A CLINICAL STUDY OF CHANDANADI PRALEPA & NIMB-LODHRA ASCHYOTAN IN THE MANAGEMENT OF PITTAJ ABHISHYANDA W.S.R. TO ACUTE MUCO-PURULENT CONJUNCTIVITIS

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ABSTRACT

Muco-Purulent conjunctivitis is a contagious disease of the conjunctiva. Furthermore, Acute Muco-Purulent Conjunctivitis is one of the types of bacterial conjunctivitis, which if remain untreated can cause corneal involvement leading to corneal ulceration and may leave a permanent opacity landing the patient with blindness. The established line of treatment includes topical eye drops (Antibacterial, Steroid) instillation along with systemic Anti biotic & Anti inflammatory drugs. However, overuse of these drugs lead to resistance, making them in effective. So the need of alternative medicines arises.

In Ayurvedic perspective, due to similarity in clinical features, the disease Pittaj Abhishyanda can be safely compared to Muco-Purulent conjunctivitis. Similarly, Vagbhat has given prime importance to ‘Ashchyotan therapy’ (topical instillation) in all eye diseases (netra-roga). Hence, we decided to use & prove efficacy of ‘Chandanadi Pralepa’ & ‘Nimb-Lodhra Aschyotan’ (topical instillation) in the management of Pittaj Abhishyanda w.s.r. to Acute Muco-Purulent Conjunctivitis. The study has shown excellent results in reducing symptoms like Netra daha (burning of eyes), Netra lalima (congestion), Kleda (mucopurulent discharge), Netra toda (pain and foreign body sensation in eye) etc.

Keywords: Muco-Purulent conjunctivitis, Pittaj Abhishyanda, Ashchyotan karm

INTRODUCTION

Conjunctivitis is an inflammation of the conjunctiva (the outermost layer of the eye and the innermost layer of the eyelids), most commonly due to an allergic reaction or an infection (usually bacterial or viral). It is classified as infective and non infective conjunctivitis. Furthermore, mucopurulent conjunctivitis is the most common type of acute bacterial conjunctivitis characterized by marked conjunctival hyperemia and mucopurulent discharge from the eye. The established treatment includes topical Antibiotic instillation (eye drops), irrigation of conjunctival sac with sterile warm saline along with systemic Anti-inflammatory and analgesic drugs.[1,2] However, over use of these topical drugs may cause resistance & mucopurulent conjunctivitis can cause corneal involvement leading to corneal ulceration and may leave a permanent opacity landing the patient with blindness if not treated properly.

The disease Pittaj Abhishyanda can be compatible with muco-purulent conjunctivitis due to similarity in clinical features like burning of eyes, congestion of eyes, pain and foreign body sensation,
swelling of eye lids, mucopurulent discharge & photophobia etc.

Further, Sushruta has cautioned Abhishyanda, can be manifested as a result of contagious etiology and disease spread from one person to other person through air, close contacts etc. [3] The management of this condition is based on various measures in Ayurveda like Aschyotana (topical instillation), Putpaka-Bidalaka (External poultices) etc. carried out with the help of different medicinal plants according to demand with respect to the predominance of various etiological factors. [4, 5]

However, Vagbhat has given prime importance to ‘Aschyotan therapy’ (topical instillation) & advocated to do Ashcyotan karm in all netra roga (eye diseases). [6]

Hence, we decided to study the safety and efficacy of ‘Chandanadi Pralepa’ & ‘Nimb-Lodhra’ Aschyotan (topical instillation) having Shothhar (Anti inflammatory) and Pittaghna (Pitta pacifying) properties, in the management of Pittaj Abhishyanda w.s.r. to acute muco-purulent conjunctivitis. The study showed excellent result in reducing symptoms like Netra daha (burning of eyes), Netra lalima (congestion), Netra shopha (swelling of eye lids), Prakash asahatva (photophobia), Kleda (mucopurulent discharge), Netra toda (pain and foreign body sensation in eye) etc.

**Aim & Objective of the study:**

**Aim:** To study the safety & efficacy of ‘Chandanadi Pralepa’ & ‘Nimb-Lodhra’ Aschyotan in Pittaj Abhishyanda w.s.r. to mucopurulent conjunctivitis. As mentioned in our ancient literature.

3. To provide simple and effective treatment for Pittaj abhishyanda.

**Materials & Methods:**

**Title of Study:** To study the safety & efficacy of ‘Chandanadi Pralepa’ & ‘Nimb-Lodhra’ Aschyotan in Pittaj Abhishyanda w.s.r. to mucopurulent conjunctivitis.

