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A CRITICAL REVIEW OF NETRABHISHYANDA (VIRAL CONJUNCTIVITIS): AYURVEDIC INSIGHTS INTO PATHOGENESIS AND THERAPEUTICS

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ABSTRACT

Netrabhishyanda, described under Shalakyatantra (Ayurved Ophthalmology), is an important ocular disorder in Ayurveda that is closely correlated with viral conjunctivitis (viral conjunctivitis). It is considered an Aupsargika Vyadhi (contagious disease), indicating its contagious nature and rapid spread. Understanding its clinical and pathological basis within the framework of Nidanapanchaka (Nidanapanchaka) is essential for effective management. Clinically, Netrabhishyanda presents with classical ocular features such as Netra Aaraktata (redness), Netrasrava (discharge), and Netrashotha (swelling), often accompanied by systemic symptoms mimicking Jwara (pyrexia), such as Agnimandya (loss of appetite), Sarvangamarda (body ache), Pratishyaya (rhinitis), and Kasa (cough), along with preauricular lymph node tenderness (preauricular lymph node tenderness). Ayurveda emphasizes that most eye diseases originate from Abhishyanda (Abhishyanda), with pathology beginning in the Amashaya (stomach/gastrointestinal tract). Vitiated Doshas (Doshas), primarily Kapha and Pitta (Kapha and Pitta), along with Aama (Aama), move upward through the Sira (vessels) and localize in the eye, affecting Rasa and Rakta Dhatus (Rasa and Rakta tissues) via Rasavaha and Raktavaha Srotas (Rasavaha and Raktavaha channels). The treatment approach is guided by the similarity of Samprapti (pathogenesis) with Jwara (pyrexia). Management focuses on Amapachana (digestion of Aama), Langhana (lightening therapy/fasting), and pacifying Kapha and Rakta (Kapha and Rakta). Internal medications, such as classical Jwarahara formulations (antipyretic formulations), are used judiciously alongside Ushnodaka (warm water) and Laghu Ahara (light diet). In the acute stage, local therapies are limited to gentle Swedana (hot fomentation) and Parisheka or Aschyotana (ocular irrigation/instillation) with medicated decoctions such as Triphala (Triphala), which are anti-inflammatory herbs. This approach offers a rational and practical framework for managing Netrabhishyanda. By addressing the root pathology and maintaining systemic balance, symptoms can be effectively relieved and complications can be prevented, highlighting the relevance of classical principles in contemporary eye care.

Keywords: Aama, Jwara Chikitsa, Kapha-Pitta, Netrabhishyanda, Viral Conjunctivitis.

INTRODUCTION

Netrabhishyanda is one of the most commonly described eye disorders in Ayurvedic classics such as Sushrut Samhita and Ashtang Hruday under Shalakya Tantra[1]. It is important not only because of its frequency in clinical practice but also because ancient scholars have considered it a root condition for many other eye diseases[2]. In day-to-day practice, its presentation closely resembles that of viral conjunctivitis, a condition that spreads rapidly in the community, especially during seasonal changes. Ayurveda classifies Netrabhishyanda as Aupsargika Vyadhi, highlighting its contagious nature. Classical descriptions of transmission—through close contact, shared use of objects, breathing, and cohabitation—are remarkably similar to the modern understanding of viral spread through droplets and fomites. This parallel reflects the depth of observation in Ayurvedic texts and renders the concept highly relevant today.[3,4] Clinically, patients usually present with redness, watering or discharge, and mild swelling of the eyes. These local symptoms are often accompanied by systemic features, such as reduced appetite, body ache, cold, or cough, indicating that the disease is not merely local but has a systemic association.[5] This systemic involvement is an important aspect that differentiates the Ayurvedic approach from a purely symptomatic one.[6] From an Ayurvedic standpoint, understanding Netrabhishyanda through Nidanpanchaka—Hetu, Purvaroop, Roop, Samprapti, and Chikitsa—provides a comprehensive picture of the disease[1]. The origin of pathology in Amashaya, the role of Agni Vaishamya, and the formation of Aama leading to vitiation of Kapha and Pitta Dosha help explain the onset and progression of the condition.[7,8] Considering the increasing incidence of viral conjunctivitis and recurrent outbreaks, revisiting these classical principles is important. This review aims to understand Netrabhishyanda in light of Ayurvedic fundamentals and explore its practical management based on time-tested treatment principles.[9]

