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Research Article

AYURVEDIC INSIGHTS INTO OCULAR ALLERGY: THERAPEUTIC ROLE OF *GUTIKA ANJANA* AND *SHIRISHA AVALEHA* IN VKC

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ABSTRACT

Vernal keratoconjunctivitis (VKC), corresponding to *Kaphaja Abhishyanda* in Ayurveda, is a chronic allergic ocular disorder primarily affecting children and adolescents. Current treatments often involve drugs with preservatives that may cause toxicity, highlighting the need for safe, effective alternatives. **Objective:** To evaluate the clinical efficacy of *Gutika Anjana* (ocular ointment) and *Shirisha Avaleha* (oral formulation) in the management of *Kaphaja Abhishyanda*. **Materials and Methods:** A single-group clinical study was conducted on 30 patients (5–30 years) diagnosed with *Kaphaja Abhishyanda*. Patients received *Gutika Anjana* twice daily in the lower fornix and age-adjusted doses of *Shirisha Avaleha* orally for 30 days. Subjective parameters (*Guruta, Kandu, Updeha, Muhumuhusrava,* photophobia, burning sensation) and objective parameters (palpebral and bulbar conjunctival congestion and hypertrophy, Horner's Tranta's spots) were assessed pre- and post-treatment. **Results:** Significant improvements were observed in all subjective symptoms: *Guruta* (62–63.5%), *Kandu* (46%), *Updeha* (50–62.9%), *Muhumuhusrava* (63%), Photophobia (40%), and burning sensation (40–42%) ($P<0.001$). Palpebral conjunctival congestion improved by 45–46% ($P< 0.001$), and bulbar conjunctival congestion resolved completely (100%, $P<0.05$). Changes in palpebral conjunctival hypertrophy were modest and statistically insignificant, while bulbar hypertrophy and Horner's Tranta's spots remained unchanged. **Conclusion:** The combined therapy of *Gutika Anjana* and *Shirisha Avaleha* is effective in relieving clinical symptoms and reducing ocular inflammation in *Kaphaja Abhishyanda*. *Gutika Anjana* acts locally to alleviate ocular signs, while *Shirisha Avaleha* provides systemic anti-allergic and immunomodulatory effects, making this regimen a safe and effective Ayurvedic approach for VKC.

INTRODUCTION

Ayurveda, the ancient science of India has described the importance of eye, without which a life is miserable. *Shalakya Tantra* is one of the eight branches of *Asthang Ayurveda*[1] which deals with *Urdhavjatrugata Rogas*. *Acharya Sushrutra* explained *Shalakya Tantra* in a systematic manner in *Uttara Tantra* of *Sushrutra Samhita*. He has described 76 eye diseases and their medicinal and surgical treatment. Among 76 eye diseases, *Abhishyanda* is a one among 17 *Sarvagata Netraroga*[2].

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Netra Abhishyanda is classified into four types according to *Dosha* predominance i.e., *Vataja, Pittaja, Kaphaja* and *Raktaja Abhishyanda*.[3]

Kaphaja Abhishyanda is characterized by[4]:

1.*Kandu* (Intense itching)
2. *Picchil Srava* (Ropy discharge)
3. *Muhurmuhur Srava* (lacrimation)
4. *Guruta* (Heaviness in lids)
5. *Shopha* (Swelling in lids)

In modern system of medicine, Ocular allergies encompass a group of hypersensitivity disorder to allergen and can be observed as the only dominant presentation of an allergic sensitization, or are associated with rhinitis, asthma, atopic dermatitis, etc[5].

It is proved that conjunctival mucosa membrane is ten times more sensitive than the skin to allergen, these occur Itching hyperemia and papillary reaction in conjunctiva which leads to various different types of allergic conjunctivitis and vernal kerato-conjunctivitis is one of them[6].

