Clinical Case Study

Ayurvedic Approach in the Management of *Kaphaja-abhishyanda* with *Nasanaha* (Vernal Kerato Conjunctivitis with Inferior Turbinate Hypertrophy): A Case Study

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ABSTRACT

Introduction: *Abhishyanda* are of four types and *Kaphaja Abhishyanda* is one among them. The sign and symptoms of *Kaphaja Abhishyanda* is like the sign and symptom of Vernal Kerato-Conjunctivitis (VKC). In this condition, the antihistamines and steroids are the drug of choice. In Ayurveda, these conditions are treated with *Lekhana* and *Kapha-Pitta Shamaka Upakrama* in the form of *Netrasheka, Aschyotana, Anjana, Nashya, Raktamokshyana* and *Shamana Aushadhi*.

Patient information: A 4.6-year-old male child having intense eye itching, photophobia, dusky eyes, watering of eyes came to our OPD with his parents for Ayurvedic treatment. The patient had bilateral inferior turbinate hypertrophy, and he was a case of mild Deviated Nasal Septum (DNS), he also had dried with itchy skin.

Material and Methods: Considering the case as *Kaphaja Abhishyanda*, we managed the case with *Netra Kriyakalpa* (~Topical Ayurvedic ocular therapy), *Pratimarsha Nashya*, and *Kapha-Pitta Shamaka Aushadhi* (~Conservative treatment).

Results: After seven days of treatment, the eye became clear. The photophobia, congestion, size and number of *Trantas* spot reduced. The gelatinous ring faded. Grossly speaking there is improvement in the patient's eye. The dryness, itching of skin and nasal congestion was also reduced.

Conclusion: The sign and symptoms of the VKC eyes are effectively treated with *Netra Kriyakalpa* and *Shamana Aushadhi*. The *Netrasheka, Anjana, Nashya, and Kapha-Pitta Shamaka* treatment can be an effective alternative of the antihistamine and steroidal eye drops in VKC.

Keywords: Case report on *Kaphaja Abhishyanda*, Ayurvedic treatment of VKC, *Kaphaja Abhishyanda, Yashtimadhu Ksheerapaka Netrasheka, Netrasheka*

1. INTRODUCTION

Kaphaja Abhishyanda is a *Sarvagata Roga*. This is characterized by *Kandu* (itching), *Sotha* (Swelling), *Srava* (eye discharge), *Upadeha* (stickiness), *Guruta* (Heaviness), *Sitata* (Whiteness), coldness and *Pichhila Srava* (Slimy Discharge) [1]. This condition of the eye is best correlated with Vernal Keratoconjunctivitis (VKC). The treatment protocol for this disease are Antihistamine and steroidal eye drops [2]. However, in Ayurvedic literature it is advised to treat this *Kapha* predominant condition with *Netrasheka, Aschyatona, Anjana, Raktamokshyana, Nashya, Dhoomapana, Kavala, Gandusha, Kapha and Pitta Shamaka Chikitsa* [3, 4, 5, 6]. These Ayurvedic treatment modalities are effective while treating the VKC as presented in this case report. Here we are presenting a case report of 4.6-year male child with sign and symptom of *Kaphaja Abhishyanda* and VKC.

2. PATIENT INFORMATION

A 4.6-year male child approached to our OPD with his parents with the complain of frequent and intense eye itching, watery eyes associated with nasal blockage. He also had dusky eyes and photophobia. The patient had itchy and dry skin. For this he had visited many Ophthalmologists, and he was prescribed with steroids, and antiallergic eye drops since 3-4 years, still there was no significant improvement in these complaints.

Clinical Findings

General Physical and Systemic Examination: On the general examination, patient found to be conscious, oriented and stable. Systemic examination of the patient revealed no abnormality in Cardiovascular, Respiratory and Central Nervous system. However, he had dried with itchy skin.

Local Examination: On local examination, it was found that patient had Distant Visual acuity 6/6 in both the eyes and there was normal Near Visual Acuity that is N.6 in each eye.

The following signs were noted during the Local examination of eye and nose.

Figure 3

Figure 4

Figure 5

Figure 6

Figure 3, 4, 5, 6: Eyes on Day-1 (As patient is not co-operative so clear image was not possible to take still perilimbal congestion of image 3, 4 (of right eye) and 5 (of left eye nasal part), and dusky eye of right eye is marked). Image 4 and 5 whitish raised points can be seen at limbal region.

