

A CLINICAL STUDY TO EVALUATE THE COMBINED EFFECT OF *TRIPHALA ASHYOTANA* & *PATOLADI SEKA* IN *PITTAJA* *NETRA ABHISHYANDA* W.S.R. TO BACTERIAL CONJUNCTIVITIS

Upendra Nath^{1*}, Renu Rao², Gunjan Sharma³, Aditi⁴

¹Lecturer, Deptt of Shalakya Tantra, B.A.M.C & Hospital Ladanpur, Kopaganj Mau (U.P.)

²Reader, PG Department of Shalakya Tantra, Rishikul Campus UAU Haridwar (UK)

³Professor, PG Department of Shalakya Tantra, Rishikul Campus UAU Haridwar (UK)

⁴Lecturer, Department of Shalakya Tantra, Main Campus UAU Harrawala Dehradun (UK)

ABSTRACT

To evaluate the combined and comparative efficacy of Ayurvedic formulation *Triphala Ashyotana* (Eye drop) and *Patoladi Seka* with control group in *Pittaja Netra Abhishyanda* in bacterial conjunctivitis. Total number of 30 patients were selected from OPD department of *Shalakya Tantra* at Aacharya Pandit Mukundi Lal Dwivedi Ayurvedic Chikitsalaya RishikulCampus, Haridwar Uttarakhand with characteristic features of *Netra Abhishyanda* were selected for the present study in two groups Group- A and Group-B In each group 15 patients were selected. Group- A patients were given trial drug, i.e. *Triphala Ashyotana* (Eye drop) and *Patoladi Seka*, Group- B patients were given Moxifloxacin 0.5% eye drops. Random sampling technique was adopted for the present study. The duration of the treatment was 7 days with 2 follow-up at 1 week interval. Patients receiving the trial group demonstrated reduction of *Lalima* – Redness of eye, *Daha* – Burning sensation, *Pittushna shrava*– Lacrimation, *Antah Kleda*– Mucopurulent discharge, *Prakashasahatva* – Photophobia etc. In Group- A 80% patients markedly improved, 13.3% moderately improved and 6.7% mild improved. Group- B 73.3% patients markedly improved, 20.0% moderately improved and 6.7% mild improved. Conclusion has been revealed that the treatment with “*Triphala Ashyotana* & *Patoladi Seka*” showed statistically highly significant results in *Pittushna shrava* (Lacrimation), *Raga* (Bulbar & Palpebral conjunctival congestion) and Swab Culture of discharge and significant results were found in rest of assessment parameters.

Keywords *Pittaja Netra Abhishyanda*, mucopurulent conjunctivitis, *Triphala Ashyotana* (Eye drop) and *Patoladi Seka*, moxifloxacin 0.5% eye drop.

INTRODUCTION: The eye, an organ of sight is of utmost importance as far as ones existence is concerned. Eyes hold special status among all the sense organs. Eyes are most precious gift of God to living beings. Good vision is crucial for social and intellectual development of a person. So to protect this organ is not only a necessity but also a responsibility of every individual. *Acharya Sushruta* seems to be very well aware of importance of eyes. He

described 76 *Netra Rogas* in *Sushruta Uttartantra*¹. Among them there are 17 *Sarvagata Netra Rogas*². *Abhishyanda* is one of the *Sarvagata Netra Roga* which is written in detail.

Abhishyanda is a root cause of almost all the eye disorders³ and it should be treated as soon as possible otherwise complications due to *Abhishyanda* will be severe in nature and it will become difficult to save eyesight.

The word *Abhishyanda* is derived from the root “*Syanda*” which is prefixed by “*Abhi*” *Upasarga* and suffixed by “*Ghan*” *Pratyaya*. It means “*Atividdhi*” and “*Sravana*”.

