

Case Report

Ayurvedic Management of Recurrent Diffuse Episcleritis: A Case Report

¹Sreekanth N Parameswaran, ²N Narayanan Namboothiri, ³Sreekala N P, ⁴*Basima A,

⁵Sumesh Soman, ⁶Krishnendu Sukumaran

ABSTRACT:

Background: Episcleritis, an acute inflammation of the episclera, is often managed with topical steroids and systemic anti-inflammatory drugs in conventional medicine, yet recurrence remains a challenge. The incidence of episcleritis is approximately 15.39 per 100,000 persons per year, with diffuse type being the most common. Ayurveda correlates episcleritis with *Sirajala*. **Clinical findings:** This case report describes the successful management of diffuse episcleritis in a 43-year-old female, presented with recurrent redness, mild pain, swelling, and tearing of the left eye since 2019, with increasing episode frequency. Slit-lamp bio microscopy revealed diffuse congestion of superficial episcleral vessels involving the entire visible sclera with chemosis. Key lab findings: Erythrocyte sedimentation rate (ESR) of 85 mm/hr, immunoglobulin E (IgE) at 380 IU/mL, and immunoglobulin G (IgG) at 22 g/L, antistreptolysin O (ASO) titers at 342.4 IU/mL. **Intervention:** Ayurvedic intervention included internal (*Guduchyadi kashayam*, *Sudarshana gutika* and *Haridra khandam*) and external therapies (*Seka*, *Vidalaka*, and *Jaloukavacharana*). The treatment was rationally designed to pacify aggravated *Pitta-Kapha*, regulate *Vata*, normalize *Rasa-Rakta Dhatus* and address the root cause of recurrent *Sirajala* (episcleritis). **Outcome:** Following the interventions, redness, pain, tearing, and chemosis/swelling resolved completely, with no recurrence observed during a 20-month follow-up period. Visual acuity and intraocular pressure, remained stable. Visual Analogue Scale (VAS) score for pain reduced from 4 to 0 and Vision, Inflammation, Strabismus, Appearance (VISA) score for chemosis reduced from 1 to 0 by discharge. Redness (Efron scale) and tearing (Munk scale) also became Zero. **Conclusion:** This case highlights the efficacy of Ayurvedic interventions in addressing the root cause of episcleritis (correlated with *Sirajala* in Ayurveda), offering a potential alternative for recurrent cases. The therapies rationally pacified aggravated *Pitta-Kapha*, regulated *Vata* and normalized *Rasa-Rakta dhatus*. Internal medicines reduced inflammation, while external therapies helped prevent recurrence by pacifying local and systemic *Dosha-Dhatu* imbalance.

KEYWORDS: Case report, diffuse episcleritis, *jalouskavacharana*, *sirajala*, *seka*, *vidalaka*

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Corresponding Author Email:

drbasimaa8@gmail.com

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1. INTRODUCTION

Episcleritis (ICD-10: H15.102) is an acute, self-limiting inflammation of the episclera, a thin vascular layer between the conjunctiva and sclera. It presents as unilateral or bilateral redness, mild discomfort, and occasionally swelling, with normal visual acuity and minimal photophobia or discharge. Predominantly idiopathic, it may be associated with collagen vascular diseases, autoimmune conditions, or infections. Types of episcleritis include diffuse, sectoral or nodular. The incidence of episcleritis is approximately 15.39 per 100,000 persons per year, with diffuse type being the most common (nearly 70 % of cases). [1] Women are affected twice as often as men, with conventional treatment relying on topical steroids or systemic indomethacin for severe cases. [2] However, recurrence poses a significant challenge.

Ayurveda correlates episcleritis with *Sirajala*, characterized by net-like veins (raised vascular network), hardness, and redness on the episcleral tissue. [3, 4] The *Samprapthi* (pathogenesis) involves aggravated *Pitta* and *Kapha* due to *Vidahi ahara* (pickle consumption) and *Vihara* (prolonged heat exposure) vitiating *Rasa-Rakta Dhatus*, leading to *Sirajala* (net-like vascular congestion). Subsequent *Vata* involvement causes pain and recurrence.

This case's uniqueness lies in applying Ayurvedic intervention- *Seka*, *Vidalaka*, and *Jaloukavacharana*- to manage recurrent diffuse episcleritis, rarely reported in Ayurvedic literature. This case demonstrates complete symptom resolution without recurrence at regular follow-up, achieved through a holistic approach targeting *Tridosha* and *Rasa, Rakta Dhatu* imbalances.

