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Case Study

AYURVEDIC MANAGEMENT OF EXTENSIVE TRAUMATIC SUBCONJUNCTIVAL HAEMORRHAGE

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ABSTRACT

Subconjunctival haemorrhage (SCH) is the accumulation of blood beneath the conjunctiva, presenting as a sudden, well-defined red patch over the white of the eye. Although generally harmless and self-limiting, its striking appearance may cause considerable concern to patients. In Ayurveda, a comparable condition is described as *Arjuna*, one of the *Shuklagata rogas* (diseases affecting the white of the eye), characterised by a bright red patch resembling a drop of blood. This case report describes the Ayurvedic management of traumatic SCH in a 65-year-old man who presented to the *Shalakya Tantra* outpatient department with sudden redness of the left eye following eye rubbing after dust exposure. Ocular examination revealed an extensive haemorrhage involving the entire bulbar conjunctiva, with no other significant ocular abnormalities. The treatment comprised oral administration of *Avipathi choornam* and *Ashtachoornam*, along with *Netrakriyakalpas*, including *Bidalaka* with *Mukkadi purampada*, *Seka* with *Yashtimadhu kashaya* and *Aschyotana* using combination of *Sarkara, Mastu* and *Kshoudra*. The patient was reviewed daily, and complete resolution of the haemorrhage was observed within six days. Clinical photographs taken on 7, 10 and 12 March 2025 documented the changes during recovery. This case documents the clinical course of extensive traumatic SCH managed with a combination of Ayurvedic medicines and ocular procedures. However, as SCH commonly resolves spontaneously, the extent to which the treatment contributed to recovery cannot be determined from a single case. Further studies are needed to evaluate the safety and efficacy of this treatment approach.

INTRODUCTION

Subconjunctival haemorrhage (SCH) is a condition in which blood collects beneath the conjunctiva due to rupture of a small blood vessel, producing a bright red patch over the white part of the eye.[1] It may occur following minor trauma, eye rubbing, coughing, straining or in association with conditions such as hypertension and the use of anticoagulant medications. In most cases, SCH is painless and does not affect visual acuity. Although it is generally a benign, self-limiting condition, its sudden appearance and striking redness can cause considerable anxiety and concern among patients.

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The haemorrhage usually resolves spontaneously within one to two weeks, and management primarily involves reassurance, observation and lubricating eye drops when required. Cold compress is advised in the initial stages to check the bleeding.

In Ayurveda, *Arjuna* is described in the Ayurveda classics under *Shuklagata rogas*, the disorders affecting the white part of the eye. Its characteristic description of a bright red patch resembling a drop of blood bears a close clinical resemblance to subconjunctival haemorrhage. According to the Ayurvedic understanding, the condition is associated with the vitiation of *Rakta* and *Pitta* in the *Shukla mandala*. This description provides a basis for exploring the condition through the principles of Ayurvedic ophthalmology.

The present case describes a 65-year-old man who developed a large subconjunctival haemorrhage following eye rubbing after dust entered the eye. The

condition resolved completely within five to six days during a treatment regimen comprising internal medications and external ocular procedures.

Case Report

Patient information

A 65-year-old man attended the *Shalakya Tantra* OPD on 7th March 2025 with sudden redness of the left eye that had started on the same day. He had rubbed the eye hard after dust particles entered it. He had mild discomfort in the left eye with no pain, watering, discharge or blurring of vision.

- Past history: Nothing relevant
- Personal history: Mixed diet, regular bowel habits, normal sleep
- Family history: Nothing relevant
- Prior treatment: Not done

Clinical Findings

General Examination

- Pulse: 74/min
- BP: 130/78mmHg
- Temperature: Afebrile

Ocular examination

	Right eye (OD)	Left eye (OS)
Unaided visual acuity	6/60	6/24 (P)
Pinhole visual acuity	6/12	6/9
Near vision	N10	N8
Extent of subconjunctival haemorrhage	-	Covering whole of bulbar conjunctiva
Posterior limit of haemorrhage	-	Visible
Cornea	Clear	Clear
Anterior chamber	Quiet	Quiet
Pupil	Round, reactive	Round, reactive
Foreign body on lid eversion	Absent	Absent
Intraocular pressure (mmHg)	14mm Hg	15mmHg

Timeline

Date	Event
7 March 2025	Dust entry and eye rubbing. OPD visit, examination, first photograph, treatment started
8 and 9 March	Daily review, treatment continued
10 March	Review with photograph; haemorrhage visibly smaller
11 March	Daily review
12 March	Review with photograph; haemorrhage fully cleared

Diagnostic Assessment

The diagnosis was made clinically based on the sudden onset of redness following eye rubbing after dust exposure and the presence of a well-demarcated subconjunctival haemorrhage. There was no pain, discharge or diminution of vision. Conjunctivitis, episcleritis and scleritis were unlikely because there was no diffuse redness, tenderness or discharge.

Ayurvedic diagnosis: *Arjuna (Shuklagata Roga),* with *Rakta-Pitta* predominance and *Abhighataja* etiology.

Modern diagnosis: Traumatic subconjunctival haemorrhage of the left eye.