Four types of *Abhishyanda* have been explained in Ayurvedic classics viz. *Vataja*, *Pittaja*, *Kaphaja* and *Raktaja*. The disease *Pittaja Netra Abhishyanda*⁴ closely resembles bacterial conjunctivitis in present era with sign and symptoms of *Lalima* (Redness) *Daha* (Burning sensation) *Raag* (Congestion) *Shopha* (Edema) *Kleda* (Discharge) *Shyavavartma* (Discoloration of lids) *Prakashasahatva* (Photophobia) etc. These signs and symptoms have maximum similarity with those of bacterial conjunctivitis.

Bacterial conjunctivitis is a second most common condition of eye in all over the world. Several studies demonstrate that bacterial conjunctivitis represents 50-75% of all causes of conjunctivitis⁵. Bacterial conjunctivitis is characterized by conjunctival congestion, often associated with mucopurulent discharge. Symptoms usually begin in one eye, but may spread to the other.

Most common pathogens implicated in bacterial conjunctivitis are *H.Influenza*, *S.Pneumonae*, in children and *Staphylococcus Aureus* in adults. First line of treatment in modern science is antibiotic therapy alone, unless secondary infection is limited. Main stay of treatment of bacterial conjunctivitis are antibiotics of various generations e.g. -fluoroquinolones, macrolides, aminoglycosides and other antibiotic classes, but with passage of time previous ones are getting resistant and successive ones are coming in practice. Thus to combat this establishment of a

new efficient alternative treatment procedure is need of the day. In *Sushruta Samhita*, *Pittaja Netra Abhishyanda* is described as *Vyadhyas Sadhya vyadhi*⁶. Different types of treatment for *Pittaja Netra Abhishyanda* like *Seka*, *Ashchyotana*, *Nasya*, *Anjana*, *Alepa*, are locally applied and systemic treatment is *Virechana* and *Raktamokshana*⁷. In this study chosen drug was *Triphala Ashchyotana*⁸ and *Patoladi kwath Seka*⁹. *Triphala* and contents of *Patoladi Kwath* have the *Kapha-Pittashamaka*, *Kandughna*, *Tridoshahar* and potent anti-inflammatory, anti-bacterial, antiseptic properties.

All the contents of above formulations were easily available and noncontroversial. *Aschyotna* and *Seka* indicated in acute stages of all inflammation of *Netra Rogas*, as the corneal and conjunctival epithelial permeability is high; hence the absorption is more.

The present study is entitled as “A clinical study to evaluate the combined effect of *Triphala Ashchyotana & PatoladiSeka* in *Pittaja Netra Abhishyanda* w.s.r. to Bacterial Conjunctivitis”. The treatment modalities chosen for the present study were *Patoladi Seka* and *Triphala* eye drops as mentioned in Ayurvedic texts, with the aim of establishing an effective remedy for the disease.

MATERIALS AND METHODS

Selection of the patients:

30 Patients of *Pittaja Netra Abhishyanda* (Bacterial Conjunctivitis) were selected for present study from O.P.D. & I.P.D of PG. department of *Shalakya Tantra*, *Rishikul* Campus and Hospital U.A.U. Haridwar Uttarakhanda, irrespective of age, cast, creed, race, and religion. All patients were divided randomly in two groups having 15

patients in each group and were treated with *Aschyotana + Pariseka* and control group treated with Moxifloxacin eye drop. Informed consent was taken from all patients for trial. This was an open randomized clinical study.

SELECTION CRITERIA

Inclusion Criteria:

- Patient willing for trial
- Patients having symptoms of *Pittaja Netra Abhishyanda* and Bacterial Conjunctivitis
- Age -10-40 year

Exclusive Criteria:

- Age group below 10yrs.
- Patients suffering from any other conjunctivitis.
- Patients having diseases like Corneal Ulcer, Ectropion, Entropion, Trichiasis, Dacryocystitis, Dry Eye, Lagophthalmos etc.
- Patients suffering from specific eye lid disorders like Tumour, Carcinoma, Skin Allergies,
- Systemic diseases like- DM, HTN, etc.

