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Case Study

AYURVEDIC MANAGEMENT OF *SAVRANA SHUKRA* WITH SPECIAL REFERENCE TO CORNEAL ULCER

Varsha Annasaheb Kapase[1]*, Rekha jori[2]
*[1]PG Scholar, [2]HOD, Dep. of Shalakyatanrta, SST's Ayurvedic College, Sangamner, Maharashtra, India.

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ABSTRACT

Corneal ulcer is a potentially vision-threatening ocular condition characterised by epithelial defect with underlying stromal involvement, commonly resulting from infectious, traumatic, or inflammatory aetiology. In Ayurveda, this condition correlates with *Savrana Shukra (Korniya Vrana),* arising primarily due to vitiation of *Pitta* and *Vata Dosha,* often as a sequela of improperly managed *Abhisyanda* (conjunctivitis). **Case Presentation:** A 39-year-old female computer assistant presented to the Shalakya Tantra OPD with a 15-day history of intense right-eye pain, severe lacrimation, foreign body sensation, and photophobia. Slit-lamp examination revealed a superficial-to-mid-stromal paracentral corneal ulcer with positive fluorescein staining. Ayurvedic diagnosis was established as *Korniya Vrana* with *Rakta-Pitta* and *Vata* predominance, secondary to inadequately treated *Abhisyanda* six months prior. **Intervention:** The patient was managed on an OPD basis for three months with a combined regimen of internal medicines- *Triphala Guggulu* and *Manjisthadi Kashaya*- and local therapies including *Nasya* with *Anu Taila* and *Aschyotana* with *Yashtimadhu Ghrita*. Dietary modifications and digital hygiene *(Pathya-Apathya)* were prescribed concurrently. **Outcome:** Progressive and sustained improvement was observed at fortnightly follow-ups. By the end of three months, the patient achieved complete relief from pain, lacrimation, and foreign body sensation with near-normal visual acuity and minimal residual corneal opacity, confirming near-complete healing of the ulcer. **Conclusion:** This case demonstrates the efficacy of classical Ayurvedic pharmacotherapy and *Kriya Kalpas* in the conservative management of corneal ulcer. The *Rasayana, Vrana-ropaka*, and anti-inflammatory actions of the selected formulations, combined with lifestyle modification, effectively addressed both systemic and local *Dosha* imbalance.

INTRODUCTION

Corneal ulcer is a potentially vision-threatening condition characterized by a defect in the corneal epithelium with underlying stromal involvement. In modern ophthalmology, it is usually infectious (bacterial, viral, fungal) or traumatic in origin and may lead to corneal opacity, perforation, and permanent visual impairment if not managed appropriately.

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In Ayurveda, similar clinical presentations can be correlated with *Savrana Sukla*, or *Pittaja Abhishyanda* depending on the predominance of *Dosa*, pain, redness, and lacrimation. The cornea (*Korniya*) is a part of *Sandhi* of A*ksikota* and is considered a *Tejas*-dominant structure, hence especially vulnerable to *Pitta* and *Vata* vitiation. Untreated or inadequately treated *Abhisyanda* (conjunctivitis) may progress to deeper structures and manifest as corneal pathology.

This case study presents the successful Ayurvedic management of a corneal ulcer using internal medicines and local therapies (*Nasya* and *Aschyotana*) in the Shalakya Tantra OPD SST Ayurved Mahavidyalaya.

Case Presentation

Patient Profile

- Name: ABC
- Age: 39 years
- Gender: Female
- Occupation: Computer assistant (prolonged screen exposure, office-based work)
- Marital status: Married
- Socioeconomic status: Middle class
- Place: OPD, Shalakya Tantra Department, [SST Ayurved Mahavidyalaya]

Chief Complaints

- Intense pain in the right eye for 15 days.
- Severe lacrimation (watering) of the right eye for 15 days.
- Foreign body sensation in the right eye for 15 days.
- Mild photophobia and difficulty in doing close work at the computer.

