances, leading to systemic involvement. Primarily, there is an obstruction in the *Rasavaha Siras*, which disrupts the flow of *Rasa Dhatu*. This obstruction contributes to *Gouravata* in the *Sharira* or in specific localized areas.

The obstructive pathology in the *Sookshma Srotas* of the *Urdhva Jatru* develops due to the gradual accumulation of *Kledamsha* in the *srotas*. When this obstruction manifests specifically in the eyes, it results in *Sravana*, a hallmark feature of *Abhishyanda*.

From a doshic perspective, *Abhishyanda* is predominantly associated with *Pitta Dosha* due to the involvement of *Chakshus Tejomayam*. The *Drava Guna* of *Pitta* contributes to the excessive discharge and inflammation characteristic of this condition.

As per the reference of *Dalhana*<sup>17</sup> – *Abhishyanda* is the resultant of the *Kleda* which gradually accumulates in the *Dosha*, *Dhatu* and *Mala*. These references show the involvement of the whole body in the disease process

## HIGHLIGHTING SYSYTEMIC OCULAR MANIFESTATIONS IN AYURVEDA

In the context of various diseases explained in Ayurvedic classical textbooks, *Netra Lakshanas* with respect to *Abhishyanda* have also been mentioned which hints about the systemic reflection of the disease in *Netra*.

**Table 1<sup>18</sup>: Ocular Manifestations of Systemic Diseases in Ayurveda w.s,r to *Abhishyanda***

Ayurveda	Lakshana
<i>Jwara</i>	<i>Chakshushorakulatwam</i> <i>Ashru agamana</i> (in different types of <i>jwara</i> )
<i>Prameha</i>	<i>Timira</i> <i>Netra upadeha</i>
<i>Kushtha</i>	<i>Akshiraga</i> (redness)
<i>Rajayakshma</i>	<i>Prakasha akshamatha</i> <i>Akshnorathi suklatha</i>
<i>Raktapitta</i> ( <i>Urdhwaga</i> )	<i>Akshi Gata Raktasrava</i>
<i>Grahani</i>	<i>Timira</i>

## INFLAMMATORY EYE MANIFESTATIONS IN SYSTEMIC DISEASES

Ocular tissues, due to their vascularity and immunological responsiveness, often serve as early indicators of systemic inflammatory conditions. Autoimmune conditions and connective tissue disorders frequently manifest as Anterior Segment inflammations such as Conjunctivitis, Episcleritis, or Scleritis, and may also involve posterior structures like the uvea and retina. Clinical symptoms such as ocular redness, photophobia, pain, and visual disturbances may precede or parallel systemic disease activity. A table of commonly occurring inflammatory eye manifestation in systemic diseases and its possible reasoning is given.

**Table 2: Inflammatory eye manifestations of Systemic Diseases**

INFLAMMATORY EYE MANIFESTATION	SYSTEMIC DISEASE	REASONING
<b>Uveitis</b>	<b>Ankylosing Spondylitis</b>	Immune-mediated attack on the uveal tract
<b>Retinal Vasculitis</b>	<b>Systemic Lupus Erythematosus (SLE)</b>	Immune complex deposition in retinal vessels-vascular occlusion and ischemia.
<b>Keratitis</b>	<b>Herpes Simplex Virus (HSV) Infection</b>	Reactivation of latent HSV in the Trigeminal Ganglion

		causes viral replication in corneal epithelium Dendritic lesions on the cornea
<b>Dry Eyes (Keratoconjunctivitis Sicca)</b>	<b>Rheumatoid Arthritis (RA)</b>	Lacrimal gland infiltration by inflammatory cells leads to reduced tear production and chronic dryness.
<b>Scleritis</b>	<b>Wegener's Granulomatosis</b>	Necrotizing vasculitis of scleral vessels associated with Granuloma formation.
<b>Phlyctenular Conjunctivitis</b>	<b>Tuberculosis (TB)</b>	Hypersensitivity reaction to Tubercular proteins causes localized nodular inflammation of conjunctiva and cornea (Phlyctenules)
<b>Optic Neuritis</b>	<b>Multiple Sclerosis (MS)</b>	Demyelination of the optic nerve fibres by immune-mediated processes leads to inflammation and vision loss.
<b>Conjunctivitis (Non-Infectious)</b>	<b>Sarcoidosis</b>	Granulomatous inflammation in the conjunctiva and uveal tract
<b>Episcleritis</b>	<b>Inflammatory Bowel Disease (IBD)</b>	Immune-mediated inflammation - cross-reactivity of antigens shared between the eye and gut tissues.

## CHIKITSA

The management of *Abhishyanda* focuses on addressing both the localized ocular symptoms and the underlying systemic imbalances. It includes systemic treatment and topical ocular therapeutics.

### General measures

*Tikshna Gandusha* (except *Vataja Abhishyanda*), *Tikshna navana* (except *Vata abhishyanda*), *Upawasa* (except *Vata Abhishyanda*) during premonitory stage restricts its further progression.<sup>19</sup> *Chakradatta* recommends *Langhana* (fasting), application of *Lepa* (paste), *Swedana* (fomentation), *Raktamokshana* (bloodletting therapy), *Virechana* (purgation therapy), *Anjana* (collyrium) and *Aschyotana* (eye drops)<sup>20</sup>.

### Vishishta chikitsa

*Purana ghrita* is said to be beneficial in *Vataja*, *Ghrita* added with *Sharkara* in *Pittaja* and *ghrita* added with *Trikatu* in *Kaphaja Abhishyanda* should be used for *Snehapana* and this should be followed by *Virechana*<sup>21</sup>

In *Vataja Abhishyanda*, lukewarm *Seka* using a *Kwatha* prepared from *Eranda Patra*, *Twak* (bark), and *Mula* (root) processed in goat's milk is recommended. Additionally, lukewarm *Pindi* made from the same ingredients is effective in controlling *Vata doṣa* vitiation in this condition. *Tarpana* with *Vataghna dravyas* such as *Kaśmari*, *Madhuka*, *Prapaundarika*, and *Sariva* is also considered beneficial<sup>22</sup>.