DIAGNOSTIC PHASE

Patients were diagnosed on the basis of signs and symptoms of *Pittaja Netra Abhishyanda* assisted with investigations and findings. All the patients selected for trial were explained the nature of the study and their written informed consent were obtained.

Criteria of assessment adopted for present study:

- *Daha* - (Burning sensation)
- *Ushna Ashruta* - (Lacrimation)
- *AntahKleda* - (Mucopurulent discharge)
- *Lalima*- (Redness)
- *Sangharsh* -Foreign Body Sensation
- *Pitadarshana* - Coloured Halos
- *Prakashasahatva* - (Photophobia)

- *Raga* - (Congestion)

a- Palpebral Conjunctiva

b- Bulbar Conjunctiva

- *Shopha* - (Oedema)

- Culture of discharge

CLINICAL ASSESSMENT

The signs and symptoms were assessed by adopting suitable scoring method.

The details are as follows:

SUBJECTIVE PARAMETERS

1- *LALIMA*(REDNESS)

No Redness	0
Palpebral Conjunctival redness	1
Bulbar conjunctival redness	2
Both Palpebral & Bulbar Conjunctival redness	3

2- *DAHA*(BURNING SENSATION)

No Burning Sensation	0
Only Exposure to Sunlight	1
Intermittent Burning Sensation	2
Continuous Burning Sensation	3

3- *PITTOSHNASRAVA* (LACRIMATION)

No Lacrimation	0
Occasional (Only exposure to sunlight) not affects routine work	1
Continuous <i>Srava</i> affects routine work	2
Severe <i>Srava</i>	3

4- *PRAKASHASAHATVA*

5- *(PHOTOPHOBIA)*

No Photophobia	0
Photophobia only exposure to sunlight	1

Intermittent Photophobia	2
Continuous Photophobia	3

6- FOREIGN BODY SENSATION

No F.B.Sensation	0
Occasional F.B.Sensation	1
Intermittent F.B.Sensation	2
Continuous F.B.Sensation	3

7- *ANTAHKLEDAA*

(MUCOPURULENT DISCHARGE)

No mucopurulent discharge	0
Mucopurulent discharge not requiring mopping	1
Mucopurulent discharge Sticking of lids in morning	2
Mucopurulent discharge Causing Severe Discomfort	3
8- COLOURED HALOS:	
No coloured Halos	0
Coloured halos disappear with blinking	1
Coloured halos present, disappear on washing eyes	2
Coloured halos not disappear after washing eyes	3
OBJECTIVE PARAMETERS	
1. RAGA (CONGESTION)	
a. Palpebral Conjunctiva	
No congestion	0
Congestion with clear pattern of blood vessels	1
Congestion with poorly visible blood vessels	2
Congestion with Petechial haemorrhagic blood vessels	3
b. Bulbar conjunctiva	
No congestion	0
Conjunctival mild congestion	1
Congestion in Palpebral aperture	2
Congestion in whole of Bulbar conjunctiva	3
2- SHOPHA (OEDEMA)	
No oedema	0
Mild oedema	1
Moderate oedema with lids opens	2
Severe oedema with difficulty in opening lids	3
3- CULTURE:	
Pathogen not found	0
Pathogen Found	1

INVESTIGATIONAL CRITERIA:

Following base line haematological test were also done before registering the case

just to exclude any other pathology, the following investigations were performed in all the selected patients:

- **Hb%**
- **TLC**
- **DLC**
- **ESR**
- **Swab Culture & sensitivity test**

After arriving the proper diagnosis, clinical proforma was filled up which incorporated all the signs and symptoms based on both *Ayurvedic* as well as modern parameters.

