



**Case Study**

**AYURVEDIC PERSPECTIVE OF EPISCLERITIS WITH REFERENCE TO SIRAJALA**

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**ABSTRACT**

Episcleritis is a common, benign, and self-limiting inflammatory condition affecting the episclera, the vascular connective tissue between the conjunctiva and sclera. It typically presents with acute onset redness and mild ocular discomfort, without significant pain or visual impairment. In Ayurvedic texts, this condition aligns with *Sirajala*, classified under *Suklagata Netra Roga*, which is characterized by a network of rigid, blood-filled veins in the eye. This study documents a case of a 36-year-old male college professor who presented with redness and mild discomfort in the right eye for three days. He reported no photophobia, discharge, trauma, or systemic illnesses. Clinical evaluation led to the diagnosis of diffuse episcleritis (*Sirajala*). An Ayurvedic treatment regimen was initiated, consisting of internal medications such as *Avipathi Choornam* and *Patoladi Kashayam*, along with external therapies including *Yashti Kashayam* eye wash, *Durva Ghritam* eye drops, and *Mukkadi Choornam* application. Treatment lasted one week, followed by a one-month observational follow-up. The patient experienced significant improvement, with a marked reduction in redness, ocular discomfort, and episcleral vessel engorgement. No adverse effects were reported, and no recurrence was observed during the follow-up. The patient's visual acuity remained 6/6 bilaterally throughout. The treatment approach focused on balancing *Pitta* and *Rakta doshas*, employing formulations known for anti-inflammatory, antioxidant, and immunomodulatory properties. The complete resolution of symptoms within a week, with no recurrence or complications, supports the therapeutic potential of Ayurveda in ocular inflammatory conditions when appropriately diagnosed and managed.

**INTRODUCTION**

Episcleritis is an acute, often idiopathic inflammation of the episclera that can present unilaterally or bilaterally with redness and mild ocular discomfort. It may occur in diffuse, sectoral, or nodular forms and is occasionally associated with systemic autoimmune or collagen vascular disorders<sup>[1]</sup>. The condition is most commonly seen in young to middle-aged females and is usually idiopathic. However, 26–36% of cases are associated with underlying systemic autoimmune or collagen vascular diseases, such as rheumatoid arthritis, systemic lupus erythematosus, and inflammatory bowel disease.

Less commonly, infections like Lyme disease, syphilis, and herpes virus infections may be implicated. Pathophysiologically, episcleritis involves non-granulomatous inflammation of the episcleral vascular network, leading to vasodilation and mild inflammatory cell infiltration. Clinically, it is classified into diffuse (more common) and nodular (less common) types<sup>[3]</sup>.

*Suklagata roga*<sup>[2]</sup> refers to disorders involving the white part of the eye (sclera and conjunctiva). These conditions are mainly due to the predominance of *Kapha doṣa* along with *Pitta*, which undergo stages of vitiation and eventually localize in the eye after affecting body tissues like *Rasa* and *Rakta*. Disturbance of *Tarpaka kapha* contributes to pathological changes in this region. Classically, they are described as 11 types by *Susruta*, including varieties of *Arma*, *Suktika*, *Arjuna*, *Piṣṭaka*, *Sirajala*, *Sirapiḍika*, and *Balasa grathita*, with two additional types mentioned by *Vagbhata*. They can be broadly

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grouped into inflammatory and non-inflammatory conditions, and most of them have a good prognosis. Clinically, they are identified by features such as changes in colour, shape, and vascular pattern. For instance, some present as red patches, some as nodular or elevated lesions, and others show dilated vessels. Pain and burning sensation are usually seen in inflammatory conditions, whereas many non-inflammatory lesions remain painless.<sup>[4]</sup>

### Case study

#### Presenting complaints

- Patient complains of a sudden onset of redness and mild discomfort in the right eye for 3 days.
- Not associated with photophobia or lacrimation.

#### History of present illness

The patient reports that the symptoms started 3 days ago with redness and mild ocular discomfort, which have gradually worsened. He had no history of trauma, foreign body exposure, or chemical exposure. The patient had not noticed any discharge, blurred vision, or photophobia, and he has no

known history of systemic illnesses, such as diabetes, hypertension, or autoimmune disorders. He was not taking any medications regularly and had no history of allergy.

