

**A COMPARATIVE REVIEW OF LITERATURE ON ABHISHYANDA WITH SPECIAL REFERENCE TO CONJUNCTIVITIS****Dr. Minakshi Dinkarrao Mendhe\***

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**INTRODUCTION**

Acharya Nimi is considered as the expounder of this branch of Ayurveda. Among all these sense organs eyes are considered to be most important. Detailed description of anatomy of the eye and its various disorders in the initial chapters of the Sushruta Samhita Uttara Tantra itself is a strong supporter of this view. During Vedic period various references of eye ailments and their surgical management by Ashwini Kumaras are found viz. eyesight given to Rijashva, Paravrija, Kanva etc. In Upanishada period also Netropanishada and Aranyaka Upanishada have references regarding eyes. The other ancient Acharyas related with Shalakyata Tantra are Videha, Krishnatreya, Karala, Shonaka, Kankayana, Bhoja, Gargeya, Galava etc. Then comes the glorious period of Samhitas, when Ayurveda attained the status of special branch of science as medical science. Among the available Samhitas, Sushruta Samhita gives a wide description of the diseases of Shalakyata Tantra. Among them also due consideration has been given to diseases of eye and their management. The diseases of eye are much more important than any other physical disability, since the loss of vision completely disables a person. Diseases of eyes are classified by Sushruta according to the site of lesion. Ayurveda allocates prime place to sense organs, has recognized that among all sense organs, organ of sight is the greatest gift of God and it is our duty to protect and preserve the eyes. The eye is one of the most delicate organ of the body and any sort of symptom make all of us running to the ophthalmologist. This vital organ is exposed to different environmental factors. Sushruta has described the 76 types of eye diseases in his classical text Sushruta Samhita. These eye diseases were classified according to the structures affected in the eye. One group of eye diseases known as „Sarvagata Roga“ includes the Netrabhishyanda. Netrabhishyanda is explained under the heading Sarvagata Roga because all the eye disease under this heading are occupying most of the part of the eyeball like mandala, sandhi and patala. Out of all these diseases Netrabhishyanda is important disease. Therefore a wise clinician should treat a case of developing Abhishyanda promptly for the benefit of the patient. These Netrabhishyada are classified into four types according to dosha predominance viz. Vataja, Pittaja, Kaphaja and Raktaja Abhishyanda. Abhishyanda is more or less comparable with conjunctivitis. Conjunctivitis is a nonspecific term used to describe an inflammation of the conjunctiva, which can be caused by a wide range of conditions. It is commonly referred to as "red eye" or "pink eye." Conjunctivitis may result from primary involvement of the conjunctival tissue or may occur secondary to other ocular or systemic conditions that produce conjunctival inflammation. Conjunctivitis is treated almost exclusively on an outpatient basis. However, infants with neonatal conjunctivitis (Ophthalmia neonatorum) are generally treated as inpatients.

**CONCEPTUAL REVIEW ON DISEASE ABHISHYANDA**

As stated before Acharya Sushruta has described the Sarvagata Netra Roga, these are 17 in number. The term Sarvagata generally refers to all the five Netra Mandalas, Netra Sandhis and also intraocular structures. If the vitiated Dosha is confined to all these structures, their signs and symptoms will be distributed throughout these portions. Such a disease is called Sarvagata Roga. Each mandala has its own anatomical and functional characteristics. So disease of one Mandala is restricted to that Mandala only. But inspite of all these restrictions and limitations certain diseases exists as common to all

the structures. That means the Ashraya sthana of all these diseases is something which is common to all the structures. This factor is nutrition. So if the vitiated Dosha is confined to the process of nutrition, the signs and symptoms will be manifested in all the Mandalas. Thus it becomes the Sarvagata Roga. During Samprapti, stage of Netrabhishyanda was already described in the topic Samprapti. All the changes during Samprapti lead to a peculiar pathological change Abhishyanda. This is consider to be very initial pathological change in the the concept of eye diseases. Abhishyanda can be explained as the pathological changes in the Strotas of head region which directly influence the vascular and avascular

circulation of intraocular fluids and nutritional of the ocular structures leading to functional defect.

### Importance of Abhishyanda as a causative factor of other eye disease

All the other types of Netraroga are occurs because of Abhishyandas. Abhishyanda causes vitiation of Rakta. So this disease have to treat in early stage to stop the prognosis of it in other eye diseases. For the sake of treatment part Abhishyanda have more importance. Because according to Sushruta out of 52 Sadhya Netra Roga 27 are Oushadhi Sadhya and out of these 27 Oushadhi Sadhya,25 diseases are treated according to Dosha Pradhanya like Abhishyanda. Also Sushruta Acharya stated in Nidansthana that Abhishyanda is communicable disease. So it is important to prevent the epidemic by giving prime importance to the treatment of Abhishyanda.

