

Ayurvedic Management of Raktaja Abhishyanda (Acute Conjunctivitis): A Case Report

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Abstract

We report on a young man who came to us with angry red eyes that had been bothering him for about a week. He was 27, worked in a shop where dust was everywhere, and his eyes were burning, watering, and itching something terrible. After examining him, we determined this was Raktaja Abhishyanda - what modern doctors would probably call a nasty case of conjunctivitis.

Instead of reaching for antibiotics, we tried something different. We put him on a traditional Ayurvedic treatment plan. First, we gave him Shadanga Paniya to get his digestion working properly. Then came mild purgation using Avipattikara Churna. For his actual eyes, we used medicated drops made from Shreeparnyadi Churna and applied Ushiradi paste on his closed eyelids. To clean his blood from the inside, he drank Bruhat Manjishthadi Kwatha twice daily. The results surprised even us. By day seven, his symptoms had dropped dramatically. Two weeks in, his eyes looked completely normal again. We checked on him a month later - still fine, no return of symptoms.

Now, one patient isn't proof of anything definitive. But what we saw suggests these old Ayurvedic techniques deserve more attention from researchers. Perhaps larger trials could tell us whether this approach works as well as we think it does.

Key words : Raktaja Abhishyanda, eye inflammation, Ayurvedic eye treatment, herbal eye drops, blood purification therapy, conjunctivitis alternative treatment.

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Anyone who has dealt with conjunctivitis knows how miserable it makes you. Your eyes look like you've been crying for hours. Everything burns. Light hurts. And the watering - it just won't stop.^{1,3} Doctors usually hand you antibiotic drops or maybe some steroid cream. These work, sure. But here's the thing that bothers many practitioners: resistance keeps growing, side effects pile up with long-term steroid use, and a surprising number of patients find themselves back in the clinic months later with the same problem.^{13,18}

Our Ayurvedic texts have been describing this exact condition for thousands of years. They called it *Abhishyanda* - literally meaning excessive discharge. The *Raktaja* variety involves blood vitiation and tends to be particularly severe. Ancient physicians like Sushruta warned that ignoring it could lead to serious vision problems down the road.²⁰ What caught our attention was the holistic nature of traditional treatment. Rather than just targeting the eyes, classical protocols address the whole body. They fix digestion first, then purge toxins, apply local treatments, and finally purify the blood.^{21,22} It's a systematic approach that modern medicine sometimes overlooks in its rush to treat symptoms.

Several colleagues have published encouraging results with similar protocols. Khan's team saw good outcomes using *Yashtimadhu-Daruharidra* drops for acute eye inflammation.⁷ Prajapati and Vaghela documented complete recovery in *Raktaja* cases using combined internal and external treatments.¹² These reports gave us confidence to try this approach ourselves.

Patient Information :

He was 27, worked six days a week at a retail shop, and looked absolutely miserable when he showed up. His eyes were bloodshot - the kind of red that makes strangers ask if you're okay. He said it started about seven days ago, came on suddenly, and had been getting worse.¹ It burns constantly, he told us and the dust at work makes everything worse. No previous eye problems. No surgeries. No systemic diseases. He didn't wear glasses, didn't smoke, slept reasonably well. Just a regular guy whose eyes had decided to revolt. When we looked at his tongue, it was clean - no coating. His pulse showed *Pitta* dominance, which made sense given his symptoms.²¹ Everything else checked out normal.

Clinical findings :

His distance vision was perfect - 6/6 in both eyes. That was reassuring. The problem wasn't his vision; it was the surface of his eyes. Both eyelids showed mild redness. But the real issue was his conjunctiva - that thin membrane covering the white of your eye. It was congested, especially on the temporal side. The tiny blood vessels were dilated and angry-looking. We could see this in both the bulbar conjunctiva (the part over the eyeball) and the palpebral conjunctiva (the part lining the eyelids).^{1,3} Everything else looked fine. Corneas clear. Anterior chambers normal. Pupils reactive. Lenses clear. This wasn't anything dangerous - just incredibly uncomfortable.

