



## Role of *Haritakyadi Seka* in *Kaphaj Abhishyanda* with Special Reference to Bacterial Conjunctivitis: A Case Study

\*<sup>1</sup>Dr. Komal Vidyadhar Garad and <sup>2</sup>Dr. Shamli S Pawase

\*<sup>1</sup>P.G. Scholar, Department of Shalakya Tantra, Sumatibhai Shah Ayurved Mahavidyalaya, Hdapsar, Pune, Maharashtra, India.

<sup>2</sup>Associate Professor, Department of Shalakya Tantra, Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune, Maharashtra, India.

### Abstract

Conjunctivitis is the inflammation of the conjunctiva. Also known as pink eye. Patients presenting with complaint of redness, which accompanied by pain, itching and discharge. Bacterial conjunctivitis is commonest type of conjunctivitis in developing countries. Outbreaks are quite frequent during monsoon season. In *Ayurveda Kaphaja Netra Abhishyanda* is defined as a disease affecting all parts of the eye, characterised by *Guruta* (heaviness of lids), *Kandu* (itching), *Pichhila* (repeated lacrimation), *Alpa Vedana* (Foreign body sensation), photophobia and burning sensation in eyes. On reviewing the clinical presentation from modern aspects, it resembles like Bacterial Conjunctivitis. Common causative bacteria are *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Haemophilus influenza*, *Neisseria meningitis*, and *Corynebacterium diphtheriae*. An ocular therapeutic called *Netra Seka*, this method entails pouring a continuous stream of medicated liquid (*Kwatha*) over the closed eyes. It is indicated for both acute and chronic infections affecting the eyes.

**Keywords:** Bacterial conjunctivitis, *Haritakyadi Seka*, *Kaishore Guggul*, *Kaphaja Abhishyanda*.

### Introduction

Conjunctivitis known as *Abhishyanda* in *Ayurveda*, *Abhishyanda* is one of the *Sarvagata Netraroga*. *Acharya Shushruta* has emphasized most of the *Netraroga* are originated from *Abhishyanda*. *Abhishyanda* describe as an *Aupsargik Roga* (Contagious disease) [4]. So, timely management of *Abhishyanda* is crucial to prevent further complications otherwise it may lead to its many complications like *Adhimantha*, *Hatadhimantha*. Due to consumption of *Dosha Prakopaka Ahara-Vihara* either individual or collectively *Dosha* becomes vitiated [4]. These vitiated *Doshas* move upwards to the *Netra gata Siras*, especially *Pitta Anusari Siras*, where they become lodged in *Sarvang Netra*. This results in *Dosha-Dushya Samurchhana* manifest into *Sarvagata Netraroga*.

*Acharya Shushruta* describe 17 types of *Sarvagata Netraroga*, *Kaphaja Abhishyanda* one of them. *Kaphaja Abhishyanda* is defined as a disease affecting all parts of the eye, characterised by *Guruta* (heaviness of lids), *Kandu* (itching), *Pichhila* (repeated lacrimation), *Alpa Vedana* (Foreign body sensation), photophobia and burning sensation in eyes. On reviewing the clinical presentation from modern aspects, it resembles like Bacterial Conjunctivitis [6].

Conjunctivitis is the inflammation of the conjunctiva. Also known as pink eye. Outbreaks are quite frequent during

monsoon season. Common causative bacteria are *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Haemophilus influenza*, *Neisseria meningitis*, and *Corynebacterium diphtheriae*. Conjunctivitis itself manifests in many grades and types. The nature of secretion is of diagnostic importance. It may be watery or serous largely due to an increased secretion of tears or mucoid or mucopurulent or purulent, in which case the disease is usually to a bacterial agent. [7] Symptoms of bacterial conjunctivitis are pain and foreign body sensation, watering, photophobia, blurred vision, congestion of circumcorneal vessels.

In *Samavastha* of *Netraroga* symptoms are *Udirna Vedana* - intense pain, *Raga* - redness, *Shotha* - swelling [8]. In *Niramavastha* symptoms are *Mandavedana*- mild pain, *Kandu* - itching, *Prasanna varnata* - clear vision [9]. *Acharya* mention therapeutic procedures according to *Samavastha* and *Niramavastha* of *Netrarogas*. *Seka*, *Achotana* and *Bidalaka* given in *Samavastha* and *Tarpana*, *Putpaka* and *Anjana* given in *Niramavastha*. An ocular therapeutic called *Netra Seka*, this method entails pouring a continuous stream of medicated liquid (*Kwatha*) over the closed eyes. It is indicated for both acute and chronic infections affecting the eyes.