There was no abnormality detected on the eyebrow, lashes, lids, lacrimal gland and Naso lacrimal duct.

On Slit Lamp examination:

i. Dusky eyes
ii. Conjunctiva-
    a. B/L upper palpebral- multiple small papillae with congestion.
    b. B/L lower Palpebral conjunctiva- secondary acquired melanosis due to long standing VKC.
    c. Bulbar conjunctiva
        - Rt. Eye Nasal and temporal limbal congestion
        - Lt. eye Nasal limbal congestion.
iii. Gelatinous ring around the limbus of both eyes with multiple Trantas spot.

Patient also had nasal blockage. So, on Anterior Rhinoscopy, it was found that there was mild S' type Deviated Nasal Septum with bilateral inferior turbinate hypertrophy. These conditions are indicating towards *Nasanaha.*

Timeline

Patient used to rub his eyes frequently vigorously since his childhood. He had also dried with itchy skin. He was diagnosed as Vernal Keratoconjunctivitis. For this, he was consulted many times and treated with steroid and antiallergic eye drops and ointments for skin. Still do not get improvement.

On sixth October 2025 patient visited our OPD vide UHID No. 56539. He was advised to take the *Netrakriya kalpa* and S*hamana aushadhi*. However, patient's parents wish to start the therapy and treatment from 17th Oct 2025. So, he was advised to continue with their previously prescribed eyedrops until their next visit. On the next visit the *Netrasheka* with *Kashaya* and *Ksheerapaka, Aschyotana, Pratimarsha Nashya* were started for seven days along with other *Shamana Aushadhi.*

Diagnostic assessment

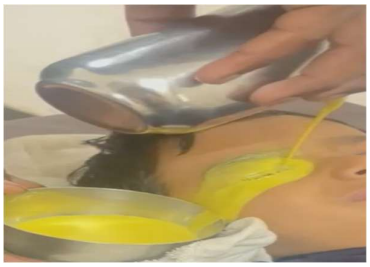
*Kandu (*itching*), Sotha (*Swelling*), Srava (*eye discharge*), Upadeha (*stickiness*),* are the *Lakshana of Kaphaja Abhishyanda* [1]. And the itching, eye discharge, Limbal gelatinous ring, Trantas spot, Conjunctival papillae are the cardinal feature of Vernal keratoconjunctivitis.

The above complaints and signs, specifically the *Kandu (*itching*), Sotha (*Swelling*), Srava (*eye discharge*), Upadeha (*stickiness), *Nasanaha or Nasika-adhmana* are the feature of *Kaphaja-Adhimantha* [7, 8, 9].

Though there were similar sign and symptoms in *Kaphaja Abhishyanda* and *Adhimantha;* we are excluding the disease

Kaphaja Adhimantha due to the absence of severe pain, *Utpatana Vat and*

Figure 1



Manthana Vat Pida (Excruciating Pain

Figure 2

Figure 2 and 3: Showing *Kasaya* and *Ksheerapaka Netrasheka*

and Churning type of pain) and *Ardha-Sirashoola* (Half-sided headache) [10].

From the above sign and symptoms, it was diagnosed as *Kaphaja Abhishyanda* with *Nasanaha*, which may be co-relate with Vernal Keratoconjunctivitis with Inferior turbinate hypertrophy. Parents of the patient was informed about the condition of the eyes, and the treatment protocol was planned with their consent.

Therapeutic Intervention

According to these sign and symptoms the patient was administered with steroids and antihistamine eye drops since his childhood. The parents were worried about the disease, so they approached to our OPD to treat their son with Ayurvedic treatment modalities.

In this case we have adopted the *Netrasheka, Anjana, Pratimarsha Nashya, Tikta Ghritapana* and *Kapha Pitta Shamaka chikitsa* as follows.

A. *Netrasheka* for seven days followed by *Aschyatona* with two drops of same *Kashaya* and *Ksheerapaka*.
   i. *Yashtimadhu Kaheerapaka Netrasheka* morning followed by 2 drops as *Aschyatona* in both eyes.
   ii. *Yashtimadhu, Triphala, Haridra, Saindhava Kashaya Netrasheka* evening followed by 2 drops as *Aschyatona i*n both eyes.

B. A*njana*
   i. *Elaneer kuzambu*- 1 drop each eye bd morning and evening.
   ii. *Samudreafena Varti Anjana* rubbed with Honey 1 drop each eyes in the afternoon.

