

MANAGEMENT OF SCLERITIS THROUGH AYURVEDA - A CASE REPORT

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ABSTRACT

Scleritis is more associated with systemic disease although it can be idiopathic. Symptoms include pain, redness, photophobia, and lacrimation, while signs vary based on the type of scleritis. Scleritis may be correlated with *Sirotpāta*, in which red lines on the sclera are associated with pain, burning sensation, and slight or no swelling, lacrimation, and thickening. *Sirotpāta* when untreated leads to *Sirāharṣa* in which the person loses vision. The management of *Sirotpāta* is along the lines of *Raktaja Abhiṣyanda*. Treatment of *Sirotpāta* involves both *Śodhana Cikitsa* (purification) and *Kriyākalpa* (ocular therapy). The case of a 39-year-old female who presented with pain, redness, photophobia, and swelling is presented here. The patient was managed using *Āyurveda*, after which she showed signs of improvement.

Keywords: Scleritis, *Sirotpāta*, *Śodhana*, *Kriyākalpa*

INTRODUCTION

Sclera is the opaque posterior five sixths of the outer fibrous coat of the eyeball. Inflammation of the sclera is known as scleritis. Based on site of inflammation Watson and Hayreh have classified scleritis into anterior scleritis and posterior scleritis. Anterior scleritis is subdivided into four: diffuse anterior scleritis, nodular anterior scleritis, necrotizing anterior scleritis with inflammation, and necrotizing anterior scleritis without inflammation, which is also known as scleromalacia perforans. ⁽¹⁾ The common symptoms of scleritis are pain, redness, photophobia, lacrimation, and occasional diminution of vision. ⁽²⁾ Non-infectious scleritis can either occur in isolation or associated with other systemic inflammatory conditions. Scleritis, if left untreated, can lead to peripheral keratitis, uveitis,

cataract, glaucoma, and even blindness. Even though corticosteroids (topical drops and local injections) are effective in treating ocular inflammation, the side effects of these often impede long-term use. ⁽³⁾ Scleritis may be correlated with *Sirotpāta* according to *Āyurveda*. *Sirotpāta*, a *Raktaja Vyadhana Sādhyā Netra Roga* (eye disease curable by venesection), is a *Sarvagata Roga* as per *Ācārya Suśruta* ⁽⁴⁾ and a *Śuklagata Roga* as per *Ācārya Vāgbhaṭa*. ⁽⁵⁾ *Ācārya Āḍhamalla*, in the *Dīpikā* commentary of *Śārṅgadhara Samhitā*, explains the word *Utpāta* in *Sirotpāta* as an *Upadrava* (complication) of increased *Doṣās* in the body. *Ācārya Suśruta* explains *Sirotpāta* as the condition in which the eye is afflicted with painful or painless copper-red streaks that eventually

disappear. According to *Ācārya Vāgbhaṭa*, the *Śuklamanḍala* (sclera) becomes full of red lines associated with burning sensation, pain, and slight or no swelling, lacrimation, and thickening.⁽⁶⁾ The management employed for *Raktaja Abhiṣyanda* is used to treat *Sirotpāta*. Strong *Gaṇḍūṣa* (gargle), *Nāvana* (errhine), and *Upavāsa* (fasting) are performed in the initial stage of *Abhiṣyanda*. *Sneha* (unction) followed by *Virecana* (purgation) should be done after *Vyadhana* (venipuncture); in case of pain, *Jalaukāvacaṛaṇa* (leeching) should be done.⁽⁵⁾

Case Report

Presenting Complaints

A 39-year-old non-diabetic and non-hypertensive female advocate based in Bangalore presented with pain, redness, swelling, and photophobia in her left eye since February 2018 associated with flashes of light in her right eye since one month. Details of her visual examination is given in **Table 1** and external examination in **Table 2**.

The symptoms of her left eye started suddenly. She consulted an ophthalmologist, who suspected viral conjunctivitis and prescribed fluorometholone (FML)

eye drops. She used the drops for one week and the symptoms completely reduced in 10 days. The symptoms reoccurred in the left eye after 21 days. Tobra drops (Tobramycin- anti-biotic drops) were prescribed to her, but no change was observed. She consulted another ophthalmologist, who prescribed Predforte steroid eye drops. Symptoms reduced initially, but recurred upon tapering the dosage to 1 drop. The patient was then prescribed Loteprednol, which she continued from March 2018 to July 2018. She consulted at Sreedhareeyam's Bangalore OP in July 2018 and was prescribed *Āyurvedic* medicines. She discontinued the steroid eye drop after one week and symptoms did not occur in the month of August 2018. In the first week of September, she experienced redness and pain in her left eye associated with flashes of light in her right eye. She used Predforte eye drops in her left eye for one week. Now, she complains of mild blurring of vision in both eyes and frequent flashes of light in her right eye.

Her past history revealed low back pain after delivery and polycystic ovarian disease (PCOD). All family members do not report similar complaints. Her personal history was also within normal limits.

