

A Case Report on Ayurvedic Management of Anterior Uveitis

Bhagyasree B, ^{1*} VKV Balakrishnan ²

¹ Final year PG Scholar, ² Professor and HOD, Department of Shalakya Tantra, Government Ayurveda College, Pariyaram, Kannur, Kerala, India

ABSTRACT:

Uveitis describes an inflammatory condition affecting the uveal tract, with involvement that may be localized to the anterior, intermediate, or posterior regions. Because these structures are anatomically continuous, inflammation commonly spreads beyond the initial site to encompass the entire uvea. The clinical features of uveitis, particularly pain, redness, watering, photophobia and visual disturbance, can be correlated with *Sashopha Akshipaka*, described under *Sarvakshi Roga* by the Ayurvedic Acharyas. *Sashopha Akshipaka* is characterized by inflammatory manifestations of the eye, making it a relevant Ayurvedic clinical correlate of anterior uveitis. A 31-year-old female presented with a 9-month history of recurrent pain and redness in the right eye associated with photophobia, headache, and vomiting. The condition was diagnosed as unilateral uveitis. She was managed with Ayurvedic internal medications such as *Gokshura Choornam*, *Guluchyadi kashaya*, *Guggulu Panchapala Choornam*, *Kaisora Guggulu*, *Patoladi Ghritham*, *Patolakaturohinyadi Kashayam*, *Trivrit Choornam*, *Vaiswanara Choornam*, along with *Jalauka Avacharana* and Procedures like *Kashayadhara*, *Snehapanam*, *Abhyanga ushma sweda*, *Virechanam*, *Pratimarsha nasyam*, *Ksheeradhara*, *Sekam*, *Aschothanam*, *Bidalakam*, *Shirolepam* and *Putapakam*. After seven sittings of leech therapy along with two courses of inpatient Ayurvedic treatment, the patient experienced significant and sustained relief. Marked improvement was observed after the first inpatient treatment, after a three months interval, the patient was re admitted for a second course of in patient admission following which complete resolution of symptoms was achieved. No recurrence was noted during follow-up. This case highlights the potential role of Ayurvedic management, including *Jalauka Avacharana*, in chronic uveitis, especially in patients seeking alternatives to long-term conventional therapy.

KEYWORDS: *Jalauka Avacharana*, *Sashopha Akshipaka*, *Sarvakshi Roga*, Uveitis.

Received: 19.08.2026	Accepted: 18.09.2026	Published: 04.10.2026
----------------------	----------------------	-----------------------



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/) © 2026 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

QR Code



*Corresponding Author:

Dr. Bhagyasree B

Final year PG Scholar,

Department of Shalakya Tantra, Government Ayurveda College, Pariyaram, Kannur, Kerala, India

Email: drbhagyasreenishanth@gmail.com

INTRODUCTION:

Anterior uveitis refers to inflammation involving the anterior portion of the uveal tract, primarily the iris and the ciliary body up to the pars plicata. It represents an important cause of ocular pain and redness and may occur across a broad age range, with a relatively higher incidence among young and middle-aged adults. The clinical spectrum includes inflammation predominantly affecting the iris (iritis), the ciliary body (cyclitis), or both structures (iridocyclitis).^[1]

Patients commonly present with ocular pain, photophobia, redness due to circumcorneal congestion, and varying degrees of visual impairment. On slit-lamp examination, characteristic findings include keratic precipitates on the corneal endothelium, inflammatory cells and flare in the anterior chamber, and, in some cases, posterior synechiae. Anterior uveitis may occur as an isolated ocular disorder or in association with systemic inflammatory, autoimmune, infectious, or other underlying conditions.

Early recognition and appropriate management are essential because persistent or recurrent intraocular inflammation may result in significant structural and functional complications. These include secondary glaucoma, complicated cataract, cystoid macular oedema, posterior synechiae, hypotony, and, in severe or inadequately controlled cases, irreversible visual impairment.

