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"A REVIEW OF CHANDANADI BIDALAKA IN PITTAJ ABHISHYANDA (ACUTE MUCOPURULENT CONJUNCTIVITIS): A CASE STUDY"

Dr. Utkarsha Sanjay Shinde [1], Dr.Sunil Walvekar[2],Dr Vishal Vijaykumar Patil[3]

1. PG scholar of shalakya tantra department , LRP ayurvedic medical college, hospital, post graduate institute and research centre, ishwarpur
   Email id :dr.utkarshashinde07@gmail.com
2. Proffesor, Department of shalakyatantra, LRP ayurvedic medical college , hospital, post graduate institute and research centre, Ishwarpur.
   Email id : sunilwalvekar99@gmail.com
3. 3. Assistant Proffesor, RJVS Bhaisaheb Sawant Ayurveda Mahavidyalaya Sawantwadi

Abstract: **INTRODUCTION:**

The human eyes are sensory organ that allow us to perceive the world around us by reacting to light. India is among those topical countries where there is severe hot as well as cold and humid climate. Such a climate mostly causes various eye diseases like Abhishyanda and it has prevalence rate of 68.1% .In India in the present era eye disorders have become a major threat to the society. Hence significant multidisciplinary approach is needed. Integration of Ayurvedic concepts and preventative ophthalmology are essential to tackle eye problems. In Ayurveda according to Astang Sangraha it was told that Abishyanda is the cause of all types of Netra rogas.The word Abhishyanda is the combination of two words Abhi and Shyanda where Abhi is considered as greater or profuse and shyanda is considered as discharge.

METHODOLOGY:

Pittaja Abhishyanda is characterized by daha, prapaka, shishirabhinanda, dhumayana, bashpasamucchaya, ushnashruta, netrapitata. These lakshnas are similar to acute mucopurulent conjunctivitis as its clinical features are discomfort, foreign body sensation, blurring and redness of sudden onset (due to engorgement of blood vessels), mild photophobia, mucopurulent discharge from the eyes. Bidalaka is indicated in inflammatory conditions of eyes .

RESULT :

25 years old male patient diagnosed with acute mucopurulent conjunctivitis on clinical presentation was advised Chandanadi Bidalaka for seven days. The signs and symptoms are reduced to mild degree. The result proved to be effective based on clinical assessment.

CONCLUSION:

Chandanadi Bidalaka contains Anantamool,Raktachandana,Manjistha which having Kapha - pitta shamak property, anti-inflammatory and Antibacterial in action . Because of all these properies it is beneficial in this case.

KEY WORDS: Acute Mucopurulent Conjunctivitis, Chandanadi bidalaka ,Pittaja Abhishyanda.

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INTRODUCTION:

In Ayurvedic classics such as Sushruta Samhita and Ashtanga Hridaya, Abhishyanda is described as the root cause of most ocular diseases. Among its four types (Vataja, Pittaja, Kaphaja, and Raktaja), Pittaja Abhishyanda is characterized by:

Netra Daha (burning sensation in eye)

Netra lalima (Redness in eyes)

Netra Strava (mucopurent discharge

Shishirabhinanda

Netra pitata

These features closely resemble acute mucopurulent conjunctivitis in modern medicine, which is characterized by conjunctival congestion, mucopurulent discharge, eyelid edema, and irritation.

Bidalaka is a Bahirparimarjana Chikitsa (external therapy) where medicated paste is applied over closed eyelids. Chandanadi Bodalaka is indicated in Pitta-dominant ocular conditions due to its cooling, anti-inflammatory, and antimicrobial effects.

Aim and Objectives

Aim

To review the efficacy of Chandanadi Bodalaka in Pittaja Abhishyanda with special reference to acute mucopurulent conjunctivitis.

Objectives

To study Pittaja Abhishyanda as described in Ayurvedic texts.

To correlate Pittaja Abhishyanda with acute mucopurulent conjunctivitis.

To evaluate the therapeutic effect of Chandanadi Bodalaka.

Materials and Methods

Study Design

An open-label clinical study.

