

THERAPEUTIC EFFECT OF LODHRA ARKA ASCHYOTANA IN THE MANAGEMENT OF KAPHAJA ABHISHYANDA – CASE SERIES

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ABSTRACT

Introduction: *Kaphaja Abhishyanda* is a *Sadhyā Vyadhi* characterized by *Srava* (Discharge from eyes), *Guruta* (Heaviness of eyes), *Kandu* (Itching of eyes), *Shopha* (Chemosis of conjunctiva) and *Upadeha* (Matting of eyelashes). The signs and symptoms of *Kaphaja Abhishyanda* can be considered to different types of Conjunctivitis which are broadly classified into Allergic and Infective. Inflammation of the conjunctiva (Conjunctivitis) is classically defined as conjunctival hyperaemia associated with discharge which may be watery, mucoid, mucopurulent or purulent. **Methods:** This was an open-label, single-arm case series, A total of 15 patients with symptoms of *Kaphaja Abhishyanda* were recruited for intervention, and *Lodhra Arka Aschytana* was administered for 7 days. The study duration is 30 days, including two follow-ups. Statistical analysis was performed using the Wilcoxon signed rank test and written informed consent was obtained

from all participants. **Results:** The administration of *Lodhra Arka Aschytana* has demonstrated a significant reduction in the *Lakshanas* of *Kaphaja Abhishyanda*, with results

indicating a statistically significant effect. **Discussion and Conclusion:** *Lodhra* possessing *Kashaya* and *Tikta Rasa*, *Laghu Ruksha Guna*, *Sheeta Virya* and *Kaphapittahara Karma*, it is also regarded as *Chakshushya*. In *Kaphaja Abhishyanda*, where *Kaphaprakopa* leads to *Srava*, *Guruta*, *Upadeha*, *Shopha* and *Kandu*, *Lodhra* counters these through its *Kaphapittahara* and *Shothahara* properties. Pharmacological studies also confirm its anti-inflammatory, antioxidant, antibacterial and wound healing actions. By reducing local inflammation and secretion, it helps to relieve discharge and redness in the eyes. Its astringent and hemostatic nature reduces discharge and redness. Antioxidant and microcirculatory improvement may protect ocular tissues from oxidative stress and promote healing of conjunctival inflammation.

KEYWORDS: *Kaphaja Abhishyanda*, *Lodhra Arka*, *Aschyotana*, *Conjunctivitis*.

INTRODUCTION

Acharya Vaghbata has said that diligent efforts should be made by men to protect their eyes throughout their life; for a man who is blind, this world is dark, the day and night are the same even though he may have wealth.^[1]

Acharya Sushruta has mentioned *Abhishyanda* under *Sarvagata Netrarogas* and described it as the *Moola Karana* (primary causative factor) for the manifestation of all *Netrarogas*. So immediate management must be done.^[2] Based on the *Dosha* predominance it is classified into *Vataja*, *Pittaja*, *Kaphaja* and *Raktaja Abhishyanda*. *Kaphaja Abhishyanda* is a *Sadhyu Vyadhi* characterized by *Srava*, *Guruta*, *Kandu*, *Raga*, *Shopha* and *Upadeha*.^[3] The causative factors of *Kaphaja Abhishyanda* include *Dhooma*(smoke), *Raja* (Dust), *Rtu Viparyaya* (variation in seasons), *Asuchi* (unhygiene) and *Vishama Nidra* (irregular sleeping habits). According to Acharya Sushruta, *Abhishyanda* is considered as *Aupasargika Roga* (contagious / infectious disease). If the disease is untreated it leads to many serious complications like *Adhimantha*, *Akshipakatyaya*, *Avrana Shukla* and even complete loss of vision.