In *Pittaja Abhishyanda*, *Nasya* using *Ghṛita* prepared with milk is indicated to pacify *Pitta doṣa*. *Aschyotana* can be performed using a *Kwatha* made from *Amalaka*, *Shatavari*, or *Dashamula* combined with *Sita*.

For the *Kaphaja* variety, initial management involves *Apatarpana* for three days, followed by the internal administration of *Tikta ghṛita*. *Avapidana Nasya* using *Bhṛṅgaraja Swarasa* is advised in this subtype. Additionally, *Anjana* with *Pathya*, *Haridra*, and *Mādhuka* is found to be beneficial, and a *Pindi* prepared from *Nimba* leaves is recommended<sup>22</sup>.

In *Raktaja Abhishyanda*, the treatment begins with *Snehapāna* using 100-year-old *Ghṛita*, followed by *Virechana* and *Shirovirechana*. *Mṛdu Sweda* followed by *Jalaukavacharaṇa* is highly effective in relieving the severe pain associated with this type. *Aschyotana* with a mixture of *Muṣṭa* and *Yaṣṭimadhu churna*, wrapped in a cloth and soaked in rainwater, is helpful in pacifying the vitiated *Rakta* and *Pitta doshas*.<sup>22</sup>

### Addressing Systemic Diseases:

Identifying and treating the underlying systemic condition is crucial. This may include managing diabetes, autoimmune disorders, or infections contributing to the ocular manifestations.

## DISCUSSION

The manifestation of *Abhishyanda*, though primarily observed in the eye, is not merely a localised pathology. Classical Ayurvedic texts have repeatedly emphasized its systemic roots and associations with conditions like *Jwara*, *Prameha*, *Kushtha* and *Rajayakshma*. This aligns closely with the modern understanding that ocular inflammation can often be the presenting feature of systemic diseases such as autoimmune disorders (e.g., rheumatoid arthritis, lupus, sarcoidosis), metabolic syndromes (e.g., diabetes), and infectious diseases (e.g., tuberculosis, syphilis, HIV). The eye, owing to its unique anatomical transparency and rich vascular supply, often reveals early signs of systemic diseases, making it a valuable diagnostic site in clinical medicine. For example, the conjunctiva, being a richly vascularized and immunologically active tissue, is prone to inflammatory manifestations in systemic autoimmune diseases like rheumatoid arthritis. Exposure to circulating immune complexes and cytokines leads to vasodilation, vascular leakage, and clinically evident redness<sup>23</sup>. In Ayurveda, the term *Sroto Syandana* (discharge through the channels) suggests not only an imbalance in ocular tissues but also a dysfunction in the systemic *Srotas* as well. The pathology of *Syandatva* or *Abhishyanda* can occur all throughout the body and present its manifestation in the eye. Inflammation, discharge, redness, and irritation – the cardinal features of *Abhishyanda* – parallel signs seen in modern inflammatory eye diseases such as conjunctivitis, Keratitis, Uveitis, and Scleritis. The systemic implications are particularly relevant in chronic or recurrent cases. For instance, repeated episodes of Conjunctivitis or Iritis often prompt clinicians to evaluate for underlying systemic causes. Similarly, in Ayurveda, recurrent *Abhishyanda* calls for an assessment of *Dosha* vitiation at a systemic level and the presence of other symptoms indicating *Samprapti* involving deeper tissues. Moreover, the concept of *Nidana* in Ayurveda—such as *Ahara*, *Vihara* and *Agantuja* offers insights that are comparable to lifestyle triggers and environmental exposures considered in modern pathophysiology. Stress, dietary factors, pollution, or infections can disrupt ocular



homeostasis, both in traditional and modern frameworks. Therapeutically, the Ayurvedic approach of *Shodhana* and *Shamana* aims to eliminate the root cause rather than only addressing the ocular symptoms. In modern practice, this aligns with systemic immunosuppressants, antibiotics, and metabolic control which are often required in treating the underlying disease behind Ocular Inflammation. Recognizing *Abhishyanda* as a reflection of systemic imbalance encourages early intervention and prevents chronic complications. It also opens avenues for collaborative research, where Ayurvedic principles can be explored alongside immunological and metabolic markers in modern medicine.

## CONCLUSION

*Abhishyanda*, though primarily perceived as an ocular condition, represents a spectrum ranging from localized eye manifestations to indicators of deeper systemic imbalances. Its recognition as the *Moolakarana* for all *Netra Rogas* underscores the necessity of a comprehensive understanding of this disorder. By viewing *Abhishyanda* not just as a disease but also as a potential sign, symptom, or complication of systemic pathology, clinicians can adopt a more holistic approach to patient care.

Thorough history-taking and detailed ocular examination are pivotal in identifying underlying systemic associations, facilitating early diagnosis and improving prognosis. The eye's unique anatomical transparency and vascular responsiveness make it a sensitive indicator of systemic dysfunction, including autoimmune, metabolic, and infectious diseases. This paper is an attempt to reinterpret the concept of *Abhishyanda*, not merely as an ocular disorder, but as a potential indicator of systemic pathology. It emphasizes the need to look beyond localized eye symptoms and consider deeper systemic imbalances, thereby promoting a more holistic and clinically insightful approach to patient care for timely diagnosis and effective management through the integration of Ayurvedic principles and modern medical understanding.

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