### Classification of Abhishyanda

The Abhishyanda are classified into four on the basis of thesesigns and symptoms which can be traced back to thepredominant Doshas. These are

1. Vatabhishyanda
2. Pittabhishyanda
3. Kaphabhishyanda
4. Raktabhishyanda

### VATABHISHYANDA

Acharya Sushruta described that it is a condition in which Vata Dosha vitiates and this deranged Vata produces signs and symptoms of Vatabhishyanda.

- Nistodana- Pricking pain in the eye
- Stambhana- Loss of movements and feeling of stiffness
- Romaharsha- Horripillation
- Sangharsha- Foreign body sensation or irritation
- Parushya- Roughness
- Sirobhitapa- Headache
- Vishushakabhava- Dryness in eyes
- Shishirashruta- Cold watery discharge

According to Acharya Vagbhatta sign and symptoms of Vatabhishyanda are.

Shankha, Akshi, Bhru, Lalata,Toda, Sphuranaand Bhedana-Pricking and cutting type of pain.

- Chala Ruja- Radiating type of pain in above places
- Shushka Alpa Dushika- Dried and little eye discharge
- Sheeta Ashru- Cool lacrimation
- Nimeshonmeshana Kruchram- Difficulty in opening and closing the eyelid
- Janthunaam eva Sarpana- Foreign body sensation
- Nasanaha- Nasal obstruction
- Alpa shopha-Edema of eye.

These features of Vatabhishyanda are frequently seen in clinical conditions like; Engorgement of conjunctival vessels (conjunctivitis), Epithelial erosions (keratitis), Dry eye, Concretions.

### PITTABHISHYANDA

According to Acharya Sushruta sign and symptoms of Pittabhishyanda are.

- Daha- Burning sensation in the eye.
- Prapaka- Inflammatory suppuration of the eyes
- Dhoom Vashpa Samucchaya- Smoky sensation
- Ushna Ashru- Hot lacrimation
- Peeta Netrata- Yellowish eyes

### KAPHAJABHISHYANDA

The Signs and Symptoms of Kaphaja Abhishyanda mentioned by Sushruta are.

- Gurutwa- Patient feels heaviness
- Shopha- Edema
- Kandua- Itching
- Upadeha- Sticking of lids together
- Sitata- Excessive whiteness
- Atishaityama- Coldness
- Pischila Srava- Sticky discharge
- Ushnabhinanda- Desire for warm comforts

Vagbhatta included following features are.

- Nidra- Sleeping mood
- Aruchi- Anorexia

Kaphaja Abhishyanda can be compared with Allergic Conjunctivitis.

### RAKTABHISHYANDA

This is a condition more or less similar to Pittabhishyanda. Its sign and symptoms are merely equivalent to Pittaja Abhishyanda. In Raktabhishyanda Rakta Dhatu is more involved.

The symptoms are; LohitaNetrata (congested vessels are very prominent on Shuklamandala), Tamra Ashruta (reddish tears) and the presence of deep red stripes all along.It can be correlated with Acute Hemorrhagic Conjunctivitis.

### DISCUSSION ON MODERN ASPECT OF ABHISHYANDA CONJUNCTIVITIS

Conjunctivitis is an inflammatory process involving the surface of the eye and characterized by vascular dilation, cellular infiltration, and exudation. Two forms of the disorder are distinguished.

1. Acute conjunctivitis- Onset is abrupt and initially unilateral with inflammation of the second eye within one week. Duration is less than four weeks.
2. Chronic conjunctivitis- Duration is longer than three to four weeks.

#### A. Description and Classification of Conjunctivitis

Conjunctivitis is an inflammation of the conjunctiva. It is most commonly characterized by conjunctival hyperemia and ocular discharge.

Conjunctivitis can be classified clinically according to the underlying cause.

**1. Allergic Conjunctivitis** – The conjunctiva, which has a rich vascular supply, abundant immune mediators, and direct exposure to the environment, is often involved in immune-mediated and allergic reactions. The various effects of these reactions are responsible for the signs and symptoms present in patients with allergic conjunctivitis. The major categories of allergic conjunctivitis involve type 1 hypersensitivity reactions in which the allergen reacts with IgE antibodies, stimulating mast cell degranulation and the release of include atopic keratoconjunctivitis, simple allergic conjunctivitis, seasonal or perennial conjunctivitis, vernal conjunctivitis, and giant papillary conjunctivitis.