#### Personal history

- Appetite: Good
- Bowel: Regular (once/day -morning)
- Micturition: Regular (4-5 times/day)
- Sleep: Sound
- Habits: No smoking/alcoholism
- Diet: Mixed (eats all kinds of foods)

#### General examination vitals

- Pallor: Absent
- Temperature - 98°F
- Icterus: Absent Pulse -70 /min
- Clubbing: Absent HR - 72/min
- Cyanosis: Absent BP - 128/70 mm Hg
- Oedema: Absent
- Lymphadenopathy: Absent

**Table 1: Ocular examinations**

Structures	Right eye	Left eye
Eyeball	Normal	Normal
Eyelid	Normal	Normal
Conjunctiva	Congestion and engorgement of vessels in the temporal quadrant of the bulbar conjunctiva. No chemosis, follicles, papillae, pterygium, or pinguecula	Normal
Lacrimal apparatus	Normal	Normal
Cornea	Normal	Normal
Sclera	Engorged episcleral vessels (vessels run in radial direction beneath the conjunctiva).	Normal
Iris	Normal color and pattern	Normal color and pattern
Anterior Chamber	Normal	Normal
Pupil	Round Reactive Regular	Round Reactive Regular
Lens	Transparent	Transparent

#### Ocular movements

All movements are possible bilaterally.

#### Confrontation test

Normal (B/L)

**Visual acuity:** Right eye 6/6

Left eye 6/6

**MATERIALS AND METHODS**

**Table 2: Internal medications**

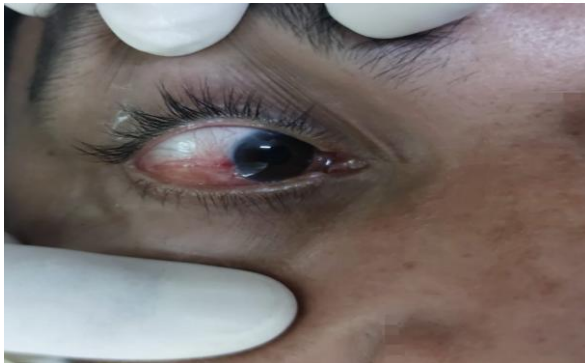
S.No	Medicine	Dose
1	<i>Avipathi choornam</i>	15gm at bedtime for 7 days
2	<i>Patoladi kashayam</i>	90ml -0-90m1 before food for 7 days

**Table 3: External application**

S.No	Medicine	Dose
1.	<i>Kshalanam – Yashti kashayam</i>	2 times per day
2.	<i>Ashyotanam – Durva ghritam</i>	2 drops for 2 times a day
3.	<i>Bidalakam– Mukkadi choornam</i>	2 times per day

**RESULTS**

- Both signs and symptoms significantly improved.
- Decrease in conjunctival congestion and ocular discomfort.
- Engorged episcleral vessels reduced.
- No negative effects found.
- Follow-up was done after 2 months, no recurrence seen.



**Figure 1: On the 1<sup>st</sup> day**



**Figure 2: On 3<sup>rd</sup> day**



**Figure 3: On 7<sup>th</sup> day**

**DISCUSSION**

- ***Patoladi kashyam***– *Tridosha samaka* and *Rakta sodhaka*. It also possesses anti-inflammatory, antioxidant, and immunomodulatory properties.<sup>[4]</sup>
- ***Avipathi choornam***– Balances *Pitta dosha*, thus reducing inflammation and oxidative stress.
- ***Yashti choornam***– *Seeta guna* provides a soothing effect. Its *Pitta samaka* property reduces the redness.

- ***Durva ghritam***- As eyedrops reduce the redness and ocular discomfort.
- ***Mukkadi choornam***– Contents are predominantly *Seeta guna*. It works on vitiated *Rakta*.<sup>[5]</sup>

**CONCLUSION**

Diffuse episcleritis was identified as *Sirajala* based on clinical observation. Complete resolution of symptoms within a week of treatment and no

recurrence of symptoms within 1 month. No complications or adverse reactions were observed during or after the treatment. Proper diagnosis and treatment adherence to *Pathya-apathya* helped control the disease. Ayurvedic medications and procedures can significantly benefit patients suffering from episcleritis.

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