

Observational Evaluation of Oupasargika Vyadhi Netrabhishyanda in the Context of Conjunctivitis

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Abstract

Abhishyanda is described under Sarvagata Netraroga and closely resembles conjunctivitis described in modern ophthalmology. It is primarily responsible for irritation and inflammation of the conjunctiva and may also spread through vitiation of Rakta. If Abhishyanda is not managed at an early stage, it can progress into severe conditions such as Adhimantha, which is associated with intense pain. Further complications may involve Vartmagata, Shuklagata, Sandhigata and Krishnagata netra rogas. Classical texts consider Abhishyanda as the fundamental cause of almost all ocular disorders. It is classified as an Oupasargika Vyadhi, meaning a contagious disease. The term Oupasargika denotes conditions that are transmitted from one individual to another through contact or close association. Acharya Sushruta has clearly mentioned that Netrabhishyanda can spread through touch, sharing clothes, bedding, food and other social interactions. Considering its contagious nature and increasing prevalence, there is a need for detailed understanding of this condition. Hence, the present study has been undertaken to observe and describe Oupasargika Vyadhi Netrabhishyanda with special reference to conjunctivitis.

Keywords: Netraroga, Netrabhishyanda, Oupasargika, Conjunctivitis

Aim

- To study Oupasargika Vyadhi Netrabhishyanda with special reference to conjunctivitis.

Objectives

1. To collect and analyze classical Ayurvedic references related to Netrabhishyanda.
2. To study the concept of Oupasargika Vyadhi in Ayurveda.
3. To understand conjunctivitis in correlation with Netrabhishyanda.
4. To conduct an observational and descriptive study of Oupasargika Vyadhi Netrabhishyanda with reference to conjunctivitis.

Introduction

Vision is one of the most important sensory faculties of human beings. The eyes receive visual stimuli from the external environment and transmit information to the brain through a complex neurological pathway, resulting in the perception of vision. Vision plays a vital role in communication, learning and daily activities. A large amount of information can be processed quickly through the visual system. Loss of vision significantly affects an individuals ability to function independently in society. Due to fear of blindness, extensive development has taken place in the fields of science, medicine and technology to preserve and restore eyesight.

In Ayurvedic literature, Abhishyanda is described in detail under Sarvagata Netra Rogas. The treatment of this condition has been elaborated in multiple chapters of Sushruta Samhita, indicating the importance given by ancient physicians to this disease. The classics provide comprehensive information regarding its causes, clinical features, classification, complications and management. Although Abhishyanda is considered a curable disease in its early stage, chronic or untreated cases may lead to serious complications such as Vataja Adhimantha¹, Hatadhimantha², Akshipakatyaya³ and Avranashukla. Acharyas have emphasized that Abhishyanda should be treated promptly, as it is regarded as the primary cause of many ocular disorders. Delay in treatment may result in severe complications and irreversible visual impairment. Therefore, the present study has been planned as an

observational descriptive study of Oupasargika Vyadhi Netrabhishyanda.

Review of Literature

▪ Netrabhishyanda

Introduction

All classical Ayurvedic texts recognize Abhishyanda as the root cause of most eye diseases.⁴ Failure to treat the condition at an appropriate time can result in severe complications such as Adhimantha and Hatadhimantha. Abhishyanda is included among the seventeen types of Sarvagata Netra Rogas described in the Ayurvedic classics. It is classified into four types based on dosha predominance, namely Vataja, Pittaja, Kaphaja and Raktaja Abhishyanda.⁵

Etymology of Abhishyanda

The term Abhishyanda is derived from the root word Syanda, which is prefixed with Abhi Upasarga and suffixed with Ghan Pratyaya. The term Syanda refers to flow or discharge, while Abhi denotes excess or intensity. Thus, Abhishyanda signifies excessive flow or profuse discharge.⁶

- Abhi: excessive or towards
- Syanda: flowing or oozing

Hence, Abhishyanda refers to excessive discharge or secretion. It also conveys meanings such as trickling, flowing or continuous oozing.

Definition

Abhishyanda is defined as a condition in which excessive discharge occurs due to involvement of the Urdhvajatra Srotas. This leads to increased moisture and vitiation of dosha, dhatu and mala, resulting in copious secretion from all parts of the eye. In simple terms, Abhishyanda represents excessive ocular discharge affecting the entire eye.