Ocular examination :

Based on all this - the redness, the burning, the copper-tinged tears, the blood vessel congestion - we diagnosed *Raktaja Abhishyanda*.²⁰

What we checked	Right eye	Left eye
Distance vision	6/6	6/6
Near vision	N/6	N/6
Eyelids	Slightly red	Slightly red
Conjunctiva	Congested, especially temporally	Congested, especially temporally
Cornea	Clear	Clear
Anterior Chamber	Normal	Normal
Pupils	Round, reactive	Round, reactive
Lens	Clear	Clear

How we treated him :

We didn't just throw medicines at his eyes and hope for the best. Classical texts recommend a specific sequence, and we followed it closely.^{20,21}

Timeline and Therapeutic intervention

Step One: Getting his Gut Right (Days 1–3)

This might seem odd for an eye problem. Why start with digestion? Here's the Ayurvedic reasoning: when your digestive fire burns weakly, unprocessed metabolic waste (called *Ama*) accumulates. This toxic residue circulates through your body and can aggravate conditions anywhere - including your eyes. So we needed to clear that first.^{21,22} We gave him *Shadanga Paniya* - a traditional preparation containing six herbs: *Musta*, *Parpataka*, *Ushira*, *Chandana*, *Udeechya*, and *Parpata*.¹² He drank 50 ml of this three times daily, before meals, for three days.

The taste isn't exactly pleasant. Bitter and astringent, mostly. But these properties help cool down aggravated *Pitta* while stoking digestive capacity.¹⁶ By day three, we could tell his system was ready for the next step.

Step Two: Gentle purging (Day 4) :

With his digestion optimized, we moved to mild purgation. This isn't the aggressive purging you might imagine - just enough to flush out accumulated *Pitta* and toxins from the blood.²¹ We used *Avipattikara Churna*, 5 grams mixed with lukewarm water, taken at bedtime.¹² By morning, he had a few soft bowel movements. Nothing dramatic, but enough to clear what needed clearing.

Step Three: Treating the Eyes Directly (Days 4–10) :

Now we could finally address his eyes themselves.

The eye drops (*Aschyotana*): We prepared fresh decoction from *Shreeparnyadi Churna* each day - freshness matters with these preparations.⁷ After careful filtering, we instilled two drops in each eye, three times daily. The cooling sensation brought immediate relief, he reported. The eyelid paste (*Bidalaka*): We made a paste from *Ushiradi Churna* and applied it over his closed eyelids once daily.⁴

He kept his eyes shut for about 20 minutes while the herbs worked. *Ushira* is remarkably cooling - you can actually feel the temperature difference when you apply it.¹⁶

Both treatments continued for seven days.

Step Four: Blood purification (Days 4–18):

While the local treatments handled the surface symptoms, we needed something to address the underlying blood vitiation. That's where *Bruhat Manjishthadi Kwatha* came in.¹¹ This is a classical decoction with *Manjishtha* (Indian madder) as the star ingredient. *Manjishtha* has been used for blood purification for centuries - modern research suggests it has genuine anti-inflammatory and detoxifying properties.^{11,16} He took 40 ml twice daily, after meals, for fifteen days straight. The taste is... distinctive. Most patients grimace initially. But they usually get used to it.

What we told Him to eat (and Avoid) :

Diet matters more than most patients realize. We advised:

Good choices : Light foods like barley preparations and mung bean soup. Plenty of water. Adequate rest.²¹

Things to avoid : Spicy food (obviously), fried items, anything fermented. We also told him to stay away from dust and smoke as much as possible, avoid direct sunlight on his eyes, not stay up late, and skip daytime naps.²¹

He followed these instructions reasonably well - not perfectly, but enough.

What happened :

We tracked his progress at three points: one week, two weeks, and one month after starting treatment.

One week in :

Frankly, the improvement was faster than we expected. The angry redness had calmed considerably. He said the burning had dropped from constant to occasional. Watering was maybe half what it had been.

Two weeks in :

By this point, when we examined him with the slit lamp, his conjunctiva looked almost normal. The congestion was essentially gone. No burning, no excessive watering, no itching.^{1,3}

Symptom	Before treatment	At 2 weeks	At 1 month
Redness	Severe	Mild	Gone
Burning	Moderate	None	None
Watering	Moderate	None	None
Blood vessel congestion	Severe	Mild	Gone
Itching	Mild	None	None

One month follow-up :

This was the real test. Would symptoms come back once treatment stopped? They didn't. His eyes remained clear. He reported no discomfort. Back to normal, as if the whole episode never happened.

The sequential approach seems to matter. Starting with digestive correction isn't just tradition for tradition's sake - it prepares the body to actually respond to subsequent treatments.^{21,22} Think of it like clearing a clogged drain before pouring in cleaning solution. The mild purgation step specifically targets *Pitta-Rakta* imbalance. In Ayurvedic thinking, this is the root cause of *Raktaja* conditions.^{20,21} Without addressing it, you're just treating symptoms while the underlying problem persists.