Acharya Sushruta in *Kaphaja Abhishyanda Chikitsa* quoted that *Apatarpana, Tikta Ghrita Sevana, Sira Vyadhana, Svedana, Avapeedana, Anjana, Dhooma, Seka, Pralepa, Kavalagraha, Rooksha Aschyotana, Rooksha Putapaka* and *Tikta Annapana* are useful in *Kaphaja Abhishyanda.*[7]

Keeping in view the allergic, toxic and proinflammatory effects of preservatives used in preparation of the above said ophthalmic drugs there is a need of hour to find safe and easy to use drug for the management of VKC.

Therefore, in the present clinical study, *Gutika Anjana* and *Shirisha Avleha* has been selected**.**

AIMS AND OBJECTIVES

Aim

To evaluate the clinical efficacy of *Gutika Anjana* and *Shirisha Avaleha* in the management of *Kaphaja Abhishyanda*.

Objectives

1. To assess the effect of *Gutika Anjana* on the clinical signs and symptoms of *Kaphaja Abhishyanda*.
2. To evaluate the therapeutic efficacy of *Shirisha Avaleha* as an internal medication in *Kaphaja Abhishyanda*.

MATERIAL AND METHOD

A clinical study is a research investigation conducted to evaluate the effectiveness of a new medical treatment or approach in humans. The primary goal of each study is to provide evidence-based answers and enhance methods for preventing, detecting, diagnosing, and treating diseases. During clinical trials, a new treatment may be tested against an existing one to assess its relative effectiveness.

Selection of Patients

Selection was done on the basis of inclusion and exclusion criteria depending on the detailed clinical history, physical examination and other necessary investigations.

An elaborate case taking performa was specially designed for the purpose of incorporating all aspect of the disease *Kaphaja Abhishyanda* - Vernal Kerato-Conjunctivitis on Ayurvedic and modern parameters.

Inclusion Criteria

1. Patients, willing and able to follow the trial.
2. Patients aged between 5-30 years.
3. Patients, presenting with signs and symptoms of *Kaphaja Abhishyanda* (Vernal kerato-Conjunctivitis).

Exclusion Criteria

1. Patients below 5 years and above 30 years of age will be excluded from the study.
2. Patients suffering from infective conjunctivitis and other ocular infection.
3. Chronicity of VKC more than 3 yrs will be excluded.
4. Patients not willing for trial.

Method of Study

1. Diagnostic Phase

All the patients of *Kaphaja Abhishyanda*/VKC were diagnosed on the basis of various clinical presentation and findings.

Functional Examination of Eye

1. External examination of eye
2. Visual acuity test
3. Slit lamp examination
4. Fundoscopy

Investigation

- Hb%
- TLC
- DLC
- AEC
- ESR

Drug

In this study two drugs are selected for the trial:

1. *Gutika Anjana* (ointment) from *Bhaishajya Ratnavali Netra Roga.*
2. *Shirisha Avaleha* from *Bhaishajya Ratnavali Visha Chikitsa.*

The content of *Gutika Anjana Gairika, Saindhav lavan, Pippali* and *Tagar* are having anti-inflammatory, anti-histamine, mast cell stabilizer, immunomodulator and anti-oxidant pharmacological action which are useful for treatment of vernal kerato-conjunctivitis. *Pippali* and *Saindhav Lavan* due to their *Lekhniya* Action are helpful in *Kaphaj Abhishyanda*.

The contents of *Shrisha avaleha* are *Shrisha* and *Prekshep dravya* are *Nagkeshara, Priyangu, Kushtha, Haridra, Daruharidra, Pippli, Shunthi, Nilini, Ela, Guda. Shrisha* is a drug multidimensional activity anti-allergic, mast cell stabilizer, immuno-modulator pharmacological action which is useful in treatment of vernal kerato-conjunctivitis. All *Prekshep Dravya*

Tridoshahar karma and *Kapha-Vatta Shamak* which helpful in *Kaphaj Abhishyanda.*

Drug Preparation

Gutika Anjana (ointment) and *Shrisha avaleha* were prepared at Anamika Pharmacy, Haridwar. The raw drugs were collected and authenticated by Prof. Dr. D. C. Singh, HOD, PG Department of Dravya Guna, Rishikul Campus, Haridwar.

