

## Case Report



### Ayurvedic management of Vernal Keratoconjunctivitis- A case report

[1Adeeb A](#), [2\\*Arunkumar B Biradar](#), [3Raghavendra Nayak](#), [4Anjali Khose](#)

#### ABSTRACT:

**Background:** Vernal Keratoconjunctivitis (VKC) is a recurring allergic eye condition that primarily affects young, males, with symptoms like extreme itching, grittiness, discharge, redness, lacrimation, and photophobia that gets worse in hot climates. Topical drugs like mucolytics, mast cell stabilisers, NSAIDs, lubricants and topical steroids give symptomatic relief. Long-term use may produce side effects thus, limiting long-term use. In *Ayurveda*, it is comparable to *Kaphaja Abhishyanda*. *Siramokshana*, *Pariseka*, *Kavalagraha*, *Aschyotana* and *Apatrpna* can be efficient for this condition. **Clinical findings:** A male patient of age 19 years with extreme itchiness, redness, pricking sensation, heaviness of lids, ropy discharge and burning feeling. Patient was treated for VKC with topical corticosteroids, mucolytic, anti-histamine and mast cell stabilisers which provided only temporary relief. Patient has experienced recurring episodes on and off. On slit lamp examination presence of bilateral gelatinous deposits with tranta's spots, dusky red triangular congestion in limbal and bulbar conjunctiva, and papillae in the upper tarsal conjunctiva of both eyes. **Intervention:** The patient was treated with *Siramokshana*, *Pariseka*, *Kavalagraha*, *Aschyotana* and *Apatrpna* along with internal medication like *Haridra*, *Haridra*, *Arogyavardhini Vati* and *Kushmanda Avaleha*. **Outcome:** There was reduction in symptoms like burning sensation, itchiness, pricking sensation, redness, heaviness of lids, ropy discharge and photophobia along with significant improvement in the vision with no recurrence. **Conclusion:** This case revealed that *Ayurvedic* management of VKC can be treated effectively with good quality of life along with visual improvement.

**KEYWORDS:** Vernal Keratoconjunctivitis (VKC), *Kaphaja Abhishyanda*, *Seka*, *Aschyotana*, *Raktamokshanam*, *Rasayana*, Case Report.

RECEIVED ON:

25-05-2025

REVISED ON:

01-07-2025

ACCEPTED ON:

23-07-2025

Access This Article Online:

Quick Response Code:



Website Link:

<https://jahm.co.in>

DOI Link:

<https://doi.org/10.70066/jahm.v13i7.1977>

Corresponding Author Email:

[arunkumar.biradar@gmail.com](mailto:arunkumar.biradar@gmail.com)

CITE THIS ARTICLE AS

Adeeb A, Arunkumar B Biradar, Raghavendra Nayak, Anjali Khose. *Ayurvedic* management of Vernal Keratoconjunctivitis- A case report. *J of Ayurveda and Hol Med (JAHM)*. 2025;13(7):93-99

## 1. INTRODUCTION

Vernal Keratoconjunctivitis (VKC) is a recurrent bilateral condition typically encountered in warm, dry areas of India. [1] Young male individuals are most frequently affected, characterised by severe itching, which may also be accompanied by lacrimation, photophobia, *pseudogerontoxon*, thick mucoid discharge, foreign body sensation and burning sensation. Increased blinking is typical clinical feature. The existing therapeutic techniques include Mast cell stabilisers, NSAIDs, topical steroids topical lubricants and mucolytics, [2] which provide symptomatic relief and may cause steroid-induced side effects, limiting their long-term usage and relief. [3] The management of various types of *Abhishyanda* has an upper hand in *Ayurveda*, thereby reducing the risk of side effects and fastening the effects. This clinical condition can be correlated with *Kaphaja Abhishyanda*.

## 2. CASE REPORT

A 19-year-old male patient, previously diagnosed with VKC, the patient complained of intense burning, itchiness, prickling discomfort, redness, heaviness of

lids, ropy discharge and photophobia in both eyes for 1 month. The patient reports using topical corticosteroids for 4 years, experiencing only temporary relief. He visited the *Shalaky Tantra* – Netra OPD of KLE Ayurveda Hospital in Belagavi for the treatment of *Kaphaja Abhishyandha* (Vernal Keratoconjunctivitis). The patient was of *Vata-Kapha Prakruthi*, average height and weighed 62 kg, with no significant family history. He had no known history of hypertension or diabetes mellitus. All vital signs were within normal ranges, and no abnormalities were detected in the respiratory, cardiovascular, or central nervous systems during the examination

### Clinical finding

Based on slit lamp biomicroscopic examination we found oedematous lids, congestion of both conjunctiva, gelatinous deposits with tranta's as elaborated table No. I. Based on these findings, the case was diagnosed as *Kaphaja Abhishyandha* (Vernal Keratoconjunctivitis). Visual acuity (unaided) was 6/9(B) in the right eye and 6/9 in the left eye as documented in table No. II. The bilateral posterior segment was within normal limits.

