



EFFICACY OF YASHTIMADHU, DARUHARIDRA KWATHA ASHCHYOTANA IN PITTAJA ABHISHYANDA WITH RESPECT TO ACUTE BACTERIAL CONJUNCTIVITIS, A CASE STUDY.

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ABSTRACT:

Conjunctivitis i.e., inflammation of conjunctiva is very much common disease seen worldwide. It manifests itself in many types and grades, but it is usually of an infective and allergic origin. Hyperaemia varies in degree and in distribution as well as secretion varies in nature and amount. The nature of secretion is of diagnostic importance. Further conjunctivitis can be due to infectious or of noninfective inflammatory aetiology. Acute conjunctivitis may be further classified based type of discharge (Mucoid/Mucopurulent), conjunctival reaction (Follicular/Papillary) or aetiological (Bacterial, Viral, Chlamydial or Fungal). Here local conjunctival tissue gets inflamed as well secondary infections takes place. The most causative organisms are *Staphylococcus aureus*, *Haemophilus influenza*, *Neisseria gonorrhoeae*, *Corynebacterium diphtheriae*. This inflammatory process affects the ocular tissues. If not treated on time, infections can spread all over the eye affecting adjacent eye as well and can reach to sporadic or epidemic phase. Complications such as corneal involvement, can occur over a period of time. Therefore, the ocular therapeutic called *Ashchyotana* is the one, in which instillation of medicated drops, into open eye from a height of two *Angulas*, is done. *Ashchyotana* is the first line of treatment for eye diseases^[1]. Here the *Pittaja Abhishyanda* resembles the acute mucopurulent conjunctivitis in modern. A 29 years old male patient diagnosed with bacterial conjunctivitis on clinical presentation was advised *Ashchyotana*.

Keywords: *Abhishyanda*, *Ashchyotana*, Bacterial Conjunctivitis.

INTRODUCTION:

According to *Ayurveda* the word *Abhishyanda* is derived from two words, 'Abhi' means profuse or more and 'Syandan' means discharge or secretion, so the combined meaning is profuse discharge from all parts of eye. The disease *Abhishyanda* is a *Sarvagata Netraroga*, which means it affects all parts of eye. Further *Ayurveda* has described that many types of *Netraroga* are due to *Abhishyanda* ^[2]. There are 4 types of *Abhishyanda*, among which *Pittaja Abhishyanda* can be correlated with Acute bacterial conjunctivitis or Acute catarhal conjunctivitis as per signs and symptoms of *Daaha* (Burning), *Prapaka* (Suppuration), *Shishirabhinanda* (willing to have cold), *Dhumayana* (Fuming), *Bashpasamuchraya* (Frequent lacrimation), *Ushnashruta* (Warm tears), *Pitaknetrata* (yellow eyes), *Pitabhipanna Nayane* ^[3] (yellowishness to objects). According to *Vagbhata* all *Netrarogas* should be treated first by *Ashchyotana*, if these *Netrarogas* having signs and symptoms like *Ruka*, *Toda*, *Kandu*, *Gharsha*, *Ashru*, *Daha*, *Raga* ^[4] etc. Hence *Aschyatona* is first line of treatment for *Pittaja Abhishyanda*. According to modern science inflammation of conjunctiva can be considered as conjunctivitis ^[5]. Bacterial Conjunctivitis typically characterized as an acute purulent or mucopurulent conjunctivitis.

It can be caused by number of bacteria like staphylococcus aureus (commonest), Haemophilus aegyptius, Haemophilus Influenzae, Neisseria gonorrhoeae, Neisseria meningitidis, Streptococcus pyogens, Streptococcus

pneumoniae, Moraxella lacunata, Proteus klebsiella, Eshcherichia coli, Diphtheroids ^[6] etc. It is contagious according to *Ayurveda* and modern texts as well ^{[7][8]}. Being transmitted directly by discharge, conjunctiva may get infected from three sources that is exogenous, local surrounding structures and endogenous. Symptoms include discomfort, foreign body sensation, grittiness, redness of sudden onset with mild photophobia, mucopurulent discharge, sticking together of lid margins during sleep, slight blurring of vision due to mucous flakes in front of cornea, coloured halos due to prismatic effect of mucous present on cornea. Flakes of mucopus seen in fornices, canthi, and lid margins is a critical sign. Conjunctival congestion of palpebral conjunctiva, fornices and peripheral part of bulbar conjunctiva giving the appearance of 'fiery red eye' as well as chemosis, papillae, petechial haemorrhages with eyelid oedema. Complications include superficial punctate epitheliopathy, marginal corneal ulceration, Superficial keratitis, blepharitis or /dacryocystitis. Treatment protocol includes topical antibiotics, irrigation of conjunctival sac, dark goggles, decongestants, anti-inflammatory and analgesic drugs. Bandage and steroids should be avoided.