***Gutika Anjana* (ointment):** Raw drugs were used in the ratio *Garika:Saindhava Lavana:Pippali:Tagara* (1:2:4:8). All drugs were cleaned, dried, and powdered. Arka (distillate) was prepared from *Pippali, Tagara*, and *Saindhava Lavana*. *Shuddha Garika* powder was sieved through an 80-mesh sieve. The distillate was mixed with suitable excipients (soft paraffin, liquid paraffin, and white petroleum jelly), filtered through a heated funnel, and dry-heated at 160°C for 2 hr to obtain a fine paste, which was filled into sterile ointment tubes.

***Shrisha Avaleha*:** The bark of *Shirisha* was first cleaned and then grind. It was soaked in 16 times its weight in water overnight and then boiled until 1/4th of the volume remained[14]. The mixture was filtered through a 30-mesh cloth. Guda was added, and the mixture was heated at 30°C to 40°C until the *Avaleha Siddha Lakshana* appeared. The *Praksheph Dravya,* which had been ground using a mixture machine and powdered through sieve no. 80, was then added. The remaining mixture was left to cool and then packed in airtight containers.

INTERVENTIONAL PHASE

Grouping of the patients

There is only one group of 30 patients

Gutika Anjana and *Shirishavaleha* for 30 days.

At first patient will be given *Hingvastak churna* 3gm (age 5-12 yrs) BD & 5-6gm (age 13-30 yrs) BD for *Deepan – pachan* (3 days) then *Triphala Churna* 3gm HS (age 5-12 yrs), 6gm (13-30 yrs) (3-7days) for *Kostha Sudhi*.

Dose

- ***Gutika Anjana* (Ointment):** 3 *Vidanga matra* (30mg approx.) twice a day for 30 days LA at lower fornices.
- ***Shirisha Avaleha*:** Will be given 3gm BD (age 5-12 yrs) and 6gm BD (age 13-30 yrs) after meal for 30 days.

Follow-Up: After trial there will be one follow up at 30 days.

Assessment Criteria

Observation of patients were carried out before and after the treatment.

Criteria for Assessment of Result

	Subjective Parameters	
1.	*Guruta* (heaviness of lids)	0 - No heaviness of lids 1- Heaviness of lids only in the morning 2- Intermittent heaviness of lids 3- Continuous heaviness of lids
2.	*Kandu* (itching)	0 - No itching 1- Itching only on exposure to dust or other allergens. 2- Intermittent itching 3- Continuous itching affecting routine work.
3.	*Upadeha/Pichhila Srava* (Ropy discharge)	0- No ropy discharge 1- Ropy discharge only in morning time. 2- Intermittent ropy discharge not affecting routine work. 3- Continuous ropy discharge significantly affecting routine work.
4.	*Muhu-muhursrava* (repeated lacrimation)	0- No repeated lacrimation 1- Lacrimation on exposure to dust/sunlight. 2- Intermittent repeated lacrimation. 3- Continuous lacrimation affecting daily routine.
5.	Photophobia	0- No photophobia 1- Photophobia on exposure to sunlight. 2- Intermittent photophobia 3- Continuous photophobia affecting routine work

6.	Burning Sensation	0- No Burning sensation. 1- Burning sensation on exposure to sunlight. 2- Intermittent burning sensation. 3- Continuous burning sensation affecting routine work.