**Table I- Ocular examination in diffuse illumination of both eyes**

Particulars	Right eye	Left eye
Eyelids	Oedematous	Oedematous
Eyelashes	NAD	NAD
Lacrimal Apparatus	NAD	NAD
Pupil	Normal Reflex	Normal Reflex
Cornea	Clear	Clear
Conjunctiva	Bulbar conjunctiva-red triangular congestions, gelatinous limbus membrane	Bulbar conjunctiva-red triangular congestions, gelatinous limbus membrane
	Palpebral conjunctiva- hyperaemia, and papillae	palpable conjunctiva- hyperaemia, and papillae

Discharge	Ropy discharge	Ropy discharge
Sclera	NAD	NAD
Lens	NAD	NAD

**Table II- Visual acuity**

Direct vision	Rt	Lt	BE
Without glass	6/9(B)	6/9	6/9
With glass	6/9	6/9	6/9
Ph	NI	NI	–
Near vision	N6	N6	N6
KR RT	43.25	44.75	175
KR LT	44.00	45.20	5
ACCEPTANCE in Rt Eye	Sph – PL	Cyl – 1.00 @170	6/9
ACCEPTANCE in Lt Eye	Sph – PL	Cyl – 1.25 @10	6/9



**Figure 1- Before treatment**

**Interventions:** Sushruta advised *Siramokshana*, *Pariseka*, *Kavalagraha*, *Aschyotana* and *Apatrpna* mentioned in *Kaphaja Abhishyanda chikitsa*, [4] *Seka*, and *Aschyotana* were administered for 8 days, along with *Jaloukavacharanam* on the last day. This expedites the resolution of the *Abhishyanda*. (Table III)

**Table III – Timeline**

Date	Treatment modalities
16-12-2024	Patient complaining of itching, burning sensation, redness, photophobia, heaviness of lids, pricking sensation and ropy discharge in both eyes since 3 months. Diagnosed as <i>Kaphaja Abhishyanda</i> (Vernal Keratoconjunctivitis) and started with <i>Agnitundi Vati</i> 1 tid before food with <i>Ushnajala</i>
17-12-2024	<i>Apatarpana</i> – <i>Sadyovirechana</i> (SV) with <i>Gandharvahastadi Taila</i> 60ml and 100ml milk – 3 <i>Vegas</i> were attained
18-12-2024	10 drops of <i>Shigru Patra Swarsa Aschyotana</i> (SPSA) followed by <i>Haridradi Ksheera Seka</i> (HKS) bd and internally <i>Agnitundi Vati</i> 1-0-1 before food
19-12-2024	10 drops of SPSA followed by HKS bd, <i>Tiktaka Grita Panam</i> (TGP) 40 ml
20-12-2024	10 drops of SPSA followed by HKS bd, <i>Triphaldi Kavalagraham</i> (TK) od, TGP 40 ml
21-12-2024	10 drops of SPSA followed by HKS bd, TK OD, TGP 40 ml
22-12-2024	10 drops of SPSA followed by HKS bd, TK od, TGP 40 ml
23-12-2024	10 drops of SPSA followed by HKS bd, TK od, TGP 40 ml
24-12-2024	10 drops of SPSA followed by HKS bd, TK od, TGP 40 ml
25-12-2024	10 drops of SPSA followed by HKS bd, TK od, <i>Sarvaga Abhyanga</i> (SA) with <i>Moorchita Tila Taila</i> (MTT) od
26-12-2024	SA with MTT od followed by SV with <i>Gandharvahastadi Taila</i> 60 ml with 100 ml milk – 7 <i>Vegas</i> were attained
27-12-2024	<i>Jaluka Avacharana</i> in both eyes, There was a considerable reduction in conjunctival congestion, as well as a decrease

	in pricking pain, itching, and photophobia. The clarity of eyesight significantly increased <b>Discharge medication given were :</b> <i>Haridrakhandam</i> 1tsp with warm water in morning after food; <i>Arogyavardhini Vati</i> 1-0-1 after food; <i>Kushmanda Avaleha</i> 1tsp in the morning hours 1 hour prior to breakfast
07-01-2025	In 1 <sup>st</sup> follow-up of 10 days, the gelatinous limbus membrane was still persistent without tranta's spots. Complete alleviation of itching, redness, pricking sensation, heaviness of lids, ropy discharge and photophobia.
08/07/2025	After 6 months, the patient's eye appeared muddy white with slight gelatinous membrane around the limbus. Clinically, the patient remained completely asymptomatic.