History of Present Illness

The patient reported redness and discharge from both eyes approximately 6 months prior, suggestive of conjunctivitis. She self-medicated with over-the-counter eye drops for 2–3 days and discontinued them once the redness reduced. No proper ophthalmic consultation was taken at that time.

About 15 days before reporting to the Shalakya OPD, she developed:

- Sudden onset right-sided ocular pain.
- Continuous watering.
- Sensation of grit/foreign body.
- Difficulty in keeping the eye open, especially in light.

Symptoms progressively worsened, and near work on the computer became very uncomfortable. She did not receive any specific conventional treatment for the present episode due to fear of side effects and approached the Ayurveda OPD directly.

Past History

- History of untreated/inadequately treated conjunctivitis 6 months ago.
- No history of diabetes mellitus, hypertension, tuberculosis, or autoimmune disease.
- No history of ocular trauma, contact lens use, or ocular surgery.

Personal History

- Diet: Mixed, irregular meal timings, occasional intake of spicy and fried food.
- Sleep: Disturbed due to ocular pain.
- Bowel habit: Occasionally constipated
- Addictions: None

Occupation-related factors

- Prolonged computer work (8–9 hours/day).
- Irregular breaks
- Air-conditioned environment, leading to ocular dryness.

Family History

Non-contributory; no known family history of ocular diseases like glaucoma, keratoconus, or autoimmune disorders.

Clinical Examination

General Examination

- Conscious, oriented
- Pulse, blood pressure within normal limits
- Afebrile
- No pallor, icterus, cyanosis, clubbing, edema, or lymphadenopathy.

Ocular Examination (Right Eye)

- Visual acuity (unaided): Slightly reduced compared to left, patient complains of blur (e.g., 6/9–6/12).
- Lids: Mild reflex blepharospasm due to pain and photophobia.
- Conjunctiva: Congested, more in perilimbal area.

Cornea

- Presence of a superficial to mid-stromal ulcer (paracentral)
- Discrete area of epithelial defect with surrounding stromal haze
- Edges slightly raised, floor grayish-white
- Positive fluorescein staining (uptake at the ulcer site)
- Anterior chamber: Quiet to mild reaction, depth normal.
- Pupil: Normal size, reacting to light
- Lacrimation: Marked, streaming tears
- Discharge: Watery, non-purulent
- Intraocular pressure: Within normal limits on tonometric assessment.

Left Eye

- Visual acuity: Normal
- Anterior & posterior segment: Within normal limits

Ayurvedic Clinical Assessment

Nidana (Etiological Factors)

Likely contributing factors

- Untreated/improperly managed *Abhishyanda* (conjunctivitis) 6 months back.
- *Ruksa*, *Tikshṇa*, *Usna ahara* (spicy, deep-fried items).
- Prolonged computer use → *Alochaka Pitta* and *Vata* aggravation.

- AC environment contributing to *Ruksata* (dryness) of ocular surface.
- Irregular food and sleep patterns affecting *Tridosha* balance.

***Dosa–Dusya–Sthana–Srotas* Analysis**

- *Dosa:* Predominantly *Pitta* with associated Vata (explaining pain, pricking sensation, photophobia)
- *Dusya: Rasa*, *Rakta*, *Mamsa dhatu* of the cornea (*Korniya* as part of *Sandhi*)
- *Srotas* involved: *Rasavaha*, *Raktavaha*, and *Aksigata srotasas*
- *Sthana*: *Netra*; specifically, *Korniya* region – can be correlated with *Korniya Vraṇa*

Ayurvedic Diagnosis

Korniya Vraṇa (corneal ulcer) with *Rakta–Pitta* and Vata predominance, sequelae of inadequately treated *Abhishyanda*.

Treatment Plan

Objectives

1. To pacify *Pitta* and Vata at systemic and local levels
2. To reduce inflammation, pain, and lacrimation
3. To promote healing of corneal ulcer and prevent scarring/complications
4. To improve general ocular strength (*Netra balya*)

The patient was managed on an OPD basis with the following regimen for 3 months, with follow-up every 15 days.

