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

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.

Keywords: *Sirajaal*, Scleritis, *ShuklagataRoga*, *Chandrodaya Varti*, *Aschyotana.*

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 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-YashtimadhuAschyotana* 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:

. Classical Ayurvedic texts -Sushruta Samhita.

. Clinical examination.

. Laboratory investigations.

. 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 :**GenaralCondition :Moderate ; Weight - 50 Kg; Pulse - 82/min ; Blood Pressure - 130/90 mmHg ; Respiratory Rate : 18/min ; CVS - S1S2 Normal.

B. AshtavidhaPariksha :

Nadi - 80/min

Mala - Samyaka

Mutra - Samyaka

Jivha - Alpasaam

Shabda - Spashta

Sparsha - Samashitoshna

Druk - Affected

Akruti -Madhyama

C. Investigations :

1. 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

0. 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.

D. 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.15/२०

कठिनसिराग्रहणान्मृदूनां सिराणां लेख्याञ्जनं योज्यमिति ज्ञेयम्| Dalhan tika

सिरोत्पातसिराहर्षसिराजालार्जुने क्रिया रक्तस्यन्द इव कार्या|सर्वाङ्गःसुन्दरीव्याख्या(कृत)

Aschyotana

Following *Anjana*, *Aschyotana*was performed using:

Musta

Yashtimadhu

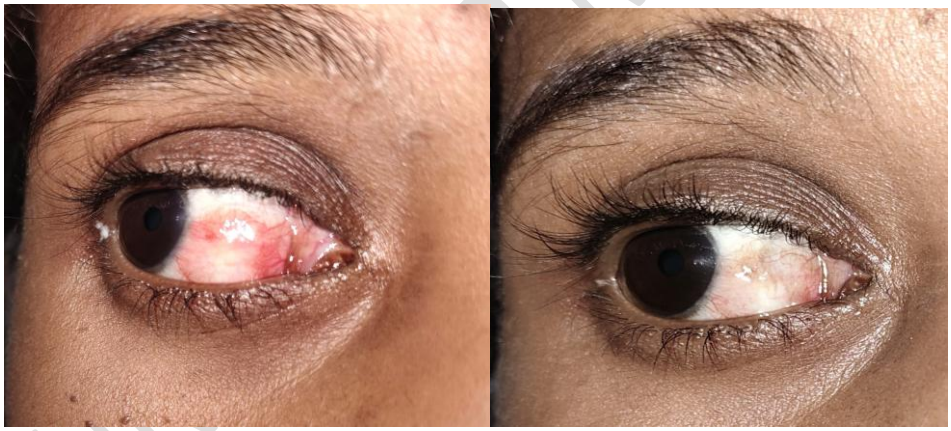
12 drops were instilled for 20 days.

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

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, sheetaveerya,* 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, Having tikta-katu-kashya rasa, KatuVipaka, Sheeta Veerya, Pitta-Kapha Shamaka, Netrahitakara* properties. Its anti-inflammatory action may help reduce vascular congestion and discomfort.

Possible Mode of Action :

The combined effect of *Lekhananjana*and *Aschyotana*may reduce local inflammatory mediators, Improve microcirculation, Decrease vascular congestion, Relieve pain and discomfort, Promote healing of ocular tissues,The substantial reduction in clinical symptoms supports the effectiveness of these interventions.

Conclusion :

The present case study demonstrates that *Ayurvedic* management using *Chandrodaya VartiLekhananjana* and *Musta-YashtimadhuAschyotana*can provide significant symptomatic relief in *Sirajaal*(Scleritis). Improvement was observed in redness, pain, and discomfort within a short duration of 20 days.

*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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