**Figure-2 Jaluka Avacharana**

**Outcome:**

Signs and symptoms improved significantly. After *Seka* and *Aschyotana*, itching, watering, pricking sensation, photophobia, lid heaviness, and discharge were reduced notably. Post-*Jaloukavacharana*, eye redness also reduced. There was no recurrence of symptoms after follow-up. Vision improved in both eyes to 6/9 clear. However, due to long-term itching, there was residue astigmatism of -1.00 cyl in both eyes. Adverse effects and complications were not noted during the treatment and follow-up.



**Figure-3 After treatment**

**3. DISCUSSION**

*Kaphaja Abhishyanda* symptoms can be reduced using *Raktamokshana*, *Apatarpana*, *Aschyotana*, and *Seka*.

*Netra Seka* with *Haridra*, and *Yashtimadhu* helps to lower the inflammation. *Shigru Patra Swarasa Aschyotana* has an additional impact on *clinical situation*. *Shigru* having *Krimighna* and *Chakshushya Guna*, which helps in combating *Kapha* vitiation. It reduces *Kandu* and *Srava*. Flavonoids and isothiocyanates of *M. oleifera* reduce allergy and inflammation, helping in *Kapha Vilayana*. [5] *Haridra's*, Curcumin controls T-cell activation and proliferation, while curcuma inhibits neutrophil and prostaglandin production, which helps to reduce inflammation. [6] *Yashtimadhu* was the next prime, anti-allergic and IgE production inhibitory action of glycyrrhizin, 18-glycyrrhetic acid, isoliquiritin and liquiritigenin helps in reducing the symptoms of *Kaphaja Abhishyanda*. Because of the saponins, flavonoids, and alkaloids, it possesses antimicrobial qualities. The isoprenoid phenols prevent microbial development which in turn reduces secretions and itching. Retrochalcone and Glabridin, which have antioxidant properties, reducing tissue damage. [7] Even after the first session, symptoms reduced, and eyesight improved. *Haridra Ksheerapaka* is *Teekshna* and *Tikta Rasa*, useful in reducing *Vrana*, *Shotha*, *Krimi* and *Kapha-Pitta*. [8] *Shigru*, *Haridra*, *Yashtimadhu* will alleviate *Kapha* and

*Pitta* by which anti-inflammatory action was seen in the patient; itching, redness and discharge were reduced. [Figure 3]

Almost all ingredients in *Tiktaka Grita* have anti-inflammatory and antioxidant properties, which assist in reducing *Vata Kapha*. [9] For *Virechana with Gandharvahastadi Taila* was used as it does *Vata Kaphahara, Vatanulomana, Deepana* and *Sookshma Marganusari*. [10]

*Shodhana Kavala (Triphala, Haridra, Yashtimadhu, Saindhava)* helps in eliminating *Kapha dosha* from the *Pittasthana*, and enhances *Indriya Prasadana*. [11] *Triphala* and *Yashtimadhu* aid this process through their nourishing effects, while *Saindhava* in particular, hold *Chakshushya* qualities and help to liquefy and expel accumulated *Kapha dosha* by which patient had reduced ropy discharge gradually.

*Raktamokshanam* with *Jaluka* has a, b and c isoforms that treat allergy and inflammatory conditions by acting on the enzymes in mast cells. Leech also contains destabilase and chloromycetin, two important substances that support antibacterial activity, as well as antistasin, which has anti-inflammatory and anticoagulant characteristics, [12] by which *Rakta* and *Pitta* dosha were reduced.