The contemporary management of anterior uveitis is primarily directed towards suppressing intraocular inflammation and identifying and

treating the underlying cause. Topical corticosteroids constitute the mainstay of treatment in many cases, while periocular or systemic corticosteroids and immunomodulatory therapy may be required in selected patients with severe, recurrent, bilateral, or steroid-dependent disease. Although these approaches are effective in controlling inflammation, prolonged or repeated therapy may be associated with adverse effects, including steroid-induced ocular hypertension and cataract. Furthermore, recurrent or treatment-resistant forms of uveitis continue to pose a therapeutic challenge, highlighting the need for safe and effective complementary or alternative therapeutic approaches.^[2]

Among the five *Jnanendriyas* described in the Ayurvedic classics, the eye (*Netra*) is regarded as the *Pradhana Indriya*, reflecting its fundamental role in the perception of the external world.^[3] Uveitis refers to an inflammatory condition involving the uveal tract of the eye.^[4] The term encompasses inflammation of the closely interconnected anatomical components of the uvea, as inflammatory involvement frequently extends beyond an individual anatomical region rather than remaining confined to a single structure. This is particularly evident in inflammation involving the iris and ciliary body, wherein iritis is commonly accompanied by varying degrees of cyclitis, and isolated cyclitis is uncommon. In addition to anatomical classification according to the site of inflammation, uveitis may be categorized based on its clinical course as acute, chronic, or recurrent.^[5] Uveitis is estimated to affect approximately 1–

2% of the global population, with a broadly comparable occurrence among males and females.^[6]

According to the descriptions available in the Ayurvedic classics, the clinical presentation of the present case may be correlated with *Sashopha Akshipaka*, a condition characterised by the involvement of all three *Doshas* along with *Rakta Dushti*. The classical features include ocular swelling (*Shotha*), burning sensation (*Daha*), pain (*Ruk*), and changes in the appearance of the *Shukla Mandala*, which are described as resembling the *Varna* of a ripe *Udumbara fruit*. The condition may also be associated with altered lacrimal secretions, which can exhibit variable characteristics such as warmth or coolness (*Ushna/Sheeta*), clarity or viscosity (*Vishada/Picchila*), and a watery or dense consistency (*Acha/Ghana*).^[6]

From an Ayurvedic perspective, management is directed towards correcting the underlying *Dosha* imbalance and restoring local as well as systemic homeostasis. Treatment is selected according to the individual clinical presentation and may include *Deepana*, *Pachana*, *Anulomana*, and *Pittarakta-hara* measures, administered through appropriate internal medications and external therapeutic procedures. Such an approach is aimed not merely at alleviating inflammatory manifestations but also at addressing the underlying pathological factors contributing to disease persistence and recurrence.

The present case report describes the Ayurvedic interpretation, clinical evaluation, and therapeutic

management of anterior uveitis, with particular emphasis on its correlation with the classical description of *Sashopha Akshipaka*. The clinical response to the treatment was assessed using relevant ophthalmic parameters and symptomatic findings. The patient underwent two inpatient admissions as part of the treatment protocol and demonstrated considerable clinical improvement following therapy.

CASE REPORT:

A 31-year-old female patient presented to our OPD with complaints of pain and redness in the right eye for the past nine months. The symptoms were associated with photophobia, heaviness of the head, radiating pain over the right side of the head, and occasional vomiting. The condition was recurrent and chronic in nature.

The patient had previously been diagnosed with uveitis and had received other forms of treatment. However, due to minimal symptomatic relief, she was not willing to continue that line of management and sought Ayurvedic treatment.

Based on clinical evaluation, she was started on internal Ayurvedic medications along with *Jalauka Avacharana* (leech therapy). A total of seven sittings of *Jalauka Avacharana* were performed at two-week intervals. With single jaluka applied each sitting. Following this, the patient underwent her first inpatient Ayurvedic treatment, after which she reported significant improvement, particularly reduction in ocular pain, redness, and photophobia. The symptoms remained controlled for

approximately one month, during which she did not take any other medications. After one month, she again developed pain and redness in the right eye and was admitted for a second inpatient Ayurvedic treatment. Upon completion of the second admission, the patient experienced complete relief from all symptoms. At follow-up, she remained asymptomatic and reported satisfactory improvement in overall well-being.

