

Clinical Utility of Shigrupatra Pindi in Kaphaja Abhishyanda: A Case Series

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ABSTRACT

Background:

One of the most prevalent Sarvagata Netra Rogas mentioned in Ayurveda is Abhishyanda, which manifests as ocular discharge, irritation, redness, and heaviness. Its Kaphaja subtype closely resembles bacterial conjunctivitis. Ayurvedic texts describe Shigrupatra (*Moringa oleifera*) as *chakshushya* and *krimighna*, whereas Pindi is a classical Netra Kriyakalpa that is helpful in treating eye disorders which are Kapha-predominant.

Cases:

Five patients aged 28–63 years presented with classical features of Kaphaja Abhishyanda, including sticky discharge, itching, swelling, and redness. All were managed with Shigrupatra Pindi applied externally over closed eyelids once daily for seven days. Progressive clinical improvement was observed between days 3–7.

Intervention:

Shigrupatra leaves powder has been ground into Pindi and used for ten to fifteen minutes daily. There was no systemic medication given.

Outcomes:

All five cases demonstrated rapid reduction in discharge, itching, and swelling by day 3, with complete symptomatic resolution by day 7. No adverse reactions or recurrence were noted during the one-week follow-up.

Conclusion:

Shigrupatra Pindi appears to be a safe, economical, and effective local therapeutic option for Kaphaja Abhishyanda. Its Ayurvedic pharmacological attributes, combined with known modern antibacterial and anti-inflammatory activity of *Moringa oleifera*, support its wider clinical utility. Larger controlled studies are recommended.

Keywords: Shigrupatra Pindi, Kaphaja Abhishyanda, conjunctivitis, Netra Kriyakalpa, Ayurveda, *Moringa oleifera*

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INTRODUCTION

Abhishyanda is extensively described in Ayurvedic literature as one of the principal *Sarvagata Netra Rogas* and is considered the root cause of many ocular disorders. Acharya Sushruta classifies Abhishyanda into four types—Vataja, Pittaja, Kaphaja, and Raktaja—based on *dosha* predominance. Kaphaja Abhishyanda is characterized by thick, sticky, white discharge (*picchila srava*), itching, heaviness, and mild-to-moderate redness.^{1, 2} These features closely resemble bacterial conjunctivitis in contemporary ophthalmology.¹³

Bacterial conjunctivitis is commonly treated with topical antibiotics; however, concerns regarding antimicrobial resistance and repetitive use in recurrent cases necessitate safer alternatives.¹⁴ Ayurveda offers multiple local therapies under *Netra Kriyakalpa*—including Pindi, Bidalaka, Anjana, and Aschyotana—which act both by *dosha*

pacification and by reducing local inflammation.^{3, 12}

Shigrupatra (leaves of *Moringa oleifera*) are described as *tikta–katu rasa*, *ushna veerya*, *laghu–ruksha guna*, and *kapha-pitta shamana*.⁴ The drug is *krimighna* and *chakshushya*, making it suitable for ocular disorders involving Kapha. A classical reference from *Sharangadhara Samhita* specifically mentions Shigrupatra Pindi in the management of Kaphaja Abhishyanda.⁵

Modern research supports these classical claims. *Moringa oleifera* contains bioactive compounds such as quercetin, kaempferol, niazimicin, and pterygospermin with demonstrated antibacterial, anti-inflammatory, and antioxidant actions.^{6–8} Its vitamin A and C content strengthens epithelial immunity and supports ocular healing.¹⁹ Additionally, the thin eyelid skin facilitates transdermal drug absorption into superficial ocular tissues.^{9,20}

Given the need for economical, non-antibiotic options and the classical relevance of Pindi therapy, this case series documents the effect of Shigrupatra Pindi in five clinically diagnosed cases of Kaphaja Abhishyanda.

CASE PRESENTATIONS

Case 1

A 28-year-old male presented with 3 days of continuous itching, moderate to profuse sticky white discharge, ocular heaviness, and redness. Examination showed moderate *lohit netrata*, mild-to-moderate *akshi shopha*, and *picchila srava*. Shigrupatra Pindi was applied daily for 7 days. Improvement began by Day 3; discharge and itching resolved by Day 5; and complete recovery occurred by Day 7. No recurrence was noted at one-week follow-up.