2. CASE REPORT

Patient information: The patient, a 43-year-old non-diabetic, non-hypertensive female, first noticed symptoms of redness, mild pain, swelling, and tearing in the left eye in August 2019 while working in a pickle-making company involving prolonged heat exposure. The symptoms worsened in the evening, and during rest, in hot climates, and after a febrile episode treated with antibiotics. Due to

aggravation of symptoms, she left that job and later worked as a chapatti artisan in 2021. Past medical history included measles in childhood, COVID-19 in 2020, and laparoscopy for uterine cysts in 2015. Her mother had hypertension. She had received repeated allopathic treatment with oral steroids (Wysolone 10 mg), analgesics (Meftal Forte), and eye drops, which provided only temporary relief, with recurrences becoming more frequent (from every 6 months to every 2 months). She sought Ayurvedic care in January 2023 after a relapse following antibiotic use for fever.

Clinical Findings: On examination (20 February 2023), unaided distant visual acuity was Log MAR 0.00 (6/6) in both eyes, with near vision N6 bilaterally. The left eye showed conjunctival swelling (chemosis), redness and congestion of superficial episcleral vessels. Pupillary reflexes were normal bilaterally, with no relative afferent pupillary defect. Intraocular pressure (IOP) was 16 mmHg (right eye) and 19 mmHg (left eye). Schirmer's test revealed 4 mm (right eye) and 30 mm (left eye). Slit-lamp bio microscopy revealed diffuse congestion of superficial episcleral vessels involving the entire visible sclera with chemosis.

Laboratory investigations showed an elevated erythrocyte sedimentation rate (ESR) of 85 mm/hr (normal <20), raised immunoglobulin E (IgE) at 380 IU/mL, and immunoglobulin G (IgG) at 22 g/L, antistreptolysin O (ASO) titers at 342.4 IU/mL. Rheumatoid factor (RF) was negative. C-reactive protein (CRP) was within normal limits (0.3 mg/dL). These findings suggested a mild systemic inflammatory tendency. All basic investigations (Complete blood count (CBC), Bleeding time (BT) and Clotting time (CT)) were within normal limits.

Ayurvedic Examination (Dashavidha Pareeksha): *Prakruthi* (constitution): *Pitta kapha*, *Vikruti hetu* (vitiated factors) include the following: *Ahara* (food): *Pittakaphakara* (food which aggravates *Pitta* and *Kapha Dosha*), *Vihara* (regimen): *Virudhahara sevana* (intake of incompatible food), *Manasika* (psychic factor): *Chinta* (overthinking), *Dosha*: *Pitta, Kapha, Dushya* (aggravated tissues): *Rasa* (plasma),

Rakta (blood), *Desha* (place): *Anupa* (marshy land), *Sara* (essence): *Rasa*, *Rakta*, *Samhanana* (compactness of the body): *Madhyama* (moderate), *Satva* (psych): *Madhyama*, *Satmya* (habit): *Sarvarasasatmya* (favorable to all tastes),

Bala (strength): *Madhyama*, *Pramana* (proportion and measurement): *Madhyama*, *Aharasakti* (digestive power): *Madhyama*, *Vyayamasakti* (capability to carry out physical activities): *Madhyama*, *Vaya* (age): *Madhyama*. [5]

Table 1: Timeline of events

Year	Incidence
02/08/2019	Onset of left eye redness, mild pain, swelling; diagnosed with episcleritis; treated with allopathic steroids and eye drops (temporary relief).
08/03/2020 - 16/01/2023	History of recurrent episodes, with the interval between attacks decreasing from six months to approximately two months.
17/01/2023	First OPD visit at the hospital; started Ayurvedic treatment.
23/01/2023	Fever, antibiotic use; relapse of eye symptoms.
20/02/2023	OPD consultation; advised inpatient treatment.
08/03/2023- 21/03/2023	14-day inpatient Ayurvedic treatment.
04/05/2023	First Follow-up; no recurrence, advised to discontinue oral medicines and continue Sunetra eye drops.
10/07/2023 - 08/01/2024	Regular follow-ups at two-month intervals; No recurrence; continued Sunetra eye drops (Proprietary medicine- Sreedhareeyam) for dryness in the right eye.
Regular follow-up until November 2024: no recurrence observed, no steroidal medications post-IP.	

