

An Ayurvedic insight in the management of Viral Conjunctivitis - A Case Report

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Conjunctivitis is a common and highly contagious condition of eye, posing a significant global burden due to its high potential for outbreaks, prevalence, and associated economic and societal costs. 80% of the conjunctivitis cases have viral origin and usually have longer course, commonly occurs as epidemics in families, offices, etc. Hence, there is a need to intervene at the exact stage to prevent its further progress. Also, in conventional system of medicine, topical eye drops and symptomatic management is the current treatment modality. So, there is a need for Ayurvedic intervention in the scenario. In this case report, an effort has been initiated to get an insight in the management of Viral conjunctivitis. A 60-year-old male patient presented with watering of both eyes, associated with photophobia and itching. On Ocular examination, the palpebral and bulbar conjunctiva were congested in both eyes. The treatment protocol was adopted as per Ayurvedic principles mentioned in Raktaja Abhishyanda (~viral conjunctivitis). Bidalaka (~application of medicated paste over eyelids) with Mukkadi Churna was done along with Mahamanjishtadi Kashaya internally and Triphala eye wash was advised. Patient got cured completely without reporting any adverse events within a week. No recurrence was observed even after one month of halted treatment. Altogether, Ayurvedic treatment led to a speedy and complete recovery in this case of Viral conjunctivitis.

Keywords: Bidalaka, Mahamanjishtadi Kashaya, Mukkadi Churna, Raktaja Abhishyanda, Viral conjunctivitis

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Introduction

Viral conjunctivitis, also known as pink eye or eye flu is a significant public health concern in India. Viral conjunctivitis, is usually benign and self-limiting, but may have a longer course than acute bacterial conjunctivitis, lasting for approximately 2-4 weeks.[1] Viral conjunctivitis commonly occurs as epidemic in families, offices, etc., and transmission occurs through contact with infected upper respiratory droplets, fomites and contaminated swimming pools.[2]

In Viral conjunctivitis, patient presents with watery discharge and prominent conjunctival hyperemia, eyelid edema, pseudomembranes, etc.[3,4] In *Ayurveda*, almost a similar condition- *Raktaja Abhishyanda* (~viral conjunctivitis) has been mentioned. It's one of the 17 *Sarvagata Netra Roga* (~eye disease involving the entire eyeball) wherein *Lohitanetrata* (redness of eyes), *Rajyah samantat* (congested vessels),[5] *Bashpa Samuchchraya* (~watering of eyes)[6] are the *Lakshanas* (~signs and symptoms) exhibited in this case. Hence, *Bidalaka* (~application of medicated paste over eyelids) with *Mukkadi Churna*, *Mahamanjishtadi Kashaya* internally and *Triphala* eyewash were advised.

Case Report

A 60-year-old male patient with OPD No. 6XX/1XX consulted *Shalakya Tantra* OPD of Government Ayurveda Medical College, Bengaluru on 03/01/2025 with complaints of redness, watering of both eyes associated with discomfort from bright lights and itching in the last two days. The patient suddenly noticed watering of both eyes which later got associated with redness, itching and felt discomfort from bright lights in both eyes. The ocular examination was done as per Table 1 and on examination, conjunctiva was congested in both eyes. There was no history of conjunctivitis in the family or workplace.

Clinical Findings

Diagnostic Assessment

- Conjunctiva was congested in both eyes - Palpebral and bulbar conjunctiva (Figure 1)
- Nature of discharge - watery
- Photophobia and itching were present

- *Lohita Netrata* (redness of eyes), *Rajyah Samantat* (congested vessels), *Bashpa Samuchchraya* (~watering of eyes) were present. Hence the case was diagnosed as *Raktaja Abhishyanda* (~viral conjunctivitis).

Table 1: Ocular examination

Structures	Right Eye	Left Eye
Head posture	Normal	Normal
Eye ball	Normal in size and position	Normal in size and position
Eye lid	No ptosis or lag ophthalmos	No ptosis or lag ophthalmos
Eye lashes	No trichiasis, distichiasis or madarosis	No trichiasis, distichiasis or madarosis
Nasolacrimal duct	No regurgitation or swelling	No regurgitation or swelling
Conjunctiva	Congested	
Sclera	Normal	Normal
Cornea	Normal	Normal
Anterior chamber	Normal depth, quiet	Normal depth, quiet
Iris	Normal in colour and pattern	Normal in colour and pattern
Pupil	RRR, 3mm	RRR, 3mm
Lens	SIMC present	SIMC present
UAVA		
Distant vision	6/9	6/9P
Near vision	N10	N12



Figure 1: Conjunctival congestion in both eyes – Before treatment

Timeline of Treatment

The treatment was adopted for 12 days based on the clinical presentation as per Table 2.