C. Pratimarsha Nashya
   i. *Ksheerabala Taila* 101 N/D 2 drops each nostril bd followed by Cap Hallin steam BD

D. Tikta Ghrita pana
   i. *Tiktaka Ghrita* 3 ml bd orally with Application all over body followed by *Swedana.*

E. Shamana Aushadhi

i. *Abhipathy churna* 2 gm BD

ii. Tab *Sudarshanaghanavati* 1/2 bd

Outcome

After seven days of treatment, there was occasional eye itching and nasal congestion. The dusky eyes also changed to clear eye with less congestion of bulbar conjunctiva. There was reduction in the size and number of upper palpebral conjunctival papillae and Trantas spot at perilimbal region. The gelatinous ring also faded. The body skin looks clear, without dryness and body itching also reduced. There was reduction in the size of bilateral inferior turbinate, so the nasal blockage was also reduced.

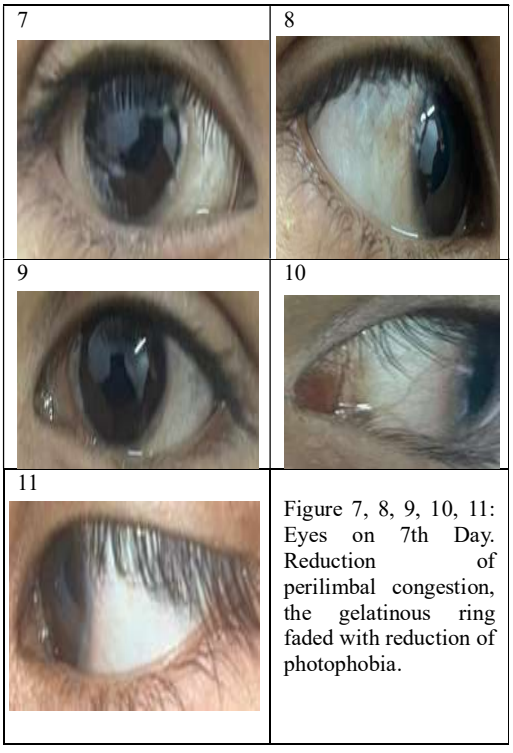


Figure 7, 8, 9, 10, 11: Eyes on 7th Day. Reduction of perilimbal congestion, the gelatinous ring faded with reduction of photophobia.

3. DISCUSSION

The patient was diagnosed as *Kaphaja Abhishyanda* due to the *Kandu, Srava, Sotha, Upadeha, Sitata (*whitish appreance as Gelatinous ring*)* and this is excluded from *Kaphaja Adhimantha* due to the absence of severe pain, *Utpatana Vat* and *Manthana Vat Pida* (Excruciating Pain and Churning type of pain) in eye, *Ardha-Sirashoola* (Half-sided headache) [10]. The intense Itching, Discharge, Photophobia, Dusky eyes, conjunctival congestion, Conjunctival papillae, gelatinous ring around limbus, Trantas Spots are the clinical features of VKC [2, 11], which are like the clinical feature of *Kaphaja Abhishyanda.*

The treatment modalities for the *Kaphaja Abhishyanda are Upabasa, Tikshna Nashya, Gandusha*, [4] *Kavala Bidalaka, Simokshyana, Swedana, Avapida Nashya, Dhoomapana, Netra sheka, Anjana, Ascchyatona, Lepa* and *Tikta Ghritapana* [3]. Based on the treatment protocol of *Kaphaja Abhishyanda* we adopted the treatment modalities as *Netrasheka, Aschyatona, Pratimarsha Nashya, Anjana, Tikta Ghritapana, Dhoomapana and Kapha, Pitta shamaka Aushadhi.*

While considering the sign and symptoms of the patient, *Pitta* and *Kapha* predominance is observed. *Netra* is the seat for *Pitta dosha.* So, the treatment plan

is to balance the *Kapha* and *Pitta.* Therefore, *Kapha, Pitta Shamaka* treatment was adopted. (**Table No. 1)** The *Ksheerapaka and Kashaya Netrasheka, Pratimarsha Nashya, Churna* and *Vati* along with the *Anajana* clears the channels, removes the precipitated *Kapha* and balances the *Pitta* which are the desired result of the treatment protocol.

