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Case Study

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AYURVEDIC MANAGEMENT OF EPISCLERITIS (SIRAJALA): A CASE STUDY

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ABSTRACT

Sirajala, an Ayurvedic condition classified under Shuklagata roga, is analogous to episcleritis in modern medicine, a condition characterized by inflammation of the episcleral tissue. While conventional treatments such as topical NSAIDs and steroids provide symptomatic relief, the condition frequently recurs within 2 to 3 months. This case study explores the effectiveness of Ayurvedic management in treating episcleritis and preventing its recurrence. A 45-year-old female presented with redness, mild pain, and watering in her left eye for four days, having experienced a similar episode two months prior. After receiving conventional treatment, her symptoms recurred, leading her to seek Ayurvedic care. Upon examination, she was diagnosed with diffuse episcleritis (Sirajala). Ayurvedic treatment was initiated using Pathyadi Shadangam Kashayam, Kaishor Guggulu, and Samshamani *Vati*, all of which have anti-inflammatory and blood-purifying properties. The treatment aimed to address the root cause of the condition, which, according to Ayurvedic principles, originates from the gut and involves vitiated blood (rakta dushti). After 15 days of oral medication, a significant reduction in episcleral congestion and redness was observed, with the patient reporting relief from pain and watering.

To prevent recurrence, the treatment was continued for six months, during which no further episodes were noted. This case highlights the potential of *Ayurvedic* formulations to manage episcleritis effectively, providing both acute symptom relief and long-term prevention of

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recurrence. Further clinical studies are needed to confirm the broader applicability of these findings.

KEYWORDS: Ayurvedic management, Episcleritis, Pathyadi Shadangam Kashaya, Recurrence, Sirajala.

INTRODUCTION

Shalakyatantra, one of the eight specialized branches of Ayurveda, is devoted to the diagnosis and treatment of diseases that manifest above the clavicle (*Urdhwajatru*), particularly those affecting the organs of the head and neck such as the eyes, ears, nose, and throat. Among these, ocular disorders hold a central position due to the complexity and delicacy of the visual system. *Sushrutacharya*, the prime ancient surgeon and author of *Sushruta Samhita*, meticulously classified 76 different types of eye diseases (*Netra Rogas*), providing a detailed anatomical, pathological, and therapeutic perspective. These are categorized based on the anatomical structures involved (e.g., eyelids, conjunctiva, sclera, cornea, etc.), the predominance of *Doshas* (*Vata*, *Pitta*, *and Kapha*), and the nature of the disease (curable, manageable, or incurable).

Among the disorders of the white part of the eye (*Shuklagata Roga*), Sirajala^[2] is prominently discussed. The term "*Sirajala*" refers to a pathological network of dilated and inflamed *Siras* (blood vessels) over the sclera, often causing redness, discomfort, and a burning sensation in the eye. In contemporary ophthalmology, this condition closely resembles *episcleritis*, an idiopathic, typically benign inflammatory condition of the episcleral connective tissue located between the conjunctiva and sclera.^[3] Episcleritis frequently presents as a localized or diffuse redness, mild pain or tenderness, and is usually self-limiting but recurrent in nature. While modern medicine recommends treatment with topical non-steroidal anti-inflammatory drugs (NSAIDs),^[4] lubricants, or corticosteroids, these do not prevent recurrence, and repeated steroid use may lead to complications such as increased intraocular pressure or cataract formation.^[5]

In contrast, *Ayurvedic* management emphasizes addressing the root cause of disease by restoring systemic balance and promoting tissue-level healing. This case study illustrates the effective use of *Ayurvedic* formulations in managing episcleritis, highlighting reduced recurrence and symptomatic relief without the side effects associated with steroids. The patient was treated with a combination of *Pathyadi Shadangam Kashaya* (a *Pitta*-pacifying

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decoction), ^[6] Kaishor Guggulu (a Rasayana and anti-inflammatory polyherbal formulation in tablet form), ^[7] and Samshamani Vati (a well-known antipyretic and immunomodulatory remedy based on Guduchi). ^[8] These interventions aim not only to reduce inflammation and alleviate acute symptoms but also to enhance systemic immunity and prevent recurrence by correcting the underlying *Pitta-Rakta Dushti*.