Additionally, *Shamanaoushadis* plays a significant part in reducing the disease. *Haridrakhanda* with warm water. The majority of the ingredients are *Deepana* and *Pachana* in nature, stabilising the *Agni*. It also acts as *Rasayana, Jeevaniya, Balya, Brumhaniya, Ojovardhaka, Dhatuposhaka* and increases the *Vyadhi Kshamhamatva*. [13] *Arogyavardhini Vati* helps in

balancing all three doshas ingredients like *Haritaki* and *Vibhitaki* and *Amalaka* plays an important role as *Chakshushya* and antioxidant it also does the *Pachana* of *Drava* and *Kleda* and *Raktavardhana* and *Shodhana* thereby reducing the symptoms. [14]

As discharge medicine, *Kushmanda Rasayana* was given in which *Kushmanda* was the main component which is *Tridoshahara* in nature. Alonusenol and multiorenol, two triterpenes of the fruit of the *Benincasa hispida*, stabilised mast cells and may have inhibited the release of histamine caused by the antigen-antibody response. [15] As disease was of *Kapha* and *Pitta dosha* medicines used were *Kapha Pitta Hara* and *Stanika Chikitsa* like *Seka Aschyotana* and *Jalukavacharanam* [fig 2] were planned to subside the vitiated *dosha* and significant clinical results were observed before and after intervention [fig 1 and 3]. Timely interventions in such cases will help to revert the disease.

#### 4. CONCLUSION:

Vernal keratoconjunctivitis occurs on a seasonal basis and can be temporarily treated with corticosteroids, though Ayurvedic treatment has much better outcomes. Procedures like *Shodhanakarma, Kriyakalpas* and *Jalookavacharana* have shown the best results in resolving the disease even the *Rasayana* helped in preventing the recurrence of the disease along with proper follow-ups.

**Declaration of Patient Consent** – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to

safeguard their identity. However, complete anonymity cannot be assured.

**Patient perspective** - Initially, I experienced severe discomfort in my eyes, along with intense itching, irritation, and noticeable redness that was evident to others. However, after undergoing Ayurvedic treatment, I felt significant relief, all symptoms subsided, and there has been no recurrence of the condition, which gives me confidence and comfort.

**Authors Details:**

<sup>1</sup>Assistant Professor, Dept of Shalakyatantra, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India.

<sup>2</sup>Professor, Dept of Shalakyatantra, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India.

<sup>3</sup>Assistant Professor, SBG Ayurvedic Medical College and Hospital, Ganeshpur, Belagavi, Karnataka, India.

<sup>4</sup>PG Scholar, Dept of Shalakyatantra, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India.

**Authors Contribution:**

Conceptualization and clinical management: Dr. ABB, Dr. AA

Data collection and literature search: Dr. AA, Dr. RN

Writing – original draft: Dr. AA, Dr. AK

Reviewing & editing: Dr. AA, Dr. ABB

Approval of final manuscript: All authors

**Conflict Of Interest** – The authors declare no conflicts of interest.

**Source of Support** – The authors declare no source of support.

**Additional Information:**

Authors can order reprints (print copies) of their articles by visiting:

<https://www.akinik.com/products/2281/journal-of-ayurveda-and-holistic-medicine-jahm>

**Publisher's Note:**

Atreya Ayurveda Publications remains neutral with regard to jurisdictional claims in published maps, institutional affiliations, and territorial designations. The publisher does not take any position concerning legal status of countries, territories, or borders shown on maps or mentioned in institutional affiliations.

**REFERENCES:**

1. Kanski JJ, Bowling B, Nischal KK, Pearson A. Clinical ophthalmology: a systematic approach. Edinburgh: Elsevier/Saunders; 2011 chapter 5, pg 145
2. Khurana AK, Bhawna Khurana. Comprehensive ophthalmology. New Delhi; Philadelphia: Jaypee, The Health Sciences Publisher; 2015, 5th chapter, pg 83.
3. Dhiman K, Sharma G, Singh S. A clinical study to assess the efficacy of Triyushnadi Anjana in Kaphaja Abhishyanda with special reference to vernal keratoconjunctivitis. AYU (An International Quarterly Journal of Research in Ayurveda). 2010;31(4):466. doi: [10.4103/0974-8520.82044](https://pubmed.ncbi.nlm.nih.gov/22048541/)  
<https://pubmed.ncbi.nlm.nih.gov/22048541/>
4. Murthy k K. Srikantha. Susrutha Samhita, 2017th ed. Murthy k R. Srikantha, editor. Vol. 3. varanasi: Chaukhambha Orientalia; cited 2025 Feb 17
5. Abd Rani NZ, Kumolosasi E, Jasamai M, Jamal JA, Lam KW, Husain K. In vitro anti-allergic activity of Moringa oleifera Lam. extracts and their isolated compounds. BMC Complement Altern Med. 2019 Dec 11;19(1):361. doi: 10.1186/s12906-019-2776-1  
<https://bmccomplementmedtherapies.biomedcentral.com/articles/10.1186/s12906-019-2776-1>
6. M. Shende S. Antiallergic activity of curcumin. M. Shende S, editor. international journal of creative research thoughts & Research, [Internet]. 2020 Apr 4 [cited 2024 Oct 8];8(4):3741–4. Available from: [https://www.researchgate.net/publication/342762580\\_Antiallergic\\_activity\\_of\\_curcumin](https://www.researchgate.net/publication/342762580_Antiallergic_activity_of_curcumin)
7. Hasan MdK, Ara I, Mondal MSA, Kabir Y. Phytochemistry, pharmacological activity, and potential health benefits of Glycyrrhiza glabra. Heliyon [Internet]. 2021 Jun 7 [cited 2021 Dec 9];7(6):e07240. DOI: [10.1016/j.heliyon.2021.e07240](https://www.sciencedirect.com/science/article/pii/S2405844021013438)  
<https://www.sciencedirect.com/science/article/pii/S2405844021013438>
8. Acharya Shaha PV, Wadodkar, DS. ksheerapaka kalpana: an unique preparation of ayurveda. Shaha PV, editor. World Journal of Pharmacy and Pharmaceutical Sciences [Internet]. 2019 Aug 22 [cited 2025 Feb 17];8(9):435–40. Available from: [https://www.wjpps.com/wjpps\\_controller/abstract\\_id/11118](https://www.wjpps.com/wjpps_controller/abstract_id/11118)