Figure 2: Bidalaka with *Mukkadi Churna*

Table 2: Timeline of Treatment

Day	Presentation	Treatment adopted
1-7	Conjunctival congestion Watery discharge Photophobia Itching	Bidalaka (~application of medicated paste over eyelids) with Mukkadi Churna for 45minutes- once daily (Figure 2) Eye wash with Triphala Kashaya - twice daily Internally, Mahamanjishtadi Kashaya: 20ml, twice daily, After food
8-12	Nil	Eye wash with Triphala Kashaya - twice daily Internally, Mahamanjishtadi Kashaya: 20ml, twice daily, After food

Results

The signs and symptoms like conjunctival congestion, watering of eyes, photophobia, itching subsided by seven days (Figure 3).

Eye wash with *Triphala Kashaya* and *Mahamanjishtadi Kashaya* internally was continued for another five days to ensure complete expulsion of morbid *Doshas* (~humours).

No adverse reaction and recurrence were found during the treatment period and follow up period of one month.

**Figure 3: After treatment**

Follow-up and Outcomes

Follow up of the patient was done till one month. There was no recurrence reported.

Discussion

Viral conjunctivitis commonly occurs as epidemic in families, offices, etc. Adenovirus is the most common cause of viral conjunctivitis.

There are 47 adenovirus serotypes based on genomic descriptions and one among them based on presentation is epidemic keratoconjunctivitis.

In epidemic keratoconjunctivitis, patients present with ocular itching, foreign body sensation, tearing, redness and photophobia.[7]

In *Sarvagata Netra Roga* chapter, *Raktaja Abhishyanda* (~viral conjunctivitis) has been explained which is similar to the symptoms explained in Viral conjunctivitis like *Lohita Netrata* (~redness of eyes), *Rajyah Samantat* (~congested vessels), *Bashpa Samuchraya* (~watering of eyes).

In the *Chikitsa* of *Abhishyanda* (~conjunctivitis), it has been mentioned that *Bidalaka* (~application of medicated paste over eyelids) is beneficial in *Abhishyanda* (~conjunctivitis) with *Daha* (~burning sensation), *Upadeha* (~stickiness of eyes), *Raga* (~redness), *Ashru* (~watering of eyes), *Shopha* (~swelling).[8]

Bidalaka

Bidalaka (~ application of medicated paste over eyelids) is a treatment modality which is mentioned in the *Taruna Avastha* (~early stages) of *Netra Roga* (~eye disorders).[9]

In *Abhishyanda Chikitsa*(~conjunctivitis treatment) too, when there is *Daha* (~burning sensation), *Upadeha* (~stickiness of eyes), *Raga* (~redness), *Ashru Sruti* (~watering of eyes), *Sopha* (~swelling), *Bidalaka* (~application of medicated paste over eyelids) is advised.

Stratum corneum layer is the principal barrier for penetration in the epidermis of skin. Barrier nature of this layer depends on its constituents i.e.; 75-80% proteins, 5-15% lipids and 5-10% ondansetron material. As this layer is thinnest on eyelids, this will augment the absorption rate during *Bidalaka* (~application of medicated paste over eyelids). The continuous blood supply keeps dermal concentration of permeate very low and the resulting concentration difference across the epidermis provides the essential driving force for transdermal permeation.[10]

Mukkadi Churna[11]

The ingredients of *Mukkadi Churna*- *Triphala*, *Gairika*, *Rakta Chandana*, *Haridra*, *Daruharidra*, *Lodhra*, *Sariva*, *Vata Ankura*, *Durva*, *Usheera*, *Nimba* are almost *Pitta- Rakta Hara*(~pacify *Pitta* and *Rakta*). And all of the ingredients almost are *Tikta* in *Rasa* (bitter in taste), hence acting as *Rakta Prasadaka* (~purify blood).

Eye wash:

Eyewash with *Triphala Kashaya* helps remove the *Dushta Srava* (discharge). *Triphala: Haritaki, Vibhitaki* and *Amalaki* are all anti-oxidant and anti-inflammatory in nature.[12]

Mahamanjishtadi Kashaya:

Mahamanjishtadi Kashaya is indicated in *Medodosh* and *Netra Roga*. [13] The ingredients in the formulation are also *Tikta* (bitter) in taste. Hence, it proves useful in *Kapha Pitta* predominant state of this case. [14]

Conclusion

The *Ayurveda* treatment protocol is a good choice for Viral conjunctivitis. In this case study, the condition was reversed without any recurrence in the near future.

