

A Review Article on Kaphajaabhishyanda / Vernalkerato Conjunctivitis

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Abstract: *Kaphaja Netra Abhishyanda, as described in Ayurvedic literature, is an ocular disorder affecting all structures of the eye. It commonly presents with heaviness of eyelids (Guruta), itching (Kandu), excessive and frequent tearing (MuhurmuhurSrava), along with burning sensation and photophobia. When the clinical features of this condition are compared with modern ophthalmological descriptions, it shows a close resemblance to vernal keratoconjunctivitis (VKC), a type of allergic conjunctivitis frequently seen in children and young individuals. VKC has emerged as a significant reason for corneal complications and potential vision loss. This allergic inflammation of the conjunctiva is usually triggered by environmental allergens such as pollen, dust, smoke, animal dander, and mites, leading to symptoms like intense itching, conjunctival congestion, and papillary hypertrophy. The term “Spring Catarrh” is also used for VKC, indicating its seasonal tendency during Vasanta Ritu, which is known as the Kapha aggravation phase according to Ayurveda. This seasonal pattern, along with the susceptibility of the childhood age group, correlates well with the Ayurvedic concept of KaphaPrakopa during early life.*

Keywords: Abhishyanda, Muhurmuhursrava, Guruta, Kandu, photophobia

I. INTRODUCTION

Acharya Sushruta states that Netra Abhishyanda is a disorder affecting all structures of the eye and is regarded among the Sarvagata Netra Roga categoriesⁱ Many ophthalmic conditions described in Ayurveda are believed to originate from Abhishyanda due to the accumulation of vitiated ocular secretionsⁱⁱ This disease is considered AupsargikaVyadhi, indicating its infectious and communicable nature, where contamination of ocular discharge plays a key role in transmissionⁱⁱⁱ On the basis of Doshic predominance, Netrabhishyanda is divided into four major types: Vataja, Pittaja, Kaphaja and Raktaja. In KaphajaAbhishyanda, Kapha remains the primary vitiated Dosha, while Rasa and RaktaDhatus are mainly involved as Dushyas^{iv} Due to the increased Snigdha (unctuous), Sheeta (cold), Guru (heavy), and Pichchila (sticky) properties of Kapha, the ocular channels (Netra Srotas) become sluggish. This leads to heavier and denser ocular secretions and results in impaired intra-ocular circulation and delayed drainage. From a modern ophthalmology perspective, Vernal Keratoconjunctivitis (VKC) also known as Spring Catarrh, is an allergic conjunctival disorder that predominantly affects children and adolescents and causes significant discomfort^v Common clinical findings include intense itching, redness, mucoid discharge, lacrimation, foreign body sensation, photophobia and swelling of lids, which significantly disturb routine activities and academic performance in children. The symptoms generally worsen during spring and hot climates, and although the disease may persist for several years, it usually subsides after puberty^{vi} Genetic predisposition plays a considerable role in VKC development. Studies indicate that if one parent is allergic, the child has about 30% risk of developing allergies, and if both parents are affected, the risk may exceed 60%^{vii} Ayurveda discusses genetic and hereditary factors under JanmabalaPravrittaVyadhis. However, manifestation of such diseases also depends on additional influences such as strength of Agni (digestive and metabolic power), intensity of allergen exposure, and the current balance or imbalance of the Doshas within the body. Enhancing Agni, minimizing allergen exposure, and maintaining Dosha equilibrium are therefore essential preventive strategies. Thus, understanding



KaphajaAbhishyanda through the lens of Vernal Keratoconjunctivitis allows the development of a comprehensive approach. This conceptual review explores both conditions and highlights the clinical similarities between them.

AIM:

To analyze and correlate the Ayurvedic concept of KaphajaAbhishyanda with Vernal Keratoconjunctivitis from both classical Ayurvedic and contemporary modern ophthalmological perspectives.

OBJECTIVES:

1. To review Ayurvedic literature related to KaphajaAbhishyanda including its etiology, pathogenesis, signs and symptoms.
2. To summarize the clinical understanding of Vernal Keratoconjunctivitis as described in modern science.
3. To establish conceptual similarities between these two conditions to support integrative clinical understanding.

II. MATERIALS AND METHODS

This conceptual review is based on data collected from Ayurvedic classical texts, Sanskrit commentaries, and relevant modern ophthalmology literature. Previous research articles, textbooks and authenticated digital sources were screened. Information relevant to Abhishyanda and Vernal Keratoconjunctivitis was systematically compiled, compared and analyzed.

