European Journal of Clinical Pharmacy
Print ISSN: 2385-409X **Online ISSN**: 3105-0409
Website: https://farmclin.com/

Original Case Report

A Case Report on the Efficacy of Shaman and Shodhana Therapies in the Ayurvedic Management of Savranashukla w.s.r. to Infective Corneal Ulcer

Article History:

Name of Author:
Dr. Sumedha Kotangale[1], Dr. Shubham Bhilawade[2], Dr. Nirav Sapariya[3], Dr. Pratiksha Admane[4]

Affiliation: *[1]Professor and H.O.D, Shalakyatantra Department Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, 411028, Pune, Maharashtra, India*
[2]PG Scholar, MS Shalakyatantra Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, 411028, Pune, Maharashtra, India
[3]PG Scholar, MS Shalakyatantra, Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, 411028, Pune, Maharashtra, India
[4]PG Scholar, MS Shalakyatantra, Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, 411028, Pune, Maharashtra, India

Corresponding Author:
Dr. Shubham Bhilawade

Received: 12-11-2025
Revised: 20-11-2025
Accepted: 03-12-2025
Published: 20-12-2025

Abstract: A corneal ulcer is a corneal epithelial defect with underlying inflammation generally due to invasion by bacteria, fungi, viruses or acanthamoeba. It can be initiated by mechanical trauma or nutritional deficiencies, other names of corneal ulcer include; fungal keratitis, Bacterial keratitis, Acanthamoeba keratitis, Herpes simplex keratitis. This case report enlights the Ayurvedic management in Corneal Ulcer. A 64-year-old male came to the outpatient department with redness, watery discharge, photophobia and defective vision in the left eye for 2 days following a chemical injury/chemical burn. He was treated in the OPD. He underwent Jaloukavacharana as local treatment and oral ayurvedic medications as systemic management. He was completely relieved of pain, redness, discharge, and photophobia. His BCVA was hand movements at the time of the first visit and it improved to 6/12 at the time of next follow up. Ayurveda has an important role to play in infective eye diseases which needs to be explored scientifically.

Keywords: Savranashukla, Corneal Ulcer, Ayurveda, Chemical Injury, Leech Therapy

INTRODUCTION

A corneal ulcer is a corneal epithelium defect involving the underlying stroma and is potentially a vision-threatening ocular emergency.While in

ancient texts Acharya Sushruta has described Savrana Shukra (corneal ulcer) among Krishnagat vyadhis along with its causes, diagnosis and curative procedures. Acharya Sushruta has mentioned about four types of Krishnagat vyadhis in Uttar Tantra of Sushruta Samhita ,which are ; Savrana Shukra, Avrana Shukra, Pakatyaya and Ajakajata. Among which Savrana Shukra can be corelated to corneal ulcer. Initially, it is managed medically and if the treatment fails surgical interventions are considered which include keratoplasty. In this case report, a old man developed corneal ulcer as a result of chemical injury/burn. He was treated on OPD basis of hospital as systemic and local intervention.

Patient Information:

A 64 year old male patient presented at OPD of Shalakyathantra Department, Sane Guruji Arogya Kendra, Hadapsar, Pune on 24/01/2025 with eyelid swelling redness, discharge, photophobia and defective vision in the left eye since 2 days (Figs. 1 and 2). As patient, being uncomfortable with severe pain he came to hospital. According to history given by patient, he suffered accidental chemical injury into the left eye by Arka Ksheer (Latex or milky sap of Calotropis procerra) 2 days ago. After this incident patient washed his eyes multiple times with water thoroughly. Patient still waited for one day at home to look for any deprivation of symptoms without any management but day after incident he found increase in swelling over eyelids, watering, photophobia and pain. After then he came to Shalakyatantra department of Sane Guruji Hospital, Hadapsar, Pune as he can't afford private hospital consultation. Patient doesn't have any past medical history or surgical history.

Clinical Findings:

Patient was thoroughly examined. His right eye was normal. He had swelling over both eyelids, severe palpebral and bulbar conjunctival hyperaemia along with corneal ulcer (Fig.1, Fig.2). His best corrected visual acuity was hand movements in the left eye. After examining over slit lamp, infiltrates were seen in the anterior and posterior stroma along with epithelium. On fluorescein staining, ulcer stained, indicating epithelial defect. His best corrected visual acuity was hand movements in left eye and 6/9 in the right eye.

RESULTS

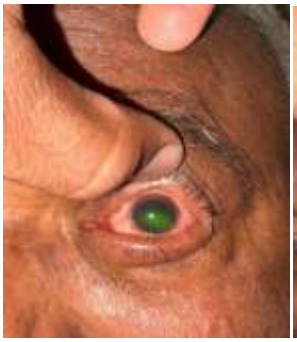

Fig.1. Day 1
(Before Jalaukavcharana)

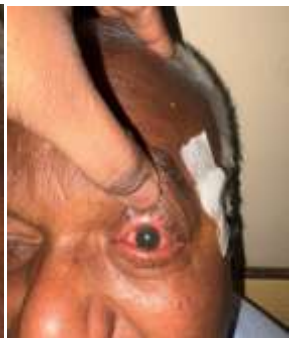

Fig. 3. Day 1
(After Jalaukavcharana)

Timeline:-

Fig. 2. Day 1
(During Jalaukavcharana procedure)

Fig. 4. Day 4
(After treatment)

Diagnostic Assessment:
A Snellen's chart has been used to assess the visual acuity of patient before and after the treatment. Slit lamp examination was done to evaluate changes in cornea. Fluorescein staining done for diagnostic purpose. Photographs were taken before and after the treatment. Clinical examination confirmed it to be a case of corneal ulcer. Symptoms like watery discharge, circumciliary congestion, photophobia, eye pain and reduced corneal sensation suggested viral involvement. The absence of a dendritic pattern of ulceration and mucoid discharge differentiated it from herpes and bacterial ulcer. The symptoms like Nimagna rupa in Krishna mandala (discontinuation of tissue in the black part of the eye), Suchyeva viddham (appearance as if pricked out with a needle), Sraava (watery discharge) and Athiva ruk (pain) suggested Savrana Shukra and clearly differentiated it from all the other Krishnagata rogas2.