	OBJECTIVE PARAMETER	
1.	Palpebral conjunctival congestion	0- Congestion absent. 1- Congestion with clear pattern of blood vessel. 2- Congestion with poorly visible pattern of blood. 3- Velvety conjunctiva with loss of blood vessels pattern.
2.	Bulbar Conjunctival congestion	0- Congestion absent. 1- Brownish bulbar conjunctiva. 2- Conjunctival congestion in palpebral aperture. 3- Complete congestion in bulbar conjunctiva.
3.	Palpebral conjunctiva Hypertrophy	0- Palpebral conjunctiva Hypertrophy absent. 1- Diffuse Palpebral conjunctival hypertrophy. 2- Cobble stone papillae are seen. 3- Giant cauliflower like papillae with copious mucus.
4.	Bulbar Conjunctiva Hypertrophy	0- Heaping absent. 1- Bulbar conjunctival heaping involving upper limbal portion only. 2- Heaping involving upto half of limbal area. 3- Involving more than half to complete involvement of limbal area.
5.	Horner *Tranta's* Spot	0- No *Tranta's* spot. 1- *Tranta's* spot 1-2 in no. 2- *Tranta's* spot 3-5 in no. 3- *Tranta's* spot more than 5 in no.

Overall Assessment of the Result

A) Excellent Improvement: >90% relief in symptoms and signs

B) Marked improvement: 76% - 90% relief in symptoms and signs

C) Moderate Improvement: 51% - 75% relief in symptoms and signs

D) Mild improvement: 26% - 50 % relief in symptoms and signs

E) Unchanged /no improvement: < or =25% relief in symptoms and signs.

OBSERVATION

Total 35 patients were registered for this study. Among them 30 patients completed the full course of treatment, 5 Patient Drop out

Demographic Profile of Patients

Analysis of the demographic profile revealed that the majority of patients (72%) belonged to the 5–12 years age group. Male patients predominated (71%). Most cases (97%) were from the Hindu religion, and all patients (100%) were students. Regarding educational status, 48% had primary-level education. All patients were unmarried.

Socio-economic assessment showed that 77% of patients belonged to the middle socio-economic class. Habitat analysis indicated that most patients (97%) were from urban areas. Dietary habits revealed that 86% of patients consumed a vegetarian diet. Regular bowel habits were observed in 77% of patients, and all patients (100%) reported sound sleep.

Prakriti assessment showed that 37% of patients had *Pitta-Kaphaja prakriti*. Ophthalmic evaluation revealed that the majority of cases (91%) were emmetropic.

Chief Complaints wise Distribution

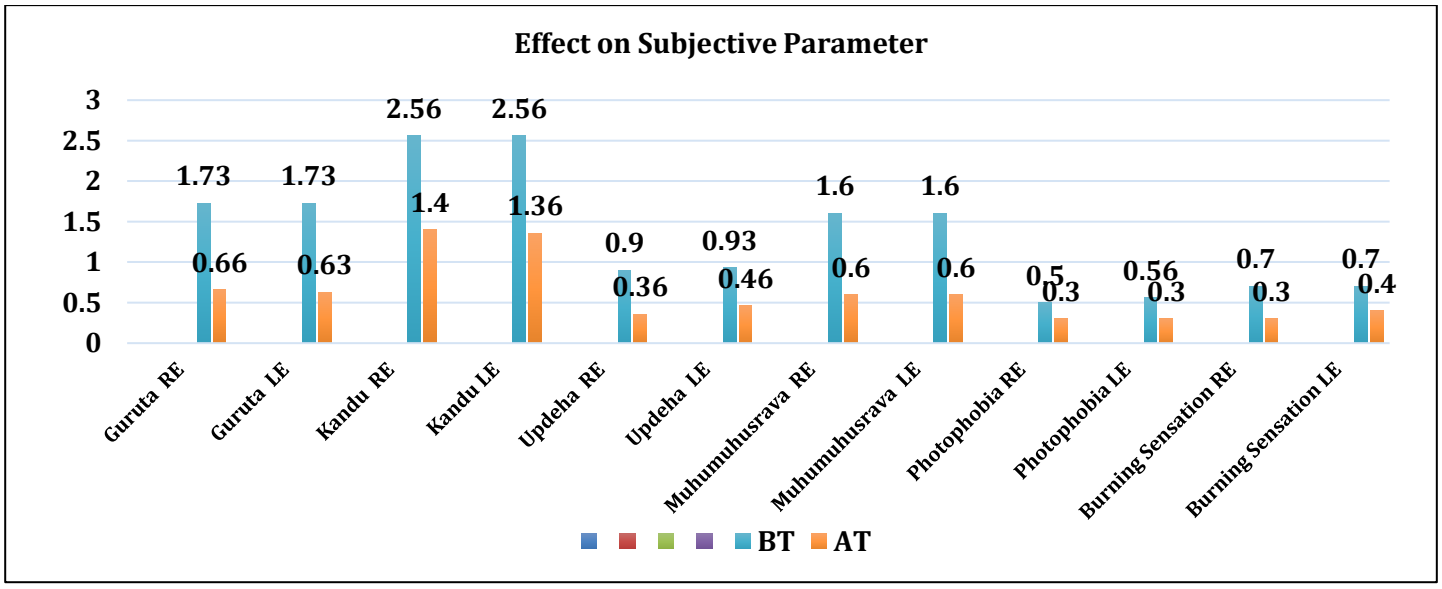
Chief Complaint	Right Eye	Left Eye
Guruta (heaviness of lids)	34	32
Kandu (itching)	34	33
Upadeha/Pichhila Srava (Ropy discharge)	32	32
Muhu-muhursrava (repeated lacrimation)	31	32
Photophobia	15	17
Burning Sensation	21	22

