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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 Abhishyanada*. 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 ,Swadishtavirechana 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. It was don't treat it on time, it will cause Adhimantha. And Adhimantha will latter progresses in Asadhya Vyadhis like Hataadhimantha and leads to Drushtinasha. On the basis of signs and symptoms, Viral Conjunctivitis can be correlate with Raktaja Abhishyanda having symptoms



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like *Rakta raji* (Hyperaemia), *Raktamandala* (Congestion in bulbar and palpebral conjunctiva). *Acharya Sushruta* and *Vagbhatta* in their texts had explained that *Pittaja Abhishyanda Lakshana* can also be seen in *Raktaja Abhishaynada*. ^{iv} In Viral Conjunctivitis (*Raktaja Abhishyanda*) 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*. ^v 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. ^{vi}

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)

Site	Right eye	Left eye		
Eye Lid	Normal	Normal		
Conjunctiva		Congestion in Bulbar and Palpebral conjunctiva		
Cornea	Normal	Normal		
-	Normal sized normal reactive	Normal sized normal reactive		



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Normal	Normal

Slit Lamp Examination:(Table-2)

Right eye	Left eye
Normal	Conjunctival hyperaemia present (Bulbar and Palpebral conjunctiva)
	,

***** 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)

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

Pathya- Apathya: (Table-4)

Pathya	Apathya
Langhana	Vegadharana
Mudga-Masha-Yava-Lohita Shali	Krodha- Shoka
Patola, Karvellaka- KarkotakaTikta-	Dadhi Sevana
Laghu Aahara	Amla- Lavana-Katu- Vidahi



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Tikshna- UsnaAhara
MatsyaMamsa Sevana

3. Result and observation: (Table-5) (figure- 2,3)

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

❖ 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. Disscussion:

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 Koshtha 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. 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.



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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)

Drugs	Rasa	Virya-	Guna	Dosh karma	Other properties
		Vipaka			
Yashtimadhu	Madhura	Madhura,	Guru,	Vata- Pitta-	Daha Shamaka
		Sheeta	Sheeta	Raktahara	Rakta pitta Shamana
Lodhra	Kashaya	Sheeta	Laghu,	Kapha-Pitta	Chakshushya
			Grahi	Hara	Shothahara
					Rakta vikara Hara

Bruhat Manjisthadi Kwatha :x

According to *Sharangdhara Samhita Bruhat Manjishthadi Kwatha* can be used in *Netrarogas*. Also, it work on the *Raktadosha* and purify the *Raktadosha*. *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



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Figure 3: No Congestion in Conjunctiva in left eye, Day 15

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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