The signs and symptoms of *Kaphaja Abhishyanda* can be correlated to different types of Conjunctivitis which are broadly classified as Allergic and Infective. Inflammation of the conjunctiva (Conjunctivitis) is classically defined as conjunctival hyperaemia associated with discharge which may be watery, mucoid, mucopurulent or purulent.^[4]

Aschytana is a *Netrakriyakalpa*, which is even indicated in the *Amavastha* of *Netrarogas* which relieves *Ruk*, *Toda*, *Kandu*, *Gharsha*, *Ashru*, *Daha* and *Raga*.^[5] It is a method of instilling the medicine into the eye, which will penetrate channels of *Netrasandhi*, *Sira*, *Ghrana* and *Mukha* and the *Urdhwagabhaga* then remove the *Prakupita Dosha* present there and cures the *Roga*.^[6] *Dravyas* which are having *Tikta Rasa*, *Ushna*, *Teekshna guna* and *Katu Vipaka* are advised in *Kaphaja Abhishyanda*.^[7]

Arka is said to be the most potent and purest form of drug preparation which is very much needed in the acute conditions of eye disorders. *Arka Prakasha* mentioned about *Pancha Vidha Kalpana* (*Choorna*, *Kalka*, *Rasa*, *Taila*, *Arka*) and *Arka* is *Gunotthama* compared to other *Kalpanas*.^[8] *Arka* is *Laghupaki*, *Vyavayi*, *Vikasi* and thus active principles of drug acts quickly on the eye.^[9] The contact time and the absorption of drug in the eye are enhanced by instilling reduced volume of drug of high potency and its shelf life of one year makes it a suitable choice of preservative less topical drug.^[10] The principles of *Arka* was combined with potent drug like *Lodhra* for the management of *Kaphaja Abhishyanda*. The properties of *Lodhra* are *Kashaya Tikta Rasa*, *Laghu Ruksha Guna*, *Katu Vipaka*, *Kapha Pittahara* and the *Arka* of *Lodhra* is indicated in *Kaphaja* and *Pittaja Vikara* and it is *Chakshushya*.^[11]

Drug used in the form of eye drops is the most used formulation in ophthalmic practice, because of its nature of standard dosage, easy portability and better bio availability. So, eye drop formulation in the form of *Arka* has been selected in this present study. Despite classical indications, systematic clinical evidence evaluating *Lodhra Arka Aschytana* in *Kaphaja Abhishyanda* is limited, warranting clinical evaluation.

Hence, in this study, an effort was made to evaluate the efficacy of *Lodhra Arka Aschytana* in the management of *Kaphaja Abhishyanda*.

MATERIAL AND METHODS

This was an open-label, single-arm clinical case series, a total of 15 patients were recruited from the OPD of Shalakya Tantra based on the inclusion criteria-

1. Patients between the age of 21-40 years irrespective of gender, occupation, religion, socio-economic status and duration of illness.
2. Patients fulfilling the diagnostic criteria.
3. Patients have at least two symptoms under the diagnostic criteria.

Diagnostic Criteria

1. *Srava* (Discharge from eyes)
2. *Kandu* (Itching of eyes)
3. *Guruta* (Heaviness of eyes)
4. *Upadeha* (Matting of eyelashes)
5. *Raga* (Congestion of conjunctiva)
6. Grading of Papillae

Written informed consent was obtained from all participants. As this was a non-interventional case series, institutional ethical committee approval was not mandatory.

Table No. 1: Intervention *Lodhra Arka Aschhyotana*.

ASCHYOTANA	
Drug Name	<i>Lodhra Arka</i>
Dose	2 drops 4 times a day
Route of Drug Administration	Topical application
Time of Administration	Interval of three hours during daytime.
Treatment Period	7 Days
Follow Up 1	15th Day
Follow Up 2	30th Day
Total Duration of Study Period	30 Days

Preparation of *Lodhra Arka*

Lodhra choorna was procured from a GMP-certified company. A quantity of 200 g of the drug was weighed and soaked in one liter of distilled water overnight. The next morning, the drug along with the soaked water was transferred to the distillation apparatus, after adding the same amount of distilled water to soak the drug. The distillation process was started, and the temperature was maintained at 60°C. *Lodhra* contains astringent polyphenols, flavonoids, and volatile principles that can degrade or denature at higher temperatures. Maintaining 60 °C helps preserve these active constituents. The first 100 ml of the solvent was discarded. Sixty percent of the distillate was collected, cooled, and transferred to sterile containers, which were later filled into sterile droppers.

ASSESSMENT

Subjective parameters

1. *Srava* (Discharge from eye)

Table No. 2: Srava.

Score	Grade
0	Absent
1	Present

2. *Kandu* (Itching of eyes)

Table No. 3: Kandu (Itching of eyes).

Sl no.	Grade
0	No itching
1	Occasionally present
2	Frequently present but tolerable
3	Frequently present but intolerable

3. *Guruta* (Heaviness of eyes)

Table No. 4: Guruta (Heaviness of eyes).

