Abhishyana- Ayurvedic Review Literature
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Abstract
Abhishyanda is a sarvagata Netraroga involving all parts of the eye and considered as a dreadful disease because it gives rise to all other eye disease. Conjunctivitis is the inflammation of the conjunctiva that manifests itself in many grades and types. Abhishyanda will become a causative factor of all eye disease. It can spread through circulation as it involves rakta. It will advance to Adhimanth, if not cured properly. Abhishyanda will lead to Adhimanth with acute pain. All the 76 disease of the eye can be produced by untreated Abhishyanda, as it settles in kapha. Because of all these, we should have the complete knowledge, study of Abhishyanda.

Keywords
Abhiahyanda, vataj abhishyanda, piytaja abhishyanda, kaphaja abhishyanda, raktaja abhishyanda
INTRODUCTION
Ayurveda is holistic science which deals with preventive and curative aspect of disease. Eye diseases are explained under the branch of Shalakytantra which deals with all disease occurring above the clavicle. Abhisyanda is one of the sarvagat netra- roga. Sarvagata (sarva = all) disease extends to all mandals and netra sandhis. Mandal and sandhis are the visible parts of the eye, but sarva akshi rogas can originate from those parts which are not visible for naked examination as they are hidden inside the orbit (akshiguha)

SYNONYMS-
Abhisyanda, abhisyanna, syanda, akshikopa
Abhisyanda is characterized by excessive discharge or tears (syandana) from all sides of eye (abhi). Abhisyanda is defined as a disease in which there is sroto syandana in all channels of head and neck. Commentator Acharya Indu has given two meaning for syandana-
1. Excessive flow
2. A solid converting into liquid state
Aacharya chandranandan has described abhishyanda as bhaspikaran (producing bashpa). The word bashpa indicates excessive tears according to Dalhana. As if steam is coming out of the eye according to G. D. Singhal.
Aacharya Adhamalla has defined Abhishyanda roga as a disease characterized by samrambha(swelling) and paka (suppuration) of eye. Considering all the above, we can infer that Abhishyanda is a disease altering the fluids of the eye, with excessive discharge, swelling and may end up with suppuration.

IMPORTANCE OF ABHISYANDA
Abhishyanda will become a causative factor of all eye disease. It can spread through circulation as it involves rakta. It will advance to Adhimantha, if not cared properly. Uncontrolled Abhishyanda will lead to Adhimantha with acute pain.

NIDAN (Causative factors)-
1. Nija
   1. Nija (internal causes)-vataja, pittaja, kaphaja and raktaja
   2. Aagantuja (external cause)
   It is applicable to all factors like physical contact, eating, sleeping together sharing the cosmetic or garlands. It may also indicate sexual contacts.

SAMPRAPTI-
Initially *Sarva deha syandana* takes place due to etiological factors. It will lead to *Siro-abhisyanda*. Later *Netra- Abhisyanda* will be produced when there is *khavaigunya* associated with *acaksusya sevana*.

**CLASSIFICATION**

*Abhisyanda* is classified into four types, based on dominant *dosha* and *rakta*.

1. **VATAJA ABHISHYANDA**
   - Dominance: *Vata* 
   - *Chikitsa-sadhya* (vyadhana)
     - Characterized by:
       - *nistodana*: pricking sensation
       - *stambhana*: restricted movements
       - *romharsha*: horripilation
       - *sangharsha*: foreign body sensation
       - *parushya*: hardness
       - *shiro-abhitapa*: headache
       - *vishushkabhava*: dryness
       - *shishirasruta*: cold and watery discharge
     - *Vishushkabhava*: dryness does not mean dryness due to deficient tears. It is only absence of abnormal discharge.
     - A/C to *Vagbhata* (*Ashtanga Sanghrah*): *nasanahoalpashophata*: obstruction & swelling of nasal cavity
     - *shankhaakshibrulalatasya tod*: pain in temporal reg. eye, eye-brows, fore head.