LITERATURE REVIEW

Netrabhishyanda is an important inflammatory condition of the eye described in Ayurvedic ophthalmology, characterized predominantly by redness, discharge, irritation, heaviness and discomfort of the eyes. From the perspective of Nidana Panchaka, its etiopathogenesis can be understood as follows. Hetu (etiological factors) include exposure to infectious or contaminated surroundings, improper ocular hygiene, excessive exposure to dust, smoke and other irritants, inappropriate dietary and lifestyle practices, and factors responsible for vitiation of the ocular Doshas, particularly Kapha and Pitta. In the initial stage, these causative factors disturb the normal physiological state of the Doshas and initiate the disease process. Purvarupa (premonitory symptoms) are relatively mild and nonspecific and may include ocular irritation, a feeling of heaviness, mild discomfort, pricking or foreign-body sensation, watering and a tendency toward mild congestion before the disease becomes fully manifest. Rupa (cardinal clinical features) become more evident with progression of the disease and include Netra Raga

(redness and congestion of the conjunctiva), Netra Srava (ocular discharge), Shotha (swelling), Daha (burning sensation), Kandu (itching), Gharshana or irritation, and discomfort in the eyes. Depending upon the systemic involvement and Dosha predominance, associated features such as Agnimandya (loss or diminution of appetite), Sarvangamarda (generalized body ache or malaise), Pratishyaya (rhinitis/coryzal symptoms) and Kasa (cough) may also be observed, suggesting that the disease may occur in association with a systemic inflammatory or respiratory illness. Samprapti (pathogenesis) of Netrabhishyanda is described as beginning with disturbance of the Doshas at their principal sites, particularly in the Amashaya, followed by their vitiation in association with Ama and subsequent movement through the Siras (channels/vessels) in an upward direction toward the region of the head and eyes. When the vitiated Doshas reach and localize in the ocular tissues, particularly the Netra, they produce local inflammatory manifestations such as redness, discharge, swelling, irritation and discomfort, thereby resulting in the clinical manifestation of Netrabhishyanda. The nature and severity of manifestations vary according to the predominance of the involved Dosha. Chikitsa (therapeutic approach) is therefore directed primarily toward correcting the underlying systemic pathology and pacifying the aggravated Doshas rather than merely treating the local ocular symptoms. In the presence of Ama, appropriate Amapachana is employed to promote digestion and eliminate metabolic impurities, while Langhana may be indicated to reduce the burden of aggravated Doshas and Ama. This is followed by appropriate Dosha-pacifying measures, selected according to the predominant Dosha and the clinical stage of the disease. Local ocular therapies may subsequently be incorporated when appropriate to alleviate inflammation, discharge, congestion and discomfort. Thus, the Nidana Panchaka of Netrabhishyanda demonstrates the Ayurvedic concept of a systemic origin with subsequent localization of vitiated Doshas in the ocular tissues, providing a rationale for combining systemic correction, Dosha management and local ocular therapy in its treatment.[10]

Correlation with Viral Conjunctivitis

Viral conjunctivitis is commonly caused by viral infections (adenovirus) and spreads rapidly through direct contact, droplets, and contaminated surfaces. It presents with redness, watering, and irritation, and sometimes with systemic symptoms such as cold and fever.[11,12] This closely correlates with the Ayurvedic concept of Aupsargika Vyadhi and the clinical presentation of Netrabhishyanda, along with the systemic disease, Jwara (pyrexia).[13,14]

