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Abhishyana- Ayurviedic 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 grads 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 abhishyanda



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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. *Abhishyanda* is one of the *sarvagat netraroga*. *Sarvagata* (*sarva* = all) disease extend ta 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 (sysnda) from all sides of eye (abhi). Abhisyanda is defined as a disease in which there is sroto syandana in all channels of head and neak. Commentator Acharya Indu has given two meaning for syandana-

- 1. Excessive flow ¹
- 2. A solid converting into liquid state ²

 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-3

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 2. Aagantuja
- 1. Nija (internal causes)-vataja, pittaja, kaphaja and raktaja
- ^{2.} Aagantuja (external cause)-⁴

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- Abhishyanda* will be produced when there is *khavaigunya* associated with *acaksusya sevana*.

CLASSIFICATION-

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

1.VATAJA ABHISHYANDA-⁵

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

Vishushkabhav dryness does not mean

dryness due to deficient tears. It is only

absence of abnormal discharge.

A/C to Vagbhata (Ashtanga Sanghraha)⁶

nasanahoalpashophata: obstruction &

swelling of nasal cavity

shankhaakshibrulalatasya tod: pain in

temporal reg. eye, eye-brows, fore head.

COMPARED WITH-

Sub-acute catarrhal conjunctivitis and sub-

acute allergic conjunctivitis.

2.PITTAJA ABHISHYANDA-⁷

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* ⁸-External surface of the eyelids will be grayish discolourated and

sensation of burnt wound will be felt in

eyes.

COMPARED WITH-

Acute conjunctivitis, Acute catarrhal conjunctivitis, Acute purulent conjunctivitis.

3.KAPHAJA ABHISHYANDA-9

Dominance – *Kapha* Chikitsa

Sadhya (vyadhana)

Characterized by-

ushnabhinandana: longing for warm

guruta: heaviness

kandu: itching

upadeha: stickiness due to increased

exudates



sitata: whiteness

ati saityam: excessive coldness

stravo muhuh: frequency of discharge

increased

pichila: slimy A/C to Vagbhata (Ashtanga

Sanghraha)¹⁰

jadhya: feeling of lethargic

mahan shopha: severe swelling

nidra: sleep in excess

anannabhinandana: loss of appetite

COMPARED WITH-Purulent

conjunctivitis, Allergic conjunctivitis, Acute

muco-purulent conjunctivitis

4.RAKTAJA ABHISHYANDA- 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

COMPARED WITH-

Acute muco-puralent conjunctivitis, ciliary

congestion, diseases of uveal tracts

MANAGEMENT

OF

ABHISYANDA⁻¹²

PRINCIPLES OF TREATMENT-

As *abhishyanda* is causative factor for most of the eye diseases its principle for treatment is applicable to all the eye diseases.

- 1. *Vataj abhishyanda* with unctuous and hot drugs (*snigdh* or *ushna*).
- 2. *Pittaja* with soft and cold (*mrudu* and *shitala*)
- 3. Kaphaja with irritant, rough, hot and non slimy drugs (*tikshna*, *ruksha*, *ushna*, *vishada*)
- 4. *Sannipatika abhishyanda* needs all the above alternatively.

In purvarupa- tikshna gandusha & nasya advised

TREATMENT OF VATAJA ABHISHYANDA⁻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 anuvasana 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 Jeshtamadha, Haridra, Haritaki, Devdar with goat's milk. This is best anjana on vataj abhishyanda
- 11. LEPA- aanupves varena shiro vadana 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⁻¹⁴

- 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⁻¹⁵

- It should be managed as *Pittaja Abhishyanda*
- 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 chikitsa 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 ghruta

- 6. DHUMPANA
- 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⁻¹⁶

- 1. *APATARPANA-* 3 days of fasting or light food
- 2. SNEHAPANA- Vyoshsidhha gruta
- *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 peyaAbhishandya 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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