The local eye treatments - drops and paste - provided symptomatic relief while the systemic treatments worked on deeper causes. This dual approach explains why we saw both rapid improvement and lasting results.

Modern pharmacological research supports many traditional claims about these herbs:

Musta and Ushira (Cyperus rotundus L. and Vetiveria zizanioides L.)
Nash: Both show documented anti-inflammatory effects in laboratory studies. *Ushira* particularly demonstrates cooling and antioxidant properties.¹⁶

Chandana (Santalum album L.):
Known antipyretic and soothing effects.¹⁶

Manjishtha (Rubia cordifolia L.): This

one has attracted significant research attention. Studies confirm blood-purifying, anti-inflammatory, and immunomodulating activities.¹¹ The traditional *Rakta Shodhana* concept isn't just metaphor.

Trivrit (Operculina turpethum L.)
Silva monso and other purgative herbs in *Avipattikara Churna*: Mild laxative effects that clear intestinal accumulations without harsh side effects.¹² The combined action of these herbs - some working locally, others systemically - creates a comprehensive therapeutic effect that single-drug approaches can't match.

How this compares to conventional Treatment : Standard conjunctivitis treatment typically means antibiotic drops, maybe antihistamines for allergic cases, and corticosteroids for severe inflammation.^{1,18}

These work. No question about it. But: Antibiotic resistance is becoming a real problem¹⁸ Steroids carry risks with prolonged use-elevated eye pressure, cataract formation¹ Many patients experience recurrence.¹³

Our approach didn't cause any adverse effects. The patient reported no discomfort from the treatments themselves. And a month later, still no recurrence.

We're not claiming Ayurvedic treatment is universally superior. That would be premature and unscientific. But for this patient, it worked beautifully.

Similar reports from other Practitioners: Our experience matches what others have published. Khan and colleagues

saw rapid improvement in acute conjunctivitis using *Yashtimadhu-Daruharidra* drops⁷. Prajapati and Vaghela's *Raktaja Abhishyanda* cases responded well to combined *Shadanga Paniya* and *Avipattikara* treatment.¹² Gopika and Pasha documented success with integrated internal and external therapies for allergic eye conditions.⁶

There's a pattern here. Multiple independent practitioners, using similar traditional protocols, reporting consistently positive outcomes. That's not proof - but it's definitely suggestive.

Limitations we must acknowledge :

Let's be honest about what this case report cannot prove: One patient is an anecdote, not evidence. We don't know if this would work for everyone with similar symptoms. We had no control group - maybe his eyes would have improved on their own. Our follow-up was only one month; we don't know about longer-term recurrence. Additionally, preparing these medicines requires expertise and fresh ingredients. Standardization remains a challenge. And patient compliance with dietary restrictions varies considerably.

These limitations don't diminish what we observed. They just mean we need proper clinical trials before drawing firm conclusions.

What we saw in this case gives us reason for cautious optimism about Ayurvedic approaches to inflammatory eye conditions.

A young man came in with painfully red, burning, watering eyes. We treated him using methods described in texts written

thousands of years ago - digestive correction, gentle purging, medicated eye drops, herbal paste application, blood-purifying decoction. Fifteen days later, his eyes were normal. A month later, they stayed that way.

Does this mean everyone should abandon conventional treatment? Absolutely not. Modern medicine has its place, and acute or severe cases may require it.

But this case suggests that traditional Ayurvedic protocols deserve serious scientific investigation. The holistic approach - treating the whole person rather than just the symptomatic organ - may offer advantages we're only beginning to appreciate.

We hope this report encourages larger studies. Well-designed trials with proper controls, adequate sample sizes, and standardized outcome measures could finally establish whether these ancient techniques hold up to modern scientific scrutiny.

Our patient would probably say yes. His eyes have been fine ever since.

Ethical statements :

We obtained proper informed consent from our patient - both for the treatment itself and for publishing his case details. No identifying photographs or personal information appear in this report. This work received no external funding. Neither author has any competing interests to declare.

Both authors contributed to patient care, data collection, and manuscript preparation. Dr. Harshal Patil managed the patient directly

and drafted the initial manuscript. Dr. Tejasvi supervised the treatment protocol and edited subsequent drafts.

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