Diagnostic testing: Slit-lamp bio microscopy revealed diffuse congestion of superficial episcleral vessels. Unaided visual acuity was Log MAR 0.00 (6/6) both eyes.

Diagnostic challenges: Based on clinical findings, the provisional diagnosis was episcleritis, correlated with *Sirajala* in Ayurveda due to symptoms like redness

(*Sarakta*), net-like veins (*Jalabha*), and episcleral involvement. [3] Scleritis was ruled out due to the absence of severe pain, vision loss, or scleral thinning. [6] Diffuse episcleritis was confirmed based on the clinical features: Episcleral congestion associated with redness and chemosis of spreading nature, lacrimation, and normal visual acuity.

Table 2: Differential diagnosis

Disease	Differentiating features	How excluded/ reason for consideration
Episcleritis (Primary diagnosis)	Mild pain, normal visual acuity, diffuse redness involving superficial episcleral vessels, chemosis, no scleral thinning	Confirmed based on the clinical features: diffuse congestion of superficial episcleral vessels, mild pain, chemosis, normal visual acuity.
Conjunctivitis [1]	An acute red eye with itching/burning and photophobia. Contagious.	Absence of itching/burning and photophobia. Episcleral vessel involvement.
Scleritis [6]	Severe boring pain, vision impairment, scleral thinning	Mild pain, normal visual acuity, no thinning on slit-lamp.

Prognosis: Episcleritis generally carries a good prognosis as a self-limiting condition, but recurrent diffuse cases can be challenging due to frequent flares and potential association with systemic inflammation. [1]

Therapeutic intervention: The patient underwent 14 days of inpatient Ayurvedic treatment focusing on normalizing *Agni* (digestive fire) and pacifying *Tridosha* and *Rasa*, *Rakta* *Dhatus*. Interventions include the following:

Table 3.a: Oral Medicines

Oral Medicines	Company and batch number	Dosage	Anupana	Time	Duration
<i>Guduchyadi Kashayam</i> [7, 8]	Sreedhareeyam/GLXS-12	60ml	Lukewarm water	Twice daily before food	20/02/23- 20/03/23
<i>Sudarshana gutika</i> [9,10]	Sreedhareeyam/SDXS-9	1 tablet	Lukewarm water	Twice daily, post-food	20/02/23- 20/03/23
<i>Haridra khandam</i> [11]	Sreedhareeyam/HKXS-12	1 tsp	Lukewarm water	Twice daily, post-food	20/02/23- 20/03/23

Table 3.b: External therapies [13]

External Therapy	Medicine	Company and batch number	Procedure	Time	Duration
<i>Seka</i>	<i>Mrdhwikadi</i> <i>Kvatha</i> [12]	Freshly prepared	30ml of the decoction was poured over both eyes (Closed)	Morning & Evening	12 days 10/03/23 - 21/03/23
<i>Vidalaka</i>	<i>Mukkadi gutika</i> <i>Karuthavettu</i> <i>gutika</i>	Sreedhareeyam/MIXS-6 Sreedhareeyam/KVXS-7	Make a paste with pure water by mixing ingredients, smear it over piece of gauze. Keep it over both eyes (closed) daily once for an hour.	Morning	13 days 09/03/23 - 21/03/23
<i>Shodhana</i> (purification therapies)					
<i>Sadyo Virechana</i>	<i>Avipathy choornam</i> (10g)	Sreedhareeyam/CHAVXS-4	10g of <i>Avipathy choornam</i> with hot water was given as a part of therapeutic purgation. Recorded the number of urges. (6 Vegas)	Morning	1 day 11/03/23
<i>Jaloukavacharana</i> - (Fig. 1)			The <i>Jalouka</i> (leech) was immersed in turmeric solution until it attained motility. Then it was kept on the side of left eye and made to suck impure blood. The leech is then removed when the patient feels pain or itching. The approximate quantity of blood drained per session was 5 – 8 ml.	Morning	2 days 14/03/23, 17/03/23