Sl no.	Grade
0	Absent
1	Feeling of heaviness in eye occasionally
2	Feeling of heaviness in eye present through out the day
3	Heaviness in netra and shiro guruta throughout the day

4. *Upadeha* (Matting of eyelashes)

Table No. 5: Upadeha (Matting of eyelashes).

Sl no.	Grade
0	Absent
1	Occasionally present and open eyes easily
2	Frequently present but open eyes easily
3	Frequently present and open eyes with much difficulty

5. *Shopha* (Chemosis of conjunctiva)

Table No. 6: Shopha (Chemosis of conjunctiva).

Sl no.	Grade
0	Absent
1	Chemosis limited only in the fornix
2	Chemosis involving fornix and to bulbar conjunctiva
3	Extensive chemosis spreading to limbal conjunctiva

6. Raga (Congestion of conjunctiva)**Table No. 7: Raga (Congestion of conjunctiva).**

Sl no.	Grade
0	Absent
1	Discrete, thin vessels vascular network limited to Palpebral Conjunctiva and fornix
2	Prominent vascular network involving peripheral part Bulbar Conjunctiva
3	Fiery red eye involving whole Bulbar Conjunctiva and circumcorneal zone.

7. Grading of Papillae**Table No. 8: Grading of Papillae.**

Sl no.	Grade
0	No papillae
1	A few white spread papillae < 0.3mm in Diameter
2	0.3 – 1.0 mm in Diameter
3	1.0 – 3.0 mm in Diameter
4	More than 3 mm in Diameter

OBSERVATION**Table No. 9: Observation on symptoms of *Kaphaja Abhishyanda*.**

Symptoms	BT	%	AT	%	F1	%	F2	%
1. Srava	Grade 0	1	6.67 %	15	100 %	15	100 %	
	Grade 1	14	93.33 %	0	0 %	0	0 %	0
2. Kandu	Grade 0	2	13.33%	14	93.33%	15	100 %	15
	Grade 1	0	0 %	1	6.67 %	0	0 %	0
	Grade 2	10	66.67%	0	0%	0	0 %	0
	Grade 3	3	20 %	0	0%	0	0 %	0
3. Guruta	Grade 0	2	13.33 %	13	86.67%	15	100 %	15
	Grade 1	4	26.67%	2	13.3%	0	0 %	0
	Grade 2	8	53.33%	0	0 %	0	0 %	0
	Grade 3	1	6.67%	0	0	0	0 %	0
4. Upadeha	Grade 0	14	93.3 %	15	100 %	15	100 %	15
	Grade 1	1	6.67 %	0	0 %	0	0 %	0
	Grade 2	0	0 %	0	0 %	0	0 %	0
	Grade 3	0	0 %	0	0 %	0	0 %	0
5. Raga	Grade 0	1	6.67 %	14	93.3 %	15	100 %	15
	Grade 1	0	0 %	1	6.67 %	0	0 %	0
	Grade 2	10	66.6 %	0	0	0	0 %	0
	Grade 3	4	26.6%	0	0	0	0 %	0
6. Grading of papillae	Grade 0	13	86.6 %	15	100 %	15	100 %	15
	Grade 1	2	13.3%	0	0 %	0	0 %	0
	Grade 2	0	0%	0	0 %	0	0 %	0
	Grade 3	0	0%	0	0 %	0	0 %	0
	Grade 4	0	0%	0	0 %	0	0 %	15

RESULTS

Table No. 10: Within the group assessment based on the Wilcoxon signed rank sum test.

Symptoms	P-value	P-value	P-value
	0th – 8th Day	0th – 15th Day	0th – 30th Day
<i>Srava</i>	0.001**	0.001**	0.001**
<i>Kandu</i>	0.001**	0.001**	0.001**
<i>Guruta</i>	0.001**	0.001**	0.001**
<i>Upadeha</i>	1.00	1.00	1.00
<i>Raga</i>	0.001**	0.001**	0.001**
Grading of papillae	0.500	0.500	0.500

P-value > 0.05 – Non-significant, P-value < 0.05 (*) – Statistically significant, and P-value < 0.01 (**) – Statistically highly significant.