Nidana of Abhishyanda

Nidana refers to both the causative factors and diagnostic aspects of a disease. Identification of etiological factors is the first step among the five diagnostic tools described in Ayurveda. Nidana helps in understanding the cause as well as the nature of the disease. Specific causative factors for Abhishyanda are not described separately in classical texts; therefore, the general etiological factors responsible for Netra Rogas are considered applicable to Abhishyanda.

General Causative Factors According to Various Acharyas

Common causative factors described by different Acharyas include sudden exposure to cold water after heat, excessive visual strain, improper sleep habits such as day sleep or night awakening, excessive crying, emotional stress like anger or grief, head injury, intake of heavy pulses, excessive sweating, exposure to smoke, suppression of natural urges such as vomiting and tears, prolonged focus on minute objects, improper dietary habits at night, alcohol consumption, seasonal variations, high speed travel and working in polluted or dusty environments.

Acharya Sushruta has specifically classified Netra Abhishyanda as an Oupasargika Roga, highlighting its contagious nature.⁷ According to him, the disease can spread through close contact with an infected individual and by sharing personal items such as clothes, bedding, cosmetics and garlands. Direct physical contact and close association increase the risk of transmission.

(A) General Causative Factors According to Various Acharyas:

Causative Factors	Su.U	M.N	B.P	Y.R	V.S	G.N
Diving into water immediately after exposure to heat	+	+	+	+	+	+
Excessive looking at distant objects	+	+	+	+	+	+
Sleeping during day/awakening at night	+	+	+	+	+	+
Excessive weeping	+	+	+	+	+	+
Anger / grief	+	+	+	+	+	+
Injury to head	+	+	+	+	+	+
Kulattha and Masha pulses	+	-	+	-	-	-
Excessive perspiration	+	-	+	-	-	-
Excessive perspiration	+	+	+	+	+	+

Smoking or working in smoke	+	+	+	+	+	+
Suppression of / or excessive vomiting	+	+	+	+	+	+
Suppressing tears	+	+	+	+	+	+
Concentrating on minute objects	+	+	+	+	+	+
Intake of fluids and other foods at night	-	+	-	+	+	+
Alcohol	-	+	-	+	+	+
Change of seasons	-	+	-	+	+	+
Traveling in very high speed	-	-	+	-	-	-
Working in dusty surrounding	-	-	-	-	-	-

(M.N. 59/1-2, B.P. 63/7-9, Y.R.Nr.C/7-9, V.S. 71/1-3, G.N 3/1-3)

Samprapti

Samprapti refers to the complete sequence of pathological events beginning from the vitiation of doshas and culminating in the full manifestation of disease.⁸ It explains how etiological factors initiate pathological changes in the body, which then produce the signs and symptoms of a particular disorder. According to Acharya Charaka, when the doshas become aggravated at the sites of the sense organs, they cause either irritation or functional impairment of the concerned sensory organs.⁹ A specific description of Samprapti for Abhishyanda is not provided independently in the classical texts; therefore, the general Samprapti of Netra Roga is considered applicable to Abhishyanda. The Samprapti of Abhishyanda can be understood under two major headings, namely the general pathogenesis of eye diseases and the specific pathogenesis of Abhishyanda.

1. Samanya Samprapti of Netra Roga

Acharya Sushruta states that due to improper diet and lifestyle that are harmful to the eyes, the aggravated doshas move upward through various

channels and blood vessels. These vitiated doshas then accumulate in the eyes and produce severe diseases affecting different parts of the ocular structures.¹⁰ Acharya Vagbhata does not mention separate causative factors for eye diseases but explains that factors detrimental to eye health aggravate the respective doshas. These doshas spread to the region above the clavicle through pittavaha siras and manifest as eye disorders.¹¹ Madhava Nidana¹², Yogaratnakara¹³ and Gadanigraha¹⁴ also support the views expressed by Acharya Sushruta regarding the pathogenesis of Netra Rogas.

2. Vishishta Samprapti of Abhishyanda

Abhishyanda progresses through various stages of disease development known as Kriya Kala. These stages include Sanchaya, Prakopa, Prasara, Sthanasamshraya, Vyakti and Bheda.

