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Case Study

MANAGEMENT OF ANTERIOR UVEITIS WITH AYURVEDIC MEDICATIONS AND *JALOUKAVACHARANA*

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ABSTRACT

Uveitis refers to inflammation of the uveal tissue which may involve the anterior, intermediate or posterior uvea. Inflammation extending from the iris up to pars plicata of ciliary body is termed as anterior uveitis. In Ayurveda, a comparable condition is described as *Raktaja adhimantha* characterized by redness of the eyes, pain, itching, burning sensation and discharge. **Case presentation**: A 27-year-old male patient presented to our OPD with complaints of redness and pain watery discharge in the left eye. Ayurvedic treatments were administered, including *Patoladi kashayam, Kaishora guggulu, Guggulu pancha pala choornam* and *Manibadra gulam*. externally *Sekam* (pouring the liquid medicine) with *Yashti kashyam* and *Aschyotanam* (instillation of medicine) with *Triphala arkam* and *Jaloukavachranam* (leech therapy). **Outcome**: After 14 days of treatment, redness and pain completely subsided with mark improvement in ocular comfort. **Conclusion**: This case highlights the potential role of Ayurvedic interventions, including *Jaloukavcharanam* (leech therapy), in the effective management of anterior uveitis. The integration of internal and external therapies provided symptomatic relief and may help prevent complications. Further clinical studies are warranted to validate these findings.

INTRODUCTION

Anterior uveitis is inflammation of the uveal tissue from the iris up to the pars plicata of the ciliary body. It may be subdivided into iritis, iridocyclitis, and anterior cyclitis[2]. Incidence in tertiary eye care centres in north and south India has been reported at 11.31% and 0.8% respectively. Uveitis and its complications are a significant cause of blindness in developing countries, contributing to approximately 25% of all blindness[3].

The main symptoms are pain, photophobia, redness, lacrimation, and decreased vision. On slit-lamp examination, circumcorneal congestion, corneal oedema, keratic precipitates, aqueous flare and cells in the anterior chamber are seen. Narrow or irregular pupil is also present in anterior uveitis. The iris becomes oedematous due to stromal waterlogging in the active phase and usually appears muddy in colour.

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Treatments include cycloplegics, topical corticosteroids, and antibiotics to prevent secondary infections, but steroids may cause both systemic and ocular side effects.[4]

While comparing with Ayurvedic descriptions, these symptoms can be correlated with *Raktaja Adhimantha,* characterized as *Rāgena bandhukanibham* (redness of eye resembling *Bandhuka* flower), *Sparśana akṣhamam* (tenderness), and *niṣṭoda* (pricking pain)[5]. In *Chakradatta*, *Chikitsa* includes *Tiktaka ghṛita pāna* (intake of ghee which is bitter taste), repeated *Virechana* (purgation), and *Jalaukavacharana*[6] (leech therapy)

However, despite advances in modern management, anterior uveitis remains a challenging condition due to its recurrent nature and the risk of vision loss. The adverse effects associated with long-term corticosteroid use further highlight the need for safe and sustainable treatment options.

This case is presented to demonstrate the application of Ayurvedic principles in the management of anterior uveitis. The purpose of documenting this case is to explore an alternative, holistic approach based on *Raktaja Adhimantha chikitsa*, which may

reduce dependence on steroids and provide effective symptomatic relief.

Case Report

A 27-year-old moderately built male patient presented to the Shalakyatantra OPD with complaints of pain and redness in the left eye for 1 day, associated with mild watery discharge. He reported a similar episode 3 months ago, for which he was advised steroid eye drops by a physician. The patient continued the drops until relief was obtained, after which he discontinued the medication.

One day prior to presentation, on waking in the morning, he experienced a sense of heaviness in the left eye, followed by the appearance of reddish discoloration. By afternoon, the pain and redness progressively increased.

History of past illness

Took steroid eyedrops for the same complaint

Table 1: Personal history

Appetite	Reduced
Bowel	Irregular
Micturition	Regular
Sleep	Disturbed
Diet	Mixed
Allergy	Dust

Table 2: Vital signs

Temperature	99.3
Pulse	76/min
Respiratory rate	18/min
Heart rate	74/min

Table 3: Eye examination

	Right	left
Cornea	clear	clear
Aqueous flare	-	+1
Aqueous cells	-	6 cells

Table 4: Slit lamp examination

	Right	Left
Orbit	Normal	Normal
Eyebrow	Normal	Normal
Eyeball	Normal	Normal
Eyelid	Normal	Mild lid oedema
Lacrimal apparatus	Normal	Normal
Conjunctiva	Normal	Circumcorneal congestion ++
Sclera	Normal	Normal
Cornea	Clear	Clear
Anterior chamber	Normal	Normal
Iris	Brownish	Brownish
Pupil	Round, reactive to light	Round, reactive to light
Lens	Greyish black	Greyish black
Visual acuity	6/12	6/12

Table 5: *Samprapti ghataka*

Dosha	*Pitta, Rakta*
Dooshya	*Rasa, Rakta, Mamsa*
Srotas	*Rasavaha*
Sroto dushti	*Sanga, Vimarga gamana, Atipravritti*
Adhishtana	*Netra*
Udbhavasthana	*Amasayoktam*
Rogamarga	*Madhyama*
Vyadhi avastha	*Nava*
Agni	*Jadara agnimandya*
Sadya asadyatha	*Sadya*

MATERIALS AND METHOD

Table 6: Internal medicine

S.No	Medicine	Dose	Duration
1	*Patoladi kashayam*	90 ml-0-90ml B/F	14 days
2	*Kaishora guggulu*	1-0-1 A/F	14 days
3	*Guggulu panchapala choornam*	1tsp-0-1tsp with hot water A/F	14 days
4	*Manibadra gulam*	1 tsp (HS)	14 days

Externally

1. *Sekam- Yashti kashayam* (twice daily) -14 days
2. *Aschyotanam- Triphala arkam* (2 drop -4 times in a day)
3. *Jaloukavacharanam*- first five days done daily then alternate days up to 14 days.