### Aim and Objectives

**Aim:** To observe the effect of [10] *Haritakyadi Netra Seka* in

*Kaphaja Abhishyanda.*

**Objective:** To give relief to the patient from symptoms of *Kaphaj Abhishyanda*.

### Case History

A 33-year-old male patient visited the outpatient department of Shalaky Tantra, SSAM, Hadapsar, Pune, with complaints of stickiness, redness foreign body sensation, mild pain right eye more than left eye. Patient had onset of the symptoms since 2 days. With no medical or family history and no known allergy history.

### Clinical Findings

On ocular examination visual acuity of patient was 6/6p both eyes, eyeball movements were regular, conjunctival congestions were observed. Other all sclera, cornea, iris, pupil, anterior chamber was found to be expected. On the basis of signs and symptoms, the patient was diagnosed with bacterial conjunctivitis. Advised *Haritakyadi Seka* for five days.

**Table 1:** On Ocular Examination:

	OD	OS
Lid	Swelling +	Swelling +
Sclera	WNL	WNL
Conjunctiva	Congestion +	Congestion +
Cornea	Clear	Clear
Pupil	NSRL	NSRL
Lens	Normal	Normal
Anterior Chamber	Normal Depth	Normal Depth
Visual Acuity	6/6p	6/6p

### Materials and Methods

**Table 2:** Drugs used in *Haritakyadi Seka* are *Haritaki*, *Shunthi*, *Vacha* and *Daruharidra*.<sup>[11, 12]</sup> They have following properties,

	<i>Haritaki</i>	<i>Shunthi</i>	<i>Vacha</i>	<i>Daruharidra</i>
Rasas	<i>Madhura, Amla, Katu, Tikta, Kashay</i>	<i>Katu</i>	<i>Katu, Tikta</i>	<i>Tikta</i>
Guna	<i>Laghu</i>	<i>Laghu, Snigdha</i>	<i>Laghu, Tikshan</i>	<i>Ruksha</i>
Veerya	<i>Ushana</i>	<i>Ushana</i>	<i>Ushana</i>	<i>Ushana</i>
Vipaka	<i>Madhura</i>	<i>Madhura</i>	<i>Katu</i>	-
Karma	<i>Chakshushya</i>	<i>Vata kapha ghana</i>	<i>Kaphahara</i>	<i>Kapharogahara, Netrarogahara</i>

**Table 3:** Follow up and Outcome<sup>[17]</sup>:

<i>Lakshana</i>	<i>Guruta</i>	<i>Akshishopha</i>	<i>Kandu</i>	<i>Upadeha</i>	<i>Atishaityam</i>	<i>Pichhilstrav</i>
Day 0	+	+	+	++	-	+
Day 3	+/-	-	+	+	-	+/-
Day 5	-	-	-	-	-	-

### Preparation of *Seka*:

Coarse powder of drugs *Haritaki*, *Shunthi*, *Daruharidra* and *Vacha* were mixed properly and<sup>[13]</sup> four times water was added, that is one part of drugs and four-part water. Boiled at slow temperature till it became 3/4<sup>th</sup> of total amount. The medicated decoction was filtered with the help of cotton so that there were no minute particles left in the decoction.



**Fig 1:**

### Procedure of *Seka Karma*:

- Purva Karma:** Supine position was given to the patient on *Kriya Kalpa* table. Clean the skin of the lids, orbital area and whole face with sterile cotton swab before *Netra Seka*.
- Pradhan Karma:** After *Purva Karma* asked patient to closed eyes as<sup>[14]</sup> *Seka* was perform in closed eyes, from *Kaninika Sandhi* (Inner canthus) to *Apanga Sandhi* (Outer cantus).<sup>[15]</sup> *Seka* was done from four *Angul* distance. The stream was given over *Kaninika Sandhi* towards *Apanga Sandhi*. Temperature of *Kwatha* should be according to comfort of the patient.<sup>[16]</sup> Duration of *Seka* mentioned by *Acharya Shushruta* to be twice to that *Putpaka Dharan Kala* or till the signs and symptoms are resolved or pacified the aggravated *Doshas*. In *Netraroga* time of *Seka* is 600,400 and 200 *Matra Kala* in *Vataj*, *Pittaj* and *Kaphaj Roga* respectively. Therefore, it becomes 15mins in *Vataj*, 10mins in *Pittaj* and 5mins in *Kaphaj Netra Roga* respectively.
- Paschat Karma:** After the treatment, eyes were wash or cleaned with Luke warm water. Patient advised to take rest and avoid bright light.