9. Prabhu, Kailash & Ram, Mudiganti & Ram Krishna Rao, Mudiganti & Akhil, Kandakatla & Jayanti, S & Soniya, S & Kalaivanan, J & Ravi, Aparna & Dinakar, Shruti. (2020). The GC-MS study of one ayurvedic formulation tiktaka ghrita. Drug Invention Today. [https://www.researchgate.net/publication/341284708\\_The\\_GC-MS\\_study\\_of\\_one\\_ayurvedic\\_formulation\\_tiktaka\\_ghrita](https://www.researchgate.net/publication/341284708_The_GC-MS_study_of_one_ayurvedic_formulation_tiktaka_ghrita)
10. Athira.C, Ajay Bhat U. A Comparative Clinical Study on The Effectiveness of Rasona Taila And Gandharvahastadi Eranda Taila In Gridhrasi (Sciatica). International Journal of Ayurveda and Pharma Research. 2020;8(10):15-22. doi.org/10.47070/ijapr.v8i10.1632 <https://ijapr.in/index.php/ijapr/article/view/1632>
11. Pratima Kale, Chandana Virkar, Darunde Sandeep, Conceptual study importance of kavalagraha in mukharoga world journal of pharmaceutical and medical research wjpmr, 2020,6(6), 337-340. [https://www.wjpmr.com/home/article\\_abstract/2812](https://www.wjpmr.com/home/article_abstract/2812)
12. Sig AK, Guney M, Uskudar Guclu A, Ozmen E. Medicinal leech therapy—an overall perspective. Integrative Medicine Research [Internet]. 2017 Dec;6(4):337–43. DOI: [10.1016/j.imr.2017.08.001](https://pubmed.ncbi.nlm.nih.gov/29296560/) <https://pubmed.ncbi.nlm.nih.gov/29296560/>
13. Shreelakshmi S, Raju N. A Clinical Study to Evaluate the Efficacy of Haridrakhandha in the Management of Allergic Rhinitis in Paediatric Age Group. International journal of Ayurveda and pharma research. 2022 Sep 9;14–20. doi.org/10.47070/ijapr.v10i8.2488 <https://ijapr.in/index.php/ijapr/article/view/2488>
14. Pal S, Ramamurthy A, Mahajon B. Arogyavardhini Vati: A theoretical analysis. Journal of Scientific and Innovative Research. 2016 Dec 25;5(6):225–7. [https://www.researchgate.net/publication/336718310\\_Arogyavardhini\\_Vati\\_A\\_theoretical\\_analysis/citation/download](https://www.researchgate.net/publication/336718310_Arogyavardhini_Vati_A_theoretical_analysis/citation/download)
15. Yoshizumi s, murakami t, kadoya m, matsuda h, yamahara j, yoshikawa m. medicinal foodstuffs. xi. histamine release inhibitors from wax gourd, the fruits of benincasa hispida cogn. yakugaku zasshi. 1998;118(5):188–92. DOI: [10.1248/yakushi1947.118.5\\_188](https://pubmed.ncbi.nlm.nih.gov/9612135/) <https://pubmed.ncbi.nlm.nih.gov/9612135/>