Past history

No history of any ocular manifestation

Personal history

Bowel -regular

Appetite- good

Micturition- within normal limits

Sleep- sound(6 -7hrs/day)

Allergy- not yet noticed

Diet- mixed

Family history

Nothing relevant

Vital signs

Temperature- 96°F

BP- 120/70mmHg

HR- 73/min

Respiratory rate- 15/min

Pallor, icterus, cyanosis, clubbing -

Absent

Lymphadenopathy - Absent

Ocular movements -all movements possible

Ashtasthana Pareeksha

Nadi- Druthagati

Mootram- prakrtha

Malam-prakrtha

Jihwa -Anupaliptham

Shabdham -Spastham

Sparsham-Anushnasheetha

Drik- vaikrutham

Akrithi- Krisham

Dasavidha Pareeksha

Dooshyam

Dosha-Tridosham (Vata- Ruk, Pitta- Rakta Netrata, Kapha-Netra Sravam)

Dhatu- Rasam, Raktha

Desham

Bhumi Desham-Anoopam

Deha Desham- Netram

Balam

Roga balam-pravaram

Rogi balam-avaram

Analam -Mandagni

Prakrthi -Kapha vata

Vaya-madhyama

Sathwam -Heena

Sathmyam -sarva rasa

Ahara

Abhyaharana Sakthi-Avaram

Jarana Sakthi-madhyama

Table 1-Eye examinations

Eye examinations	Right	Left
Eyeball	Normal	Normal
Eyelid	Mild swelling	Mild swelling
Eyelash	Normal	Normal
Conjunctiva		
LPC	Mild congestion	Normal
UPC	Normal	Normal

BC	Congested(++)	Mild congestion
Sclera	Normal	Normal
Cornea	Clear	clear
AC	Shallow	Shallow
Iris	Brownish	Brownish
Pupil	Dilated pupil, round reactive	Dilated pupil, round reactive
Lens	Greyish black	Greyish black

Table 2-Confrontation Test

	RT	LT
Superior	50 ⁰	50 ⁰
Nasal	60 ⁰	60 ⁰
Inferior	70 ⁰	70 ⁰
Temporal	90 ⁰	90 ⁰

Table 3- Vision Before treatment

	Right	Left
Distant vision	6/24	6/6
Pin hole	6/6[p]	6/6
Near vision	N6	N6

Table 4-Therapeutic intervention

Medicines prescribed	Dose and duration
<i>Guluchyadi + Patolakaturohinyadi Kashayam</i>	90ml twice daiy-Before food
<i>Kaisora Guggulu</i>	1-0-1 After food
<i>Gokshura Choornam</i>	1 tsp twice daily with hotwater- After food
<i>Trivrith Choornam</i>	1 tsp bedtime with hotwater
<i>Guggulu Panchapala Choornam</i>	1 tsp twice daily with hotwater- After food
<i>Vaiswanara Choornam</i>	1 tsp twice daily with hotwater- Before food
<i>Patoladi Ghritham</i>	1 tsp twice daily- After food

Table- 5: Procedures

Procedure	Medicine	Days
<i>Kashayadhara</i>	<i>Guluchyadi +Varanadi Kashaya</i>	5 days
<i>Takrapana</i>	<i>Vaiswanara Choornam</i>	2 days
<i>Vicharana Snehapanam</i>	<i>Patoladi Ghritham(30,60,90 ml in divided equal dose)</i>	3 days
<i>Abhyanga ushma sweda</i>	<i>Dhanwantharam Tailam</i>	2 days
<i>Virechanam</i>	<i>Trivrith, Ela, Sarkara, honey</i>	1 day

Pratimarsha nasyam	Ksheerabala 101 Avarthi	3 days
Ksheeradhara	Guluchyadi ksheera Kashaya	7 days
Sekam	Yashti Kashayam	Twice daily
Aschothanam	Thulasi Arkam	Thrice daily
Bidalakam	Mukkadi Purampada	Twice daily
Cold pack		Thrice daily
Shirolepam	Manjishta,sariva,yashtimadhu,lodra,Chandana,raktha Chandana,tripphala mixed with milk	Twice daily
Jaluka avacharana	Species-Hirudinaria granulosa	Once in 3 days
Putapaka		3days

Table 6-Visual acuity after treatment

	Right	Left
Distant vision	6/18	6/6
Pin hole	6/6[p]	6/6
Near vision	N6	N6

Observation and Results



Figure 1 -before treatment



Figure 2-During treatment



Figure 3-Shirolepam



Figure 4- Jaluka avacharana

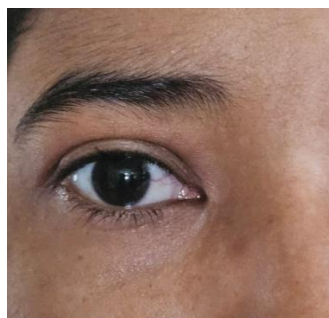


Figure 5-After first admission



Figure 6-After second admission



Figure 7-Follow up

DISCUSSION:

