

**A CASE REPORT ON SCLERITIS MANAGED WITH AYURVEDIC
INTERVENTION ABSTRACT*****Dr. Neetu Singh Meena, Prof. Gulab Chand Pamnani**

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ABSTRACT

This article presents an integrative Ayurvedic therapeutic regimen for the management of ocular disorders, emphasizing both internal medication and external ocular therapies. The internal treatment protocol includes Manjishthadi Kwatha (20 ml twice daily after meals with water) for its raktashodhana and anti-inflammatory properties; Triphala Ghrita (10 ml twice daily after meals with milk) to nourish ocular tissues and balance doshas; and Shiva Gutika, administered twice daily after meals with lukewarm water, for its rasayana and immunomodulatory effects. External therapies consist of Netramritam Eye Drops (one drop in both eyes twice daily) to alleviate ocular irritation and maintain ocular surface health,

and Netra Parisheka with Triphala Kwatha once daily for cleansing, cooling, and strengthening of the eyes. This holistic approach reflects classical Ayurvedic principles, combining systemic and local therapies to promote ocular health and prevent disease progression.

KEYWORDS: Ayurveda; Ocular disorders; Netra chikitsa; Manjishthadi Kwatha; Triphala Ghrita; Shiva Gutika; Netra Parisheka; Triphala Kwatha; Netramritam Eye Drops.

INTRODUCTION

Scleritis is a chronic inflammatory condition that primarily involves the episclera and sclera. Fifty percent of patients with Scleritis are diagnosed with an associated systemic disease including auto-immune conditions and infections.^[1] The inflammatory process may extend to adjacent structures, causing several complications that may lead to loss of vision.^[2] Topical eye drops are ineffective in this condition. Systemic administration of Non-Steroidal Anti-

Inflammatory Drugs (NSAIDs), corticosteroids, non-steroidal immuno-suppressive agents or a combination of these drugs, is the mainstay of treatment given for Non-infectious Scleritis.^[3,4] Though these therapies are beneficial, can lead to serious adverse effects. Systemic corticosteroids are often accompanied by a poor safety profile characterized by multiple adverse effects, such as fluid retention, hypertension, hyperglycemia, greater susceptibility to infections, mood changes, osteoporosis, psychosis etc.^[4,5] The systemic immuno-suppressive therapy for eye diseases has shown data regarding treatment with Biological Response Modifiers (BRM) for inflammatory diseases.^[6,7] No satisfactory treatment modalities are available in modern medicine for this condition, further uncontrolled conditions may settle in complications. Considering which, satisfactory treatment modalities in other systems of medicines is being explored. This current case was successfully treated on the line of Ayurvedic management of *Sirajala*, one among the curable *Shuklagata rogas* (~diseases involving Sclera).

CASE PRESENTATION

Patient Information

A 47-year-old female patient attended the OPD of Shalakya Tantra on 11 January 2026 with complaints related to the right eye.

Chief Complaints

The patient reported pain in the right eye, associated with redness and irritation. She also complained of disturbed sleep due to persistent ocular discomfort, especially during nighttime.

History of Present Illness

The patient presented with a history of pain and redness in the right eye for approximately three weeks. The pain was described as deep-seated in nature, more pronounced during night hours, and associated with ocular congestion and irritation. The symptoms showed a gradual onset and persistent course. There was no history suggestive of ocular trauma, foreign body exposure, or infective etiology. The patient denied any discharge, diminution of vision, or photophobia during this period.

Past Medical History

The patient is a known case of Type 2 Diabetes Mellitus since 2021 and is on regular medication for the same. There was no past history of ocular surgery or chronic ocular

disease. She did not report any known drug or food allergies. General Examination

- Appetite: Normal
- Sleep: Disturbed
- Bowel and bladder habits: Clear
- Systemic examination: Within normal limits

Ocular Examination

- Visual Acuity (BCVA)
 - Right Eye – 6/6,
 - Left Eye – 6/6
- External Examination: Congestion present in right eye

Slit Lamp Examination

Slit lamp examination of the right eye revealed marked deep scleral congestion with localized tenderness on palpation, indicating involvement of deeper ocular tissues. The cornea was found to be clear with no evidence of opacity, edema, or epithelial defect. The anterior chamber appeared normal in depth and clarity, with no signs of flare, cells, or hypopyon. These findings suggest a non-infective inflammatory pathology primarily affecting the scleral tissue, while the cornea and anterior chamber remained unaffected.