DISCUSSION

Netrabhishyanda, when viewed in the present clinical context, offers a practical and experience-based understanding of conditions such as viral conjunctivitis. Ayurvedic literature stands out in that this disease is not treated as a purely local eye problem. Instead, it is understood as a manifestation of a deeper systemic imbalance, which is often underemphasized in routine care. One of the most striking aspects of this classification is its classification as an Aupsargika Vyadhi (non-communicable disease). Classical descriptions of transmission—through contact, shared belongings, breathing, and close living—are not just theoretical but are clinically observable even today during outbreaks of viral conjunctivitis. However, Ayurveda does not stop at identifying contagion; it goes further to explain why some individuals are more susceptible to certain diseases than others. This highlights the importance of Agni and Aama. In many patients, especially during seasonal changes, there is a clear history of indigestion, heaviness, or mild febrile illness that precedes the eye symptoms. This supports the concept that impaired digestion and formation of Aama create a favorable ground for disease manifestation. Samprapti described in Netrabhishyanda is particularly insightful in this regard. The idea that vitiated doshas originate in the Amashaya and then move upward through the sira to localize in the eye explains the associated systemic symptoms, such as body ache, loss of appetite, and respiratory complaints. This upward movement (Urdhva Gati) also correlates well with the involvement of upper respiratory tract symptoms commonly seen in viral conjunctivitis. Such a holistic understanding allows physicians to connect seemingly unrelated symptoms to a single disease process. Another important point is the involvement of Kapha and Pitta, along with Rasa and Rakta Dhatu. Clinically, this is reflected in the nature of the discharge, congestion, and inflammatory changes. Kapha contributes to stickiness and discharge, whereas Pitta is associated with redness and a burning sensation. This dual involvement explains why treatment needs to be carefully balanced; overlooking one aspect can delay recovery or increase the discomfort. The comparison of Netrabhishyanda Samprapti with Jwara is not merely theoretical but has direct therapeutic implications. In practice, many patients respond better when initial management focuses on Langhana (fasting or light diet) and Aampachana rather than immediately starting multiple local treatments. This approach helps reduce the underlying pathology rather than merely suppressing symptoms. This also explains why some cases, if treated only with local eye drops, tend to linger, recur, or cause complications such as superficial punctate keratitis (SPK)[15]. Simultaneously, it is important to apply these principles with good clinical judgment. Not all patients present with a clear Saama stage, and the intensity of symptoms can vary. The overuse of Langhana in already debilitated patients or excessive reliance on internal medications without assessing individual strength (Bala) may not be appropriate. Similarly, while classical texts advise avoiding procedures such as Tarpana and Anjana in the acute stage, there is a need to identify the right timing for introducing nourishing therapies once acute inflammation subsides. Local treatments such as Parisheka and Aschyotana (ocular therapeutics consisting of herbal decoctions resembling contemporary eye drops) remain highly valuable, especially when performed properly with well-filtered, mild, and appropriate formulations. In many cases, simple measures such as maintaining eye hygiene, avoiding irritants, and preventing spread play an equally important role alongside medicines. This highlights the importance of combining classical knowledge and practical education. One limitation of this study is the lack of standardized protocols in contemporary practice. While classical references provide a strong conceptual framework, variations in formulation, dosage, and duration can affect the outcomes. More systematic clinical observations and studies are needed to validate and refine these approaches in contemporary settings. Overall, Netrabhishyanda serves as a good example of how Ayurveda approaches diseases from a broader perspective. It emphasizes root cause management, systemic balance, and stage-wise treatment. When applied thoughtfully, these principles not only help in faster recovery but also reduce the recurrence and complications of the disease. Simultaneously, careful clinical judgment and adaptation to individual patient needs remain essential for achieving optimal results.

Treatment Principles (Chikitsa)

Langhana (lightening therapy) and Ushnodaka Pana (warm water intake) form the initial supportive measures in Netrabhishyanda, particularly when Aama and systemic symptoms are present. Langhana is intended to reduce the burden of the aggravated Doshas and support the correction of impaired digestion, while Ushnodaka Pana is advised as a simple measure to support digestion and facilitate the management of the systemic component of the disease. Jwarahara formulations (antipyretic