**Type of Study:** Open, Randomized, Non comparative Prospective study

**Place of Study:** M.A.Podar Government (Ayurved) Hospital, Worli, Mumbai, India

**Subject recruitment:** Patients selected from Shalakya Tantra (Ophthalmology & ENT) O.P.D.

**Total no. of patients:** 30

**Criteria for selection of patients:** Patients were diagnosed clinically on the basis of symptoms described in classical and modern text.

**Inclusion Criteria**

1. Age group: 18 to 50 years.
2. Irrespective of sex.
3. The patients presenting signs and symptoms of Pittaj Abhishyanda (muco purulent conjunctivitis).

**Exclusion Criteria**

1. Patients who need surgical and other intervention.
2. Patients suffering from trachoma, dacrocystitis & subconjunctival hemorrhage.
3. Patients suffering from HIV & Bleeding disorder.
4. Patients not willing for trial.

**Materials:**

**Drug Information:**

1] Chandanadi Pralepa-
Contents: 1) Chandan- Pterocarpus santalinus
2) Yashtimadhu – Glyccirhyza glabra
3) Lodhra – Symplocos racemosus
4) Gairik - Ochre
5) Jatipushpa – Jasminum grandiflorum
2) Nimba-Lodhra Aschyotan- [7]

Contents – 1) Lodhra – Symlocos racemosus Roxb
2) Nimba – Azadiracta indica.

**Method of preparation:**
1) Chandanadi pralepa- Choorna (fine powder) of Chandan, Yashtimadhu, Lodhra, Jatipushpa, Gairik was taken in sama pramana (Equal quantity). Total 5gm of churna was taken & 7ml of water was added to make a thick paste.
2) ‘Nimb-Lodhra Ashchyotan’ - 50gm Lodhra twak (bark) and 50gm Nimba leaves crushed with 100ml water and made into the paste. Then the paste was heated a bit and made warm, then the mixture was taken in a clean cloth and squeezed, the drops obtained were used for Aschyotan karm (topical instillation).

**Methodology:**
The study of this project is totally based on the clinical examination (subjective and objective), patient’s narrations.

Total 30 patients of Acute mucopurulent conjunctivitis fulfilling the inclusion criteria will be selected.

The study was completed in total 30 patients were examined by randomized trial
30 patients of Pittaj Abhishyanda (Acute mucopurulent conjunctivitis) were included in this group. These patients have received treatment as follows –

<table>
<thead>
<tr>
<th>Drug</th>
<th>Contents</th>
<th>Dose</th>
<th>Method of administration</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chandanadi Pralepa</td>
<td>Chandan, Yashtimadhu</td>
<td>Madhyama i.e. 1/3rd Angula</td>
<td>Bahya Neratlepa (pakshma vivarjit)</td>
<td>10 days.</td>
</tr>
<tr>
<td>2. Nimba-Lodhra Aschyotan</td>
<td>Lodhra, Gairik, Jatipushpa, Nimba Lodhra</td>
<td>12 drops</td>
<td>Angula at Kaninika Sandhi (medial canthus)</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 1: Table showing trail drug profile, dose, duration and methodology used.

**Parameters for clinical assessment:**
The result has been assessed in regard to clinical sign & symptoms.

**Clinical Assessment**
Following chief complaints were asked & then considered for the study.
1. Netra daha (burning of eyes)
2. Netra lalima (congestion)
3. Shisirabhinanda
4. Netra shopha (eye lid swelling)
5. Kleda (mucopurulent discharge)
6. Prakash asahatwa (photophobia)
7. Kriccha unmilan (difficulty in functioning of eyelids)
8. Netra toda (pain and foreign body sensation in eye)

9. Ashru bahulya (excessive lacrimation)
10. Vartma shyavata

**Subjective and Objective Parameters**
The study of the subject was totally based on the clinical ophthalmological examinations and the patient narration.

Subjective: It includes the following symptoms
1. Netra daha
2. Shishirabhinanda
3. Kleda
4. Prakash asahatwa
5. Kriccha unmilan
6. Netra toda

Objective: It includes the following symptoms
1) Netra Sopha
2) Netra Lalima
3) Vartma shyavata

