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RESEARCH ARTICLE

A CASE STUDY ON AYURVEDIC MANAGEMENT OF SIRAJAAL WITH SPECIAL REFERENCE TO SCLERITIS

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Sirajaal, Scleritis, Shuklagata Roga, Chandrodaya Varti, Aschyotana.

Abstract

Background:-Scleritis is a severe inflammatory disorder involving the sclera characterized by ocular redness, pain, visual disturbances, and potential vision-threatening complications. In Ayurvedic literature, the condition can be correlated with Sirajaal, one among the Shuklagata Rogas described by Acharya Sushruta. Sirajaal is characterized by the appearance of thickened, elevated, reddish vascular structures over the Shukla Mandala due to vitiation of Rakta and Pitta Dosha.

Aim:- To evaluate the effectiveness of Ayurvedic management in a diagnosed case of Sirajaal with special reference to Scleritis.

Materials and Methods:- A 29-year-old female presented with redness, ocular pain, itching, discomfort, and diminished vision in the right eye for one and a half months. Detailed ophthalmic and systemic examinations were performed. The patient was treated with Lekhananjana using Chandrodaya Varti followed by Aschyotana with Musta and Yashtimadhu for 20 days. Clinical parameters were assessed before and after treatment.

Results:-Significant improvement was observed in redness, pain, and ocular discomfort. Redness decreased from Grade 3 to Grade 1, pain reduced from Grade 3 to Grade 1, and discomfort improved from Grade 2 to Grade 0 after 20 days.

Conclusion:- Ayurvedic Kriyakalpa procedures such as Lekhananjana and Aschyotana demonstrated encouraging results in the management of Sirajaal (Scleritis). Further clinical studies with larger sample sizes are required to establish standardized treatment protocols.

Introduction:-

Eye diseases constitute a significant public health concern worldwide. Inflammatory disorders affecting ocular structures may lead to visual impairment if not diagnosed and managed appropriately. Scleritis is a serious inflammatory disease involving the sclera, often associated with autoimmune conditions such as rheumatoid

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arthritis, systemic lupus erythematosus, and other connective tissue disorders.The disease is characterized by severe ocular pain, redness, photophobia, tenderness, and visual disturbances. Histopathological examination reveals destruction of collagen with infiltration of inflammatory cells including neutrophils, macrophages, and lymphocytes. If untreated, complications such as scleral thinning, keratitis, uveitis, cataract, glaucoma, and visual loss may occur.According to modern ophthalmology, scleritis is classified into anterior and posterior forms. Anterior scleritis accounts for approximately 98% of cases and may be diffuse, nodular, or necrotizing. Posterior scleritis constitutes only about 2% of cases.In Ayurveda, ocular disorders are extensively described under Netra Roga. Among the eleven Shuklagata Rogas described by Acharya Sushruta, Sirajaal exhibits similarities with scleritis. Sirajaal is characterized by dense, elevated, reddish vascular structures spreading over the scleral region. The pathogenesis mainly involves vitiation of Rakta and Pitta Dosha leading to inflammatory changes.Ayurveda offers a unique approach through local therapeutic procedures known as Kriyakalpa. These include Anjana, Aschyotana, Tarpana, Putapaka, and others. Chandrodaya Varti and Musta-YashtimadhuAschyotana possess anti-inflammatory, Rakta-Shodhaka, and Chakshushya properties which may contribute to relief and disease control.This case study evaluates the efficacy of Ayurvedic intervention in a clinically diagnosed case of Sirajaal (Scleritis).

Aim and Objectives:-

Aim:-

To evaluate the efficacy of Ayurvedic management in Sirajaal with special reference to Scleritis.

Objectives:-

1. To assess the reduction in redness and ocular pain.
2. To study the role of Chandrodaya Varti and Musta-Yashtimadhu Aschyotana in Sirajaal.
3. To establish the potential utility of Ayurvedic Kriyakalpa in inflammatory ocular disorders.

