

# Management of Vataja Abhishyanda through Ayurvedic intervention: A Case Report

Radhika<sup>1</sup>, Prof. (Dr.) D. B. Vaghela<sup>2</sup>

<sup>1</sup>PG Scholar, Dept. of Shalaky Tantra, I.T.R.A., Jamnagar

<sup>2</sup>H.O.D, Professor, Dept. of Shalaky Tantra, I.T.R.A., Jamnagar

## ABSTRACT

**Introduction:** Abhishyanda is one of the seventeen Sarvagata Netra Rogas described in Shalaky Tantra. As per Acharya Sushruta, it is considered the root cause of most Netra rogas. If left untreated, it progress to Adhimantha, which can lead to Hatadhimantha and Drishti Nasha (vision loss). Based on clinical features, Vataja Abhishyanda it is consider under allergic conjunctivitis, an inflammation of the conjunctiva. Conventional medicine largely emphasizes symptomatic relief, whereas Ayurveda adopts a comprehensive approach aimed at both managing symptoms and treating the underlying causes. **Materials and Methods:** A 27-year-old male patient presented to the Shalaky tantra OPD with complaints of Piercing pain in eyes, Photophobia, Dryness in eyes, mild blurred vision, redness in both eyes, burning sensation and foreign body sensation in both eyes for the past 5–7 days. Based on classical symptoms, the condition was diagnosed as Vataja Abhishyanda. The patient was managed with Ayurveda interventions. **Results:** Within 2 weeks of treatment, gradual improvement was observed in pricking pain, photophobia, dryness and foreign body sensation 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 Vataja Abhishyanda, validating their relevance in modern clinical practice.

**Keywords:** Aschyotana, Parisheka, Bidalaka, Conjunctivitis, Vataja Abhishyanda

## INTRODUCTION

Abhishyanda is one of the seventeen Sarvagata Netra Rogas described by Acharya Sushruta in Shalaky Tantra.<sup>i</sup> It is caused by vitiation of Tridosha-Vata, Pitta, Kapha leading to obstruction of the Srotasa (~channels) leading to inflammation, discharge and pain. As per Acharya Sushruta, Abhishyanda is the main cause for all the Netrarogas.<sup>ii</sup> If not treated on time, it will cause Adhimantha. And Adhimantha will latter progresses in Asadhya Vyadhi like Hataadhimantha and leads to Drishtinasha.<sup>iii</sup> It closely resembles Conjunctivitis in modern medicine. Conjunctivitis is defined as an inflammation of the conjunctiva.<sup>iv</sup> In modern ophthalmology, it is classified as bacterial, viral, allergic, or chemical conjunctivitis based on the causative factors, onset etc. 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), Parisheka (~continuous stream of decoction over eyelids), Aschyotana (~instillation of eye drops) and Vata Shamaka Chikitsa.<sup>v</sup>

**Patient information**

A 27-year-old male patient presented to the Outpatient Department (OPD) with complaints of piercing pain in eyes, photophobia, dryness, blurred vision, redness, burning sensation and foreign body sensation in both eyes for the past 5 to 7 days. The symptoms initially appeared in the right eye, where pain, redness and foreign body sensation 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 dryness aggravated by exposure to sunlight, wind, and dust. The patient also reported photophobia, minimal blurred vision and redness 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.

Past history- No history of allergic rhinitis, diabetes mellitus, hypertension, thyroid disease, rheumatoid arthritis or any other auto immune disorder. The patient had a history of contact with a patient of Conjunctivitis before 10 days.

Personal history of the patient- 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 in BC and BC And bilateral eye papillary changes in LPC**

**Visual Acuity: (Before treatment)**

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

**IOP:** Right eye- 14.6 mm/Hg, Left eye- 14.6 mm/Hg

Dashvidha Pariksha (~tenfold examination of a patient)

Prakriti (~physical constitution) and Nadi (~pulse) were Vataja-Pittaja, Manasa prakriti (~mental constitution) was Raja, Sara (~excellence of tissue elements) was Mamsa 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 Vataja Abhishyanda mainly, also Rakta dosha aggravation with involvement of Pitta dosha too so too pacify the doshas the ayurvedic treatment protocol was selected.