Assessment of subjective criteria:
Assessment of subjective criteria has been done with the help of the following gradation scale:
1. Netra daha: (Burning sensation)
   0 – Absent
   1 – Mild (one to two episodes per day)
   2 – Moderate (present intermittently throughout the day)
   3 – Severe (present throughout the day)
2. Shishirabhinanda:
   0 – Absent
   1 – Mild (present at day time only)
   2 – Moderate (present at day and evening)
   3 – Severe (present throughout day and night)
3. Kleda: (mucopurulent Discharge)
   0 – Absent
   1 – Mild (Strava during day time)
   2 – Moderate (Strava during day & evening)
   3 – Severe (strava throughout day and night time.)
4. Prakash asahatwa
   0 – Absent
   1 – Mild (Present during day time)
   2 – Moderate (during day & evening)
   3 – Severe (throughout day & night)
5. Kriccha unmilan (difficulty in functioning of eye lids)
   0 – Absent
   1 – Mild ( present during morning time)
   2 – Moderate ( Present during day i.e. morning & evening time)
   3 – Severe (Present throughout day & night time)
6. Netra Toda (Pain and Foreign body sensation)
   0 – Absent
   1 – Mild during morning time
   2 – Moderate (during morning and evening)
   3 – Severe (throughout the day & night)
7. Ashru Bahulya
   0 – Absent
   1 – Mild (present during morning time)
   2 – Moderate (present during morning and evening)
   3 – Severe (present throughout day & night)

Assessment of objective criteria:
1. Netra shopha
   0 – Absent
   1 – Mild (restricted to upper or lower eyelid)
   2 – Moderate (restricted to both eye lids)
   3 – Severe (involving both eye lid and palpebral conjunctiva)
2. Netra Lalima
   0 – Absent
   1 – Mild (restricted to palpebral conjunctiva)
   2 – Moderate (restricted to palpebral & bulbar conjunctiva)
   3 – Severe (involving palpebral, bulbar & fornix conjunctiva)
3. Vartma Shyavata
   0 – Absent
   1 – Mild (vartma shyavta to upper lid or lower lid)
   2 – Moderate (vartma shyavata to one lid and partially to other lid)
   3 – Severe (vartma shyavata of both lids)

Results were drawn from overall statistical analysis.
The obtained results will be measured according to the following grades:
Total relief : 100%
Excellent relief : 80% - 100%
Good relief : 60% - 80%
Moderate relief : 40% - 60%
Mild relief : 20% - 40%
Not significant : 0% - 20%

OBSERVATION:-
1) Distribution of the patients by Age
Patients of the age ranging from 18-50 years were selected for this trial.
out of these 4 patients [ 13.33% ] were from the age group of 18-20 yrs. 11 patients [ 36.66% ] were from the age group of 21-30 yrs. 8 patients [ 26.66% ] were from the age group of 31-40 yrs. 07 patients [ 23.33% ] were from the age group of 41-50 yrs.

2) Distribution of the patients by Sex : Patients data shows there were 73.33% patients were male & 26.66% of patients were female.

3) Distribution of the patients by Religion: The majority of the patients i.e.80% were found to be of Hindu community followed by Muslims (13.33%) community and sikh (6.66%).

4) Distribution of the patients by Socio-economic status: It revels that 3.33% of patients were from upperclass and 80% of patients were from middle class & 10% of patients were from lower class.

5) Distribution of the patients by Occupation status : It shows that 26.66% of patients were service man, 6.66% were teachers, 36.66% of patients were students, 16.66% of patients were house-wife, and 13.33 of patients were businessman.

6) Distribution of the patients by Food habits: The data also describes dietary pattern wise distribution which indicates that 23.33% of pts were vegetarian while 76.66% of pts were acclimatized to mixed diet

7) Distribution of the patients by habitats : The study shows among 30 patients of study 24(80%) were residing in urban area while, 06(20%) were residing in rural area.

8) Distribution of the patients by Prakriti wise : All the patients of this study were having Dwandaja Prakriti. 46.66% were having Vata-pittaja and 26.66% were having Kapha-Vataja Prakriti and 20% were having Pitta-Vataja Prakriti 6.66% were having Pitta-Kaphaja prakriti.

9) Incidences of Symptoms in Patients: Among 30 patients of abhishyanda 30 (100%) of patients had Netra Daha, 30 (100%) of patients had Netra Lalima, 30 (100%) of patients had Sishirabhinanda, 27 (90%) of patient had Netra Sopha, 30 (100%) patients had kleda strava, 24(80%) of had Prakash Ashatva, 30 (100%)patients had Kriccha Unmilan, 27 (90%) of patient had Netra Toda, 30 (100%)patients had Ashru Bhaulya, 21(70%) of patient had Vartma Shyavata.