Materials and Method:-

1. **Study Design:** Single case study.
2. **Study Place:** Department of Shalakyatantra, L.K. Ayurved Hospital, Yavatmal, affiliated with D.M.M. Ayurved Mahavidyalaya, Yavatmal.
3. **Source of Data:**

The study was based on:-

a. Classical Ayurvedic texts -Sushruta Samhita.
b. Clinical examination.
c. Laboratory investigations.
d. Follow-up observations.

Case Report:-

A 29-year-old female presented to the outpatient department of Shalakyatantra with complaints of:-

1. Redness in the right eye
2. Mild ocular pain
3. Diminished distant vision in both eyes
4. Itching in the right eye
5. Right ocular discomfort

The symptoms were present for approximately one and a half months.

History of Present Illness:-

The patient was apparently healthy before the onset of symptoms. She gradually developed diffuse redness in the right eye accompanied by pain, itching, and discomfort. The symptoms persisted without significant improvement. The patient did not seek treatment elsewhere and reported directly to L.K. Ayurved Hospital on 23 August 2025.

Past History:-

The patient had a history of inflammatory joint disease for two months and was undergoing Ayurvedic treatment in the Panchakarma department.

Treatment included: Yogaraj Guggulu 500 mg twice daily, Matra Basti and Dashanga Lepa.

No history of: DM, Hypertension, Tuberculosis, Thyroid disorders, Ocular trauma, Previous ocular surgery, Drug allergy

Clinical Examination:-
General Examination : Genaral Condition : Moderate ; Weight - 50 Kg; Pulse - 82/min ; Blood Pressure - 130/90 mmHg ; Respiratory Rate : 18/min ; CVS - S1S2 Normal.

Ashtavidha Pariksha:-
Nadi - 80/min
Mala - Samyaka
Mutra - Samyaka
Jivha - Alpasaam
Shabda - Spashta
Sparsha - Samashitoshna
Druk - Affected
Akruti -Madhyama

Investigations:-
Hematological Parameters:-
Hemoglobin - 7.9 gm%
TLC - 4880/cu.mm
Platelets - 3.36 lakh/cu.mm

Renal Function Test:-
Blood Urea - 13 mg/dl
Serum Creatinine - 0.57 mg/dl

Liver Function Test:-
Total Bilirubin -0.6 mg/dl
SGOT -47 IU/L
SGPT -18 IU/L

Immunological Markers:-
RA Factor -Positive (titre 23.0 IU/ml)
CRP -Positive (29.8 mg/L)
Positive RA factor and CRP suggested underlying inflammatory pathology.

Ophthalmic Examination:-
Slit lamp examination revealed:-
1. Scleral inflammation on the nasal side of the right eye.
2. Vascular congestion and engorgement.
3. Raised pinkish lesion over scleral surface.
4. Pale conjunctiva.
5. Absence of corneal involvement.

Best corrected visual acuity:-
Right Eye: 6/9p
Left Eye: 6/9
Clinical findings supported the diagnosis of diffuse anterior scleritis.

	Right	Left
Bahya netra (adnexa)	Normal	Normal
Vartma mandal (eyelids)	Normal	Normal
Shukla mandal (Conjunctiva, Sclera)	Inflammation of sclera from nasal side is seen due to which vascular engorgement occurred. Involved area is raised and slight pinkish in colour Conjunctiva was quite pale	Normal No signs of scleritis seen
Krushna mandal (Cornea)	Normal, no signs of corneal oedema	Normal, no signs of corneal oedema
Pupils	NSRL	NSRL
Drushti mani (lens)	Normal	Normal
Sandhi pariksha	All sandhi are normal	All sandhi are normal
Srav parikshan	Not seen any discharge, blockage of lacrimal apparatus	Not seen any discharge, blockage of lacrimal apparatus