Figure 1: Patient's right eye at the time of admission



Figure 2: Patient' right eye on day 4



Table 1: Visual Examination of the patient when she got admitted to the hospital

Parameter	OD (Right Eye)	OS (Left Eye)
Distant Visual Acuity	6/6-2	6/12
Near Visual Acuity	N6	N6
Pneumatic Tonometry	12mmHg	11 mmHg
Schirmer-I Test	20mm	15mm

Table 2: External Examination of the eyes at the time of admission

Structure	OD	OS
Lids	Normal	Swollen
Sclera	Clear	Congested
Cornea	Clear	Clear
Pupillary Reaction	Reactive	Reactive

Based on the above findings, the patient was diagnosed with scleritis.

Therapeutic Intervention

The patient was admitted in Sreedhareeyam Ayurvedic Eye Hospital on September 21st, 2018 and the following treatments were administered (**Table 3**):

Table 3: Description of treatment procedures done in the hospital

Date	Treatment
Day 1	<p>Internal Medicines</p> <ul style="list-style-type: none"> • <i>Amṛtottaram Kaṣāya</i>: 60mL twice a day before food • <i>Triphala Guggulu</i>: 1 tablet along with <i>Kaṣāya</i> • <i>Haridrā Khaṇḍa</i>: 1 tsp. at bedtime • <i>Sudarśanam Tablet</i>: 2 tablets twice a day after food • <i>Avipattikara Yoga</i>: 1 tsp with hot water at bedtime • <i>Paṭolakaṭurohiṇyādi Kvātha</i>: 60mL twice a day before food • <i>Bilvādi Guṭikā</i>: 1 tablet along with <i>Kvātha</i> <p>External Therapies:</p> <ul style="list-style-type: none"> • <i>Tala</i> with <i>Nimbāmṛtādi Eraṇḍa</i>, <i>Kaccūrādi Cūrṇa</i>, and <i>Karuttuvāṭṭu Tablet</i> • <i>Seka</i> with <i>Kāśyapam Kaṣāya</i> over closed eyes • <i>Seka</i> with <i>Mṛdvīkādi Kaṣāya</i>. • <i>Netrāmṛtam</i>: 1 drop in both eyes
Day 2	<p>Pañcakarma Treatments:</p> <ul style="list-style-type: none"> • <i>Śamana Snehapāna</i> with <i>Paṭolādi Ghrta</i> <p>External Therapies: Same as Day 1</p>
Day 4	<p>External Therapies</p> <ul style="list-style-type: none"> • <i>Piṇḍī</i> with <i>Mukkādi Guṭika</i> and <i>Karuttuvāṭṭu Guṭika</i> • <i>Añjana</i> with <i>Nayanabindu</i>: 1 drop in the left eye • Eye Plus Eye Drops: 1 drop every hour in the left eye and twice a day in the right eye
Day 5	<p>Internal Medicines</p> <ul style="list-style-type: none"> • <i>Amṛtottaram Kaṣāya</i>: 60mL twice a day at 10am and 4pm • <i>Paṭolakaṭurohiṇyādi Kvātha</i>: 60mL at 6pm • <i>Bilvādi Guṭikā</i>: 1 tablet along with <i>Kvātha</i>
Day 7	<p>External Therapies</p> <ul style="list-style-type: none"> • <i>Purampaḍa</i> with <i>Mukkādi</i> and <i>Karuttuvāṭṭu</i>.
Day 10	<p>Pañcakarma Treatments:</p> <ul style="list-style-type: none"> • <i>Virecana</i> with <i>Tṛvṛt Lehya</i> (20g) and <i>Triphala Cūrṇa</i> (60mL) <p>External Therapies:</p> <ul style="list-style-type: none"> • <i>Nāḍī Sveda</i> and <i>Kaṭī Picu</i> • <i>Śirodhāra</i> with <i>Mañjiṣṭhādi Kvātha</i>

Day 13	<p>Internal Medicines</p> <ul style="list-style-type: none"> • <i>Amṛtottaram Kaṣāya</i>: 60mL twice a day before food <p>External Therapies:</p> <ul style="list-style-type: none"> • Eye Plus Eye Drops: 1 drop every 3rd hour • <i>Nayanabindu</i>: twice a day in the left eye
Day 15	<p>Pañcakarma Treatments:</p> <ul style="list-style-type: none"> • <i>Mātrā Basti</i> with <i>Dhānvantara Taila</i> and <i>Sahacarādi Taila</i> after <i>Virecana</i> <p>External Therapies:</p> <ul style="list-style-type: none"> • <i>Kaṭī Picu</i> with <i>Koṭṭamcukkādi Taila</i> and <i>Muriveṅṅa</i>.

Outcome Measures:

The patient’s vision was assessed and evaluation for redness and swelling was done.