formulations) such as Tribhuvankirti and Mahasudarshan may be used judiciously, considering the similarity of the Samprapti of Netrabhishyanda with Jwara. These formulations are selected to address the associated systemic manifestations and to support the pacification of the Doshas involved in the disease process. Pitta-Rakta Shamana drugs (Pitta- and Rakta-pacifying medicines) such as Jingisharadi and Laghusootshekhar are used to pacify aggravated Pitta and Rakta, which are implicated in the inflammatory manifestations of Netrabhishyanda. Their use is particularly directed toward controlling the ocular inflammatory component and maintaining Dosha equilibrium. Swedana (mild fomentation) may be employed as a local therapeutic measure in the acute stage. Gentle fomentation is intended to provide symptomatic relief and support the local management of ocular discomfort. It should be performed mildly and appropriately according to the clinical condition. Parisheka / Aschyotana (ocular therapeutics) constitute important local measures in Netrabhishyanda. Parisheka involves gently pouring medicated liquid over the closed eyes, whereas Aschyotana involves instilling medicated liquid into the eyes. These therapies can be considered comparable, in principle, to the use of contemporary topical ocular preparations such as eye drops. Triphala-based decoctions may be used for these local procedures, providing an Ayurvedic approach to local ocular management while addressing the inflammatory manifestations of Netrabhishyanda.[16,17]

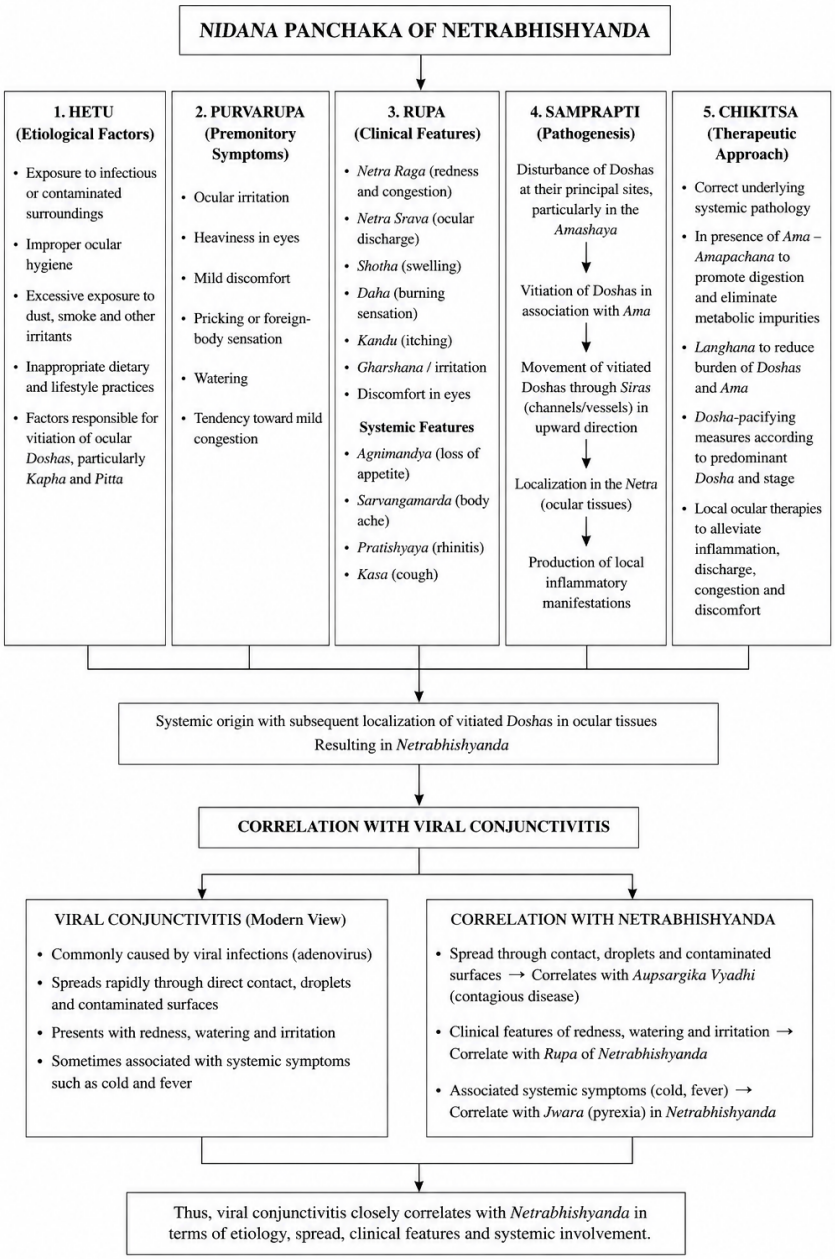
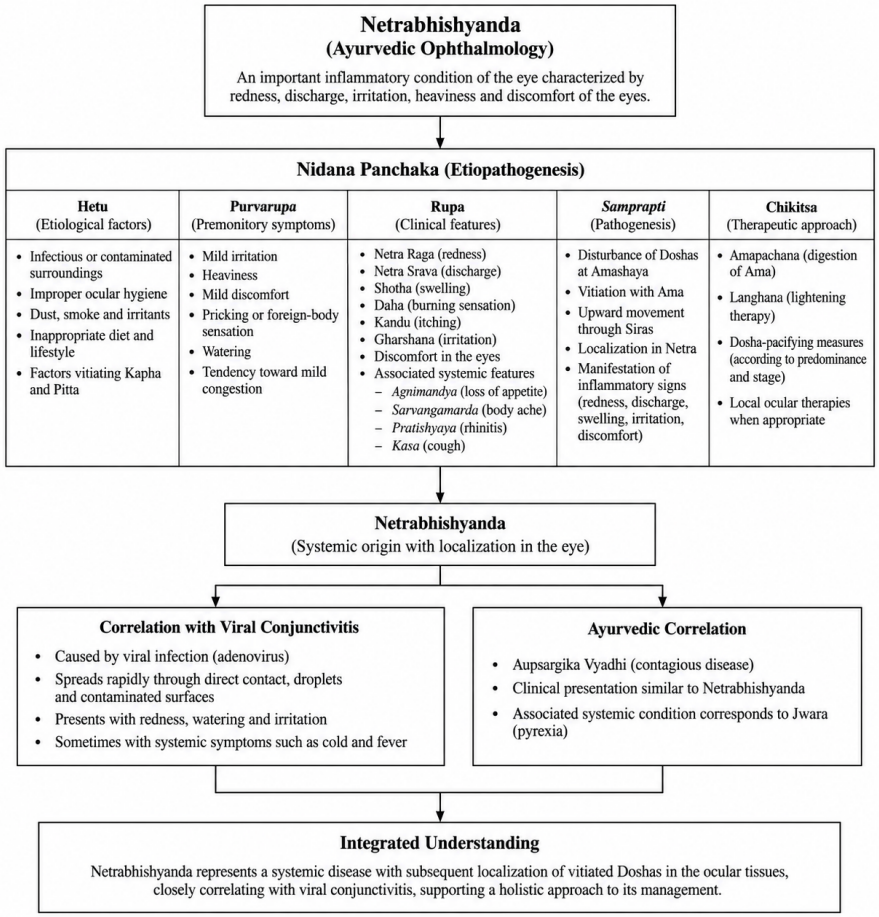