After the administration of the medication and certain follow-ups, there was statistically highly significant relief found in symptoms like *Srava*, *Kandu*, *Guruta* and *Raga*, whereas no significant relief was seen in *Upadeha* and Grading of papillae.

The small sample size of 15 patients limits the generalizability of the study findings.

DISCUSSION

In this study, most of the subjects had exposure to an infected person, indicating that the disease is *Aupasargika* in origin. Other *Nidanas* are exposure to hot, cold, and dusty environments, continuous gazing at near objects such as computers along with the above explained *Nidana*. These factors may act as either *Utpadaka Nidana* (Causative factor) or *Vyanjaka Nidana* (Manifesting factor) in the manifestation of *Kaphaja Abhishyanda*.^[12]

Aschytotana is one of the *Netrakriyakalpa* procedures of topical drug administration, which is indicated even in the *Amavastha* of *Netraroga*.^[13]

Lodhra Arka is a preparation mentioned in *Arka Prakasa* for the management of all types of *Abhishyanda*.^[14]

Lodhra is mentioned in the *Kashaya Skandha* by Acharya Charaka and in the *Rodhradi* and *Nyagrodhadi Ganas* by Acharya Sushruta, highlighting its properties as *Shonitasthapan*, *Sandhaniya*, and *Vrana Ropana*. Possessing *Kashaya* and *Tikta Rasa*, *Laghu Ruksha Guna*, *Sheeta Virya* and *Kaphapittahara Karma*, it is also regarded as *Chakshushya*. In *Kaphaja Abhishyanda*, where *Kaphaprakopa* leads to *Srava*, *Guruta*, *Upadeha*, *Shopha* and *Kandu*, *Lodhra* counters these through its *Kapha-pittahara* and *Shothahara* properties.^[15]

Pharmacological studies also confirm its anti-inflammatory, antioxidant, antibacterial and wound healing actions. By reducing local inflammation and secretion, it helps to relieve discharge and redness in the eyes. Its astringent and haemostatic nature reduces discharge and redness. Antioxidant and microcirculatory improvement may protect ocular tissues from oxidative stress and promote healing of conjunctival inflammation.

Instilling *Aschyotana Aushadha* directly into the eyes allows the medicine to penetrate the channels of the *Netrasandhi*, *Sira*, *Ghraṇa*, and *Mukha* in the *Urdhwagabhaga*, helping to eliminate the aggravated *Dosha* present there. It acts locally on the ocular tissues, enabling faster therapeutic absorption through the conjunctival and nasolacrimal pathways, thereby alleviating the disease.^[16]

When water-based ophthalmic preparations such as *Aschyotana* are instilled into the eye, absorption primarily occurs through the corneal and conjunctival epithelia. While the cornea is the main route for drugs targeting intraocular tissues, the conjunctiva plays a major role in the absorption of hydrophilic (water soluble) substances due to its higher permeability and extensive vascularization.^{[17][18]}

The conjunctival epithelium has intercellular spaces and a rich capillary network that facilitates paracellular diffusion of aqueous solutions. Once absorbed, part of the drug enters conjunctival blood vessels or drains through the nasolacrimal duct, allowing both local and systemic effects. However, rapid tear turnover and nasolacrimal drainage can limit ocular bioavailability, which is why frequent instillation or formulations with increased viscosity may be used to enhance absorption.^{[19][20]}

In present study, 2 drops 4 times a day of medicine was used for *Aschyotana*. This not only increases retention time but also the absorption of the drug. Lesser quantity of drug increases the residence time in the fornix and helpful in better absorption.

CONCLUSION

In this case series of 15 patients, *Kaphaja Abhishyanda*, mostly of *Aupasargika* origin presented predominantly with *Srava*, *Kandu*, *Guruta*, and *Raga*, resembling allergic or infective conjunctivitis. *Lodhra Arka Aschyotana* showed clinically and statistically significant relief in these symptoms, while *Upadeha* and papillary grading did not demonstrate significant improvement.

Conflict of Interest: There was no conflict of interest seen.

