

**AYURVEDIC MANAGEMENT OF KAPHAJ ABHISHYANDA W.S. R.  
TO VERNAL KERATOCONJUNCTIVITIS - A CASE STUDY****Dr. Darshana Somnath Dube<sup>1\*</sup>, Dr. Sarika Manohar More<sup>2</sup> and Dr. Nisar Ali Khan<sup>3</sup>**

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**ABSTRACT**

Vernal keratoconjunctivitis (VKC) is the commonest variety of allergic conjunctivitis commonly seen in children. The major complaints of VKC patients are intense itching, lacrimation, photophobia and watery discharge. The troublesome features are aggravated in spring season/hot climate that's for years together and rarely persists after adolescence. Mast cell stabilizers, topical Nonsteroidal anti-inflammatory drugs and steroids are the available treatment options that too with symptomatic relief and potential side effects, which limits the long-term use of these medicines. This condition can be correlated with *Kaphaja Abhishyanda* in *Ayurvedic* texts. Owing to the symptoms and signs, the case was diagnosed as *Kaphaja Abhishyanda/VKC*. Hence this patient was treated with *Kriyakalpa* (ocular therapeutic procedures) *Triyushanadi Anjana*, *Gairika* and *Sunthi Bidalaka* which gave significant results and found useful in the management of Vernal keratoconjunctivitis.

**KEYWORDS:** *Kaphaja Abhishyanda*, *Kriyakalpa*, Vernal keratoconjunctivitis.

**INTRODUCTION**

VKC is a recurrent, bilateral, interstitial, self-limiting, allergic inflammation of the conjunctiva having a periodic seasonal incidence. Allergic conjunctivitis in childhood and adolescent age is common and often mistaken for infective conjunctivitis. Among the different varieties of allergic conjunctivitis, vernal keratoconjunctivitis (VKC) is the most

troublesome, where in, the child suffers from intense itching grittiness, mucoid discharge, redness, lacrimation, photophobia and so on. The disease is chronic in nature and becomes worse during the warm months. Pollens are considered to be the main allergens, but recent observations show that VKC appears perennially, and that the pollens are not the sole cause behind it. However, now it is believed that pathogenesis of VKC is characterized by T helper 2 lymphocyte alteration and that the exaggerated IgE response to common allergens is a secondary event.<sup>[1]</sup> Although the disease does not affect the vision, it is an extremely discomforting disease of childhood, decreasing the learning hours of the child, and may last for years. Rarely, it may cause corneal ulcer or keratoconus affecting vision. Mast cell stabilizers (e.g. sodium cromoglycate), NSAIDs and topical corticosteroids are the treatment options, but only symptomatic relief is the outcome. On the other hand, drug sensitivity, increasing resistance, preservative-induced dry eye, as well as the complications of the corticosteroids, for example, cataract, glaucoma, and increased risk of bacterial and fungal infections restrict the long-term use of these medicines.<sup>[2]</sup>

According to *Ayurvedic* principles, the spring season is when *Kapha prakopa* (*Kapha* vitiation) occurs, which is indicated by the name of the ailment, spring catarrh. The *Kapha* dominant stage of life is childhood<sup>[3]</sup>, and the disease's clinical signs resemble those of *Kaphaja Abhishyanda*. *Kaphaja Abhishyanda* and VKC share a striking clinical similarity. Thus, there is an increasing need to understand the disease in view of Ayurveda and to establish the management through Ayurvedic system of medicine.

## CASE REPORT

Male patient, age 11 years, visited to OPD of *Shalakyatantra* department, G.A.C And Hospital, Nanded on 05/06/2024 with chief complaint of *Kandu*(itching), *Akshirag*(redness), photophobia and *strav* (watery and sticky secretion) in both eyes for 2 months.

He was diagnosed as case of vernal keratoconjunctivitis and took medicine at various hospitals but not satisfied, and then he came to G.A.C. Hospital Nanded.

## Personal History

There was no specific family or history of the patient. A general examination revealed normal physiological findings.

**Samanya Parikshan**

Pulse: 76/min.

Blood Pressure: 110/70 mm Hg.

Afebrile.

**Vishesh Parikshan**

Slit lamp examination revealed the presence of gelatinous ring at the limbus surrounding cornea, hyperaemia and cobble stone papillae in the palpebral conjunctiva and triangular congestion of bulbar conjunctiva in palpebral aperture. The rest of the eye assessment was normal.