The present case was interpreted from an Ayurvedic perspective as *Sashopha Akshipaka*, in which *Tridosha* involvement, particularly *Pitta* and *Kapha* predominance with *Rakta Dhatu Dushti*, was considered responsible for the clinical manifestations. The *Nidanas*, including suppression of natural urges, psychological stress, reduced *Satwa*, diminished *Vyadhikshamatva* and excessive consumption of *Kapha-Pitta* aggravating foods, was considered contributory to *Dosha Prakopa* and impairment of *Agni*. Consequent formation of *Ama* and disturbance of the normal functioning of the *Srotas* were considered to facilitate *Sthana Samsraya* at the *Netra*.^[7] This Ayurvedic interpretation provided the basis for selecting a treatment protocol directed towards *Dosha Shamana*, *Agni Deepana*, *Anulomana*, *Shodhana* and local ocular measures.

The internal treatment was principally aimed at *Pitta-Kapha Shamana* while simultaneously addressing *Agni* and bowel regularity. *Guluchyadi Kashaya* and *Patolakaturohinyadi Kashaya* were administered before food. *Guluchyadi kashayam* is having properties relevant to *Pitta-Kapha* pacification and *Agni deepana*, whereas *Patolakaturohinyadi*

Kashaya is traditionally employed in *Pitta-Kapha* predominant inflammatory conditions.

Vaiswanara Choorna was administered before food with the objective of promoting *Agni* and facilitating *Vatanulomana*. This was followed by *Trivrit Choorna* at bedtime, primarily to support *Anulomana* and regular elimination. Maintenance of proper bowel function is considered important in preventing further *Dosha* accumulation and facilitating the subsequent *Shodhana* procedure. *Gokshura Choorna* was administered with warm water because of its *Mutrala* and *Shothahara* properties. *Kaisora Guggulu* mentioned in *sarangadhara Samhitha* and *Guggulu Panchapala Choorna* mentioned in *Sahasra yoga* is having *Shothahara* action with the intention of reducing the inflammatory manifestations such as ocular redness, discomfort and swelling.

Patoladi Ghritha was selected for *Snehapana* as well as continued internal administration. It is having *pitha hara*, *thimiragna* and *rasayna* action. Ayurvedic concept of *Ghritha* as a vehicle for supporting tissue nourishment and *Rasayana* effects. In the present case, its administration before *Shodhana* was also intended to facilitate appropriate

Snehana according to the treatment sequence.

The treatment protocol beginning with *Rookshana*, followed by *Snehana* and *Swedana*, and subsequently *Virechana*. *Kashayadhara* with *Guluchyadi* and *Varanadi Kashaya* was initially administered for five days. This preliminary intervention was intended to reduce the presumed *Kapha-Pitta* predominance and prepare the patient for subsequent *Snehapana*. *Takrapana* with *Vaiswanara Choorna* was then administered for two days, with emphasis on *Agni Deepana* before the administration of internal oleation.

Vicharana Snehapana with *Patoladi Ghritha* was subsequently administered in increasing divided doses of 30, 60 and 90 mL over three days. This was followed by *Abhyanga* and *Ushma Sweda* with *Dhanwantharam Taila*. The sequence corresponds to the classical therapeutic principle of preparing the body before *Shodhana*. *Virechana* was selected as the principal *Shodhana* procedure because of the predominance attributed to *Pitta* in the disease process. Ayurveda described *Virechana* as a best therapy for *Pitta* disorders

In this patient, *Virechana* was performed using *Trivrith*, *Ela*, *Sarkara* and honey and resulted in three *Vegas*. Although *Sashopha Akshipaka* is described in the classical texts in association with *Raktamokshana/Siravyadha*, *Siravyadha* was not performed in the present case considering the patient's *Daurbalya* and *Heena Satwa*. The treatment was therefore individualized according to the patient's *Bala* rather than applying an invasive procedure solely on the basis of the classical indication. *Jaluka*

Avacharana was selected as a relatively controlled form of *Raktamokshana* and was administered at an interval of three days. Its use was intended to address the presumed *Rakta-Pitta* involvement and associated inflammatory manifestations such as *Raga*, *Daha* and *Shotha*.