Visual Examination

1. Vision remained the same (6/6 OD and 6/12 OS).
2. IOP was 12mmHg OD and 11mmHg OS.

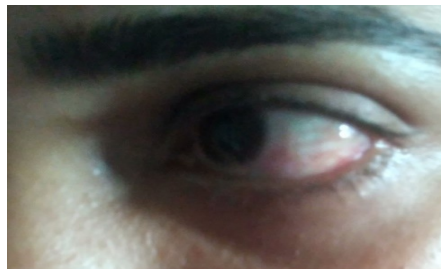
External ocular examination

1. Swelling in the eyelids reduced completely
2. Redness of the sclera markedly reduced **(Figure 3)**

Patient’s Feedback

1. Sensitivity to light (photophobia) and flashes of light (photopsia) reduced.

Figure 3: Patient’s left eye on the last day of treatment



Advise at the time of discharge:

Table 4: Details of medicines prescribed at the time of discharge

SL No	Treatment	
1	<i>Netrāmṛtam</i> eye drops	One drop in each eye three times a day
2	Eye Plus eye drops	One drop both eyes twice daily
3	<i>Amṛtottaram Kaṣāya</i> + <i>Varaṇādi Kaṣāya</i> + <i>Triphala Guggulu</i>	10 ml of each <i>Kaṣāya</i> to 40ml of boiled and cooled water with one powdered tablet twice a day before food
4	<i>Sudarśanam</i> Tablet	1 tablet twice daily after food
5	<i>Haridrā Khaṇḍa</i>	1 teaspoon in hot water twice daily

Patient was asked to refrain from activities that would strain her eyes and not to sprinkle /pour water directly over the eyes.

DISCUSSION

The eye is the most important among the sense faculties. It consists of a set of intimately-related components that work in concert to ensure proper vision. Any derangement in any of these components not only

results in diminished vision, but also non-ocular symptoms such as pain, redness, photophobia, and lacrimation. The clinical features of scleritis include pain, redness, and mild-to-moderate photophobia, lacrimation, and swelling.

This patient's condition was differentially diagnosed between *Sirotpāta*, *Sirāharṣa*, and the four varieties of *Abhiṣyanda*. A diagnosis of *Sirotpāta* was made as the majority of the patient's symptomatology, viz., pain, redness, and swelling, fit the description of that condition. *Abhiṣyanda* was excluded because all the symptoms did not fit the descriptions seen in each variety of *Abhiṣyanda*.

Pañcakarma is indicated in *Netra Roga* (eye diseases) to prevent *Ūrdhva Prasṛta* (upward movement) of *Doṣas*. In scleritis, the initial *Pācana* (digestion) reduces redness, swelling, pain, and other features seen in *Āmāvastha*. *Snehana* (unction) loosens the adherent *Doṣā* and further reduces pain and redness. With *Virecana* (purgation), the morbid *Pitta* and *Kapha* are expelled through the anal route, thus pacifying increased *Rakta* (blood). Also, as the medicines used in *Virecana* are cooling, they further bring down *Pitta* and *Kapha*. This helps in bringing down the symptoms and signs.

Paṭolādi Ghr̥ta relieves *Kapha* and *Pitta*, which causes *Rakta* (blood) to pathologically increase. The medicines used for *Virecana*, viz., *Tṛvṛt Lehya* and *Triphalā Cūrṇa*, also pacify *Pitta* and *Kapha*. In the case of *Netra Roga*, the *Śodhana* procedures prevent upward movement of pathological *Doṣās* (humors). *Mañjiṣṭhādi Kvātha* is indicated in all *Raktaja Vikārās* (diseases due to vitiated blood), and hence, cools the head down.

Kriyākalpa procedures such as *Seka* (irrigation over closed eyes), *Pinḍī* (poultice over closed eyes), and *Biḍālaka* or *Purampaḍa* (paste over closed eyes) subside swelling, pain, and redness of the eyes by their unique pharmacological actions. *Seka* or irrigation is poured in a *Sūkṣma Dhāra* (smooth flow) from a height of 4 *Aṅgula* over closed eyes. Thus, it modifies tissue pathology and enables faster mobilization of toxins. It exerts more bioavailability and tissue absorption rate as it comes in direct contact with the eyelid. *Mṛdvīkādi Kvātha*, by its *Śīta Vīrya* (cold potency), pacifies *Pitta* and *Rakta*.⁽⁷⁾

Pinḍī and *Biḍālaka* is the application of poultice and paste over the closed eyes respectively. They cause vasodilation, which enables faster absorption of ele-

ments, rapid expulsion of toxins, and increase in local temperature. The medicines used check both *Pitta* and *Kapha*.

CONCLUSION

Scleritis can be correlated to *Sirotpāta*. The line of management of *Sirotpāta* is that of *Raktaja Abhiṣyanda*; the same protocol was followed for this patient. During the *Āmāvastha* (immature stage) of the disease *Dīpana*, *Pācana*, *Seka*, *Pinḍī*, and *Biḍālaka* were done. After that, *Snehapāna* and *Virecana* were done. *Añjana* was done after purification of *Kāya* (body). At the end of treatment, redness of the sclera reduced and swelling of the eyelids subsided completely.

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Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Namboothiri P. Sreekanth, et al: Management of Scleritis Through Ayurveda - A Case Report. International Ayurvedic Medical Journal {online} 2019 {cited February, 2019} Available from: http://www.iamj.in/posts/images/upload/291_295.pdf