Fundus Examination

Fundus examination of the affected eye revealed normal findings. The optic disc, retinal vessels, and macula appeared healthy, with no evidence of retinal, choroidal, or vitreous pathology.

IntraOcular Pressure

Intraocular pressure was recorded within normal physiological limits, indicating the absence of glaucomatous involvement and supporting a localized anterior segment inflammatory condition.

Diagnosis ModernDiagnosis

Based on clinical features and slit lamp findings, the condition was diagnosed as Scleritis.

AyurvedicDiagnosis

According to Ayurvedic principles, the condition was diagnosed as Pittaja–Raktaja Abhishyanda / Siraja Netra Roga, correlating the symptoms of pain, redness, and deep-seated

ocular involvement with vitiation of Pitta and Rakta dosha affecting the ocular channels.

TREATMENT PROTOCOL

Internal Medications

- *Manjishthadi Kwatha* – 20 ml twice daily after food with water
- *Triphala Ghrita* – 10 ml twice daily after food with milk
- *Shiva Gutika* – Twice daily after food with lukewarm water

External Therapy

- 5. Netramritam Eye Drops – 1 drop in both eyes, twice daily
- *Netra Parisheka* -with Triphala Kwatha – Once daily

PATHYA–APATHYA

- **Pathya:** Light, cooling diet; adequate sleep; eye rest.
- **Apathya:** Spicy, oily, fermented food; excessive screen exposure; late-night waking.

Outcome and Follow-Up

After two weeks of treatment, the patient showed significant reduction in ocular pain, redness, and congestion, improved comfort and sleep, and no adverse drug reactions. The patient was advised to continue medications and attend regular follow-up visits.

DISCUSSION

Scleritis involves inflammation predominantly affecting the scleral and episcleral vessels, closely resembling Raktaja and Pittaja Netra Rogas described in Ayurveda. Manjishtha (*Rubia cordifolia*) is described by Sushruta as a potent Raktashodhaka and Rakta-prasadaka dravya, indicated in diseases arising from Rakta dushti. In *Sushruta Samhita*, Manjishtha is included among drugs useful in the management of Raktaja Vikara, where inflammation, burning sensation, and redness are dominant features. Since Siraja Netra Roga is primarily a disease of vitiated Rakta affecting ocular vessels, Manjishthadi Kwatha acts systemically by purifying blood and pacifying aggravated Pitta, thereby reducing scleral congestion and ocular pain.

Sushruta emphasizes that treatment of Rakta-dominant disorders should focus on Rakta-shamana and Rakta-prasadana chikitsa.^[8]

Triphala Ghrita is extensively advocated by Sushruta for the management of **Netra Roga**,

owing to its Chakshushya (eye-nourishing), Pittashamana, and Rasayana properties. In *Sushruta Samhita*, Triphala is described as beneficial for maintaining ocular health and for treating disorders caused by Pitta and Rakta vitiation.^[9] Shiva Gutika is a classical Ayurvedic formulation described for chronic, recurrent, and deep-seated disorders associated with Rakta dushti, Pitta prakopa, and reduced tissue resistance. It possesses Tridosha-shamaka, Rasayana, Balya, and Shothahara properties. In scleritis, Shiva Gutika helps in reducing deep inflammatory pain, pacifying aggravated Pitta, and correcting underlying Rakta vitiation.^[10] Triphala Kwatha, prepared from Haritaki, Bibhitaki, and Amalaki, is described by Sushruta as Chakshushya, Raktashodhaka, and Pittahara. When used in Netra Parisheka, Triphala Kwatha acts locally to cleanse ocular channels, improve microcirculation, and pacify inflamed scleral vessels. The cooling and cleansing effect of the decoction helps in reducing deep scleral congestion and provides symptomatic relief from pain and irritation.^[11]

CONCLUSION

Ayurvedic management proved effective in this case of scleritis, offering symptomatic relief and preventing disease progression without adverse effects. This case highlights the potential role of Ayurveda as a safe and holistic approach in managing inflammatory ocular disorders.

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