Therapeutic Intervention:
After chemical injury to left eye patient came to OPD for treatment. After explaining advantages and disadvantages of pure ayurvedic treatment, patient convinced for pure ayurvedic treatment. Firstly, patient treated with Jalaukavcharana in the OPD. When patient presented to OPD he was unable to open eyes along with left eye ocular pain, photophobia, lacrimation, redness, corneal epithelial defect etc. After Jalaukavcharana symptoms like photophobia, lacrimation, pain subsides but redness, ulcer persisted. After this patient shifted over oral medications such as Panchatikta ghrita guggulu 2 bd for 7 days. After 4 days patient came for follow up;. On examining patient, the patients best corrected visual acuity was 6/12 in left eye which was Hand movement positive on first day. There was no pain, redness, photophobia nor discharge, stain is also negative (Fig.4). So, treatment discontinued and advised observational follow up after 15 days.

Follow up & Outcomes:
After Jalaukavcharana and oral medication patient was advised the follow up after 3 days. But due to holiday patient came after 4 days. When he presented to OPD, patients best corrected visual acuity was 6/12 in left eye which was Hand movement positive on first day. There was no pain, redness, photophobia nor discharge, stain is also negative (Fig.4).

DISCUSSION

The patient came to OPD with ulcer on cornea, severe pain and redness in the left eye as a consequence of chemical injury. Hence was diagnosed as a case of Savranashukra.3 Since the patient had only hand movements (Drishtikrth), involving multiple layers of cornea (Dwitwagatham) and reddish at the periphery (Lohi thamantha thasacha), it was to be considered Varjaneeya according to Acharya Sushruta.4 Hence the patient was explained the guarded prognosis of disease and was given assurance of reducing pain and redness only. Redness, lacrimation, pain indicated Amavastha. Although the disease had started due to Aganthuj Hetu (chemical injury), as time passed there was vitiation of Nijadoshas - Pitta and Vata along with Raktadushti. But mainly it is a Rakta - Pitta Pradhana Vyadhi. Savranashukla is a Rakthaja Vyadhi and Raktamokshana is an important treatment in Rakta - Pitta Pradhana Dushti.4 Raktamokshana is also the treatment of Agantuja Vranashopha. Susrutha has advised Rakta Abhishyanda treatment in Savranachikitsa and also in excessive pain due to Savranashukla, Susrutha has advised Jalaukavcharana.3 So, Jalaukavcharana along with oral medication Panchatikta Ghrita Guggulu were given. Raktamokshana (bloodletting) is the most common treatment of choice where there is involvement of Raktadushti. Jalaukavcharana is one of the types of Raktamokshana. Jalaukavcharana was selected for Doshavishodhana. Leech's saliva shows analgesic action, blocking certain events of the regular pain evolving cascade by counteracting cytokines with anti-inflammatory agents.5 Also symptoms like lacrimation, photophobia, pricking sensation shows association of Rakta-Pitta-Vaat association which can be treated as Vatarakta. Also Acharya Charak mentioned Jalaukavcharana as the first initial step towards the treatment of Vaatrakta. In this case, after Jalaukavcharana, the pain and redness were reduced considerably. Guggulu is a drug which possesses Anabhishyandi, Snigdha and Srothosodhaka action. Because of the Srothosodhana property blood circulation to the site of lesion gets improved that relieved the inflammation. The key ingredients of the Panchatikta Ghrita Guggulu works on Pitta-Rakta as it contains ghrita also. Again this guggulu is mentioned as of greatest use in Vata dosha, Urdhwajatrugata rogas and Vata -rakta also.6 By the end of treatment the patient's vision improved considerably with no any active complaints as previously mentioned.

CONCLUSION

Corneal Ulcer of a 64year old patient was successfully managed with Ayurvedic medicines. The potential of Ayurveda in the management of corneal ulcer has to be explored by conducting clinical trials with large samples so that the utility of medicines can be proved scientifically.

REFERENCES

1. Ahmed F, House RJ, Feldman BH. Corneal Abrasions and Corneal Foreign Bodies. Prim

Care. 2015 Sep; 42(3):363-75. doi: 10.1016/j.pop.2015.05.004. Epub 2015 Jul 31. PMID: 26319343.

2. Acharya, Y. T. Susruta Samhita of Susruta, Utharasthana, 9thed. Ch.5,12, Ver 4,31. Chaukhamba Orientalia Publication; 2009; p. 602,617.
3. Acharya Vaidya Jadvji Trikamji, editor. Susrutha Sahitha of Susrutha. Varanasi: Chaukhamba Sanskrit Sansthan; 2015.
4. Paradakara Hari Sadasiva Sastri, editor. Ashtanga Hridaya of Vagbhata. Varanasi: Chaukhamba Sanskrit Sansthan; 2016.
5. Koeppen D, Aurich M, Rampp T. Medicinal leech therapy in pain syndromes: a narrative review. Wiener MedizinischeWochenschrift.2014
6. Paradakara Hari Sadasiva Sastri, editor. Ashtanga Hridaya of Vagbhata. Ch.21 Ver.58-61 Varanasi: Chaukhamba Sanskrit Sansthan; 2016.