Method of Preparation of Drugs

At first 300gm *Yavakuta Churna* of *TRIPHALA* (i.e. 100gm of *Amalaki*, *Haritaki*, *Vibhitaki*) each was taken in a big pan and soaked the powder in 4.8 litres of fresh water overnight. Next morning pan was heated constantly on slow flame. Stirring was continuously done throughout the process with a view to prevent sticking of powder to the bottom of pan. When the decoction quantity was reduced to 1200ml it was filtered with the help of (filter press) 1/8X. The residue was discarded.

The Obtained filtrate mixed with Benzalkonium Chloride I.P 0.02%v/v in test tubes and then centrifuged with the help of centrifuge machine at 2500 rpm for 20 min. The supernatant portion was taken. This herbal preparation was filled in 30ml glass bottles and secured by tightening the cap of bottles with the help of micro pore. After the solution was autoclaved at 1200°C temperature for 15min, the autoclaved solution was filled in 10ml pre autoclaved dispensing bottles under sterile conditions. pH range of this solution was measured 3.1. Patients were advised to instil the drops into affected eye 6times a day, in a dose of 2 drops each time. Microbial culture and testing of drug

ingredients performed on the day of preparation of drug.

Group - A:- Fifteen patients were kept in this group; they were given *Triphala* eye drops, two drops six times a day as a trial drug and *Patoladi Kwath Seka*.

Group - B: Fifteen patients were kept in this group. They were given Moxifloxacin eye drops, one drop four times a day.

Assessment Phase

Table 1: EFFICACY ON SUBJECTIVE CRITERIA (GROUP-A)

Group A	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
	BT	AT				
Redness	3	1	-3.624 ^a	0.000	76.3	Significant
Burning Sensation	2	0	-3.624 ^a	0.000	87.9	Significant
Lacrimation	2	0	-3.542 ^a	0.000	86.2	Significant
Photophobia	2	0	-3.542 ^a	0.000	96.2	Significant
Foreign Body Sensation	2	0	-3.771 ^a	0.000	82.9	Significant
Mucopurulent Discharge	2	0	-3.771 ^a	0.000	93.5	Significant
Coloured Halos	1	0	-3.578 ^a	0.000	100.0	Significant

1. Redness: Before treatment median score of redness in eye was 3.00 which was reduced after treatment to 1.00 with the relief of 76.3% (P-value = 0.00). It was statistically significant.

2.Burning Sensation: Before treatment median score of burning sensation in eye was 2.00 which was reduce after treatment to 0.00 with the relief of 87.9% (P-value = 0.00) It was statistically significant.

3.Lacrimation: Before treatment median score of lacrimation in eye was 2.00 which was reduce after treatment 0.00 with the relief of 86.2% (P-value = 0.00). It was statistically significant.

4.Photophobia: Before treatment median score of Photophobia in eye was 2.00 which was reduce after treatment 0.00 with

The effect of the treatment (results) was assessed regarding the clinical signs and symptoms (on the basis of grading and scoring system) and overall improvement.

OBSERVATIONS AND RESULTS

Effect of therapy was assessed in 15 patients of both groups on the basis of changes observed in cardinal signs and symptoms with the help of statistical analysis [Tables 1 and 2]

the relief of 96.2% (p-value = 0.00). It was statistically significant.

5. Foreign Body Sensation: Before treatment median score of Foreign Body Sensation in eye was 2.00 which was reduce after treatment 0.00 with the relief of 82.9% (p-value = 0.00). It was statistically significant.

6. Mucopurulent Discharge: Before treatment median score of Mucopurulent Discharge in eye was 2.00 which is reduce after treatment 0.00 with the relief of 93.5% (p-value = 0.00). It was statistically significant.

7.Coloured Halos: Before treatment median score of Coloured Halos in eye was 1.00 which is reduce after treatment 0.00 with the relief of 100.00% (p-value = 0.00). It was statistically significant

TABLE .2 EFFICACY ON OBJECTIVE CRITERIA (GROUP-A)

Group A	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
	BT	AT				
Oedema	1	0	-3.542 ^a	0.000	100.0	Significant
Palpebral Conjunctival Congestion	2	0	-3.542 ^a	0.000	92.6	Significant
Bulbar Conjunctiva Congestion	2	0	-3.542 ^a	0.000	92.6	Significant
Swab Culture	1	0	-3.542 ^a	0.000	100.0	Significant

1. Lid Edema: Before treatment median score of Edema in eye was 1.00 which was reduce after treatment 0.00 with the relief of 100.00% (p-value = 0.00). It was statistically significant.