Therapeutic Interventions

S.No.	Intervention	Drug/ Procedure	Dose / Method	Frequency	Duration
1	Internal medication	*Triphala Guggulu*	1 tablet (250–500 mg, as per institution) with lukewarm water	Twice daily (BD)	3 months
2	Internal medication	*Manjisthadi Kasaya*	10ml, diluted with 40ml warm water after meals	Twice daily (BD)	3 months
3	*Sirovirecana / Pratinasya*	*Nasya* with *Anu Taila*	2 drops in each nostril (or as per protocol)	Twice daily (BD)	3 months
4	Topical ocular therapy	*Ascyotana* with *Yastimadhu Ghrta*	8 drops instilled in the right eye (sterile protocol)	Twice daily (BD)	3 months
5	*Pathya-Apathya*	Diet & lifestyle advice	Pitta–Vata samana diet, screen hygiene, eye rest	Continuous	3 months and beyond

Detailed Description of Intervention and Mode of Action

S.No.	Drug name	Ingredients	Mode of action	*Samprapti bhang*
1	*Triphala Guggulu*	*Triphala (Haritaki, Amalaki, Bibhitaki), Guggulu (Commiphora mukul)*	Acts as a *Rasayana* and *Raktaprasadaka*, improving microcirculation and nutrient supply to ocular tissues. *Triphala* supports ocular immunity and tissue repair. *Guggulu* promotes healing of ulcerative lesions and prevents chronic inflammation.	Helps in systemic detoxification, reduction of low-grade inflammation, and faster healing of *Savrana shukra*.
2	*Manjisthadi Kasaya*	*Manjistha (Rubia cordifolia),* other *Raktaprasadaka, Pitta-Kapha samaka* herbs	*Manjistha* purifies and pacifies vitiated *Rakta*, reducing congestion, redness, burning, and inflammatory exudation in ocular tissues.	Addresses root pathology underlying corneal ulceration.
3	*Nasya* with *Anu Taila*	*Anu Taila*	Regulates *Prāṇa Vāyu* and *Ālocaka* Pitta functioning, improves nourishment and circulation to ocular structures.	Supports local healing responses and immune regulation.
4	*Aschyotana* with *Yashtimadhu Ghrita*	*Yashtimadhu Ghrta (Glycyrrhiza glabra)*	Directly brings medicine in contact with the ocular surface, washing away *Dosha*, toxins, and irritants, enhancing tissue nutrition and promoting healing.	Promotes re-epithelialization and stromal repair of the cornea.

***Pathya–Apathya* (Diet & Lifestyle)**

***Pathya* (Advised)**

- Light, easily digestible food: *Yavagu*, *Mudga yusha*, boiled vegetables.
- Use of *Ghrta* and mild *Tikta* herbs for *Pitta* pacification.
- Adequate hydration; avoidance of dehydrating factors.
- Regular sleep; fixed meal timings.
- Proper screen hygiene:
- 20–20–20 rule (every 20 minutes, look 20 feet away for 20 seconds)
- Proper screen brightness, anti-glare filters if possible.
- Frequent conscious blinking.

***Apathya* (Prohibited)**

- Very spicy, sour, fried, and junk food.
- Excessive tea, coffee, tobacco, alcohol.
- Late nights, excessive mental strain.
- Direct exposure to dust, smoke, hot dry wind, and strong sunlight.
- Excessive screen exposure without breaks.

Follow-Up and Outcome

Follow-Up Schedule

- Follow-up visits every 15 days for 3 months
- At each visit: symptom assessment, ocular examination, documentation of corneal ulcer status.