**Ocular examination findings before treatment dated 5/6/24**

Structure	Examination	Right Eye	Left Eye
Eyelid	Position	Normal	Normal
Conjunctiva	Palpebral Conjunctiva	Hyperamia, cobble stone papillae	Hyperamia cobble stone papillae
	Bulbar Conjunctiva	Hyperamia	Hyperamia
Sclera	Discolouration	Yellowish discolouration	Yellowish discolouration
Cornea	Transparency	Clear	Clear
Pupil	Shape and Size and Reaction	NSRL	NSRL
Lens	Transparency	WNL	WNL

**Visual acuity**

	Distant Vision
Right Eye	6/6p
Left Eye	6/9
Both Eye	6/6p

**Line of treatment**

The patient was treated with *Netra Kriyakalpas* (eye procedures) like *Bidalaka* (application of medicated paste on the outer part of the eye) and *Anjana* (Application of medicated paste or powder at inner side of lower lid). The details of the medications administered are depicted as shown in Table.

Sr No	Date	Advice Kriyakalpa Procedure	Observation
1	5/6/2024 to 7/6/2024	<i>Bidalak – Gairik and Sunthi</i> <sup>[4]</sup> Duration – for 3 days	Itching, Photophobia, watering reduced in 3 days
2	5/6/2024 to 11/6/2024	<i>Triyushnadi Anjana –Triphala, Trikatu, Haridra, Vidanga</i> <sup>[5]</sup> Duration – 7 days	Hyperamia, Gelatinous ring, Papillae Reduced After 7 days

**Before Treatment****After Treatment****Follow up finding**

	Before Treatment	After Treatment
Hyperamia	+++	-
Itching	+++	-
Gelatinous Ring	+++	+
Papillae	+++	+
Photophobia	++	-
Watery Discharge	++	-

**DISSCUSION**

In many cases, vernal keratoconjunctivitis is considered an atopic allergic disorder in which IgE-mediated mechanisms play an important role. *Acharya Sushruta* has mentioned in the 6th chapter of *Uttartantra* that, *Abhishyanda* (conjunctivitis) is the causative factor for all eye diseases and, if neglected, leads to other serious complications such as *Adhimantha* (glaucoma), *akshishopha* (inflammations/swelling of eye parts) etc.<sup>[6]</sup> Hence *Abhishyanda* (conjunctivitis) should be treated giving due importance to protect the eyes from further complications.

As discussed earlier in this section, VKC / spring catarrh is a *Kapha* dominating *Raktaja* ocular surface disorder. *Bidalaka* is the application of medicated paste on the eyelid outer surface, avoiding the eyelashes, it can be applied in *samavastha* of diseases. The thickness of the paste in *Vidalaka* is similar to that of *mukhalepa* (face mask), like *doshaghana lepa* (reducing *dosha*).<sup>[7]</sup> The skin present over the lids is extremely thin and the subcutaneous fat is absent, so the medicine is absorbed easily. Drugs used in *bidalaka* are *Gairik* and *Sunthi* and this *Kalpa* is mentioned in *Yoratanakar samhita*. *Gairik* is *Kaphapittanashaka* and *Raktashodhak* and *Sunthi* is *Sophahara*, *Kaphahara* more over both are *chakshushya*. Thus *Bidalaka* helps to reduce *shopha*, *Raga* and reflexly *ashru*.

*Anjana* is a procedure of applying medicinal paste or powder to the inner side of lower lid either by fingertip or by applicator (*shalaka*). *Triyushnadi Anjana* is mentioned in *sushrut samhita*. It contains *Triphala*, *Trikatu*, *Haridra*, *Vidanga*. Ingredients of *Triyushnadi Anjana*, by virtue of their combined pharmacological action of *Kapha-Pitta Hara*, *Lekhana*, *Rakta Shodhaka* (blood purifying property), *Shothahara* (anti-inflammatory action), and *Vedana Sthapana*, *Chakshushya*, and *Rasayana* (antioxidantive and immunomodulatory actions) has a potency to relieve the clinical features.

## CONCLUSION

*Kaphaja Abhishyanda* (VKC / spring catarrhal) is a benign, but distressing ailment of childhood, which can be better managed / treated with a simple, safe, non-toxic, cheap, and effective Ayurvedic formulation. Symptoms associated with *Kaphaj Abhishyanda* can be effectively relieved by *Gairika* and *Sunthi Bidalak* and *Triyushnadi anjana*. Justified & timely use of this treatment modality in this case of Vernal keratoconjunctivitis found effective. Further trials may be conducted to standardize these treatment protocols.

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