(a) Sanchaya Avastha

In this stage, dosha accumulation occurs through two mechanisms. First, due to the intake of diet and habits unfavorable for eye health, digestion becomes impaired, leading to the formation of ama. As a result, doshas get accumulated in the gastrointestinal tract. Second, the presence of ama and vitiated doshas causes obstruction in the channels, resulting in predominance and increase of Vata dosha in the koshta.

(b) Prakopa Avastha

During this stage, continued exposure to causative factors further aggravates the accumulated doshas, leading to their active provocation.

(c) Prasara Avastha

In the Prasara stage, the aggravated doshas spread throughout the body via the siras and ascend towards the channels of the head and neck region.

(d) Sthanasamshraya Avastha

At this stage, the circulating doshas localize in various parts of the eye. Dosha dushya interaction occurs, leading to the appearance of premonitory symptoms such as redness, itching and mild pain.

(e) Vyakti Avastha

In this stage, the disease becomes clinically evident. Classical features such as excessive discharge from the eyes and pricking pain begin to manifest clearly.

(f) Bheda Avastha

If Abhishyanda is not treated during the Vyakti stage, it progresses to complications such as Adhimantha and eventually leads to Hatadhimantha.¹⁵

Pittaja Abhishyanda manifests primarily due to involvement of Vata dosha along with predominance of the tejas mahabhuta. Vitiating of Pitta leads to the development of symptoms such as pricking pain, friction sensation, dryness, roughness, excessive discharge and dry secretions, along with mild swelling of the eyes.

Samprapti Ghataka

- Dosha: Vata predominant Tridosha involvement
- Dushya: Rasa and Rakta
- Agni: Mandagni
- Srotasa: Rasavaha and Raktavaha
- Sroto Dushti: Obstruction, abnormal flow and excessive secretion
- Rogamarga: Madhyama
- Adhisthana: Entire eye, especially tejo jala ashrita patala
- Vyadhi Svabhava: Chronic in nature

Poorva Roopa

According to Acharya Charaka, symptoms that appear in a mild or subtle form before the full manifestation of a disease are termed as Poorva Roopa. Proper understanding of these features helps in early diagnosis and prevention of disease progression.¹⁶

Samanya Poorva Roopa of Netra Roga¹⁷

The general premonitory symptoms of eye diseases include:

- Dull or unclear appearance of the eyes
- Mild congestion with slight pain and swelling
- Excessive watering
- Itching sensation
- Sticky discharge
- Heaviness of the eyes
- Burning sensation
- Pricking pain
- Redness
- Pain in the inner or outer canthus
- Sensation of a foreign body in the eye
- Disturbance in vision
- Impairment of ocular functions

Conjunctivitis

Conjunctivitis, commonly known as pink eye in Western countries and madras eye in India, refers to inflammation of the conjunctiva. The conjunctiva is the thin membrane that lines the inner surface of

the eyelids and covers the white part of the eyeball. The condition commonly occurs due to infection by bacteria or viruses, or as a result of allergic reactions.¹⁸

Classification of Conjunctivitis

(a) Etiological Classification

1. Infective conjunctivitis including bacterial, viral, chlamydial, fungal, rickettsial, spirochaetal, protozoal and parasitic types
2. Allergic conjunctivitis
3. Irritative conjunctivitis
4. Keratoconjunctivitis associated with skin and mucous membrane disorders
5. Traumatic conjunctivitis
6. Keratoconjunctivitis of unknown cause

(b) Clinical Classification

1. Acute catarrhal or mucopurulent conjunctivitis
2. Allergic conjunctivitis
3. Acute purulent conjunctivitis
4. Serous conjunctivitis
5. Chronic simple conjunctivitis
6. Angular conjunctivitis
7. Membranous conjunctivitis
8. Pseudomembranous conjunctivitis
9. Papillary conjunctivitis
10. Follicular conjunctivitis
11. Ophthalmia neonatorum
12. Granulomatous conjunctivitis
13. Ulcerative conjunctivitis
14. Cicatricial conjunctivitis

■ Oupasargika Vyadhi

Etymology

The term Oupasargika is derived from the word Upasarga, which indicates conditions that arise due to external factors and have the capacity to spread from one individual to another.

Mode of Transmission

Acharya Sushruta has described various modes by which contagious diseases spread. These include close physical association, direct contact with the affected individual, inhalation of droplets released during breathing, sharing beds, consuming food together, sitting in close proximity and using personal items such as clothes, ornaments and cosmetic articles of an infected person.