This case highlights the potential of *Ayurvedic* protocols in ocular inflammatory disorders and encourages further exploration and documentation of such approaches in clinical ophthalmology.

CASE SUMMARY

A 35-year-old female presented to the OPD with complaints of redness, mild pain, and watering of the left eye (LE) for 4 days. She had a previous episode 2 months earlier, for which she had received conventional treatment but experienced recurrence. Upon consultation with an *Ayurvedic* ophthalmologist, a thorough slit-lamp examination revealed diffuse episcleritis in the left eye, which was diagnosed as *Sirajala* in *Ayurvedic* terms.

Table 1: Vision Assessment before treatment.

Examination	Right Eye	Left Eye
Vision (unaided)	6/6	6/9
Vision (Pinhole)	6/6	6/9
Vision (aided Near)	N6	N6
Color Vision	Normal	Normal

Table 2: Ocular Examination before treatment.

Structure	RE	LE
Eyelashes	No any deformity	No any deformity
Eyelids	No any deformity	No any deformity
Conjunctiva	No any deformity	Congestion over bulbar conjunctiva nasally
AC	Deep and quite	Deep and quite
Pupil	Round Regular Reacting	Round Regular reacting
Iris	Normal	Normal
Lens	Transparent	Transparent
Rest	Within normal limits	Within normal limits
Extra ocular Muscles Movements	Normal and Painless	Normal and Painless

Table 3: Fundus Examination before treatment.

Structures	RE	LE
CDR	0.3:1	0.3:1
Vitreous	Normal	Normal
Blood Vessels	Normal	Normal
Macula	Normal	Normal

Ayurvedic Diagnosis

The patient was diagnosed with *Sirajala*, a *Raktaja* (blood-related) disorder according to *Ayurvedic* principles, which is characterized by the formation of a network of dilated and inflamed veins in the scleral region. The root cause was identified as vitiated blood (*raktadushti*) and inflammation (*shotha*) in the white part of the eye. ^[9]

Treatment Protocol

The treatment focused on blood purification and anti-inflammatory approaches, targeting the root of the disease in the gut (*Ayurvedic* principles).

Medications

o Pathyadi Shadangam Kashaya: 20 ml after meals

• Kaishor Guggulu: 2 tablets (250 mg each) after meals

o Samshamani Vati: 2 tablets (250 mg each) after meals

These formulations were prescribed for 15 days, with follow-up to monitor progress.

Table 4: Vision Assessment after treatment.

Examination	Right Eye	Left Eye
Vision (unaided)	6/6	6/6
Vision (Pinhole)	6/6	6/6
Vision (aided Near)	N6	N6

Table 5: Ocular Examination after treatment.

Structure	RE	LE
Eyelashes	NAD	NAD
Eyelids	NAD	NAD
Conjunctiva	No any deformity	No Congestion
AC	Deep and quite	Deep and quite
Pupil	Round Regular Reacting	Round Regular reacting
Iris	Normal	Normal
Lens	Transparent	Transparent
Rest	Within normal limits	Within normal limits
Extra ocular Muscles Movements	Normal and Painless	Normal and Painless

Table 6: Fundus Examination after treatment.

Structures	RE	LE
CDR	0.3:1	0.3:1
Vitreous	Normal	Normal
Blood Vessels	Normal	Normal
Macula	Normal	Normal

DISCUSSION

Sirajala, as described in classical Ayurvedic texts as shuklagata vyadhi, is a disorder primarily involving vitiation of rakta dhatu (blood tissue) and localized inflammation in the eye. This condition, closely resembling episcleritis in modern medicine, is characterized by a network of dilated veins in the episclera, redness, pain, and swelling. According to Ayurveda, the pathogenesis of Sirajala involves the interplay of pitta dosha (fire element), which governs inflammatory processes, and rakta dhatu, which becomes impure and predisposed to inflammatory conditions due to various causative factors (nidanas).