Fig. 1: *Jaloukavacharana* procedure during inpatient management

3. OUTCOME AND FOLLOW-UP

The patient demonstrated significant improvement during the 14-day inpatient treatment. Subjective symptoms were quantified using standardized scales, showing a complete resolution of redness (Efron scale: from 4 to 0), pain (Visual Analogue Scale: from 4 to 0), tearing (Munk scale: from 2 to

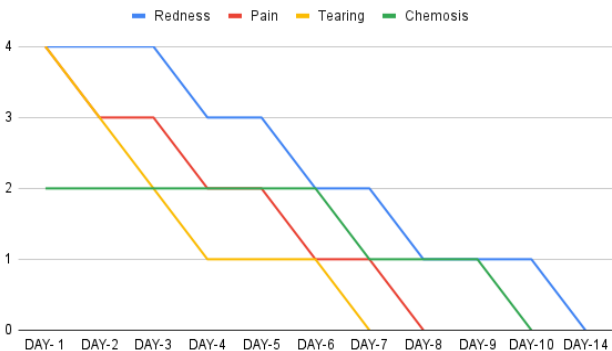
0), and chemosis (VISA (Vision, Inflammation, Strabismus, Appearance) score: from 1 to 0) by the day of discharge (Graph 1, Table 4). Clinical examination at discharge confirmed the resolution of episcleral hyperemia and chemosis (Fig. 2 a - f). Throughout the treatment, the patient's visual acuity (Log MAR 0.00) and intraocular pressure remained stable. At the two-month follow-up visit (04-May-2023), a marked improvement in tear function was noted. The Schirmer's test values normalized, increasing from 4mm to 10mm in the right eye (indicating resolution of dryness) and decreasing from 30 mm to 12 mm in the left eye (indicating resolution of hyper lacrimation). At this

point, all oral medications were discontinued, and the patient was advised to continue using Sunetra eye drops. The patient was followed regularly for a period of 20 months post-discharge, with the final follow-up conducted in November 2024. During this entire period, no recurrence of episcleritis was observed, and the patient did not require any conventional steroidal medications.

Table 4: Before treatment vs. after treatment

Parameter	Before treatment (BT) - 08/03/23	After treatment (AT) - 21/03/23
Redness (Efron)	4	0
Pain (VAS)	4	0
Tearing (Munk)	2	0
Chemosis (VISA)	1	0

Redness, Pain, Tearing and Chemosis



Graph 1: Redness, pain, tearing, and chemosis over time. Redness was assessed using the Efron scale for conjunctival hyperemia; [14] pain using the Visual Analogue Scale (VAS); [15] tearing using the Munk scale for epiphora; [16] and chemosis using the VISA (Vision, Inflammation, Strabismus, Appearance) score. [17]

Adherence and Tolerability:

The patient showed good compliance with the treatment protocol, consistently taking all prescribed medications and attending every scheduled follow-up. Adherence and tolerability were evaluated through regular follow-up visits (every 2 months), the patient’s self-reports at each appointment, and a review of medical records and medication logs.



Fig. 2 a. On admission (08/03/23): Left eye exhibited significant redness, chemosis, and tearing; b. Day 4: Mild reduction in redness on the lateral sclera; c. Day 6: Decreased redness and tearing. d. Day 8: Further reduction in redness and chemosis. e. Day 10: Marked reduction in redness and chemosis; f. on discharge (21/03/23): Redness, chemosis, and tearing fully resolved.

Adverse and Unanticipated Events:

The patient did not experience any difficulties with the medication or report any significant side effects during the entire treatment period.

4. DISCUSSION

This case demonstrates the efficacy of Ayurvedic interventions in managing recurrent episcleritis, correlated with *Sirajala* (NAM code_HD-9). There are already published case reports on episcleritis correlated with *Sirajala* as per Ayurveda, where treatment aimed at pacifying vitiated *Doshas* (*Pitta-Kapha-Vata*) and *Rasa-Rakta Dhatus*. [4, 18] Previous Ayurvedic case reports on episcleritis have shown benefits with similar therapies (e.g *Seka*, *Vidalaka*), but *Shodhana* with *Jaloukavacharana* is less documented. Ayurvedic assessment revealed *Tridosha* involvement: *Pitta Dosh*a, primarily aggravated in the

Kostha due to *Vidahi Ahara* (pickle consumption) and *Vihara* (prolonged exposure to a hot climate), disrupted the nourishing quality of *Kapha Dosha*. This imbalance subsequently led to *Vata* aggravation (*Pitta-Kapha-Vata* sequence), along with *Rasa* and *Rakta Dhatu* vitiation, resulting in episcleral inflammation (Diagram-1). [3, 5] This interpretation is consistent with the patient's elevated inflammatory markers (ESR, ASO) and allergic markers (IgE), which suggest an underlying systemic inflammatory state affecting the *Rakta Dhatu*.