Effect of Therapy

For the current clinical trial, total 35 patient were registered and 30 patient completed the treatment. Since the observation were on ordinal scale so, so we used Wilcoxon s Signed Rank Test to test the efficacy of therapy on all the 30 patient (60 eye). The clinical data & effect of therapy are presented below

Effect on subjective parameter

Subjective parameter	Mean		SD		Wilcoxon W	P-Value	% Effect	Result
	BT	AT	BT	AT				
Guruta (Heaviness of lids) RE	1.73	0.66	0.520	0.540	-406	<0.001	62%	HS
Guruta (Heaviness of lids) LE	1.73	0.63	0.520	0.490	-406	<0.001	63.4%	HS
Kandu (Itching) RE	2.56	1.4	0.678	0.621	-351	<0.001	46%	HS
Kandu (Itching) LE	2.56	1.36	0.678	0.808	-325	<0.001	46%	HS
Updeha (Ropy Discharge) RE	0.9	0.36	0.305	0.490	-136	<0.001	62.9%	HS
Updeha (Ropy Discharge) LE	0.93	0.46	0.365	0.507	-91	<0.001	50%	HS
Muhumuhusrava (Repeated Lacrimation) RE	1.6	0.6	0.674	0.498	-351	<0.001	62.5%	HS
Muhumuhusrava (Repeated Lacrimation) LE	1.6	0.6	0.668	0.563	-325	<0.001	63.2%	HS
Photophobia RE	0.5	0.3	0.508	0.470	-460	<0.001	40%	HS
Photophobia LE	0.5	0.3	0.626	0.552	-533	<0.001	40%	HS
Burning Sensation RE	0.7	0.3	0.534	0.490	-597	<0.001	42%	HS
Burning Sensation LE	0.7	0.4	0.520	0.498	-597	<0.001	40%	HS