10) Effect of therapy on symptoms:
1) Netra Daha : Sum of all signed ranks was 465. The number of pairs were 30. Z value was 4.78 , which was statistically very highly significant, P<0.0001
2) Netra Lalima : Sum of all signed ranks was 465. The number of pairs were 30. Z value was 4.78 , which was statistically very highly significant, P<0.0001
3) Sishirabhinanda : Sum of all signed ranks was 465. The number of pairs were 30. Z value was 4.78 , which was statistically very highly significant, P<0.0001
4) **Netra Shopha**: Sum of all signed ranks was 190. The number of pairs were 19. Z value was 9.356, which was statistically very highly significant, P<0.0001

5) **Kleda**: Sum of all signed ranks was 465. The number of pairs were 30. Z value was 4.78, which was statistically very highly significant, P<0.0001

6) **Prakash Ashatva**: Sum of all signed ranks was 15. The number of pairs were 05. Z value was 2.02, which was statistically insignificant, P=0.0625

7) **Kriccha unmilan**: Sum of all signed ranks was 136. The number of pairs were 16. Z value was 3.516, which was statistically very highly significant, P<0.0001

8) **Netra Toda**: Sum of all signed ranks was 276. The number of pairs were 23. Z value was 4.19, which was statistically very highly significant, P<0.0001

9) **Ashru Bhaulya**: Sum of all signed ranks was 15. The number of pairs were 05. Z value was 2.02, which was statistically insignificant, P=0.0625

10) **Vartma shyavata**: Sum of all signed ranks was 15. The number of pairs were 05. Z value was 2.02, which was statistically insignificant, P=0.0625

(Wilcoxon match paired sign rank test)

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<tr>
<th>Symptoms</th>
<th>Mean</th>
<th>S.D</th>
<th>S.E</th>
<th>W</th>
<th>N</th>
<th>Z</th>
<th>P</th>
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<td>BT</td>
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<td>0.09264</td>
<td>465</td>
<td>30</td>
<td>4.78</td>
<td>&lt;0.0001</td>
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<td>0.3790</td>
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<td></td>
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<tr>
<td>Diff</td>
<td>2.367</td>
<td>0.6149</td>
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<td>0.1043</td>
<td>465</td>
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<tr>
<td>BT</td>
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<td>0.09264</td>
<td>465</td>
<td>30</td>
<td>4.78</td>
<td>&lt;0.0001</td>
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<td>AT</td>
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<td>0.3790</td>
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<tr>
<td>Diff</td>
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<td>0.6149</td>
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<tr>
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<tr>
<td>BT</td>
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<td>0.5252</td>
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<td>136</td>
<td>16</td>
<td>3.12</td>
<td>&lt;0.0001</td>
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</table>
Table 2: Table showing effect of therapy on symptoms

Among 30 patients, 01 (3.33%) of patient had excellent relief, 19 (63.33%) of patient had good relief, 10 (33.33%) of patient had moderate relief.

<table>
<thead>
<tr>
<th>Overall improvement</th>
<th>NO.OF.PATIENTS</th>
<th>PERCENTAGE %</th>
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<tbody>
<tr>
<td>Total relief</td>
<td>00</td>
<td>00%</td>
</tr>
<tr>
<td>Excellent relief</td>
<td>01</td>
<td>3.33%</td>
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<tr>
<td>Good relief</td>
<td>19</td>
<td>63.33%</td>
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<tr>
<td>Moderate relief</td>
<td>10</td>
<td>33.33%</td>
</tr>
<tr>
<td>Mild relief</td>
<td>00</td>
<td>00%</td>
</tr>
<tr>
<td>Not significant</td>
<td>00</td>
<td>00%</td>
</tr>
</tbody>
</table>

Table 3: Table showing overall percentage of improvement/Relief in Patients

RESULT:

Chief complaints:
Among 30 patients of Abhishyanda 30 (100%) of patients had Netra Daha, 30 (100%) of patients had Netra Lalima, 30 (100%) of patients had Sishirabhinanda, 27 (90%) of patient had Netra Shopha, 30 (100%) patients had Kleda strava, 24(80%) of had Prakash Ashatva, 30 (100%) patients had Kriccha Unmilan, 27 (90%) of patient had Netra Toda, 30 (100%) patients had Ashru Bhaulya and 21(70%) of patient had Vartma Shyavata.

