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## Integrated understanding of kaphaja abhishyandi for good clinical practice

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### Abstract

Vernal Kerato Conjunctivitis may be seasonal or perennial, recurrent, bilateral but revolves on its own. It occurs more commonly in spring and summer season. Gradual rise of temperature during spring and dryness and burning sensation occurring in summer causes inflammation in conjunctiva. Vernal keratoconjunctivitis has quite similarity with kaphaja abhishyanda in terms of its picchilta, kandu, srava, heaviness over eyelid and desire to warmth favor this condition.

**Keywords:** Kaphaja abhidhyandi, vernal kerato conjunctivitis, allergic conjunctivitis, allergic inflammation

### Introduction

Vernal Kerato Conjunctivitis is seasonal as mostly it occurs in warm moist climatic condition like spring and summer. Kapha prakopaka Kala, Balya Avastha and Kaphakara Nidanans are the three factors that worsen the condition even more. According to Ayurveda classics Vernal Kerato Conjunctivitis is commonly seen in Kapha dominating period of life [1]. Vernal Kerato Conjunctivitis can be perennial in some cases; it results due to sensitivity towards allergens or stimuli. Patient in this condition often complains about frequently appearing conjunctival redness after exposure to any allergens like dust, pollen, smoke and other external stimuli. There can be conjunctival (bulbar + palpebral) congestion when these exogenous factors come in contact with conjunctiva. In both conditions eye fails to provide defense against allergens as the function of Kapha to promote nourishment and stability is loss. Vernal Kerato Conjunctivitis presents with ocular signs like tranta's spot, papilla over conjunctival lining of upper eyelid, gelatinous deposition over limbus, hyperamia in palpebral and bulbar conjunctiva and gelatinous opacification. It is a very distressful disease of childhood and adolescents as child is most susceptible to itching, photophobia, oedema over eyelids, feeling of foreign particle being stuck in eye, repeated discharge, lacrimation and on waking up patient experiences difficulty in opening of eye due to excessive exudation caused by Kapha [2-4]. It affects the learning capacity of children and daily routine of adults. In early this disease doesn't affect visual acuity completely but may cause blurriness' in vision because of imbalance state of Alochaka Pitta. If this condition is neglected; later stages can lead to deficiency of limbal stem cell which impairs the vision causing blindness and any corneal complications.

### Aims and Objectives

To study the co relation of Kaphaja Abhishyandi with Vernal Kerato Conjunctivitis.

### Materials and Methods

The study was conducted on 56 patients attending Zara optical clinic in sanquelim.

Age group of 4 to 25 were selected for the study.

Criteria of diagnosis

Patient were diagnosed and surveyed based on symptoms and ocular signs of vernal conjunctivitis and compared with those mentioned under Ayurveda with reference to Kaphaja Abhishyanda as bellows [5-7]:

1. Foreign body sensation
2. Oedema

3. Repeated discharge
4. Photophobia
5. Conjunctival congestion
6. Redness
7. Burning sensation
8. Watery
9. Lacrimination

### Therapeutic Choice

1. Yashtimadhu: Paste of Yashtimadhu is applied over the oedema.
2. Natapushpika – Adhapushpika: whole plant is pounded and made into paste and applied over inflammatory parts.
3. Nimba: Leave paste is applied in case of inflammation.
4. Amalaki: Amalaki juice is use as eye drops in conjunctivitis.
5. Amravalli: Swarasa is used.
6. Ashvagandha: Leaves are used to eradicate sore eyes.
7. Avartaki: Paste of flowers or Anjana made from its extract and applied locally.
8. Badara: Infusion of leaves is used as eye lotion in conjunctivitis.

### Observation and Result

**Table 1:** Showing the distribution of Patients in different age group.

Ages	No. of patients	In %
6 - 10	16	28.57%
11 – 15	25	44.64%
16 - 20	11	7.14%
21 - 25	04	19.64%

**Table 2:** Showing the distribution of Patients in categories of Sex.

Sex	No of patients	In %
Male	39	69.64%
Female	17	30.36%

**Table 3:** Showing the distribution of Patients in terms of season of their suffering.

Onset	No of patients	In %
Perennial	32	57.14%
Seasonal	24	42.85%

**Table 4:** Showing the distribution of Patients in terms of signs and symptoms.

Signs and symptoms	No of patients	In %
Foreign body sensation	37	66.07%
Repeated discharge	41	73.21%
Redness	51	91.07%
Lacrimation	25	44.64%
Burning sensation	30	53.57%
Watery	28	50%
Oedema	49	87.5%
Photophobia	44	78.57%
Conjunctival congestion	40	71.42%
Tranta's spot	36	66.28%

Out of 56 patients, 39 were male and 17 were females. It looks like; male population are affected more than the female population. As shown in the table highest incidence of Vernal Kerato Conjunctivitis occurred between 11 – 15 year of age groups; which was 44.64%. Foreign body

sensations were felt by 66.07% of population. Oedema was presented in 87.5 % of cases. Around 78.57% of patients experienced photophobia on exposure to bright light. Itching was experienced by 85.71% cases. Patient redness was observed in 91.07% cases. Lacrimation were seen in 44.64%. Burning sensation was experienced among 30 peoples. Tranta's spot was observed in 64.28% of population.

### Discussion

Eyes are Agneya and customized to comfort provided by coolness of Kapha. Childhood being the Kapha dominant phase and intake of Kaphakara nidanas like Madhura, Sheeta, Divaswapa, Abhishyandi, Guru Bhojana makes the Kapha Dosha accumulate and get lodge in conjunctiva. Since the nourishment providing property of Kapha is hampered due to gradual rise of temperature in Vasanta Ritu (Vata Sanchaya) and Grishma Ritu.

Vitiated Kapha along with Vata moves in upper part of body through various Siras and does Dushti in Kapha Sthana I.e Shweta Mandala, Vartma Mandala and Dushti Mandala. So there is aggravation of Rasa, Rakta and Mamsa Dhatu. Vitiating of Rakta will in turn vitiates Pitta. The heat of Pitta liquefies Kapha causing edema over eyelids. (Childrens nowerdays more prone to Atapa Sevana, Ratri Jagrana and continuous usage of mobile causes vitiating of Rakta which in turn causes aggravation of Alochaka Pitta affects the Dushti Mandala thereby reduce the visual acuity, redness and photophobia. Thus leading to Pichilata in Pakshma Mandala and on waking up in morning makes it difficult to open the eyes. And thereby affects the Shukla Krishna Sandhi causing gelatinous deposition and dusky red triangular congestion.

As describe earlier Vernal Kerato Conjunctivitis is Kapha Pradhan Pittanubandha Vyadhi. So in order to relieve the symptoms, the prescribed treatment might work as Kaphapitta Shamaka, Sothahara, Caksusya, Rakta Shodaka, Dahaprasmana, Deepana, Pachana and Kandughna [8-12].

### Conclusion

Pitta becomes the main factor in causing inflammation if children are involve in causing fatigue to eyes by continuous use of cell phones and exposure to sun. Kapha provides stability and strength to eyeball and eyelid. Hypersensitivity towards various external stimuli makes the Kapha fails to perform this function. In spite of protecting eyes from allergens, there is entry of allergens into conjunctiva leading to inflammation.

A warm moist environmental condition is favorable for Vernal Kerato Conjunctivitis to develop.

Increase in the vitiating of Rakta can further damage the cornea leading to complicated condition like corneal scaring, corneal shield ulcer.

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