2. Palpebral Conjunctival Congestion: Before treatment median score of Palpebral Conjunctival Congestion in eye was 2.00 which was reduce after treatment 0.00 with the relief of 92.6% (p-value = 0.00). It was statistically significant.

3. Bulbar Conjunctival Congestion: Before treatment median score of Bulbar

Conjunctival Congestion in eye was 2.00 which was reduce after treatment 0.00 with the relief of 92.6% (p-value = 0.00). It was statistically significant.

4. Swab Culture:-

The initial mean score of Swab Culture 01 before treatment which was reduced 0 after treatment. The percentage relief was (100.0%). It was highly significant reflects combined effect of *Triphla Aschyotana* and *Patoladi Seka*.

TABLE .3 EFFICACIES ON SUBJECTIVE CRITERIA (GROUP-B)

Group B	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
	BT	AT				
Redness	2	0	-3.624 ^a	0.000	86.1	Significant
Burning Sensation	2	0	-3.873 ^a	0.000	90.9	Significant
Lacrimation	2	0	-3.771 ^a	0.000	100.0	Significant
Photophobia	2	0	-3.578 ^a	0.000	96.3	Significant
Foreign Body Sensation	2	0	-3.689 ^a	0.000	83.3	Significant
Mucopurulent Discharge	2	0	-3.771 ^a	0.000	90.6	Significant
Coloured Halos	1	0	-3.520 ^a	0.000	100.0	Significant

1. Redness: Before treatment median score of Redness in eye was 2.00 which was reduce after treatment to 0.00 with the relief of 86.1% (p-value = 0.000). It was statistically significant.

2. Burning sensation: Before treatment median score of Burning

Sensation in eye was 2.00 which was reduce after treatment to 0.00 with the relief of 90.9% (p-value = 0.000). It was statistically significant.

3. Lacrimation: Before treatment median score of Lacrimation in eye was 2.00 which was reduce after treatment to

0.00 with the relief of 100.00% (p-value = 0.000). It was statistically significant.

4. Photophobia: Before treatment median score of Photophobia in eye was 2.00 which was reduce after treatment to 0.00 with the relief of 96.3% (p-value = 0.000). It was statistically significant.

5. Foreign Body Sensation: Before treatment median score of Foreign Body Sensation in eye was 2.00 which was reduce after treatment to 0.00 with the relief of 83.3% (p-value = 0.000). It was statistically significant.

6. Mucopurulent Discharge: Before treatment median score of Mucopurulent Discharge in eye was 2.00 which was reduce after treatment to 0.00 with the relief of 90.6% (p-value = 0.000). It was statistically significant.

7. Coloured Halos: Before treatment median score of Coloured Halos in eye was 1.00 which was reduce after treatment to 0.00 with the relief of 100.00% (p-value = 0.00). It was statistically significant.

TABLE .4 EFFICACIES ON OBJECTIVE CRITERIA (GROUP-B)

Group B	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
	AT	BT				
Lid Edema	1	0	-3.416 ^a	0.001	100.0	Significant
Palpebral Conjunctival Congestion	2	0	-3.873 ^a	0.000	93.8	Significant
Bulbar Conjunctival Congestion	2	0	-3.771 ^a	0.000	96.9	Significant
Swab Culture	1	0	-3.426 ^a	0.001	100.0	Significant

8. Edema: Before Treatment Median Score Of Edema In Eye Was 1.00 Which Was Reduce After Treatment To 0.00 With The Relief Of 100.00% (P-Value = 0.001) Which Is Statistically Significant.