MATERIALS AND METHODS:

CASE REPORT:

A 29 years old male patient visited to Ophthalmology outpatient department of *Shalalakyatantra* (registration number- 46511), Government *Ayurveda* College and Hospital,

Presented on 5th June 2023 with chief complaint of redness with sticky discharge through both eyes. He had acute onset of above symptoms for 2 days.

Personal history:

Diet- Nonvegetarian

Appetite- Normal

Bowel- Regular

Habits- No

Ashtavidha pariksha:

Nadi- Pittapradhan vata

Mala- Prakruta

Mutra- Prakruta

Jivha- Nirama

Shabda- Spashta

Druka- Prakruta

Akruti- Madhyama

Table No.1 Pre-treatment Visual Examination:

Visual Examination	Right Eye	Left Eye
Unaided	6/18p	6/24p
Near vision	N/6	N/6

Ocular examination

Eyelid- Mild upper and lower lid swelling

Eye ball movements- Normal

Conjunctiva- Congestion at Bulbar conjunctiva++, Palpebral conjunctiva++, Lower fornix+++

Cornea- Clear

Anterior chamber- Normal

Pupils- Normal in shape and reactive to light

Lens- Within normal limits.



Photograph of Pre-treatment:

Treatment:

Kwatha made from *Yashtimadhu* and *Daruharidra* was used as *Ashchyotana*. 5 gm of both *Yashtimadhu* and *Daruharidra* was taken, 80 ml of water poured into it and boiled until it remains

1/8th of total volume to remain 10 ml. All aseptic precautions were taken while preparing *Kwatha*. It was then packed in sterile dropper container and dispensed. 2-3 drops of *Kwatha* were advised to be instilled in left eye with help of dropper at the

distance of 2 *Angulas* (4-5cm.) every 2 hourly, above the eye near *Kaninika Sandhi* (inner

canthus). On complete treatment of five days, it was noticed that symptoms subsided.



Photograph post-treatment:

DISCUSSION:

Bacterial conjunctivitis is a common infection of the conjunctiva. As per modern science, the treatment includes local and systemic antibiotics, decongestants, anti-inflammatory, analgesics with increased concentration if condition does not subside early. Whereas in *Ayurveda*, *Ashchyotana* is the first line of treatment for *Pittaja Abhishyanda*. So, the patient was included for *Ashchyotana* for 5 days. The drugs used for *Ashchyotana* have anti-infective, decongestant, anti-inflammatory and soothing properties. *Ashchyotana* provides quick absorption of drugs along with soothing effect, so it becomes very useful to overcome this clinical condition.

Dravyas used for Kwataha of Ashchyotana:

1. Yashtimadhu:

Vatapitta Shamaka Dravya which helps in reducing *Vedana* and *Raga*. It has Glycyrrhizine, Kaempferol like anti-inflammatory contents.

2. Daruharidra:

Daruharidra is *Kaphapitta Shamaka Dravya* which helps in reducing *Shotha* and *Vedana*. It contains Berberin which is anti-inflammatory.

Ashchyotana:

Ashchyotana is instillation of drugs in form of drops into the eyes from height of two *Angulas*. In *Netra Rogas* when symptoms like *Ruka*, *Toda*, *Kandu*, *Gharsha*, *Kleda*, *Ashru*, *Daha*, *Raga*, *Shotha* are present *Ashchyotana* is indicated. *Ashchyotana* is recommended as first line of treatment in all *Netrarogas*, even in *Aamavastha*.

The probable action of *Ashchyotana* as per *Ayurveda* text is *Dosha shodhana*. All *Dravyas* used in form of *Kwatha* goes in *Netrasandhi*, *Shira*, *Ghrana*, *Mukha*, *Shrungataka Marma* and related *Strotasas* via vessels and does *Doshashodhana* of *Urdhvagami Doshas*. According to *Ayurveda* there are three types of *Ashchyotana* those are *Ropana*, *Snehana*, *Lekhana*. *Ropana Ashchyotana* among the three types is used for *Pittaja Abhishyanda* at

time of Afternoon. *Ashchyotana* is indicated in acute phase of Inflammation as there is increase in the corneal and conjunctival epithelium permeability due to which absorption occurs more and quickly.

CONCLUSION:

It can be concluded that *Ashchyotana* is effective in treatment of *Pittaja Abhishyanada* with special reference to Acute Bacterial Conjunctivitis and significant in reducing *Daha, Prapaka, Shishirabhinanda, Dhumayana, Bashpasamuchraya, Ushnashruta, Pitaknetrata, Pitabhipanne* Nayane. Patient did not get any side effects during treatment. This Ayurvedic treatment is in practice in our institution on number of patients.

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