Effect of Therapy:–
1) 93.42% relief was found in Netra Daha (burning of eyes) Statistically it is significant.
2) 92.10% relief was found in Netra Lalima (congestion). It is statistically significant.
3) 93.42% relief was found in Sishirabhinanda. It is statistically significant.
4) 38.46% relief was found in Netra Shopha (eye lid swelling). It is statistically significant.
5) 78.66% of relief was found Kleda stravaa (mucopurulent discharge). It is statistically significant.
6) 17.24% relief was found in Prakash Ashatva (photophobia) statistically it is significant.
7) 33.33% relief was found in Kriccha Unmilan (difficulty in functioning of eyelids). It is statistically significant.
8) 63.49% relief was found in Netra Toda (pain and foreign body sensation in eye). It is statistically significant.
9) 12.19% relief was found in Ashru Bahulya (excessive lacrimation). It is statistically insignificant.
10) 12.50% relief was found in Vartma Shyavata. It is statistically insignificant.
11) 62.07% of total relief was obtained

DISCUSSION:
Probable Mode of Action of Drugs:
The mechanism of action of any drug mainly depends upon its properties as well as its molecular structure and other associated factors. For explaining the drug action on a particular disease, we should have a thorough knowledge about Samprapti and pathogenesis of the disease along with the physiology of that particular organ or system. The Samprapti of Pittaj Abhishyanda which is available in our text is used for explaining the mechanism of drug action. The mode of action of the drugs under trial can be understood on the basis of inherent properties of the drugs.
The drug having Tikta, Kaṣaya- Rasa, Laghu, Rukṣa- Guṇas and Katu Vipaka is having Kaphahara. Slesmapasosana properties are possessed by Tikta Rasa. Kashaya Rasa shows its Shoshana, more particularly Kleda Shoshana and Sleshma Prasamana properties. The drugs having Madhura Vipaka possess Rasayana, Chakshushya, Jivaniya, Balya properties. Because of its Rasayana action the substrate Dhatu, vitiated Dhatu as well as cornea are nourished, thus by improving the functional capacity of the eye, there is declined in various symptoms. Madhura Rasa and Madhura Vipaka also pacifying the Pitta Dosha, which is the most important factor responsible for this disorders. Shita Virya has Pitta shamana, Rasayana, Chakshushya and Pittanashaka effect and simultaneously Shita Virya helps in maintaining the Shita Satmya of the Drishti which is a therapeutic property of the Drishti. Because of the above said inherent properties of the drugs, drugs like Nimb, Chandan & Yashtimadhu cleanses Srotasa (channel), thus allowed free movement of Vata, Pitta and Kapha and then results into Kapha-Pitta Shamana. This Pitta, after shaman performs its normal functions of visual perception.

CONCLUSIONS
At this particular juncture the fruitful conclusions which have automatically emerged through the discussion of the available concepts and obtained data are being presented below:
1. In Ayurvedic literature, Acharyas have explained the diseases of eye with minute details. Disorders, which result into the vitiation of Doshas can leads to partial or complete loss of vision if not treated properly at proper time have been described under the sarvagat netra rogas.
2. Pittaj Abhishyanda is amongst one of the 17 Sarvagat netra rogas, which is produced mainly due to vitiation of Pitta Doṣha.
3. The disease Pittaj Abhishyanda can be safely compared to mucopurulent conjunctivitis.
4. Mucopurulent conjunctivitis is a contagious disease of the conjunctiva.
5. Maximum numbers of conjunctivitis patients attend OPD of Shalakya Dept. were of Pittaj Abhishyanda i.e of mucopurulent conjunctivitis. Diagnosis was made on the basis of Signs and Symptoms as per the literature and was confirmed by slit lamp examination.

Total effect of therapy:
Among 30 patients, 01(3.33%) of patients had excellent relief, 19(63.33%) had good relief, 10(33.33%) had moderate relief.

In nut cell we can say that:
1. Due to similarity in clinical features disease Pittaj Abhishyanda can be compared to mucopurulent conjunctivitis
2. ‘Chandanadi Pralepa’ & ‘Nimb-Lodhra Aschyotan’ has shown good results in most of Pittaj Abhishyanda like
   1. Netra daha (burning of eyes)
   2. Netra lalima (congestion)
   3. Shisirabhinanda
   4. Netra shopha (eye lid swelling)
   5. Kleda (mucopurulent discharge)
   6. Prakash asahatwa (photophobia)
   7. Kriccha umilkan (difficulty in functioning of eyelids)
   8. Netra toda (pain and foreign body sensation in eye)
   9. Ashru bahulya (excessive lacrimation)
   10. Vartma shyavata

Scope for further study
Effect of ‘Chandanadi Pralepa’ & ‘Nimb-Lodhra Aschyotan’ without any oral medication has shown better results effect in Pittaj Abhishyanda w.s.r. to mucopurulent conjunctivitis.
If administered with oral medication and with pathyakarak aahara vihaar might give still better results. However as the sample size was small the obtained results can’t be generalized.

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