- a) **Atopic Keratoconjunctivitis**- A severe, chronic external ocular inflammation associated with atopic dermatitis, atopic keratoconjunctivitis (AKC) may appear late in the teenage years and continue for 4–5 decades, at which time the disease may resolve spontaneously
- b) **Simple Allergic Conjunctivitis** - Occurring as the result of exposure to a wide variety of allergens, simple allergic conjunctivitis often results from exposure to eye medications or contact lens solutions (or their preservatives).
- c) **Seasonal Conjunctivitis**- Examples of simple allergic conjunctivitis include both seasonal and perennial conjunctivitis. These are recurrent, usually transient, and self-limiting conditions due to seasonal exposure to ragweed, pollens, dander, dust, or mold spores.
- d) **Vernal Conjunctivitis** - Vernal conjunctivitis is severe conjunctival inflammation that can have corneal complications. The majority of affected patients are males under the age of 20 years. The average duration of vernal conjunctivitis is 4 years, and most patients tend to "outgrow" the condition by age 30. The disease is more common in dry, warm climates. In more temperate climates, vernal conjunctivitis tends to be seasonal, with symptoms increasing in the spring and decreasing in the fall
- e) **Giant Papillary Conjunctivitis** - Most often associated with soft contact lens wear, giant papillary conjunctivitis (GPC) has been reported in patients wearing soft, hard, and rigid gas-permeable contact lenses, as well as in patients with ocular prostheses or exposed sutures in contact with the conjunctiva.

## 2. Bacterial Conjunctivitis

Although the ocular surface resists bacterial infection through a variety of mechanisms, conjunctival infection can occur when an organism is able to overcome the host's resistance. Host resistance can be impaired in disease states, in immune compromised patients, or following trauma. Most common bacterial pathogens can cause conjunctivitis. These pathogens include Staphylococcus species, Haemophilus species, Streptococcus pneumoniae, and Moraxella species. Streptococcus and Haemophilus infections occur more

frequently in children. Bacterial conjunctivitis can be classified as hyperacute, acute, and chronic.

- a) **Hyper acute Bacterial Conjunctivitis**- Hyperacute (purulent) bacterial conjunctivitis is commonly caused by Neisseria gonorrhoeae, microorganisms that can penetrate an intact corneal epithelium, or, less frequently, by Neisseria meningitidis. Other bacteria that are less common causes of hyperacute conjunctivitis include Staphylococcus aureus, Streptococcus species, Haemophilus species, and Pseudomonas aeruginosa. Most commonly acquired by autoinoculation from infected genitalia and most often seen in neonates, adolescents, and young adults, hyperacute bacterial conjunctivitis may also be more common during warmer months of the year.
- b) **Acute Bacterial Conjunctivitis**- A common infectious condition that can affect all ages and races and both genders, acute (mucopurulent) bacterial conjunctivitis is caused by a number of microbial agents, primarily Staphylococcus aureus, Streptococcus pneumoniae, and Haemophilus species. The condition is self-limiting, generally lasting less than 3 weeks.
- c) **Chronic Bacterial Conjunctivitis**- Bacterial conjunctivitis lasting longer than 4 weeks can be considered chronic and usually has a different etiology than acute bacterial conjunctivitis. Chronic bacterial conjunctivitis is frequently associated with continuous inoculation of bacteria associated with blepharitis. The most common cause of chronic bacterial conjunctivitis is Staphylococcus aureus. Angular blepharitis conjunctivitis can result from chronic staphylococcal or Moraxella infections.

## 3. Viral Conjunctivitis

A wide variety of viruses can cause conjunctivitis. Many of these infections are mild, transient, and self-limiting. Some causes of viral conjunctivitis can have significant symptoms. The most common viruses associated with conjunctivitis are adenovirus and herpesvirus.

- a) **Adenoviral Conjunctivitis**- Among more than 47 identified serotypes of adenovirus, many can cause conjunctivitis. Adenoviral infections occur worldwide and probably represent the most common external ocular infection. Epidemic outbreaks are often classified as the clinical syndromes of epidemic keratoconjunctivitis (EKC) or pharyngeal conjunctival fever (PCF). EKC, which often occurs in adults aged 20–40 years, affects men and women equally. Race, social status, and nutritional status are not considered risk factors for the disease. PCF occurs more commonly in children and is usually accompanied by mild pharyngitis and low-grade fever. Adenoviral infections can be highly contagious.
- b) **Herpetic Conjunctivitis** - Infection with a member of the Herpesvirus genus (e.g., herpes simplex, varicella-zoster, or Epstein-Barr virus) can

result in acute conjunctivitis. The herpes simplex virus (Herpesvirus hominis) is an important ocular.

### CONCLUSION

1. Netrabhishyanda is a troublesome eye disease and a 'Root Cause' of other eye diseases.
2. Abhishyanda is a type of Sarvagata Vyadhi and occurs commonly with Vata- Pitta Dosha predominance and Kaphanubandha.
3. Abhishyanda can be correlated with conjunctivitis. It has a gradual progress of diseases in complex form, ignorance of patient and non availability of the effective treatment are the main hurdles in management of conjunctivitis.

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