**Fig 2:** Before treatment



**Fig 3:** After treatment

## Discussion

<sup>[18]</sup> *Acharya Shushruta* describe 17 types of *Sarvagata Netraroga*, *Kaphaja Abhishyanda* one of them. <sup>[19]</sup> *Kaphaja Abhishyanda* is defined as a disease affecting all parts of the eye, characterised by *Guruta* (heaviness of lids), *Kandu* (itching), *Pichhila* (repeated lacrimation), *Alpa Vedana* (Foreign body sensation), photophobia and burning sensation in eyes. On reviewing the clinical presentation from modern aspects, it resembles like Bacterial Conjunctivitis.

Cases of conjunctivitis in day-to-day practice are increasing. Its incidence is increasing due to poor hygienic conditions, hot & dry climate, poor sanitation & unhygienic habits. <sup>[20]</sup> The incidence of bacterial conjunctivitis was estimated to be 125 in 10000 in one study. With the aim of establishing the efficacy of *Ayurvedic* management in cases of bacterial conjunctivitis, this study was undertaken.

In this case, <sup>[21]</sup> the disease according to its symptoms like intense pain, redness, swelling in its *Samavastha*. So decided to plan *Netra Seka* with *Haritakyadi Kwatha* because *Acharya* mention *Seka*, *Bidalaka* and *Achotana* are the for *Samavastha* of *Netra Roga*.

The drug's use in *Haritakyadi Seka*, among the four drugs two drugs <sup>[22]</sup> *Haritaki* and *Vacha* having *Kaphahara*, *Tridoshashamaka*, *Chakshushya* properties.

<sup>[23]</sup> *Shunthi*, *Daruharidra* having *Pittahara*, *Raktaprasadak* properties. This combination has a soothing and cooling effect on the eyes, helping to reduce redness of eyes, burning sensation and congestion of eyes. <sup>[24]</sup> Most of the drugs are used in *Seka* possesses *Laghu* properties (lightness) is known for its *Srotoshodhan* effect so it purifies the minute channels of the body. Also, *Ruksha Guna* of *Daruharidra* having *Shoshan* properties helps to reduce mucopurulent discharge.

<sup>[25]</sup> *Seka Karma* helps in removing debrided tissue and scales. The *Veerya* of the drugs comes in contact with *Bhrajaka Pitta*, it undergoes *Paka* to manifest its actions. Importance of maintaining the flow of stream which should not be thick or thin. So, the *Sara Guna* of stream stimulates other substances to move.

<sup>[26]</sup> It is important to maintain the temperature of *Kwatha*, as it is used in *Sukhoshna* form it leads to *Sroto mukha Vishodhana* which increased blood flow and enhances absorption of drugs. The drugs reach to the deeper tissues through *Sira & Swedavahi Srotas*. Also allows the local toxins to flow out through the *Sweda*, thus clearing out the micro channels. Hence breaks the pathogenesis cycle leading to reduction in the symptoms. When *Kwatha* use *Sukhoshna* it brings the *Pachan* effect helps in *Amavastha* of *Roga* into *Niramavastha*.

Contact time of *Seka Dravyas* with *Vartma* increases the *Raktasanchara* in *Netrasiras* and removes *Srotosanga*.

When the drug comes in contact with the ocular surface, the Cornea and Conjunctiva also respond. Cornea determines the intra-ocular penetration of the drugs used in *Kriyakalpa*. The factors determine the better penetrations of the drugs through the cornea are solubility of drugs in both water and fats, drug formulation and wetting agent and all these are achieved by the procedure *Seka* and the drugs used in it. Thus, *Seka* can be used in many of the disorders of the Anterior Segment of eye.

## Conclusion

This case study demonstrates the efficacy of an *Ayurvedic* approach in the management of *Kaphaj Abhishyanda*, clinically correlated with bacterial conjunctivitis. *Parisheka* using *Haritaki* and *Vacha* significantly reduced the itching, burning, and mucopurulent discharge due to the involvement of *Kapha*. *Shunthi* and *Daruharidra* reduced redness and congestion due the involvement of *Rakta*. *Seka* reduces pain and congestion and increases blood supply to the affected area *Seka* is the safest procedure which can be done in *Sam Netraroga* which brings the relaxing, soothing, analgesic, anti-inflammatory effect. *Samavastha* in *Netra Roga* is similar to inflammatory conditions of eyes. *Kriyakalpa* like *Anjana*, *Tarpan*, *Putpaka* works efficiently in it.

After a complete treatment for five days, it was noted that eyelid swelling, redness, eye discharge and pricking sensation of eyes has been disappeared. This treatment not only provide relief from the discomfort but also restore the health of the eyes, making a promising alternative for long term care. This treatment of *Haritakyadi Seka* in bacterial conjunctivitis make provision for further clinical research on the management of the bacterial and other form of conjunctivitis.

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