### Therapeutic Intervention: (Table No.2)

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 4. Parisheka with Triphala, Lodhra and Yashtimadhu churna twice daily
Day 6-13	Continue 2,3 4. Triphala Churna 10gm for Aschyotana 10 bindu bilateral eyes after Vidalaka two times in a day 5. Mahamanjishthadi Kwatha 10 ml orally before food two times in a day
Day 14-21	Continue 2,3,4,5

### Follow up and outcome (Table No.3 & Figure 2)

#### Visual Acuity: (After Treatment)

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

IOP: Right eye- 14.6 mm/Hg, Left eye- 14.6 mm/Hg

Time duration	Symptomatic relief	Slit-Lamp examination
Day 1 to 5	Pain decreased in both eyes (-40%) Dryness of eyes decreased (-40%), Photophobia decreased, foreign body sensation decreased in both eyes (60%), Redness decreased (-50%)	Conjunctival hyperaemia decreased (Bulbar and palpebral conjunctiva) (30%)
Day 6 to 13	Pain decreased (-80%) Dryness absent, Photophobia absent, Foreign body sensation decreased (-80)	Conjunctival hyperaemia decreased (-75%), papillary changes decreased (-30%)

	Redness decreased (-70%),	
<b>Day 14 to 21</b>	Pain, Dryness and Photophobia absent from eyes, Redness decreased (-95%)	Conjunctival hyperaemia decreased (-90%), papillary changes decreased (-90%)



**Fig-2**(Normal lower palpebral conjunctiva and bulbar conjunctiva)

The patient was assessed weekly for a period of four weeks. During the first follow-up, a mild reduction in ocular pain, dryness, foreign body sensation and redness was noted. By the second week, there was complete improvement in Dryness, 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, avoiding excess sun exposure, allergens 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. 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 Vataja Abhishyanda, primarily resulting from the vitiation of Vata Doshas. Factors such as excessive heat exposure, dust, trauma, or infection disturb the Netra Srotas (~ocular channels), leading to symptoms such as Toda (~Pain), Sangharsha (~foreign body sensation), Parushaya, and Vishushkabhava. The vitiated Doshas localize in the Netra Sandhi (~conjunctival-scleral junction), causing sanga (~obstruction) and sruti (~oozing) within ocular tissues, closely resembling the inflammatory pathophysiology of conjunctivitis described in modern medicine. Hence, this condition is identified as Vataja Abhishyanda.

The treatment selected here are, Mrudu Virechana after Deepana- Paachana with aampachan vati, Triphala churna<sup>vi</sup> Aschyotana, Parisheka, Vidalaka and Mahamanjishtadi Kwatha<sup>vii</sup>. In Ayurveda Koshta Shuddhi is primary treatment as all the Vyadhi originate from the Kosthadushti. Aschyotana with Triphala Churna has been selected for Aschyotana Karma in Vataja Abhishyanda. It helps in removing vitiated Doshas from Netra Srotas and gives immediate relief from symptoms like Toda, Sthambha and

Vishushkabhava. Vidalaka is a topical paste applied around eyelids and serves as Bahya Upakrama in Netra Roga.

The drugs used were predominantly Ushna, Madhura Rasa Pradhana, and possess Vata Shamaka, Shoolahara and Snaihika properties, collectively reducing pain, congestion, dryness, and foreign body sensation. Maha-Manjsthadi Kwatha mentioned in Sharangdhara Samhita can be used in Netrarogas as it works on the Raktadosha by purifying it from srotas levels (~minute levels).

## CONCLUSION

Abhishyanda is a prime cause of other eye diseases and leads to various complications. Allergic conjunctivitis can be considered under the concept of Vataja Netrabhishyanda on the basis of similarities in signs and symptoms. The combination of Kostha- Shodhana, Parisheka, Aschyotana, Bidalaka, along with internal medicines and adherence to Pathya-Apathya, provides 80-90% relief to the patient with no recurrence of symptoms in the follow up time. This treatment protocol can be adopted for allergic conjunctivitis, effectively curing the patient.

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