Therapeutic intervention

No.	Intervention	Type	Dose / method
1	*Avipathi choornam*	Internal	5 mg with hot water, HS
2	*Ashtachoornam*	Internal	1 tsp bd before food
3	*Mukkadi purampada*	External, paste made mixing with milk, applied over the closed lids (*Bidalaka*)	Twice daily

4	*Yashtimadhu kashaya*	Local *(Netra seka)*	Twice daily
5	*Aschyotana* with *Sarkara, Mastu* and *Kshoudra*	Local (instillation)	One drop, 6 times daily

Follow up and outcome

The patient was reviewed daily, with gradual fading of the haemorrhage and complete resolution by the sixth day. Clinical photographs taken on 7, 10 and 12 March 2025 document the changes during recovery. No adverse effects were reported during treatment.

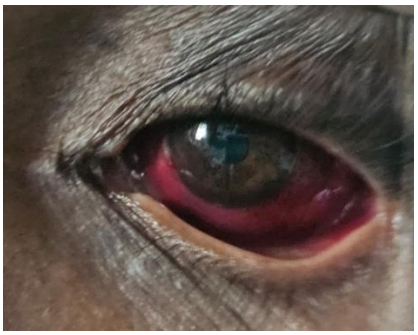


Figure 1: 7/3/2025

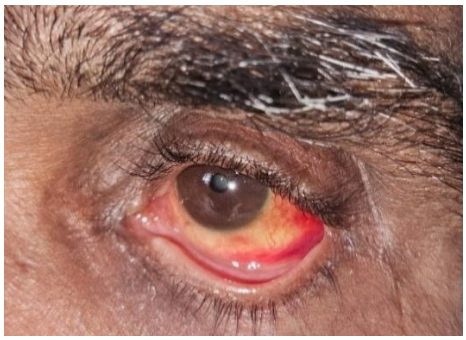


Figure 2: 10/3/2025

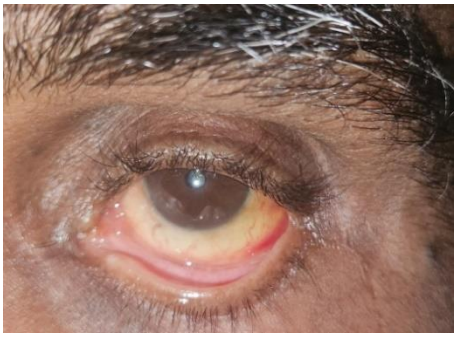


Figure 3: 12/3/2025

DISCUSSION

The treatment regimen in this case combined internal medications with local ocular procedures, selected according to the Ayurvedic understanding of *Rakta-Pitta* involvement.

Avipathi choornam was administered internally to attain *srotosodhana* and alleviate the aggravated *Pitta*. As the eyes are considered a seat of *Pitta*, systemic administration of a *Pitta-shamana* formulation was considered relevant to the management of the this condition. *Ashtachoornam* was administered for correcting the *Agni* and metabolism. *Mukkadi purampada* mixed with *Ksheera* was applied as *Bidalaka*. *Bidalaka* is a procedure which is indicated in the *Amavastha* of *Netra roga* where inflammatory signs are evident. According to *Sahasrayoga*, *Mukkadi Purampada* is described as alleviating *Sopha* (swelling), elevated local temperature, pain and redness, with relief reported within five days.[2] Ingredients such as *Triphala, Gairika, Chandana, Raktachandana* and *Lodhra* are valued for properties relevant to the management of inflammatory manifestations.

Yashtimadhu kashaya seka was employed as another local ocular procedure. *Yashtimadhu* is having *Sheeta virya* and *Shonitasthapana* property. Glycyrrhizin, a major constituent of *Yashtimadhu*, has demonstrated anti-inflammatory activity.[3]

Aschyotana was performed using *Sarkara, mastu and kshoudra*, a combination described in the Ayurvedic context of *Arjuna chikitsa*.[4] *Mastu* is characterised by *Kashaya rasa* and *Stambhana* action. The combination was selected according to the classical treatment rationale for *Arjuna*.

In the present case, the treatment regimen, planned according to the principles of *Rakta-Pitta shamana,* was followed by complete resolution of the haemorrhage within five to six days. Subconjunctival haemorrhage is generally self-limiting and usually resolves spontaneously within two weeks, although the duration depends on factors such as the extent of bleeding and individual variation. The resolution observed in this patient is noteworthy in view of the extensive haemorrhage documented at presentation. This case documents the clinical outcome associated with the Ayurvedic approach and highlights the need for further studies to evaluate its efficacy and safety.

CONCLUSION

The present case documents complete resolution of extensive traumatic subconjunctival haemorrhage within 5–6 days during Ayurvedic management with internal medicines and *Netrakriyakalpas*. Further clinical studies involving a larger number of patients are necessary to establish the efficacy and safety of this approach.

Patient Perspective

The patient was satisfied with the clinical outcome and did not report any significant discomfort or adverse effects during the treatment period.

Informed Consent

Written informed consent was obtained from the patient for the treatment, use of clinical photographs, and publication of the case report.

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