



Case Study

AN AYURVEDIC APPROACH ON RECURRENT ANTERIOR UVEITIS (*RAKTAJA ADHIMANTHA*) BY PANCHAKARMA

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ABSTRACT

A 34-year-old male patient came to the outpatient department with the complain of recurrent anterior uveitis since mid of 2022, had complaints of blurred vision, severe pain, redness, watering from left eye, and intolerance of bright light in the left eye. On examination, inflammatory changes were seen in the anterior chamber. These symptoms appeared once in 20-25 days for consecutively two years. He was under pred forte 1% e/d, homide e/d and prednisolone 5mg tablets during relapses as advised by an ophthalmologist. During this period, oral steroids were withdrawn. Considering the limited benefits, he opted for Ayurveda treatment. Where the sign and symptoms were diagnosed with *Raktaja Adhimantha* and treated with *Virechana* followed by *Jalaukavacharna* (leech therapy), *Netra seka*, *Akshitarpana* and oral medicines. The symptoms subsided within 15 days, while after one and half month, the signs of the anterior chamber were normalized. The oral medicines were continued for 2 months. He was asymptomatic for four months. A similar mild symptom appeared in the same eye that was managed in similar lines. Thereafter, no exacerbation was noticed till December 2025. *Raktamokshana* along with *Virechana*, *Akshitarpana* and oral medicines are effective and safe as a stand-alone therapy in recurrent anterior uveitis and prolong the interval between recurrent attacks in uveitis.

INTRODUCTION

Anterior uveitis is an inflammation of anterior part of the uveal tissue middle layer of the eye. This part includes the iris (coloured part of the eye) and adjacent tissue, known as the ciliary body. If untreated, glaucoma, cataract or retinal edema can develop and cause permanent loss of vision. Its Conservative treatment includes steroid eye drops, cycloplegic eye drops and oral steroids, which also may lead to complications such as glaucoma and cataract, while oral use may cause diabetes. Ayurveda treatment *Panchkarma* like *Virechana* and *Raktamokshana* can be useful in the management of this condition. Ayurveda considers it as *Raktajaadhimantha*.

A 34-year-old male reported to the outpatient department who was suffering with recurrent anterior uveitis in left eye with the vision 6/18 B/L during the course of conventional management. The condition was managed effectively with *Jalaukavacharna* (leech therapy), *Virechana* (cleansing of *Pitta Dosh*a by purgative action), and oral medications.

MATERIALS AND METHODS

Case Report

Patient Information

A 34-year-old male patient came with the complaint of pain in the right eye associated with blurred vision, redness, watering and was unable to bear bright light with 6/18 vision. The left eye has 6/6 vision with spectacles.

History of Present Illness

The patient was asymptomatic before 2 years then suddenly he had complaints of severe pain in his right eye with redness, watering and blurred vision. Then he visited an ophthalmologist, where he was diagnosed as acute anterior uveitis, for this he was

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advised Homoid and pred forte (1%) eye drops, Refresh tear eye drop and prednisolone 5mg tablet. Now the patient stopped the allopathic medication. After this, the patient came to our OPD for further treatment, where he was diagnosed with *Raktaja Adhimantha*.

History of Past Illness

Intestinal tuberculosis year back.

Treatment History

Anti-tubercular treatment for 6 months.

Family History

No family history of anterior uveitis.

Personal History

Diet	Vegetarian
Micturition	Normal
Appetite	High
Sleep	Sound sleep
Bowel habit	Hard stool, once in a day
Addiction	Not any

Examination

Visual Acuity	Distance vision Without spectacles	Distance vision With spectacles	Near vision
OD	6/18	6/12	N6
OS	6/12	6/6	N6

Visual examination

He was suffering with myopia. Distant visual acuity by Snellen's chart was 6/36 in both the eyes. The distant vision with spectacles in the left eye was 6/6 with -2.00 (Dsph) and right eyewas 6/18 with -1.75 (Dsph). The correction for the right eye was - 2.00 spherical /0.50 cylindrical at 90°. Pinhole correction without spectacles in both eyes was 6/18. Near vision was N6 in both eyes.

Ocular examination

The right eye was semi-closed due to photophobia. There was no circumciliary congestion in right eyeat present.