Case 2

A 42-year-old female reported 5 days of ocular heaviness, mucoid discharge, itching, and mild burning sensation. Examination showed moderate Kapha features—sticky discharge, mild redness, and mild swelling. After 7 days of daily Shigrupatra Pindi, heaviness and itching reduced markedly by Day 3, and symptoms resolved completely by Day 7. She remained symptom-free on follow-up.

Case 3

A 35-year-old male presented with sudden onset redness, profuse ropy discharge, watering, and mild photophobia. Clinical findings included severe bulbar congestion and moderate Kapha-dominant discharge. Shigrupatra Pindi application resulted in visible improvement by Day 3, with reduction in discharge and redness. Complete resolution occurred by Day 7. No adverse effects were noted.

Case 4

A 51-year-old female complained of severe itching, sticky discharge, mild swelling, and forehead heaviness. Examination confirmed classical signs of Kaphaja Abhishyanda. Itching decreased significantly by Day 2, swelling reduced by Day 4, and complete resolution was achieved by Day 7. No relapse was observed at follow-up.

Case 5

A 63-year-old male presented with 6 days of persistent thick discharge, eyelid matting, redness, heaviness, and mild pain on blinking. Findings included profuse *picchila srava* and moderate *akshi shopha*. Improvement began by Day 3, with near-complete symptom reduction by Day 5. The patient was asymptomatic by Day 7 and on follow-up.

INTERVENTION

Shigrupatra leaves were cleaned, shade-dried, powdered, and filtered through fine mesh. The

powder was wrapped in sterile cloth to prepare *Pindi*. The Pindi was applied externally over closed eyelids for 10–15 minutes daily for seven consecutive days. No other topical or systemic medications were administered.

OUTCOMES

All five cases exhibited:

- Reduction in discharge, itching, redness, and heaviness by Day 3
- Complete symptomatic recovery by Day 7
- No adverse events
- No recurrence during one-week follow-up

This uniform pattern suggests therapeutic consistency of Shigrupatra Pindi in Kapha-predominant conjunctival inflammation.

DISCUSSION

The clinical features in all cases—sticky white discharge, itching, mild swelling, and heaviness—are consistent with classical descriptions of Kaphaja Abhishyanda.^{1,2} Kapha vitiation at the ocular surface results in *picchila* and *bahu srava*, *guru* sensation, and itching. The therapeutic approach therefore aims at Kapha pacification through *tikta-katu rasa*, *ushna veerya*, and *ruksha guna* drugs.

Shigrupatra possesses these attributes and is explicitly recommended for Pindi in Kapha-dominant eye diseases.⁵ Its *krimighna* property is particularly relevant where microbial involvement is suspected.

From a modern perspective, *Moringa oleifera* contains multiple antibacterial phytoconstituents including pterygospermin and benzyl glucosinolates, along with flavonoids like quercetin that inhibit bacterial proliferation and reduce inflammatory mediators.^{6-8, 21} The antioxidant profile prevents epithelial oxidative stress commonly seen in conjunctival inflammation.¹⁷ Vitamin A supports mucosal integrity, while vitamin C enhances immune responses.¹⁹

Transdermal penetration through the thin eyelid skin is documented as an efficient route for delivering therapeutic molecules to anterior ocular tissues,^{9, 20} supporting the plausibility of Pindi's pharmacological action. The mild mechanical pressure of Pindi may also aid meibomian gland drainage, reducing stagnation and inflammation.

While outcomes are encouraging, this case series provides preliminary observational evidence only.

Larger controlled trials with microbiological correlation are needed.

LIMITATIONS

- Small sample size (five cases)
- Absence of bacterial culture confirmation
- Lack of control/comparator group
- Short follow-up duration
- Subjective symptom scoring

CONCLUSION

Shigrupatra Pindi appears to be a safe, cost-effective, non-invasive, and clinically useful intervention for Kapha-dominant ocular inflammation such as Kaphaja Abhishyanda. Rapid symptom relief, absence of adverse effects, and lack of recurrence suggest that this classical therapy holds promise as an adjunct or alternative to conventional management of bacterial conjunctivitis. Larger randomized controlled studies are warranted.

PATIENT CONSENT

Written informed consent for treatment and publication of anonymized clinical details was obtained from all patients.

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