Ayurvedic Diagnosis:-
Based on classical signs:-
Raktadushti
Pitta predominance
Shuklagata involvement
Presence of elevated vascular structures
The condition was diagnosed as Sirajaal.
Treatment:-
Lekhananjana : Chandrodaya Varti was administered as Lekhananjana according to classical references.
Classical Reference:
सिराजाले सिरा यास्तु कठिनास्ताश्च बुद्धिमान्।
उल्लिखेन्मण्डलाग्रेण बडिशेनावलम्बिताः || Su.U.15/20
कठिनसिराग्रहणान्मृदूनां सिराणां लेख्याञ्जनं योज्यमिति ज्ञेयम्।
सिरोत्पातसिराहर्षसिराजालार्जुने क्रिया रक्तस्यन्द इव कार्या।सर्वाङ्गसुन्दरीव्याख्या (कृत)

Aschyotana:-
Following Anjana, Aschyotana was performed using:
Musta + Yashtimadhu kwath
12 drops were instilled for 20 days.

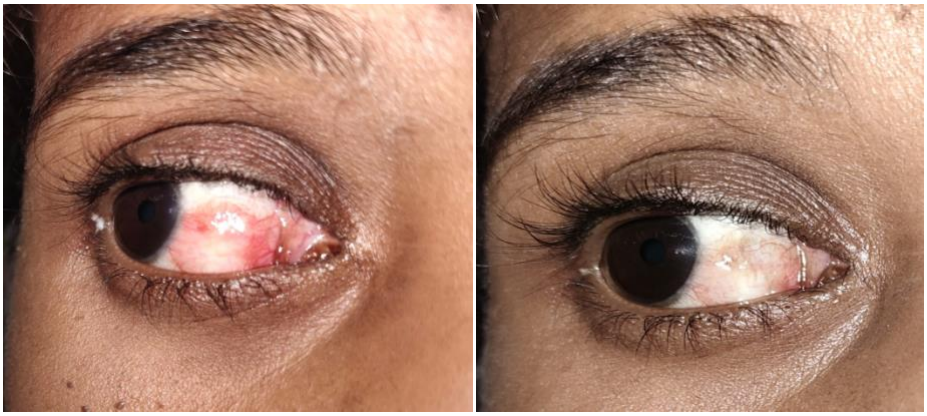
Assessment Criteria: Clinical grading was done for : Redness, Pain and Discomfort.

Result:-

Clinical Feature	Before Treatment	After Treatment
Redness	Grade 3	Grade 1
Pain	Grade 3	Grade 1
Discomfort	Grade 2	Grade 0

Significant clinical improvement was observed within 20 days.

BEFORE AFTER



Discussion:-

Sirajaal is predominantly a Rakta-Pittaja disorder affecting the Shukla Mandala. Inflammation results in vascular engorgement and structural changes corresponding to scleral involvement described in modern ophthalmology. The patient demonstrated classical signs of Rakta Dushti including redness, pain, and inflammatory changes. Positive RA factor and CRP suggested systemic inflammatory association, which is commonly observed in scleritis.

Role of Chandrodaya Varti:-

Chandrodaya Varti is a one of the most used Ayurvedic ophthalmic formulation indicated in various Netra Rogas. It is used in harenumatra (size of a pea) for anjan, it is drushtiprasadak, Its Lekhana property helps reduce abnormal tissue proliferation and vascular congestion. It acts locally and facilitates reduction of inflammatory changes.

Role of Yashtimadhu:-

Yashtimadhu possesses: Chakshushya, Shothahara, Vedanasthapana, guru, Snigdha guna, Madhur rasa, sheeta veerya, which pacifies pitta dosha, which relatively pacifies rakta dosha. And hence contributes in relieving signs and symptoms of sirajaal. Modern studies have demonstrated anti-inflammatory and antioxidant activities of Glycyrrhiza glabra, supporting its therapeutic role.