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REFERENCES

1. Paraadakara shastri HS, editor. Ashtangahrdaya of Vaghbata with the commentaries of Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri, Uttara sthana; Timirapratisedha adhyaya: Verse 98. Varanasi: Chaukhamba Sanskrit samsthan, 2018; 320.
2. Acharya Sushruta has mentioned Abhishyanda under Sarvagata Netrarogas, told as the root cause for most of the eye diseases. So immediate management must be done. Based on the Dosha predominance it is classified into Vataja, Pittaja, Kaphaja and Raktaja Abhishyanda.
3. Acharya JT, editor. Susrutha Samhita with NibandhaSangraha commentary of Dalhanacharya. Uttaratantra; Sarvagataroga vignaniyam adhyaya: verse 23. varanasi: Chowkhamba Krishnadas Academy, 2008; 604.
4. Khurana AK. Comprehensive Ophthalmology. 7th ed. Jaypee Brother Medical Publishers, 2021; 62.
5. Paraadakara shastri HS, editor. Ashtangahrdaya of Vaghbata with the commentaries of Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri, Sutrasthana; Aschotanajanavidhi: chapter 23, verse 1. Varanasi: Chaukhamba Sanskrit samsthan, 2018; 303.
6. Paraadakara shastri HS, editor, Ashtangahrdaya of Vaghbata with the commentaries of Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri, Sutrasthana; Aschotanajanavidhi: chapter 23, verse 19. Varanasi: Chaukhamba Sanskrit samsthan, 2018; 308.
7. Mansoori S. To evaluate the role of nimbatrak swaras aschytana & shigru madhu aschytana in the management of kaphaja abhishyanda wr to mucopurulent conjunctivitis (MD dissertation): Rajiv Gandhi University Health Science, 2018.
8. Tripathi Indradeva, Editor. Arka Prakasha of Ravana. Chapter 1, Ver. 46. Varanasi: Krishnadas Academy, 1995; 09.
9. Tripathi Indradeva, Editor. Arka Prakasha of Ravana. Chapter 1, Ver. 46. Varanasi: Krishnadas Academy, 1995; 17.

10. Tripathi Indradeva, Editor. Arka Prakasha of Ravana. Chapter 1, Ver. 46. Varanasi: Krishnadas Academy, 1995; 18.
11. Shastry JLN. Dravyaguna vijnana. Vol 2. Varanasi: Chaukambha orientalia, Dec. 25, 2003; 139.
12. Ambili K. Role of Shigru Pallava Arka Ashchyotana in the management of Kaphaja Abhishyanda with special reference to Mucopurulent Conjunctivitis (MS dissertation): Rajiv Gandhi University Health Science, 2006.
13. Paraadakara shastri HS, editor, Ashtangahrdaya of Vaghbata with the commentaries of Sarvanganasundara of Arunadatta and Ayurvedarasayana of Hemadri, sutrasthana; Aschotanajanavidhi: chapter 23, verse 1. Varanasi: Chaukhamba Sanskrit samsthan, 2018; 303.
14. Tripathi Indradeva, Editor. Arka Prakasha of Ravana. Chapter 1, Ver. 46. Varanasi: Krishnadas Academy, 1995; 44.
15. Shastry JLN. Dravyaguna vijnana. Vol 2. Varanasi: Chaukambha orientalia, Dec. 25, 2003; 139.
16. Paraadakara shastri HS, editor, Ashtangahrdaya of Vaghbata with the commentaries of Sarvanganasundara of Arunadatta and Ayurvedarasayana of Hemadri, sutrasthana; Aschotanajanavidhi: chapter 23, verse 19. Varanasi: Chaukhamba Sanskrit samsthan, 2018; 308.
17. Ramsay E, del Amo EM, Toropainen E, Tengvall-Unadike U, Ranta V-P, Urtti A, Ruponen M. Corneal and conjunctival drug permeability: Systematic comparison and pharmacokinetic impact in the eye. *Eur J Pharm Sci.*, 2018; 119: 83-89. doi: 10.1016/j.ejps.2018.03.03
18. Mitra AK, Anand BS. Ocular pharmacokinetics and drug delivery. *J Ocul Pharmacol Ther.*, 1995; 11(3): 275–97. doi:10.1089/jop.1995.11.275
19. Patel A, Cholkar K, Agrahari V, Mitra AK. Ocular drug delivery barriers—role of nanocarriers in the treatment of anterior segment ocular diseases. *J Control Release*, 2013; 166(2): 168–176. doi: 10.1016/j.jconrel.2013.06.031.
20. Singh V, Ahmad R, Heming T. The challenges of ophthalmic drug delivery: a review. *Int J Drug Discov*, 2011; 3(1): 62.