2. **PITTAJA ABHISHYANDA**
   - Dominance: *Pitta* 
   - *Chikitsa-sadhya* (vyadhana)
     - Characterized by:
       - *daha*: burning sensation
       - *prapka*: severe inflammation
       - *shishiraabhinanda*: longing for cold
       - *dhumayana*: smokiness
       - *bashpa samuchaya*: sensation of steam or increased tears
       - *ushnaashruta*: warm lacrimation
       - *pitak netrata*: yellowish discoloration on the eye A/C to *Vagbhata* - External surface of the eyelids will be grayish discolourated and sensation of burnt wound will be felt in eyes.

3. **KAPHAJA ABHISHYANDA**
   - Dominance: *Kapha* 
   - *Chikitsa-sadhya* (vyadhana)
     - Characterized by:
       - *ushnabhinandana*: longing for warm
       - *guruta*: heaviness
       - *kandu*: itching
       - *upadeha*: stickiness due to increased exudates

Sub-acute catarrhal conjunctivitis and sub-acute allergic conjunctivitis.
sitata: whiteness
ati saityam: excessive coldness
stravo muhuh: frequency of discharge increased
pichila: slimy A/C to Vagbhata (Ashtanga Sanghrahah)\textsuperscript{10}
jadhya: feeling of lethargic
mahan shopha: severe swelling
nidra: sleep in excess
anannabhinandana: loss of appetite

COMPARIED WITH-Purulent conjunctivitis, Allergic conjunctivitis, Acute muco-purulent conjunctivitis

4. \textbf{RAKTAJA ABHISHYANDA-} \textsuperscript{11}
Dominance – Rakta
Chikitsa - Sadhya (vyadhana)
Characterized by-
timir ashru: coppery /brown coloured tears
lohit netrata: blood red discoloration of eye
samantat ati-lohit rajyah: generalized deep red vascular marking
-in addition, all the features of pittabhisyanda are found in it

COMPARIED WITH-
Acute muco-puralent conjunctivitis, ciliary congestion, diseases of uveal tracts

\textbf{MANAGEMENT OF ABHISHYANDA-} \textsuperscript{12}

\textbf{PRINCIPLES OF TREATMENT-}

As \textit{abhishyanda} is causative factor for most of the eye diseases its principle for treatment is applicable to all the eye diseases.
1. \textit{Vataja abhishyanda} with unctuous and hot drugs (snigdh or ushna).
2. \textit{Pittaja} with soft and cold (mrudu and shitala)
3. Kaphaja with irritant, rough, hot and non slimy drugs (tikshna, ruksha, ushna, vishada)
4. \textit{Sannipatika abhishyanda} needs all the above alternatively.

In \textit{purvarupa-} tikshna gandusha & nasya advised

\textbf{TREATMENT OF VATAJA ABHISHYANDA-} \textsuperscript{13}

- Snehana with old preserved ghee(puran sarpi) and swedan
- Sira mokksana
- Sneha virechana
- Basti
- Tarpana
- Putapaka
- Dhumapana
- Aschyotana
- Snehana nasya
- Snigdha parisheka
- Sirobasti
1. **ORAL ADMINISTRATION**
   Sahacharadi ghruta or taila or majja alternatively.
2. **SIRA MOKSANA**- to prevent further aggravation of vata dosha, snehana, swedana and visyandana should done
3. **SNEHA VIRECHANA**- tilwak ghruta with tilwak kashay
4. **BASTI**- when body is fully cleaned of vitiated doshas, basti mentioned which should be sneha basti or anuvasa basti after niruh basti
5. **SHIROBASTI**-
6. **NASYA**- rasna, shatavari, dashmula, balamula etc. siddha tail, gruta nasya
7. **TARPANA**- Shriparni, Jeshtamadha, Erand, Nagarmotha etc sidha milk
8. **PUTPAKA**- snehik putpaka
9. **ASCYOTANA**- goat’s milk boiled with the bark of Hribera, Tagara, Manjishta & Udumbar should be used as drop to relieve the pain
10. **ANJANA**- anjana formed due to mixture of Jeshtamadh, Haridra, Haritaki, Devdar with goat’s milk. This is best anjana on vataj abhishyanda
11. **LEPA**- aanupves varena shiro vadanav lepa
12. **PINDIKA**- saktu pindika used
13. **DIET & DRINK**- diet of meat juice of domestic, aquatic animals along with fats and fruit juices are advised. Milk processed with vatahara medicine is beneficial. Ghee processed with triphala or old preserved ghee should be taken orally