Prevention

Ayurveda places great emphasis on maintaining the health of healthy individuals. Immunity plays a vital role in preventing infectious diseases. The concept of Sahaja Bala, or innate immunity, is central to Ayurvedic thought. Reduced immunity increases susceptibility to infections. Therefore, Ayurveda advocates a comprehensive health regimen to enhance disease resistance and maintain well being. This includes daily routines, seasonal regimens, ethical conduct, proper diet and lifestyle practices, avoidance of intellectual errors, control of the senses, adherence to health guidelines, purification therapies when indicated and following the advice of elders and learned authorities.

❖ Material and Methodology

Study Design

The present work was carried out as an observational study.

Sample Size

A total of 50 patients were included in the study.

Method of Collection

Subjects were selected by adopting a random sampling technique.

Plan of Study

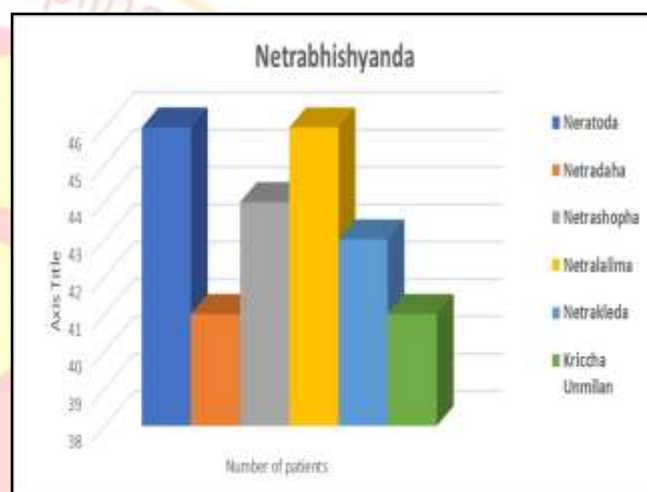
- Patients diagnosed with Netrabhishyanda and belonging to the age group of 18 to 60 years were enrolled.
- Individuals presenting with classical features of Netrabhishyanda such as Neratoda, Netradaha, Netrashopha, Netralalima, Netrakleda and difficulty in opening the eyes were considered for the study.

Observations and Results

▪ Netrabhishyanda

The assessment of Netrabhishyanda was based on the presence of classical clinical features including Neratoda, Netradaha, Netrashopha, Netralalima, Netrakleda and Kriccha Unmilan. Each symptom was carefully observed in all enrolled patients and the frequency of occurrence was documented. The collected data were later presented in graphical form for better interpretation.

Sr. No.	Symptom	Number of patients	Percentage
1	Neratoda	46	92 percent
2	Netradaha	41	82 percent
3	Netrashopha	44	88 percent
4	Netralalima	46	92 percent
5	Netrakleda	43	86 percent
6	Kriccha Unmilan	41	82 percent



Discussion and Conclusion

The classical texts describe Abhishyanda as the fundamental cause for the development of most ocular disorders. On the basis of similarity in clinical features, conjunctivitis can be correlated with Abhishyanda. Acharyas have emphasized that untreated Pittaja Abhishyanda may progress to serious complications such as Vatadhimantha and eventually result in Hatadhimantha, which represents the stage of irreversible loss of vision.

Abhishyanda has been classified as a Sarvagata Vyadhi in Ayurvedic literature. According to Sushruta Samhita, there are seventeen Sarvagata eye disorders, whereas Vagbhata has mentioned sixteen. All Acharyas share a uniform view regarding the clinical presentation and progression of Pittaja Abhishyanda. Separate etiological factors are not specifically described for Pittaja Abhishyanda; therefore, the general causative factors of eye diseases are considered applicable. These include dietary, lifestyle and psychological factors.

In the present era, increasing industrialization and environmental pollution have significantly influenced dietary habits and daily routines. Exposure to dust, smoke and pollutants commonly affects ocular health and may result in functional disturbances. If the cornea becomes involved, visual impairment may occur. It has been commonly observed that individuals involved in household work, cleaning activities and outdoor occupations, or those working in polluted surroundings, tend to develop simple conjunctivitis at an early age.

In this observational study, an attempt was made to evaluate the frequency of symptoms associated with Netrabhishyanda. Neratoda was observed in 96 percent of cases, Netradaha in 94 percent, Netrashopa in 82 percent, Netralalima in 98 percent, Netrakleda in 96 percent and Kriccha Unmilan in 76 percent of patients. The disease was found to be distressing in nature, with most symptoms present in the majority of patients.