Source of Data

Patients attending the Shalakya Tantra OPD diagnosed with Pittaja Abhishyanda.

Sample Size

30 patients diagnosed with signs and symptoms of Pittaja Abhishyanda/acute mucopurulent conjunctivitis.

Inclusion Criteria

Patients aged 10–60 years

Presence of mucopurulent discharge

Conjunctival congestion

Photophobia

Netra lalima

Exclusion Criteria

Trachoma

Allergic conjunctivitis

Viral conjunctivitis

Corneal involvement

Intervention

Drug: Chandanadi Bodalaka

Ingredients (as per classical reference):

Chandana (Santalum album)

Yashtimadhu (Glycyrrhiza glabra)

Lodhra (Symplocos racemosa)

Usheera (Vetiveria zizanioides)

Rakta Chandana (Pterocarpus santalinus)

All drugs were taken in equal quantity and made into fine powder. Paste was prepared with sterile water.

Method of Application (Bidalaka Procedure):

Patient made to lie in supine position

Gentle cleaning of eyelids

Paste applied over closed eyelids (avoiding eyelashes)

Thickness: approximately 2 mm

Duration: 20–30 minutes

Once daily for 5 day

Assessment Criteria

Symptoms	Absent	Mild	Moderate	Severe
Shishirabhinanda		++		
Netra Daha			+++	
Netra lalima			+++	
Netra Strava (MucopurentDischarge)				+++
Lid edema	+			
Photophobia		++		

Observations

Symptoms	Absent	Mild	Moderate	Severe
Shirabjinanda	+			
Netra Daha	+			
Netra Pitata	+			
Netra Strava (Mucopurent	+			

Discharge)				
Lid oedema	+			
Photophobia	+			
Iritation in Eyes	+			

All the signs and symptoms are reduced

Patient feels better.

Results

Chandanadi Bidalaka showed statistically significant improvement in:

Reduction in mucopurent discharge

Reduction in eyelid swelling

Decrease in conjunctival redness(Netra lalima)

Reduced photophobia

Complete relief of Netra Daha (burning sensation)

Patient feels better

All the symptoms are pasified.

Chandanadi Bidalaka works as Anti-inflammatory and Antibacterial in nature.

It's having Soothing property.

Discussion

Pittaja Abhishyanda is dominated by Pitta leading to mucopurent discharge, Netra Daha,Netra lalima, Photophobia ,lid oedema,Chandanadi Bodalaka works through:

Pitta Shamak Properties.

Shothahara (anti-inflammatory effect)

Ropana (healing effect)

Antibacterial in property.

Chandana and Rakta Chandana provide cooling and anti-inflammatory action.

Lodhra acts as astringent and reduces discharge.

Yashtimadhu promotes healing and reduces irritation.

Usheera provides soothing effect.

Modern correlation suggests antimicrobial and anti-inflammatory properties help in reducing bacterial load and inflammation in acute mucopurulent conjunctivitis.

MODE OF ACTION:

Transdermal drug delivery involves the process of drugs penetrating, permeating, and diffusing through the layers of the skin to reach the bloodstream. The outermost layer of the skin, known as the stratum corneum, is primarily made up of fatty acids and ceramides, requiring drug molecules to be lipophilic for successful

passage. Although some hydrophilic drugs can travel through the transappendageal shunt route, this pathway contributes only a small portion to drug delivery through the skin. Below the stratum corneum lies the mainly aqueous epidermis, which poses a challenge for hydrophobic molecules to traverse. Consequently, for a transdermal drug to be effective, it needs to possess both lipophilic and hydrophilic properties to effectively pass through the skin layers and reach the bloodstream.

Conclusion

Chandanadi Bodalaka is an effective and safe external therapeutic modality in the management of Pittaja Abhishyanda, which clinically correlates with acute mucopurulent conjunctivitis. It significantly reduces mucopurulent discharge, conjunctival congestion, itching, and swelling without adverse effects.

Thus, Chandanadi Bodalaka can be considered a cost-effective and safe alternative therapy in managing Pitta predominant conjunctival disorders.

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