Effect on Objective parameter

Objective parameter	Mean		SD		Wilcoxon W	P-Value	% Effect	Result
	BT	AT	BT	AT				
Palpebral Conjunctival Congestion RE	1.36	0.73	0.490	0.449	-171	<0.001	46.3%	HS
Palpebral Conjunctival Congestion LE	1.4	0.76	0.498	0.430	-171	<0.001	45.2%	HS
Bulbar Conjunctival Congestion RE	0.3	0	0.466	0	-45.0	0.004	100%	Sig
Bulbar Conjunctival Congestion LE	0.3	0	0.479	0	-55	0.002	100%	Sig
Palpebral Conjunctival Hypertrophy RE	1.03	0.9	0.319	0.305	-10	0.125	12.9%	NS
Palpebral Conjunctival Hypertrophy LE	1.06	0.96	0.253	0.182	-6	0.250	9.3%	NS
Bulbar Conjunctival Hypertrophy RE	0.00	0.00	0.00	0.00	0.00	1.000	0	NS
Bulbar Conjunctival Hypertrophy LE	0.00	0.00	0.00	0.00	0.00	1.000	0	NS
Horner Trantas Spot RE	0.00	0.00	0.00	0.00	0.00	1.000	0	NS
Horner Trantas Spot LE	0.00	0.00	0.00	0.00	0.00	1.000	0	NS

DISCUSSION

In the present study, analysis of the age distribution revealed that 72% of the patients belonged to the 5–12 years age group. This finding suggests a higher prevalence of the condition among younger children, with the majority of cases occurring during late childhood. These results are comparable with those of Saboo et al. (2012)[8], who reported a mean age of presentation of 12 years, indicating that early adolescence is a common period for the manifestation of the disease.

A marked male predominance was observed in the present study, with 71% of the patients being male. This observation is in agreement with the findings of Saboo et al. (2012)[8], who reported that 87% of the patients were male and only 13% were female, thereby further supporting the male preponderance seen in VKC cases.

With regard to occupation, 100% of the patients were students. This can be attributed to the inclusion of patients within the age range of 5–25 years, all of whom were enrolled in educational institutions, highlighting students as the predominant population affected in this study.

In the present study, all patients (100%) reported having sound sleep. As most of the patients were children with *Kaphaja Prakriti*, this may explain the presence of sound sleep, as *Kapha* dominance is associated with good sleep patterns.

Prakriti assessment revealed that 34% of patients had *Vata-Pitta Prakriti*, 37% had *Pitta-Kaphaja Prakriti*, and 29% had *Vata-Kaphaja Prakriti*. Since the disease under study is primarily associated with *Kapha Dosha*, the predominance of *Kapha*-related *Prakriti* observed among the patients supports the Ayurvedic understanding of the disease pathogenesis.

Effect of Therapy on Clinical Parameters

***Guruta* (Heaviness of Lids):** The mean *Guruta* (heaviness of lids) score significantly decreased from 1.73 to 0.66 in the right eye and 0.63 in the left eye, showing a reduction of 62% and 63.5% respectively ($P < 0.001$). This statistically highly significant improvement indicates marked relief in eyelid heaviness. Since lid heaviness is commonly associated with inflammatory changes and edema, the observed improvement may be attributed to the anti-inflammatory and antioxidant properties of *Gutika Anjana* and *Shirisha Avaleha*. These formulations likely reduce pro-inflammatory cytokine activity and inflammatory cell infiltration in ocular tissues, thereby decreasing swelling and discomfort.

***Kandu* (Itching):** The mean *Kandu* (itching) score significantly reduced from 2.56 to 1.4 in both eyes, showing a 46% improvement ($P<0.001$). This indicates effective control of ocular itching, likely due to mast cell stabilization and antihistaminic action, which inhibit histamine release and block H1 receptors, thereby reducing the itching response.

***Updeha* (Ropy Discharge):** The mean *Updeha* (ropy discharge) score significantly decreased from 0.9 to 0.36 in the right eye and 0.46 in the left eye, showing improvements of 62.9% and 50% respectively ($P<0.001$). This reduction in ocular discharge may be attributed to antihistaminic action, particularly H2 receptor blockade, which inhibits histamine-induced mucus secretion.

***Muhumuhusrava* (Repeated Lacrimation):** The mean *Muhumuhusrava* (repeated lacrimation) score significantly decreased from 1.6 to 0.6 in both eyes, showing a 63% improvement ($P<0.001$). This marked reduction may be attributed to the drug's anti-inflammatory action through COX-2 inhibition and

mast cell stabilization, which together reduce prostaglandin and histamine-mediated lacrimation.