Bibliography:

1. Ayurvedic Medicine: In Depth [Internet]. NCCIH. 2019. Available from: <https://www.nccih.nih.gov/health/ayurvedic-medicine-in-depth>
2. I-1 [Internet]. [cited 2022 Sep 1]. Available from: https://thesis.library.caltech.edu/5210/13/MSM_Thesis_CH1_Intro.pdf
3. Shalakyatantra department of Ayurveda [Internet]. ayurved.dypvp.edu.in. [cited 2022 Sep 1]. Available from: <https://ayurved.dypvp.edu.in/shalakyatantra.aspx>
4. Shabda Kalpa Druma Pg.906
5. Shri Dalhana Acharya, Sushruta, Sushruta Samhita with Nibandhasamgraha commentary edited by Vaidya Jadavji Trikamji Acharya year 2008, Chaukhamba Surabharati Prakashan Varanasi, Nidana sthana 5/33-34, pg.289.
6. Shri Dalhana Acharya, Sushruta, Sushruta Samhita with Nibandhasamgraha commentary edited by Vaidya Jadavji Trikamji Acharya year 2008, Chaukhamba Surabharati Prakashan Varanasi, Sutra Sthana 28/20, pg.179.
7. Agnivesha, Charaka Samhita, Chakrapanidatta, edited by Vaidya Jadavaja Trikamji Acharya, edition 2008, Chaukhamba Surabharati Prakashan Varanasi, pg.179
8. Shri Dalhana Acharya, Sushruta, Sushruta Samhita with Nibandhasamgraha commentary edited by Vaidya Jadavji Trikamji Acharya year 2008, Chaukhamba Surabharati Prakashan Varanasi, Uttara Tantra 1/20, pg.597.
9. Vriddha Vagbhata, Ashtanga Samgraha with indu commentary edited by Dr.Shiva Prasada Sharma 2006, Uttara Tantra chapter 18 and 19, Chaukhamba Sanskrita series office Varanasi, pg.717 to 726: Srimada Vagbhata, Ashtanaga Hridaya with Nirmala commentary edited by Dr.Bramhananda Tripathi 2007, Uttaratantra 11/2, Chaukhambha Sanskrita Pratishthana, Delhi pg.686.
10. Madhavakara, Madhavanidana, 6th edition 2001, Chaukhambha orientalia, varanasi chap.59/3, page no. 502.
11. Yogaratnakara, Vodyotinik Tikka, by Dr. Indradeva Tripathi, Chaukhamba Sanskrit Series office 7th edition 2002, chap 10, pg.756
12. Shodhala, Gadani-graha, By Dr. Indradev Tripathi, 3rd edition 1999, Charu printers, 3/1-3, pg.62
13. Shri Dalhana Acharya, Sushruta, Sushruta Samhita with Nibandhasamgraha commentary edited by Vaidya Jadavji Trikamji Acharya year 2008, Chaukhamba Surabharati Prakashan Varanasi, Uttara Tantra 6/23, pg.604.
14. Agnivesha, Charaka Samhita, Chakrapanidatta, edited by Vaidya Jadavaja Trikamji Acharya, edition 2008, Chaukhamba Surabharati Prakashan Varanasi, Nidan sthana 1/8 pg.104.
15. Shri Dalhana Acharya, Sushruta, Sushruta Samhita with Nibandhasamgraha commentary edited by Vaidya Jadavji Trikamji Acharya year 2008, Chaukhamba Surabharati Prakashan Varanasi, Uttara Tantra 1/21 - 23, pg.597.
16. Agnivesha, Charaka Samhita, Chakrapanidatta, edited by Vaidya Jadavaja Trikamji Acharya, edition 2008, Chaukhamba Surabharati Prakashan Varanasi, Nidan sthana 1/8 pg.104.
17. Shri Dalhana Acharya, Sushruta, Sushruta Samhita with Nibandhasamgraha commentary edited by Vaidya Jadavji Trikamji Acharya year 2008, Chaukhamba Surabharati Prakashan Varanasi, Uttara Tantra 1/21 - 23, pg.597.
18. Pink Eye (Conjunctivitis): Causes, Symptoms & Treatment (clevelandclinic.org)