9. Palpebral Conjunctival Congestion: Before Treatment Median Score Of Palpebral Conjunctival Congestion In Eye Was 2.00 Which Is Reduce After Treatment To 0.00 With The Relief Of 93.8% (P-Value=0.000) Which Is Statistically Significant.

10. Bulbar Conjunctival Congestion: Before Treatment Median Score Of Bulbar Conjunctival Congestion In Eye Was 2.00 Which Is Reduce After Treatment To 0.00 With The Relief Of 96.9% (P-Value=0.00) Which Is Statistically Significant.

11. Swab Culture-The Initial Mean Score Of Swab Culture 01 Before Treatment Which Was Reduced 0 After Treatment. The Percentage Relief Was (100.0%). It Was Highly Significant Reflects Combined Effect Of *Triphla Aschyotana* And *Patoladi Seka*.

Table .5 Subjective Comparison Between Group A &B

SUBJECTIVE CRITERIA	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	P-Value	Results
Redness	Group A	15	14.60	219.00	99.000	0.422	NS
	Group B	15	16.40	246.00			

	Total	30					
Burning Sensation	Group A	15	15.00	225.00	105.000	0.550	NS
	Group B	15	16.00	240.00			
	Total	30					
Lacrimation	Group A	15	12.67	190.00	70.000	0.011	Sig
	Group B	15	18.33	275.00			
	Total	30					
Photophobia	Group A	15	15.00	225.00	105.000	0.695	NS
	Group B	15	16.00	240.00			
	Total	30					
Foreign Body Sensation	Group A	15	15.03	225.50	105.500	0.577	NS
	Group B	15	15.97	239.50			
	Total	30					
Mucopurulent Discharge	Group A	15	15.50	232.50	112.500	1.000	NS
	Group B	15	15.50	232.50			
	Total	30					
Coloured Halos	Group A	15	14.50	217.50	97.500	0.446	NS
	Group B	15	16.50	247.50			
	Total	30					

TABLE .6 OBJECTIVE COMPARISION BETWEEN GROUP A & B

OBJECTIVECRITERIA	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	P-Value	Result
Lid Edema	Group A	15	15.83	237.50	107.500	0.806	NS
	Group B	15	15.17	227.50			
	Total	30					
Palpebral Conjunctiva Congestion	Group A	15	13.00	195.00	75.000	0.016	Sig
	Group B	15	18.00	270.00			
	Total	30					
Bulbar Conjunctiva Congestion	Group A	15	12.67	190.00	70.000	0.011	Sig
	Group B	15	18.33	275.00			
	Total	30					
Swab Culture	Group A	15	12.67	190.00	70.000	0.011	Sig
	Group B	15	18.33	275.00			
	Total	30					

For comparison between Group A and Group B we have used Mann Whitney U test. From above table we can observed that, there was significant difference in Group A and Group B for the subjective & objective Parameters i.e. Lacrimation, Bulbar Conjunctival Congestion, Palpebral

Conjunctival Culture, Congestion and Swab

We also observed that, there was no significant difference in Group A and Group B for the parameters i.e. *Lalima* (Redness), *Daha* (Burning Sensation), *Prakashasahatva* (Photophobia),

F.B.Sensation, *AntahKleda* (Mucopurulent Discharge), Coloured Halo, Lid Edema.

In Group-A, the results showed that therapy provided significant relief in redness (76.3%), mucopurulent discharge (93.5%), burning sensation (87.9%), photophobia (96.2%), lacrimation (86.2%), and FB sensation (82.9%), coloured halos(100.00%).

The therapy also provided relief in palpebral and bulbar conjunctival congestion by 68.37% and 96.2%, respectively. Papillary hypertrophy improved by 90.65% and edema by 100%, which is also statistically significant.

Group-A (ASCHYOTANA + SEKA KARMA): The data of present study showed that 12 patients (80.0%) were markedly improved, 02 patients (13.3%) were moderately improved and 01 patient (6.7%) showed mild improvement. There was no change found in zero (0.00%).