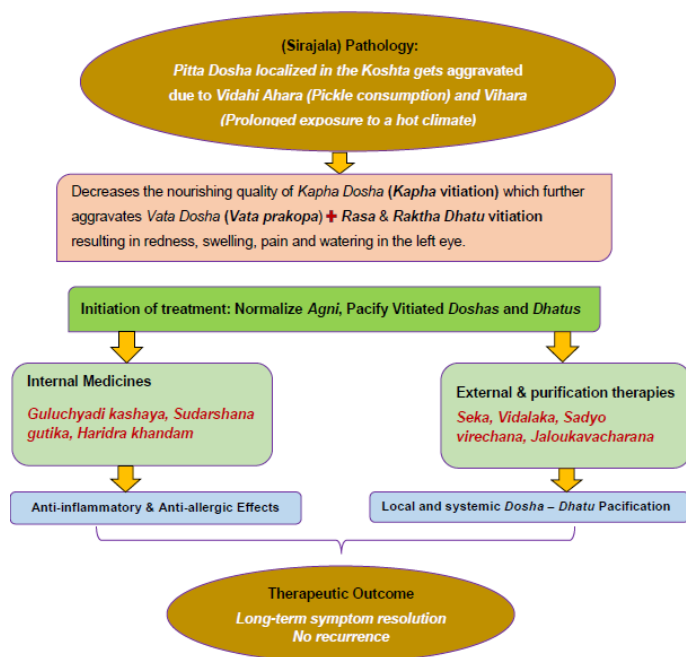


Diagram 1 - Flowchart depicting the mode of action of internal and external Ayurvedic treatments in managing episcleritis (Sirajala), showing how they address Tridosha imbalance, vitiated Dhatus, and associated complications.

The 14-day inpatient treatment focused on normalizing Agni (digestive fire) and pacifying the vitiated *Tridosha* (*Pitta*, *Kapha*, *Vata*) and *Dhatus* (*Rasa*, *Rakta*). Internal medicines-*Guluchyadi Kashayam*, [7, 8] *Sudarshanam Gutika*, [9, 10] and *Haridra Khandam* [11]-provided anti-inflammatory and anti-allergic effects, addressing the aggravated *Pitta* in the *Kostha* and stabilizing *Kapha* while grounding *Vata* through their nourishing properties (Table-3.a). [11] *Seka* with *Mridwikadi Kvatha* pacified *Ama* and *Pitta* locally, enhancing circulation to balance *Vata* and reduce inflammation. [12, 19] *Vidalaka*, using *Mukkadi*

Gutika and *Karuthavettu Gutika*, targeted *Pitta* and *Rakta*, alleviating redness and swelling, and restored *Kapha*'s nourishing quality by reducing local congestion. [13, 20] *Sadyovirechana* (Therapeutic Purgation without planned oleation and sudation) with *Avipathy Choornam* eliminated vitiated *Pitta* and *Kapha* from the *Kostha*, supporting *Vata* regulation through improved digestion. [21] *Sadyo Virechana* was chosen in this case considering the predominant *Pitta-Kapha* vitiation with moderate *Bala* of the patient. Classical *Shodhana* procedures involving *Snehana* (Oleation) and *Swedana* (Sudation) were avoided due to the ocular condition and to prevent possible aggravation of local inflammation. *Jaloukavacharana* removed vitiated *Rakta*, relieving local tension to balance *Vata* and promote tissue nourishment, with significant reduction in tearing after the first session (Table-3.b). [13] The Ayurvedic approach addressed the root-cause, as described in *Charaka Samhita sutra sthana*, which states that vitiated *doshas* eliminated by *Shodhana* (purification) therapies do not recur, [22] resulting in complete resolution of scleral congestion associated with redness, mild pain, tearing, and chemosis.