Photophobia The mean photophobia score reduced from 0.5 to 0.3 in both eyes, showing a 40% improvement (P<0.001). This reduction may be attributed to the anti-inflammatory effects of *Gutika Anjana* and *Shirisha Avaleha*, which help reduce corneal inflammation and associated nerve hypersensitivity to light.

Burning Sensation: The mean burning sensation score significantly decreased from 0.7 to 0.3 in the right eye and 0.4 in the left eye, showing improvements of 42% and 40% respectively (P<0.001). This reduction may be due to antihistaminic and mast cell–stabilizing actions, which inhibit histamine release and reduce sensory nerve irritation in the conjunctiva and cornea.

Discussion on objective parameter

Palpebral Conjunctival Congestion: The mean palpebral conjunctival congestion score significantly decreased from 1.03 to 0.73 in the right eye and from 1.06 to 0.76 in the left eye, showing improvements of 46.3% and 45.2% respectively (P<0.001). This reduction may be attributed to antihistaminic and mast cell–stabilizing actions, which block H1 receptors and inhibit the release of inflammatory mediators responsible for conjunctival congestion.

Bulbar Conjunctival Congestion: The mean bulbar conjunctival congestion score reduced from 0.3 to 0 in both eyes, showing a 100% improvement with complete resolution of congestion, which was statistically significant (P<0.05).

Palpebral Conjunctival Hypertrophy: The mean palpebral conjunctival hypertrophy decreased from 1.36 to 0.9 in the right eye and from 1.4 to 0.96 in the left eye; however, the improvement (12.9% and 9.3% respectively) was statistically insignificant (P>0.05). This suggests a modest effect on hypertrophy, likely due to its association with chronic inflammation and structural tissue changes, highlighting the need for long-term management in persistent cases.

Bulbar Conjunctival Hypertrophy: Bulbar conjunctival heaping was absent in all participants both before and after treatment, with a mean score of 0 in both eyes throughout the study, showing no statistically significant change (P > 0.05).

Horner's Trantas Spot: Horner's Tranta's spots were absent in all participants before and after treatment (P > 0.05), indicating no limbal involvement. The palpebral form of VKC was most common, observed in 82.6% of cases.

Mode of Action

Gutika Anjana eye ointment, applied in the lower fornix, penetrates ocular layers and reaches deeper tissues via *Sira, Srotasa*, and *Sandhi* of the eye. It helps eliminate *Dosha*, balances *Kapha* and *Vata*, and alleviates symptoms of *Kaphaja Abhishyanda*, including *Kandu, Updeha*, and *Guruta*.

Shirisha Avaleha is effective in VKC, corresponding to *Pittaja, Kaphaja*, and *Raktaja Abhishyanda. Shirisha* provides anti-allergic and anti-inflammatory effects, *Trikatu* reduces Ama and allergy load, while *Haritaki* and *Amalaki* enhance immunity. Its flavonoids and saponins inhibit histamine release, suppress COX/LOX pathways, and reduce cytokines, acting as a systemic anti-allergic and immune-modulator to relieve symptoms and address underlying allergic tendencies.

CONCLUSION

1. *Gutika Anjana* significantly reduces eyelid heaviness, itching, lacrimation, ropy discharge, photophobia, and burning sensation through local anti-inflammatory, antihistaminic, and mast cell–stabilizing effects.
2. *Shirisha Avaleha* acts systemically to control allergic responses, suppress histamine release, inhibit COX/LOX pathways, and enhance immunity.
3. The therapy is particularly effective in reducing congestion and inflammatory symptoms, though structural changes like hypertrophy require long-term management.
4. This combined Ayurvedic approach provides a safe, natural alternative for managing VKC, addressing both symptoms and underlying allergic tendencies.

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