The *Ksheerabala Taila 101* is nothing but the *Shatapaki Ksheerabala Taila*, which is *Srotosodhaka, indriya Prasadaka,*[12], it clears the nostril by reducing the hypertrophy of turbinate. *Tiktaka ghrita* has multiple function in this case. As *Pana* (orally) act as a *Abyantara Snehana* and purgative agent which helps to reduce the Dry skin and it also improve *Jatharagni,* which reduces the aggravated *Kapha*. The local application of the *Ghrita* over the skin reduced the *Twak Rukshyata* (Dryness of skin) and *Kandu* (Itching) [13].

Table No. 1: Treatment Protocol Followed

S. N.	Treatment Protocol / *Kriya-Kalpa*	Ingredients		*Karma*/ Function
		Sanskrit Name	Scientific Name	
1	*Yashtimadhu Ksheerapaka* [14]	*Yashtimadhu*	*Glycyrrhiza glabra*	*Kapha shamaka Rasayana Sothahara* *Chakshyushya Pitta Shamaka*
		Cow Milk	Milk	
2	*Triphala* [15] *Netra Sheka*	*Amalaki*	*Phyllanthus emblica*	*Chakshyusha Kapha-Pitta Nashaka Agnidippaka Sothahara*
		Haritaki	*Terminalia chebula*	
		Bibhitaki	*Terminalia belerica*	
		Yashtimadhu	*Glycyrrhiza glabra*	
		Haridra	*Curcuma longa*	
		Saindhava	Rock Salt	
3	*Elaneerkuzambu Anjana*[16] (as eye drop)	*Narikela*	*Cocos nucifera*	*Pitta Shamaka*
		Amalaki	*Phyllanthus emblica*	
		Haritaki	*Terminalia chebula*	
		Bibhitaki	*Terminalia belerica*	

		Yashtimadhu	*Glycyrrhiza glabra*	
		Saindhava	Rock Salt	
		Kapura	*Cinnamomum camphora*	
		Mameera	*Coptis teeta*	
		Daruharidra	*Berberis aristata*	
		Madhu	Honey	
4	*Samudrafena Varti anjana [17, 18, 19]*	*Samudrafena*	Culttle bone	*Lekhana Karma*
		Sigruveeja	*Moringa Oleifera*	
		Kukutanda twak bhasma	Egg shell Ash powder	
		Sankha Bhasma	Conch shell / *Turbinella pyrum* Ash powder	
		Saindhava	Rock salt	
		Sigrupatra swarasa	*Moringa Oleifera*	
5	*Avipatti churna[20]*	*Sunthi*	*Zingiber officinale*	*Pittta shamaka Sahasrayoga churna Prakarana*
		Pippali	*Piper Longum*	
		Maricha	*Piper Nigrum*	
		Twak	*Cinnamomum zeylanicum*	
		Ela	*Elettaria cardamomum*	
		Patra	*Cinnamomum tamala*	
		Mustha	*Cyperus rotundus*	
		Vidanga	*Embeli Ribes*	
		Amalaki	*Phyllanthus emblica*	
		Trivrut	*Operculina turpethum*	
		Sarkara	Sugar	

6	*Sudarshana Churna Ghana vati[21, 22]*	Multi-herbal drug Powder		• *Pitta Shamaka* • *Anulomaka* • *Jwaraghna* • *Pitta Rechaka* • *Srotosodhaka*
7	*Tiktaka Ghrita[13]*	*Patola*	*Trichosanthes dioica*	• *Pitta shamaka* • *Paittika Kushta* • *Kandu nasaka* • *Sopha Shamaka* • *Timira roga NAsaka* • *Grahaniroga nasaka* • *Visarpa nasaka*
		Nimba	*Azadirachta indica*	
		Katuka	*Picrorhiza kurroa*	
		Darvi	*Berberis aristata*	
		Patha	*Cissampelos pareira*	
		Durlobha	*Fagonia cretica*	
		Parpata	*Fumaria indica*	
		Trayamana	*Entiana kurroo*	
		Ghrita	Cow Ghee	

4. CONCLUSION

Kaphaj Abbhishyanda is a disease of *Sarvagata Netra Roga* having intense itching swelling, watering of eyes, and eye discomfort. This condition may be co-related with the Vernal Kerato Conjunctivitis. Those aggravated sign and symptoms of the disease is best treated with the *Netrasheka, Anjana, Nashya,* and *Kapha-Pitta Shamaka* treatment effectively as an alternative of the antihistamine and steroidal eye drops as presented in this case report.

Declaration of Patient

We have obtained all appropriate patient consent from the parents. In the form, the parents have given their consent for images and other clinical information to be reported in the journal. The parents were informed that their son's name and initials will not be published, and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Conflicts of Interest

Nil.

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