Strengths: The primary strength lies in the comprehensive application of *Sodhana* (purification) and *Samana* (pacification) therapies, which effectively prevented recurrence for 1 year and 8 months—a marked improvement over the patient's history of frequent relapses with allopathic treatment. The discontinuation of steroids post-treatment highlights Ayurveda's potential to manage inflammatory conditions without conventional drugs, reducing associated adverse effects.

Limitations: The single-case design limits generalizability. The synergistic effect of the multiple interventions makes it impossible to attribute the outcome to any single therapy. Larger, controlled studies are warranted to substantiate these results.

5. CONCLUSION

The diagnosed condition was chronic and recurrent diffuse episcleritis (correlated with *Sirajala*) with a history of 4

years duration (onset in August 2019) and increasing frequency of episodes from every 6 months to every 2 months prior to Ayurvedic intervention. The treatment included *Shodhana (Sadyo Virechana with Avipathy choornam* producing 6 *vegās* of purgation and *Jaloukavacharana* for *Rakta shodhana*), *Shamana* therapies (internal medicines: *Guduchyadi Kashayam*, *Sudarshana Gutika*, and *Haridra Khandam* for *Tridosha pacification*), and external procedures (*Seka* with *Mridwikadi Kvatha* and *Vidalaka* with *Mukkadi* and *Karuthavettu Gutika*). *Pathyapathya* (wholesome and unwholesome diet and lifestyle) was strictly advised, including avoidance of *Vidahi ahara* (spicy and fermented foods like pickles), heat exposure, and mental stress (*Chinta*); the patient was counselled to follow a *Pitta-Kapha* pacifying diet with emphasis on (*Laghu Sita- Ahara*) easily digestible and cooling foods. No Yoga therapy was prescribed in this case. The inpatient treatment course lasted for 14 days (from 08/03/2023 to 21/03/2023). The patient was followed up regularly for a period of 20 months post-discharge (until November 2024). No adverse effects or unanticipated events were observed during the treatment or follow-up period. No incidental findings were noted during the course of management.

Key findings: Rapid resolution of all subjective and objective parameters and long-term prevention of recurrence without the need for steroids.

Key message: This case highlights the potential of a holistic Ayurvedic approach in addressing *Tridosha* and *Dhatu* imbalances, offering a safe and effective steroid-free alternative for managing recurrent ocular inflammatory conditions.

Patient Perspective – “Since 2019, my left eye was constantly red, painful, swollen, and watery. These flare-ups were happening more often and getting worse, making it hard for me to work or go about my day. I tried using steroid eye drops and other regular medicines, but the redness and pain always came back. Everything changed when I tried Ayurveda. I felt much better after just a few days, and by the end of two weeks, all my eye problems were completely gone. I’m so happy that I don’t have to use steroids anymore. It has been over a year and a half, and my eye still feels

great. The best part is that this treatment didn’t just fix my eye; it made me feel healthier in general without any bad side effects”.

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.

Authors Details:

¹Chief Medical Officer, Sreedhareeyam Ayurvedic Eye Hospital and Research Centre, Sreedhareeyam Ayurvedic Research and Development Institute, Nelliakkattumana, Kizhakombu PO, Koothattukulam-686662. Ernakulam, Kerala, India.

²Chief Physician, Sreedhareeyam Ayurvedic Eye Hospital and Research Centre, Sreedhareeyam Ayurvedic Research and Development Institute, Nelliakkattumana, Kizhakombu PO, Koothattukulam-686662. Ernakulam, Kerala, India.

³Deputy Chief Physician, Sreedhareeyam Ayurvedic Eye Hospital and Research Centre, Sreedhareeyam Ayurvedic Research and Development Institute, Nelliakkattumana, Kizhakombu PO, Koothattukulam-686662. Ernakulam, Kerala, India.

^{4*}Research Officer, Sreedhareeyam Ayurvedic Research and Development Institute, Nelliakkattumana, Kizhakombu PO, Koothattukulam-686662. Ernakulam, Kerala, India.

^{5, 6}Research Coordinator, Sreedhareeyam Ayurvedic Research and Development Institute, Nelliakkattumana, Kizhakombu PO, Koothattukulam-686662. Ernakulam, Kerala, India.

Authors Contribution:

Conceptualization and clinical management: NPS, NN, NPS

Data collection and literature search: AB, KS

Writing original draft: AB

Reviewing and editing: SNP, KS, SS, NN, NPS

Approval of final manuscript: All authors

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Declaration of Generative AI

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