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Abhisyanda: the concept behind aayurveda ophthalmic clinical practice
Ratheesh P., Rajesh T.G., Jayakrishnan K. and Abhayadev Ashokan

ABSTRACT: Abhisyanda is a word widely mentioned in Salaakyantra, the branch of aayurveda that deals with organs above the neck. The concept of abhisyanda leads a quintessential role in the diagnosis and management of eye diseases, but the explanation about its physical and perceivable forms need to be explored. In clinical management of eye diseases, an abhisyanda state is treated by considering specific dosha involved. This paper aims to consolidate the theoretical and practical knowledge mentioned in aayurveda literatures regarding the concept of abhisyanda. Aama, kleda and abhisyanda are interrelated. The occurrence of these may be in a sequential manner. In diagnosis and treatment this sequence is to be considered in addition to dosha analysis.

Key word: Abhisyanda, Kleda, Aama, Aayurveda ophthalmology

Introduction
The word abhisyanda is defined as ‘aasрав’ meaning ‘the process of oozing out’4. It can be assumed that abhisyanda is a state of wetness caused due to oozing out of fluids from channels. The term abhisyanda is mainly used in Salaakya tantra, the branch of aayurveda that deals with organs above the neck, especially in the context of eye diseases. Though it is not well-defined in aayurveda literatures, abhisyanda is considered as the primary causative factor of all eye diseases.3 Eyes are considered the most important sense organs in the body. Hence, it is necessary to explore the idea behind the conventional knowledge about the concept of abhisyanda and its application in the diagnosis and management of eye diseases.

Sareera is constituted by panchamaha-bhootha or five basic elements viz. prthvi, jala, tejus, vaayu, and aakaasa. The perceivable form of sareera is contributed by prthvi, held together by jala, in the space provided by aakaasa. designed into a specific shape by vaayu and then subjected to paaka or maturation by agni.4 Among these panchamahabhootta, prthvi is the material cause and jala is the binding principle: this binding is achieved through the property of wetness attributed to jala. Another property that associates sareera with wetness is snigdha and anything possessing snigdha property can be named as sneha.3,5 As the sareera is said to be ‘snehasaara’6 which means essence of the body is sneha, sareera may be metaphorically considered as a mass of sneha made out of pthvi and jala.6

Human body is constituted by three dosha (vaata, pitta and kapha), seven dhaatu (rasa, rakta, maamsa, medas, ashi, majja and sukra) and three mala (puresha, moortra and sveda).5 The derangement of specific properties attributed to these three factors creates disease in the body.5 Apart from these factors, there is a concept of dhaatumala, some by-products produced during the transformation of one dhatu to other. Sneha is one such by-product produced during the transformation of majjadhaatu to gurukhadhaatu.5 It maintains the normal functioning of the most vital sense organ, the eye, any abnormality in its synthesis impairs functions of the organ.

So we can conclude that, the body is snehasaara, predominantly made of pthvi and jalamahabhootha, constantly nourished by dhaatuparigama. These factors are considered here, while explaining the development of abhisyanda in the body.
Kaivishaparihaari gulika

P. S. Varier

Dhanvantari is the first medical journal in Malayalam published every month by Vaidyaratnam P.S. Varier from Arya Vaidya Sala uninterruptedly for 23 years from 1903 to 1926. This clinical note was published in its column on Book No. 6, 1084 Mithunam Malayalam Era (1909 CE), Article No. 6, Page 243.

Numerous cases of Kaivisham (intake of toxins) are reported in Kerala. Both men and women are equally affected. It may be accidental or intentional. Loss of appetite, goose bumps, lethargy, dullness, anaemic, weakness of extremities, dizziness sometimes, exhausted, fatigue and negativity are some of the symptoms known. Once it is ingested, we have to remove it completely; only then will any medication will be fruitful. Normally it is incurable and the patient succumbs to this. The above mentioned curative tablet is the result of our sincere efforts.

If the infection is high then the patient must be given both a purgative and an emetic. A decoction of 6 kazhanju (30 gms) vaca with 2 naazhi (720ml) water is made. This is to be cooked and reduced to uri. Sieve this. Take an above mentioned tablet and rub it firmly and add to this decoction. When ingested, the patient begins to vomit. In case this does not work fruitfully, then increase the ingredients of the above mentioned decoction to 12 kazhanju vaca and the quantity of water to 4 naazhi. Then cook it and reduce it to one fourth. Strain it completely. Add a Kaivishaparihaari gulika and give it to the patient. The dose of both the tablet and the decoction is to be reduced in the case of children. If severe vomiting is noticed, then he should be left free the next day. The purgative is to be administered on the third day of vomiting. The formula of the preparation runs thus; The root of white sankhupushpam- 6 kazhanju, draakshaa- 3 kazhanju, hareetaki (seedless)- 3 kazhanju and water 4 naazhi.

A decoction of these is to be made and it should be reduced to 1 naazhi. Strain it and cook it to make it to ¼ naazhi. Mix a tablet in this mixture and is to be taken. The dose is again administered accordingly (according to the condition of the patient.). If the patient feels debilitated by these procedures, gruel with cow milk is advised. After this procedure, one has to take this tablet for a period of 4 days. It is to be mixed with water and taken in the morning. Another option is to take it with pure ghee (Cow’s). The person should follow a healthy regimen during this period; avoid non-vegetarian, liquor and sex.

Translated by: Rati Vijayan, Publication Department, Arya Vaidya Sala, Kottakkal, Kerala.
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