Etymology of Abhishyanda:

The term Abhishyanda is derived from the Sanskrit root “Syanda”, combined with the prefix “Abhi” and suffix “Ghan”^{viii}. Linguistically, this indicates: Abhi → intensity / excess, Syanda → secretion, flowing, oozing. Thus, Abhishyanda refers to increased or excessive discharge, especially of ocular fluids. Conceptually, the term signifies excessive lachrymation and altered ocular secretions.

Synonyms: Several classical terms are used synonymously for Abhishyanda, including: Abhishyanda, Abhishyanna, Syanda, Akshikopa. All these names emphasize pathological flow of fluids or irritation within the eye.

Acharya Indu has given two meanings for Syandana-

1. Excessive flow^{ix}
2. A solid converting into liquid state^x

Acharya Chandranandan has described Abhishyanda as Bhaspikaran (producing Bhaspa). The word Bhaspa indicates excessive tears according to Dalhana. As if steam is coming out of the eye.

Importance of Abhishyanda^{xi} Abhishyanda is considered a significant ocular disorder in Ayurveda because, if not managed in its early stage, it can progress to more severe conditions such as Adhimantha, which presents with intense ocular pain and complications. Hence, timely diagnosis and intervention in Abhishyanda are crucial to prevent further deterioration of eye health.

Classification of Abhishyanda-

VatajaAbhishyanda
PittajaAbhishyanda
KaphajaAbhishyanda
RaktajaAbhishyanda

KaphajaAbhishyanda– Nidana-

Classical texts do not provide specific causative factors exclusively for Abhishyanda. Therefore, the general etiological factors described for Netra Rogas are applicable in this condition as well. However, certain causes are considered particularly relevant for the onset of KaphajaAbhishyanda. These include exposure to excessive heat (Ushna-abhipata), contact with dust (Raja-sevana) and smoke (Dhuma-sevana), improper dietary habits (Mithya Ahara), faulty lifestyle practices (Mithya Vihara), and disturbances in seasonal patterns (Ritu Viparyaya).



Kaphaja Netra RogaSamanyaNidana:

- A. Dietary (Ahara) Causes:Consumption of excessively cold foods, heavy or hard-to-digest meals, and increased intake of water or liquid substances.
- B. Lifestyle (Vihara) Causes:Frequent exposure to dust, smoke inhalation, irregular sleep patterns, and suppression of natural urges related to urine and flatus.
- C. Seasonal/Environmental (Kala) Causes:Seasonal irregularities or adverse climatic variations (Ritu Viparyaya).

Etiology of Vernal Keratoconjunctivitis :

According to modern ophthalmology, the condition arises due to hypersensitivity of the conjunctiva when exposed to environmental triggers such as sunlight, wind, dust, smoke, air pollutants, seasonal changes, pollen, mites, and animal dander. This allergic response is commonly seen in individuals who also suffer from asthma or other atopic disorders. Hence, these allergens and environmental factors are considered major contributors to the development of Vernal Keratoconjunctivitis.

Samprapti (Pathogenesis)-

Excessive exposure to the causative factors leads to impairment of Agni, resulting in improper digestion and subsequent vitiation of the Doshas. These aggravated Doshas circulate throughout the body via Srotas and Sira and eventually become localized in the NetravahaSrotas, giving rise to Netra Roga such as KaphajaAbhishyanda.

Acharya Vagbhata explains that intake of substances harmful for vision (AchakshushyaNidana) provokes Pitta-dominant Doshas. These then travel upward to the region above the clavicle (UrdhvaJatruBhaga) through Sira and manifest as ocular disorders (AkshiRoga).

1. SamanyaSamprapti of Netra Roga:

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2. VishishtaSamprapti of Abhishyanda:

In Abhishyanda, excessive consumption of Kapha-aggravating diet (AaharajaNidana) and improper lifestyle practices (ViharajaNidana) lead to Agnimandya. This impaired digestive fire results in the formation and aggravation of Ama, presenting with Sama Kapha features. The vitiated Kapha along with Ama causes Srotodusti, affecting the NetravahaSrotas. Due to both quantitative increase of Kapha (MatratmakaVridhhi) and qualitative alteration (Gunatamaka Sangha), the dosha accumulation in ocular channels brings about characteristic symptoms of KaphajaAbhishyanda such as itching (Kandu), foreign body sensation or stickiness (Updeha), heaviness (Jadya), and intermittent mucoid discharge (MuhurmuhuSrava). The disease further shows typical signs of thick, sticky ocular secretions (Sandra-SnigdhaDushika-adiLakshana).