Table 1: Ayurvedic Treatment Principles and Clinical Rationale in Netrabhishyanda

Treatment / Principle	Ayurvedic Rationale	Clinical Application in Netrabhishyanda	Modern Clinical Correlation
Langhana (lightening therapy)	Reduces the burden of aggravated Doshas and is particularly relevant in the presence of Aama and systemic manifestations.	Considered an initial supportive measure, particularly during the Saama stage and when systemic symptoms are present.	Supportive management during the acute systemic/ inflammatory phase.
Ushnodaka Pana (warm water intake)	Supports Agni and facilitates the management of Aama and systemic Dosha imbalance.	Advised as a simple supportive measure along with Langhana and a light diet.	General supportive hydration and dietary management during acute illness.
Jwarahara formulations – Tribhuvankirti, Mahasudarshan	Based on the similarity between the Samprapti of Netrabhishyanda and Jwara; intended to address systemic manifestations and Dosha imbalance.	Used judiciously when systemic manifestations resembling Jwara are present.	Management directed toward associated systemic symptoms.
Pitta-Rakta Shamana Jingisharadi, Laghusootshekhar	Aims to pacify aggravated Pitta and Rakta, which are associated with inflammatory ocular manifestations.	Considered when Netra Aaraktata, Daha and other inflammatory manifestations predominate.	Addresses ocular inflammation, congestion and burning symptoms.
Swedana (mild fomentation)	Local therapeutic measure intended to provide symptomatic relief and support ocular management.	Mild fomentation may be employed appropriately during the acute stage.	Symptomatic local supportive therapy.
Parisheka	Local ocular therapy involving gentle pouring of a medicated liquid over the closed eyes.	May be performed using appropriately prepared and filtered medicated decoctions such as Triphala-based preparations.	Comparable in principle to topical ocular therapeutic application.
Aschyotana	Local ocular therapy involving instillation of medicated liquid into the eye.	Triphala-based decoctions may be used as local therapy when appropriately prepared and filtered.	Comparable in principle to topical ophthalmic preparations/eye drops.
Avoidance of acute-stage nourishing procedures	Classical treatment emphasizes avoiding procedures such as Tarpana and Anjana during the acute inflammatory stage.	Nourishing ocular therapies may be considered only after the acute inflammatory stage has subsided, according to clinical assessment.	Stage-wise modification of treatment according to disease activity.
Eye hygiene and prevention of transmission	Consistent with the concept of Aupsargika Vyadhi and prevention of disease transmission.	Maintenance of ocular hygiene, avoidance of irritants and measures to prevent spread are important adjuncts to treatment.	Infection-control and preventive measures in contagious conjunctivitis.



CONCLUSION

Netrabhishyanda is not a simple eye infection; it reflects a deeper imbalance within the body. Ayurvedic understanding clearly shows that conditions like viral conjunctivitis are closely linked with Jwara (systemic factors) such as Agni disturbance and Aama formation rather than being limited to the eye alone. This perspective helps in looking beyond surface-level symptoms and addressing the root causes of diseases. In clinical practice, it becomes evident that when treatment is directed only at local symptoms, relief may be temporary. In contrast, when principles such as Langhana, Aampachana, and appropriate Dosha management are applied thoughtfully, patients tend to recover more smoothly, with fewer chances of recurrence. The comparison with Jwara Chikitsa provides a practical guide for managing the early stages of the disease, especially when systemic symptoms are present. The importance of stage-wise treatment cannot be overlooked. Avoiding certain local procedures in the acute phase and introducing them at the appropriate time requires clinical judgment. Simple local measures, such as Parisheka and Aschyotana, when used appropriately, offer effective symptomatic relief without aggravating the condition. In the current context, where viral conjunctivitis spreads quickly in the community, these principles remain highly relevant. They not only help manage the condition effectively but also guide the prevention of its spread and recurrence in the future. With careful application and a balanced approach, Ayurveda offers a safe, practical, and holistic method for managing Netrabhishyanda in everyday practice.

FURTHER SCOPE OF THE STUDY

There is a need for well-designed clinical studies and controlled clinical trials to systematically evaluate the efficacy, safety, and clinical applicability of Ayurvedic management approaches in Netrabhishyanda (viral conjunctivitis). Such studies can help generate objective clinical evidence regarding the role of Langhana, Ushnodaka Pana, Jwarahara formulations, Pitta-Rakta Shamana medicines, Swedana, Parisheka, and Aschyotana in the management of the disease. Based on evidence generated through such research, there is a need for the development of standardized treatment guidelines incorporating appropriate diagnostic criteria, disease staging, selection of internal and local therapies, duration of treatment, and monitoring of clinical outcomes. Furthermore, the Ayurvedic understanding of Netrabhishyanda as an Aupsargika Vyadhi (contagious disease) provides an important basis for its integration with public health strategies for contagious eye diseases. Such integration may include systematic identification of cases, appropriate preventive measures, awareness regarding transmission, maintenance of ocular and personal hygiene, and measures to reduce the spread of infection within the community. This integrated approach can help establish a structured and evidence-based framework for the management and prevention of Netrabhishyanda while strengthening the role of Ayurved in contemporary eye care.

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