Group-B (MOXIFLOXACIN 0.5%): The data of present study showed that 11 patients (73.3%) were markedly improved, 03 patients (20.0%) were moderately improved and 01 patient (6.7%) showed mild improvement. There was no change found in zero (0.00%).

DISCUSSION

In the present study, total number of 30 patients in two groups (15 in Group-A and 15 in Group-B) were registered and were given *Triphala Ashchyotana* (eye drops) + *Patoladi Seka* in Group-A and Moxifloxacin 0.5% eye drops in Group-B of 30 patient, Of 30 patients, 30 completed the trial satisfactorily. The diagnosis was done on the basis of signs and symptoms described in *Ayurvedic* and modern texts and then examined on clinical parameters.

In Group-A the *Ashchyotana* (eye drops) were given two drop six times and *Seka*

10-15minute onetime per day in Group-B Moxifloxacin 0.5% eye drops were given one drops in six time per day. During the trial, patients were assessed on third day and seventh day of treatment. After seventh day, drug administration was stopped and patients were followed up for the next 1 week. Results obtained were also statistically analyzed and mean percentage relief, S.D., S.E., and 'W' value by using the paired 't' test was calculated.

During the present study, it was observed that most of the patients, i.e., 50% were between the age group of 20 to 30 years, followed by 28% patients between 0 to 10 years and above 40 years, there was no patient in the present study. This can be explained by the fact that the person gets/acquires immunity against the offending pathogens due to repeated infections.[5] Majority of victims were students (53%) followed by housewives (30%). This expression may be due to the fact that the disease is contagious in nature, also described by Acharya Sushruta as *Aupsargika Roga*.^[2] In clinical feature presentation, redness, M.P. discharge, bulbar and palpebral congestion were found in 100% of the patients, burning sensation in 88%, lacrimation in 92%, FB sensation in 96%, photophobia in 92%, and lid edema in 68%, patients. In a pre-treatment culture, bacteria were observed in 24% cases and in rest of the 100% cases, no bacteria were found in post-treatment conjunctival sac samples.

All the points of criteria of assessment show significant improvement in both the groups, it can be concluded that both the disease *Pittaja Abhishyanda* and Bacterial conjunctivitis are similar in respect of clinical feature.

CONCLUSION: In this present research work on the basis of facts, observation and result of drug and clinical studies, the following can be concluded:

Based upon the detailed conceptual description, it can be concluded that both the disease *Pittaja Abhishyanda* and Bacterial Conjunctivitis are similar in respect of clinical features.

- (Group-A)“*Triphala Aschyotana & Patoladi Seka*” showed statistically highly significant results in *Pittoshna Srava* (Lacrimation), *Raga* (Conjunctival Congestion Bulbar & Palpebral) and Swab Culture and significant results were found in rest of Assessment Parameters.
- Statistically significant differences were observed in *Pittoshna Srava* (Lacrimation), *Raga* (Conjunctival Congestion Bulbar & Palpebral) and Swab Culture for group-A over that of group-B while no significant results were observed in rest of assessment parameters.
- *Triphala Aschyotana & Patoladi Seka* showed no adverse effects during therapy.

RECOMMENDATIONS

Necessity compelled mankind to explore new things to fulfil their need and requirements. Certainly this is the era of super-specialities in medical science and need of further research deserves serious consideration, so as to benefit the patients maximum.

- Along duration study on a large sample is required to ascertain the effect of drug.
- Further research works are needed to evaluate the efficacy of the drug on other types of *Abhishyanda*.

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Corresponding Author:

Dr. Upendra Nath,
Lecturer, Department of Shalakya Tantra,
Bapu.Ayurvedic.Medical.College. Evam
Hospital Ladanpur, Kopaganj Mau (U.P.)
Email id: - dr.passi08@gmail.com

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