Samprapti Ghataka-

Dosha: Predominantly Kapha, with involvement of other Doshas as well

Dushya: Mainly Rasa and RaktaDhatus

Agni: Mandagni (reduced digestive/metabolic fire)

Srotas: Rasavaha and RaktavahaSrotas

SrotoDusthi: Sanga (obstruction), Vimargagamana (misdirection), and Atipravritti (excessive flow)

RogaMarga: MadhyamaRogaMarga

Adhisthana: Entire ocular region, especially structures nourished by Tejas and Jala elements

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VyadhiSvabhava: Chronic and slowly progressive in nature (Chirakari)

Poorvarupa-

Although classical texts do not specifically describe Poorvarupa of KaphajaAbhishyanda, Acharya Charaka mentions that when premonitory signs are not separately listed, the mild presentation of main symptoms should be considered as their Poorvarupa. Therefore, subtle occurrences of key symptoms such as pricking discomfort (Toda), swelling (Shopha), itching (Kandu), and intermittent ocular discharge (Muhur-muhuStrava) may indicate early stages of KaphajaAbhishyanda.

Rupa-

KaphajaAbhishyanda typically presents with the following signs and symptoms:

UshnaAbhinandana: Preference for warmth around the eyes
Guruta: Feeling of heaviness
Kandu: Marked itching sensation
Upadeha: Sticky ocular surface due to increased discharge
Sitata: Whitish discoloration of the eye
Ati-Saityam: Excessive sensation of coldness
StravaMuhuh: Frequent mucoid discharge
Pichilata: Slimy secretions (as stated by Acharya Vagbhata)
Jadya: Dullness and heaviness in eye movements
Maha Shopha: Pronounced eyelid and conjunctival swelling
Nidra Vriddhi: Increased sleepiness
Anannabhinandana: Reduced desire for food

Symptoms of Vernalkerato conjunctivitis-

According to modern ophthalmology, symptoms are burning and itching sensation, which is usually intolerable, other associated symptoms include: mild photophobia, lacrimation, stringy (ropy) discharge and heaviness of lids.

Signs of Vernal Keratoconjunctivitis:

The clinical presentation of Vernal Keratoconjunctivitis can be broadly categorized into three forms.

1. Palpebral Type-This form mainly affects the upper tarsal conjunctiva of both eyes. The hallmark feature is the appearance of large, flat-topped papillae that resemble a “cobblestone” pattern due to conjunctival inflammation. In more advanced cases, these papillae can become markedly enlarged, giving rise to giant, cauliflower-like growths.
2. Bulbar (Limbal) Type-Key features include: A dusky, reddish congestion of the bulbar conjunctiva, typically near the upper lid area, Thickened and gelatinous papillae surrounding the limbus due to tissue hypertrophy, Small, elevated white dots known as Horner-Trantas spots, which represent accumulations of eosinophils at the limbus.
3. Mixed Type-This form presents a combination of findings from both the palpebral and limbal presentations.

Sadhyata-asadhyata (Prognosis)

Prognosis of a disease (Sadhyasadhyata) is influenced by several factors such as the nature and advancement of the disorder, the patient's age (Vaya), constitution (Prakriti), and overall strength (Bala). Abhishyanda is considered a condition that can be managed effectively when treated appropriately, making it a Vyadhi with favorable outcomes.

Prognosis of Vernal Keratoconjunctivitis: The overall outlook for patients with VKC is favorable. With timely and proper management, the condition tends to subside on its own as the patient grows older.

Upadrava (Complications)- Although classical Ayurvedic texts do not specifically elaborate the complications of Abhishyanda, some references suggest its possible progression towards Adhimantha (comparable to glaucoma) and other serious ocular disorders such as Avrana Shukla (corneal opacity) and Akshipakatyaya (uveitis).



Complications Mentioned in Modern Ophthalmology: From a contemporary medical perspective, VKC is considered a chronic disorder with a risk of visual impairment. Common long-term complications include superficial keratopathy, shield ulcers, corneal neovascularization, cataract formation, and steroid-induced glaucoma.

Chikitsa- Various Acharyas have recommended numerous therapeutic approaches for Kaphaja Netra Roga, including both local ocular procedures (Kriyakalpa) and internal medications. These therapies primarily aim to pacify Kaphadosha and are known for actions such as relieving itching (Kandughna), scraping excessive secretions (Lekhana), and promoting tissue rejuvenation (Rasayana).