Role of Musta:-

Musta possesses: Lekhaniya, Laghu ruksha, Shothahara, H aving tikta-katu-kashya rasa, Katu Vipaka, Sheeta Veerya, Pitta-Kapha Shamaka, Netrahitakara properties. Its anti-inflammatory action may help reduce vascular congestion and discomfort.

Possible Mode of Action:-

Scleral thickening and nodule formation are chronic, stagnant pathophysiologies that are disrupted deeper by Lekhananjana (the application of a scarifying, debriding collyrium). Microvascular stagnation, where localized blood and Vata pooling result in structural thickening and possibly tissue ischemia, is a fundamental feature of scleritis.

Micro-Debridement and Cellular Cleansing: Lekhana (scraping) action stimulates the surface epithelium at a microscopic level, promoting phagocyte mobilization and the removal of localized mucinous plaque, fibrinous exudates, and accumulated cellular debris from the ocular surface and surrounding deep vascular layers.

Reviving Microcirculation: Lekhananjana's purposeful, mild therapeutic irritation causes a localized increase in active microcirculation. It removes metabolic toxins and stagnant, deoxygenated blood by opening up collapsed or clogged deep episcleral capillary beds. By actively reversing the deep vascular congestion, this increased microcirculation lessens scleral edema and stops the development of necrotizing scleral thinning or nodular accumulation.

Aschyotana- The instillation of medicated liquid drops into the open conjunctival sac, serves as the essential primary defense mechanism against the hyper-acute inflammatory phase of scleritis.. The classic deep "violaceous" or bloodshot redness and exquisite tenderness of scleritis are caused by cellular infiltration of the entire thickness of

the sclera, which quickly causes the release of local pro-inflammatory cytokines, prostaglandins, and angiogenic markers.

Bioavailability and Barrier Penetration: Aschyotana's liquid medium guarantees even distribution throughout the whole surface of the eye. The conjunctival cul-de-sac sustains active water-soluble and lipid-soluble principles, which enable them to transdiffuse throughout the episcleral networks.

Vascular Downregulation and Pain Suppression: Aschyotana directly inhibits the local inflammatory mediators by repeatedly soaking the inflammatory tissues. This lessens the severe deep-vessel engorgement that is a feature of anterior scleritis by downregulating vascular permeability. Additionally, it quickly relieves the deep, radiating ocular pain and photophobia that usually cripple patients with this condition by applying a cooling, soothing effect over the highly sensitized ciliary nerve endings.

Conclusion:-

Scleritis is a chronic inflammatory condition characterized by oedema and cellular infiltration of the scleral and episcleral tissues. The ayurvedic correlate, Sirajaal, is described as Maha Jalabh Kathin Sira, featuring a red and extensive network of hardened veins spreading over the Shukla mandala (Sclera).The present case study demonstrates that Ayurvedic management using Chandrodaya Varti Lekhananjana and Musta-Yashtimadhu Aschyotana can provide significant symptomatic relief in Sirajaal (Scleritis). Improvement was observed in redness, pain, and discomfort within a short duration of 20 days.Managing scleritis poses a distinct clinical challenge because the blood-retinal, blood-aqueous, and deep scleral barriers severely restrict the bioavailability of standard topical agents. The outcomes of this trial demonstrate that the concurrent or sequential administration of these two specific local ocular therapeutics (Kriya Kalpas) exerts a powerful synergistic effect, addressing both the superficial vascular engorgement and the deep chronic tissue inflammation

This case shows that a disease like scleritis which shows its signs and symptoms in association with many other systemic disorders can get relieved by ayurvedic kriyakalpa procedures, which basically works on local, topical application of medications which significantly helps in treating ocular diseases. Though its very important to cure root cause of disease, Patient experienced significant recovery within 20 days.While modern science treat it with topical steroid eye drops and oral steroids, classical Ayurvedic management with Ayurvedic Kriyakalpa procedures offer a safe and effective complementary approach for managing inflammatory ocular disorders. However, larger clinical studies with long-term follow-up are necessary to validate these findings and establish standardized treatment protocols.

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