Symptomatic Progress (Narrative Summary)

Follow up 0th Day	Follow up 15th Day	Follow up- 1 month	Follow up- 2 months	Follow up- 3 months
Intense pain, severe lacrimation, marked foreign body sensation, photophobia; corneal ulcer with positive fluorescein staining and surrounding haze	Noticeable reduction in pain and watering; foreign body sensation less frequent and less intense; conjunctival congestion reduced; ulcer margins more defined, early epithelialization visible	Pain almost 70–80 % reduced; Lacrimation significantly decreased; photophobia minimal; patient able to perform near work with some breaks; ulcer size reduced; floor cleaner, surrounding edema markedly reduced	Patient almost symptom-free: occasional mild dryness or strain after heavy computer work; corneal surface mostly healed; only faint residual stromal haze/ nebula-like opacity (if any); No signs of active ulceration	Complete relief from pain, lacrimation, and foreign body sensation; visual acuity improved to near-normal; cornea healed with minimal or no visually significant opacity; no recurrence of symptoms during observation period

DISCUSSION

This case demonstrates that appropriately chosen Ayurvedic interventions can play a significant role in managing corneal ulcer (cornea *Vraṇa*) at a stage where the condition is active yet not severely advanced or perforated.

Pathogenesis Perspective

- Untreated *Abhisyanda* led to deeper involvement of *Rakta* and *Mamsa dhatu* in the cornea, manifesting as ulceration.
- Prolonged digital screen use and irregular lifestyle aggravated *Pitta* and *Vata*, contributing to ocular surface dryness and micro-trauma.

Rationale of Internal Medicines

- *Triphala Guggulu* and *Manjisthadi Kasaya* targeted systemic *Rakta dosa* and chronic low-grade inflammation, thereby addressing the internal ocular pathology.
- Their *Raktaprasadaka*, *Vrana-ropaka*, and *Rasayana* actions assisted in faster and more complete healing with minimal scarring.

Role of Local Therapies

- *Nasya* with *Anu Taila* helped stabilize *Vata* and *Pitta* in *Urdhvajatru*, improved local circulation, lubrication, and neuromodulation, which indirectly benefited the ocular surface and pain control.
- *Aschyotana* with *Yastimadhu Ghruta* directly nourished the corneal epithelium, reduced inflammation, and supported epithelial regeneration. Its unctuous, cooling, and soothing properties were crucial in symptom relief (pain, burning, FBS) and structural healing.

Holistic Approach

Along with medicines, modification of diet, sleep, and digital habits decreased ongoing aggravation of *Pitta* and *Vata*, preventing recurrence and promoting long-term ocular health.

Clinical Relevance in *Shalakya Tantra*

- The case highlights the importance of early Ayurvedic intervention in *Aksiroga* and demonstrates that with correct diagnosis (*Dosa–Dusya–Sthana* analysis) and rational selection of

internal and external therapies, even potentially serious conditions like corneal ulcers can be managed effectively.

- It reinforces the role of classical *Kriya kalpas* (here, especially *Ascyotana*) and *Nasya* in routine *Shalakya* practice.

CONCLUSION

- A 39-year-old female with a corneal ulcer (cornea *Vraṇa*) in the right eye, secondary to inadequately treated conjunctivitis, was successfully managed using a combination of internal Ayurveda medicines and local therapies.
- The integrative regimen of *Triphala Guggulu*, *Manjisthadi Kasaya*, *Nasya* with Anu Taila, and *Ascyotana* with *Yashtimadhu Ghruta*, along with lifestyle modifications, led to gradual and sustained relief in pain, lacrimation, and foreign body sensation, and promoted near-complete corneal healing over 3 months.
- The case underscores the potential of *Shalakya* Tantra in the conservative management of corneal ulcer by addressing both systemic and local Dosa imbalance, improving tissue nutrition, and harnessing the *Rasayana* and *Vrana-ropaka* properties of selected formulations.
- Further larger-sample clinical studies and comparative trials with standard modern therapy would help validate and standardize such protocols for broader clinical use.

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***Address for correspondence**
Dr. Varsha Annasaheb Kapase
PG Schoalr,
Dep. of Shalakyatanrta,
SST's Ayurvedic College, Sangamner, India.
Email: varsha16991@gmail.com

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