	OD	OS
Visual Acuity	6/12 with spectacles	6/6 with spectacles
Near vision	N6	N6
Lid	Normal	Normal
Lashes	Normal	Normal
Conjunctiva	Clear	Mild congestion present
Cornea	Clear	Mild hazy
Anterior segment	Within normal limits	Within normal limits
Pupils	Normal shape normally reacting to light	Normal shape normally reacting to light
Intra ocular pressure by Schiottz Tonometry	17.0 mmHg	16.0 mm Hg
Direct ophthalmoscopy	Within normal limits	Within normal limits

Clinical Findings

Temperature	34.6°F
Pulse Rate	82 beats/min
Blood pressure	130/80 mmHg
Respiratory Rate	22/ min
SpO2	99%

Ashtavidha Pariksha

<i>Nadi</i>	<i>Vatapittaj</i>
<i>Mutra</i>	Normal out-put, no abnormality in urine
<i>Mala</i>	Hard stool, once in a day, not satisfied
<i>Jihva</i>	Normal in size and shape and color, no coating on the surface, <i>Nirama</i>
<i>Shabda</i>	No abnormal sound
<i>Sparsha</i>	Normal <i>Sparsha</i> of the affected part
<i>Drik</i>	Poor
<i>Akriti</i>	<i>Madhyamasharira</i> (normosthenic)

Direct Ophthalmoscopy: Normal retina with healthy maculae and vasculature and normal optic disc ratios with healthy optic nerve head rims and disc margins in both eyes.

Treatment Protocol

The patient was treated through *Shodhana* (please see table 1) and *Shaman* table 2) treatment as follows.

Table 1

Procedure	Drugs	Days
<i>Deepan paachan</i>	<i>Chitrakadivati</i> 2tab 3times a day	4 days
<i>Snehapan</i>	<i>Panchtiktaghrita</i>	5 days
<i>Sarvang Abhyanga</i>	<i>Dhanvantaram Taila</i>	2 days
<i>Sarvang Swedana</i>	<i>Dashmoolvashpasweda</i>	2 days
<i>Virechana karma</i>	<i>Trivritavaleham</i>	1 day
<i>Sansarjanakram</i>		3 days
<i>Raktamokshana</i> by <i>Jalauka</i> (leech therapy)	<i>Haridrachurna</i> <i>Saindhavalavana</i> Milk <i>Shatdhautghrita</i> Cotton roll	2 times before <i>Virechana karma</i> at an interval of 3 days.
		2 times after <i>Virechana karma</i> at an interval of 7 days.
<i>Netra Seka</i>	<i>Triphala Mulethi Kwath</i>	After every sitting of <i>Raktamokshana</i>
<i>Akshitarpana</i>	<i>Triphala Ghrita</i>	2 sittings each on the next day of <i>Raktamokshana</i>

Table 2

Drug	Dose	Duration
<i>Triphala Guggulu</i>	2tablets	2 times a day
<i>Punarnavadikashay</i>	20ml	2 times a day
<i>Saptamrita Lauh</i>	250 mg	2 times a day
Syrup. Manoll Nutra	10 ml	2 times a day
Eye drop. Netramritam	2drops	3times a day



Figure 1

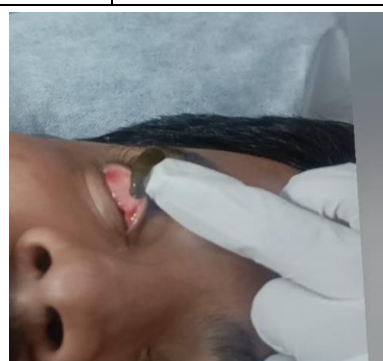


Figure 2

Jaloukavacharna was performed on the upper palpebral conjunctiva of the right eye on alternate day. *Virechana* given with *Trivrita Avaleham* along with *Saptamritalauh*, *Triphalaguggulu* and syrup *Manollnutra* and *Punarnavadikashay* were administered orally and *Netramritam* eye drop topically. The oral medicines were continued for one month. The signs of anterior chamber were subsided by the end of the month. The patient was

asymptomatic for a period of one and half month. Similar symptoms appeared in the same eye in November 2019, which was milder than the previous attack. He was managed with the same medicines, with which symptomatic relief was noticed within a week. The patient was followed further and was symptom-free until January 2022.

DISCUSSION

Raktamokshana (blood-letting), *Virechana* (therapeutic purgation), *Aschyotana* (eye drops), *Tarpana* (retention of ghee over eyes), *Parisheka* (ocular irrigation) of which *Raktamokshana* in the form of *Jalaukavacharana* and *Shirovirechananasya* were selected in this case. The specific treatment for acute pain in *Raktajaadhimantha* also includes *Jalaukavacharana*, other being *Achasnehapana* (oral intake of medicinal ghee in large dose) and *Swedana* (sudation).

Jalaukavacharana was selected as it is a *Raktaja* disease with acute pain. Recent studies have also reported that medicinal leeches secrete bioactive substances in their saliva with analgesic and anti-inflammatory properties. The site of *Jalaukavacharana* was selected in upper palpebral conjunctiva of left eye.

CONCLUSION

Raktamokshana followed by *Netra Seka* along with *Virechana* and oral medication is effective and safe management in recurrent uveitis. It would relief the symptoms satisfactory and prolongs the period between recurrent attacks in uveitis.

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