The *Ayurvedic* management of *Sirajala* adopts a natural and safe approach targeting the acute symptoms as well as the underlying pathology. Anti-inflammatory and *rakta shodhana* (blood-purifying) herbs play an important role in reducing inflammation and detoxifying the blood. In this case, *Pathyadi Shadangam* Kashaya, a multiherbal decoction known for its anti-inflammatory action, was chosen as the primary therapeutic agent. It effectively pacifies aggravated *pitta* and reduces ocular inflammation, providing symptomatic relief from redness, pain, and swelling.

To address the systemic imbalance and prevent recurrence, *Kaishor Guggulu*, a renowned *rakta shodhaka* formulation, was included. *Kaishor Guggulu* is rich in anti-inflammatory and detoxifying herbs like *Guduchi* (Tinospora cordifolia) and *Triphala*, which help purify the blood, remove toxins (*ama*), and reduce chronic inflammatory tendencies. By improving the quality of *rakta dhatu*, this formulation not only aids in resolving the acute episode but also prevents further episodes of inflammation.

Samshamani Vati, another essential component of the treatment, was utilized to enhance the systemic quality of rakta dhatu. This formulation, prepared from Guduchi, is an effective pitta shamak (pitta-pacifying) and an immunomodulator. It strengthens the immune system, ensures proper metabolism of rakta dhatu, and supports the body's natural healing mechanisms. These interventions underline the Ayurvedic principle of addressing the root cause of disease rather than merely suppressing symptoms.

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Ayurveda emphasizes the intimate connection between gut health (Koshtha) and systemic diseases, including ocular disorders. The imbalance in digestive fire (agni) leads to the production of ama (toxins), which circulate in the bloodstream and accumulate in target organs, including the eyes. To correct this, the treatment plan incorporated measures to balance tridoshas, particularly pitta, as it is the predominant factor in inflammatory conditions.

Dietary and lifestyle modifications (pathyapathya) were also advised to support gut health and maintain dosha balance. A pitta-pacifying diet, rich in cooling and easily digestible foods, was recommended to reduce systemic heat and inflammation. Patients were encouraged to avoid spicy, oily, and sour foods, which aggravate pitta.

The Ayurvedic management of Sirajala reflects a comprehensive and integrated approach, targeting both local and systemic factors. While herbal formulations like Pathyadi Shadangam Kashaya, Kaishor Guggulu, and Samshamani Vati address inflammation and blood purification, attention to diet, lifestyle, and gut health ensures sustainable recovery. This multifaceted approach highlights the strength of Ayurveda in managing conditions like Sirajala by not only alleviating symptoms but also preventing recurrence and promoting overall well-being.

Outcome and Follow-Up

After 15 days of treatment, a significant improvement was noted in the anterior segment examination. Congestion and redness of the left eye were significantly reduced. Other ocular structures were normal. The patient reported relief from pain and watering. To prevent recurrence, treatment was continued for 3 months, with no reappearance of symptoms reported during follow-up visits.

CONCLUSION

The Ayurvedic management of Sirajala (episcleritis) demonstrates significant effectiveness in providing symptomatic relief, reducing inflammation, and minimizing recurrence, which is often challenging in conventional treatments. By employing anti-inflammatory formulations like Pathyadi Shadangam Kashaya, blood-purifying agents such as Kaishor Guggulu, and immune modulators like Samshamani Vati, the treatment addresses both acute symptoms and underlying pathology.

This Ayurvedic approach emphasizes the interconnectedness of systemic and local health by balancing tridoshas, purifying the blood, and enhancing gut health. Additionally, dietary and lifestyle modifications complement the treatment, ensuring sustainable recovery and preventing recurrence. Ayurveda thus offers a comprehensive and promising solution for the effective management of episcleritis.

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