**TREATMENT OF PITTAJA ABHISHYANDA**
- Snehana swedana
- Raktamokshana
- Sravasana(virechana)
- Pariseka
- Alepa
- Nasya
- Anjana
- t/t of Visarpa should follow

1. **SNEHAPANA**- sweet medicated ghee or tikta grita
2. **RAKTAMOKSHANA**- by siravyadana
3. **SNEHAVIRECHANA**- with decoction of Triphala, sugar, Trivrut
4. **NASYA**- Krirsarpi nasya. Sariva & Kashmiri rubbed with sugarcaine juice used for nasya
5. **TARPANA & PUTPAKA**- Kshatajshukranashak tarpana and putpaka should be used
6. **PARISHEKA**- vedanahar parisheka
7. **ASCHYOTANA** - done with decoction of *Daruharidra* and *Jeshtamadha*
8. **ANJANA** - extraction of *Palashpushpa* or *Palashmula* with sugar and honey
9. **LEPA** - for *daha* use *Raktachandana*, *Kumuda*, *Sariva*, *Jatamansi* all these mixed with milk & ghruita

**TREATMENT OF RAKTAJA ABHISHYANDA**

It should be managed as *Pittaja Abhisyanda*
1. **SNEHAPANA** - for internal *shodhana* use *Kombha* ghrita or *snehayukta mansarasa*
2. **SWEDANA FOR VEDANAHAR-vayuaavrutta rakta-mrudu sweda. Dushita rakta aavrodh-jalakaavacharana around orbit.** Only *Tivra vedana*-excessive amount of ghrutapana. *Alpa vedana-shamana chiktsa* like *pittabhishyanda*
3. **RAKTAMOKSHANA** by *siravedha* or *jalauka*
4. **SNEHAVIRECHANA** - by extract or decoction of *Trivrutadi virechana dravya* mixes with ghrita and honey
5. **NASYA** - extract of *Sharkara, Yashtimadhu, Nilkamal* mix with human milk should be siddha in ghruita

6. **DHUMAPANA**
7. **TARPANA**
8. **PUTPAKA** - SAME LIKE *PITTAJA*
9. **PARISHEKA**
10. **AASCHYOTANA** - use human milk, sugar & sugarcaine juice
11. **ANJANA** - *drushtiprasadanarth churnajana*

**TREATMENT OF KAPHAJA ABHISHYANDA**

1. **APATARPANA** - 3 days of fasting or light food
2. **SNEHAPANA** - *Vyoshsidha ghruta*
3. **SWEDANA** - with *koshna lepa*
4. **RAKTAMOKSHANA** - *siravedha*
5. **PARISHEKA**
6. **SNEHAVIRECHANA** - with *kaphaghna sidha aushadhi grita*
7. **NASYA** - *Avapida nasya ghrita*
8. **DHUMAPANA** - with *Kaphahara dravya*
9. **KAVALGRAHA** - with *tikshna dravya*
10. **TARPANA** - milk decoction of goat’s liver, *Agaru, Priyangu, Nalad, Devdaru* *sidha grita*
11. **RUKSHA PUTAPAKA**
12. ASCHYOTANA- to relieve shopha, updeha and kandu
13. ANJANA- Panshupatik yog
14. LEPA- BIDALAKA-
15. DIET- contraindicated

kaphavrudhikara aahar or anna or peya

Abhishandya is correlated with Conjunctivitis

CONCLUSION

From the above it can be concluded that we can treat Abhishyanda by the ayurvedic treatment rather than modern allopathic drugs, as it easy to use, low cost and economic to patients.
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