References

1. Chaudhuri Z, Vanathi M. Chapter 6: Infections of the cornea and external eye. In: Chaudhuri Z, Vanathi M, editors. Post Graduate Ophthalmology. Vol. 1. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.; 2012. p. 506 [Crossref] [PubMed] [Google Scholar]
2. Chaudhuri Z, Vanathi M. Chapter 6: Infections of the cornea and external eye. In: Chaudhuri Z, Vanathi M, editors. Post Graduate Ophthalmology. Vol. 1. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.; 2012. p. 506 [Crossref] [PubMed] [Google Scholar]
3. Kanski JJ, Bowling B. Chapter 5: Conjunctiva. In: Clinical Ophthalmology: A Systemic Approach. 7th ed. London: Elsevier; 2011. p. 132 [Crossref] [PubMed] [Google Scholar]
4. Kanski JJ, Bowling B. Chapter 5: Conjunctiva. In: Clinical Ophthalmology: A Systemic Approach. 7th ed. London: Elsevier; 2011. p. 142 [Crossref] [PubMed] [Google Scholar]
5. Sushruta. Uttara Tantra, Chapter 6: Sarvagata Roga Vijnyaniya. In: Acharya VJT, editor. Sushruta Samhita with the Nibandha Sangraha Commentary of Dalhanacharya and Nyayachandrika Panjika of Gayadasacharya on Nidanasthana. Varanasi: Chaukhamba Sanskrit Sansthan; 2017. Sloka 9. p. 604 [Crossref] [PubMed] [Google Scholar]
6. Sushruta. Uttara Tantra, Chapter 6: Sarvagata Roga Vijnyaniya. In: Acharya VJT, editor. Sushruta Samhita with the Nibandha Sangraha Commentary of Dalhanacharya and Nyayachandrika Panjika of Gayadasacharya on Nidanasthana. Varanasi: Chaukhamba Sanskrit Sansthan; 2017. Sloka 7. p. 603 [Crossref] [PubMed] [Google Scholar]
7. Chaudhuri Z, Vanathi M. Chapter 6: Infections of the cornea and external eye. In: Chaudhuri Z, Vanathi M, editors. Post Graduate Ophthalmology. Vol. 1. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.; 2012. p. 507 [Crossref] [PubMed] [Google Scholar]
8. Vagbhata. Uttara Sthana, Chapter 16: Sarvakshi Roga Pratisheda. In: Paradakara HSS, editor. Ashtanga Hrudaya with the Commentaries Sarvangasundara of Arunadatta and Ayurveda Rasayana of Hemadri. Varanasi: Chaukhamba Krishnadas Academy; 2009. Sloka 2. p. 830 [Crossref] [PubMed] [Google Scholar]
9. Agnivesha. Chikitsa Sthana, Chapter 26: Trimarmiya Chikitsitam. In: Tripathi B, editor. Charaka Samhita with Charaka Chandrika Vyakhya. Varanasi: Chaukhamba Surbharati Prakashan; 2022. Sloka 231. p. 755 [Crossref] [PubMed] [Google Scholar]
10. Sivasankari N, Naveen BS, Viswam A, Namboodiri GK. Pindi and Bidalaka – A review. J Ayurveda Integr Med Sci. 2021;5:210–214. [Crossref] [PubMed] [Google Scholar]
11. Krishnan KV, Pillai SG. Sahasrayogam. 33rd ed. Alappuzha: Vidyarambham Publishers; 2015. p. 381 [Crossref] [PubMed] [Google Scholar]
12. Baliga MS, Rao S, Rai MP, D'Souza P, Pallikonda S, Bhat HP, et al. Scientific validation of the ethnomedicinal properties of the Ayurvedic drug Triphala: A review. Chin J Integr Med. 2012;18:946–954. [Crossref] [PubMed] [Google Scholar]
13. Sharangadhara. Madhyama Khanda, Chapter 2: Kvatha Kalpana. In: Sharangadhara Samhita with Tatva Dipika Commentary by Bhishak Vachaspati Pandit Durgadatt Shastri. Varanasi: Chaukhamba Vidyabhavan; 2002. Sloka 141–147 [Crossref] [PubMed] [Google Scholar]

14. Vagbhata. Sutra Sthana, Chapter 10: Rasabhedhiyam. In: Paradakara HSS, editor. Ashtanga Hrudaya with the Commentaries Sarvangasundara of Arunadatta and Ayurveda Rasayana of Hemadri. *Varanasi: Chaukhamba Sanskrit Sansthan; 2018. Sloka 15. p. 176* [Crossref][PubMed][Google Scholar]

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