RESULT

After *Jaloukavacharana*, internal and external treatments patients got symptomatic relief and all redness and pain in eye reduced.

Day 1 **Day 5** **Day 7**

DISCUSSION

In this case *Nidanas* (causes) like excessive intake of *Masha* (black gram), *Dadhi* (curd), *Nidra vega dharana* (suppression of sleep), and *Alpa vyadhi khsamatva* (deficient immunity) lead to *Mandagni* (poor digestive fire), which in turn leads to *Ama utpathi* (production of toxins). This *Ama* moves all over the body and takes *Sthana samsraya* in *Netra* and produces symptoms.

So, the main aim of the treatment was to bring *Koshta Sudhi* and remove vitiated *Rakta* from this site. As described by the Acharyas in the classics, the same treatment was adopted in this case- *Tikta sarpi panam*, repeated *Virechanam*, and *Jaloukavacharanam*.

Patoladi kashayam- It has *Tikta* (bitter) and *Kashaya* (astringent) *Rasa*, so it has *Asra visodhana* (purification of blood) property, and it has *Agni deepana* (stimulating digestive fire) and *Pachana* (to digest toxins) properties, which help to remove *Ama* from the *Koshta*.

In *Kaishora guggulu*, ingredients such as *Guggulu, Guduchi,* and *Triphala* possess strong anti-inflammatory and pain-relieving properties. These

properties help in addressing the inflammation, redness, and pain associated with uveitis. The ingredients in *Kaishora guggulu* also have significant antioxidant properties, which help in preventing further oxidative injury to ocular tissues, a common factor in uveitis pathogenesis.

Guggulu pancha pala choornam also has anti-inflammatory and detoxification properties, which help eliminate toxins from the body.

Manibadra gulam was given for *Nitya virechanam*. A healthy digestive system is fundamental to overall health. *Manibadra gulam* helps in digestion by promoting the production of digestive enzymes and maintaining a healthy gut flora balance.

Triphala arka and *Yashtimadhu seka* have anti-infective, analgesic, and anti-inflammatory properties, which contributed to the rapid relief of symptoms in the patient.

Jalokavacharana (leech therapy) offers a therapeutic benefit in uveitis, especially when there is involvement of vitiated *Rakta dosha*. The therapeutic action is largely attributed to the bioactive compounds released in leech saliva at the site of application. These substances exhibit anti-inflammatory activity, helping to control intraocular inflammation, while vasodilatory components enhance local microcirculation, thereby relieving vascular congestion.

CONCLUSION

Anterior uveitis is a recurrent inflammatory ocular condition with the potential to cause visual impairment if not managed appropriately. In this case, the clinical features of anterior uveitis showed close similarity with *Raktaja Adhimantha* as described in Ayurvedic classics. Management was planned based on the principles of *Rakta shodhana, Koshta shuddhi,* and *Agni deepana–Pachana*, as advocated by the Acharyas.

The integrated use of internal medications such as *Patoladi kashayam, Kaishora guggulu, Guggulu panchapala choornam,* and *Manibadra gulam*, along with external therapies including *Yashtimadhu seka*, *Triphala arka aschyotanam*, and *Jaloukavacharana,* resulted in significant reduction of pain, redness, and ocular discomfort within a short duration. The patient showed complete symptomatic relief without the use of corticosteroids.

This case suggests that Ayurvedic management, particularly *Jaloukavacharana* combined with appropriate internal and external therapies, can be effective in the management of anterior uveitis. However, larger clinical studies are required to substantiate these findings and establish standardized treatment protocols.

REFERENCES

1. Bhawna P Khurana AK. Comprehensive ophthalmology. 9th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2023. 143 p.
2. Bhawna P Khurana AK. Comprehensive ophthalmology. 9th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2023. 146 p.
3. Pandurangan S, Samanta R, Kumawat D, Sood G, Devi TS, Agrawal A. Pattern of uveitis from a tertiary eye care center in Himalayan belt of North India. Indian J Ophthalmol. 2022 May; 70(5): 1642–7.
4. Bhawna P Khurana AK. Comprehensive ophthalmology. 9th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2023. 146-152 p.
5. Prof. K. R Srikantha murthy. Susrutha samhita. Vol. 3. Varanasi: Chaukhambha Orientalia; 24 p.
6. Bajpeyee pandit JS. Chakra Datta [Internet]. 1959 [cited 2026 Jan 18]. 259 p. Available from: http://archive.org/details/in.ernet.dli.2015.402044
7. Prof.K. R Srikantha Murthy. Ashtanga Hridayam. 11,2020. Vol. 1. Varanasi: Chowkhamba Krishnadas Academy; 146–147 p.
8. Bhat AK, Krishnakumar V. Ayurvedic management of recurrent anterior uveitis (Raktaja adhimantha) with bloodletting therapy: A case report. Journal of Ayurveda Case Reports. 2021 June; 4(2): 54.
9. T DNC, K S. Anterior Uveitis and management in Ayurveda - A Case Study. Journal of Ayurveda and Integrated Medical Sciences. 2017 Oct 31; 2(05): 206–10.
10. Dr. Sujathamma K. Dr. SKS. Effects of Jaloukavacharana in Inflammatory Eye Disorders. IJPAR. 2017 Sept; Iol. 6(3): 538–43.

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