SamanyaChikitsa (General Management)

Prevention: In eye disorders, preventive care holds utmost value, as failure in prophylaxis can result in vision loss—one of the most severe disabilities. Acharya Sushruta has emphasized three major preventive principles:

- 1. NidanaParivarjana-** Avoiding the causative and aggravating factors responsible for ocular diseases.
- 2. Prophylactic Practices-** Measures such as regular use of Triphala, mental health control, application of Anjana, Nasya, bloodletting when indicated, consumption of certain nutritious foods like bird meat, respecting elders by touching their feet, Ghritapana, foot massage, foot baths, and protective practices like using an umbrella are recommended to safeguard ocular health.
- 3. VishishtaChikitsa-** For KaphajaAbhishyanda, Sushruta advocates therapies including Snehan, Swedana, Raktamokshana, AvapidanNasya, Anjana, Dhumapana, Seka, Pralepa, Kavalgraha, RukshaAschyotana, and RukshaPutapaka.

Additionally, Acharya Vagbhata suggests light diet or brief fasting, along with sharp (Tikshna) Dhumapana, Kavala, and Nasya for conditions like KaphajaAbhishyanda and Adhimantha (A.S. Utt. 19/27).

Management of Vernal Keratoconjunctivitis (Modern Approach) : In contemporary ophthalmology, commonly employed medications include: Decongestants, Mast cell stabilizers (e.g., Sodium cromoglycate), Antihistamines (e.g., Pheniramine), Non-steroidal anti-inflammatory drugs (NSAIDs), Corticosteroids, Immunosuppressive agents, used cautiously in chronic or severe cases.

DISCUSSION

During childhood, KaphaDosha predominates physiologically. Common habits in this age group—such as frequent intake of sweets, curd, excessive fluid consumption, and daytime sleep—further promote Kapha accumulation. In the spring season, rising environmental heat results in the aggravation of stored Kapha. This vitiated Kapha circulates through RaktavahaSrotas and deposits predominantly in Kapha-dominant ocular structures such as the Shweta Mandala and eyelids (Mamsa), producing symptoms like swelling, itching, mucoid discharge, and excessive secretions. As the altered Kapha circulates through blood vessels (Sira Marga), it also disturbs Rasa and RaktaDhatu. When Rakta and its associated Pitta become vitiated—especially upon exposure to sunlight or heat—clinical manifestations like congestion, photophobia, tearing, and increased discharge become evident. The limbus, positioned as a transitional zone between structures derived from Kapha (Shweta Mandala) and those associated with Pitta/Rakta (Krishna Mandala), is therefore frequently affected. A higher degree of Rakta–Pitta vitiation increases the likelihood of corneal involvement such as ulcer formation. Hence, therapeutic measures must simultaneously address vitiated Kapha along with Pitta and Rakta imbalance. This pathogenesis explains why Abhishyanda is also categorized under Raktaja Netra Roga based on its pathological involvement. Kapha, in its normal state, is associated with Bala and Ojas, i.e., natural immunity. As stated—“PrakritastuBalamShleshma, VikrutoMalamUchyatey, Sa ChaivaOojaSmritah”—when Kapha becomes deranged, it loses its protective and nourishing function. Consequently, ocular defense mechanisms weaken, making the eyes more susceptible to external triggers such as allergens and infectious agents. Children with Vernal Keratoconjunctivitis often experience difficulty in regular daily activities. Exposure to dust, outdoor play, and environmental allergens triggers symptom flare-ups, resulting in discomfort and reduced participation in sports and social activities. Therefore, the management of VKC should not only target clinical symptom relief but also aim to improve overall functional wellbeing and quality of life in affected children.



II. CONCLUSION

Based on the above discussion, Vernal Keratoconjunctivitis (VKC) closely resembles the condition described in Ayurveda as KaphajaAbhishyanda in terms of its signs and symptoms. Although VKC typically does not impair vision permanently, it causes significant discomfort during childhood, affecting academic performance and daily activities. The condition may persist for several months to years and, in a small number of cases, may progress to complications such as corneal ulceration or keratoconus, potentially leading to visual disturbances. KaphajaAbhishyanda is considered a non-life-threatening yet highly troublesome ocular disorder of childhood. Ayurvedic management principles, when applied appropriately, offer a safer, economical, and effective therapeutic approach that can help alleviate symptoms and improve the overall wellbeing of affected children.

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