Following *Shodhana*, *Pratimarsha Nasya* with *Ksheerabala Taila* 101 *Avarthi* was administered for three days. *Nasya* is traditionally indicated for disorders involving the region above the clavicle, with the classical statement "*Nasa Hi Shiraso Dwaram*" describing the nose as an important therapeutic route to the head. *Ksheerabala Taila* was selected for its traditionally described *Brimhana*, *Rasayana* and *Indriyaprasadana* properties. In the present therapeutic framework, *Nasya* was intended to provide supportive management of *Urdhvajatrugata* involvement following systemic *Shodhana*.

Ksheeradhara with *Guluchyadi Kashaya* was subsequently continued for seven days as a *Pitta-Shamana* and supportive local intervention. The sequential administration of *Shodhana* followed by *Shamana*-oriented procedures was aimed at maintaining the therapeutic effect achieved through systemic purification and controlling residual *Pitta-Rakta* manifestations.

Local ocular therapies formed an important component of the treatment protocol. *Yashti Seka* was performed twice daily, while *Mukkadi Bidalaka* and cold-pack application were used as supportive measures. *Bidalaka* involves application of a medicinal paste over the eyelids while avoiding the eyelashes and ocular surface. *Mukkadi Bidalaka* was

selected based on its traditional use in inflammatory conditions of the eyelids and its predominantly *Sheetha* and *Pitta-Rakta Shamaka* properties.^[8] The local cooling and soothing effects may have contributed to reduction of ocular discomfort and inflammatory symptoms; however, its individual contribution cannot be determined in this combined treatment protocol.

Aschyotana with *Thulasi Arka* was performed three times daily. *Aschyotana* is described as a local ocular therapeutic procedure used in various *Netra Rogas*. In the present case, its use was intended to provide local symptomatic support. Since ocular administration requires strict attention to sterility and preparation standards, such therapy should be undertaken only with appropriately prepared material under qualified ophthalmic supervision.

Shiro Lepam with *Manjishtadi Yoga* was employed as its having *Pitta-Rakta Shamaka* property. The formulation contains predominantly *Sheetha*, *Pittahara* and *Rakta-prasadana* drugs, which, from an Ayurvedic perspective, may collectively help reduce *Daha*, *Raga* and *Shotha*. From a contemporary pharmacological perspective, the constituent drugs have been reported to exhibit anti-inflammatory, antioxidant and soothing activities, providing a plausible supportive basis for their use in inflammatory ocular conditions. *Manjishta* and *Sariva*, in particular, have demonstrated anti-inflammatory and antioxidant effects in experimental studies.^[9] Rather than attributing the clinical response to any single constituent, the therapeutic effect may

be considered a cumulative action of the formulation.

The therapeutic rationale of *Jaluka Avacharana* may also be considered from a contemporary perspective. Medicinal leech saliva contains biologically active constituents such as hirudin, calin, destabilase, bdellins and eglins. These substances exert anticoagulant, antiplatelet and anti-inflammatory effects and may facilitate local microcirculation and reduction of venous congestion. Such actions provide a possible contemporary explanation for the reduction of inflammatory manifestations following leech application.^[10]

Putapaka, a classical *Netra Kriyakalpa*, provides prolonged local contact of the medicaments with the ocular region and is selected according to the *Dosha* and clinical stage. In *Sashopha Akshipaka*, its local therapeutic role may be interpreted as supportive in alleviating manifestations such as *Shotha*, *Raga*, *Daha* and *Ruk*. In the present case, *Putapaka* may have contributed to symptomatic relief and restoration of ocular comfort as part of the overall treatment protocol.^[11]

Overall, the management followed an integrated Ayurvedic approach comprising *Rookshana*, *Agni Deepana*, *Anulomana*, *Snehana*, *Swedana*, *Virechana*, *Nasya* and local ocular therapies. The therapeutic strategy was directed towards addressing the presumed *Dosha-Dushya* involvement, improving *Agni*, facilitating elimination of vitiated *Doshas* and subsequently maintaining *Pitta-Rakta Shamana* at the ocular level. The observed clinical improvement may therefore represent

the combined effect of systemic purification, *Dosha*-specific internal management and local ocular interventions. However, as this was a single case without a comparator group and multiple interventions were administered concurrently, the individual contribution of each formulation or procedure cannot be established.

CONCLUSION:

The present case showed clinically meaningful improvement following individualized Ayurvedic management with *Shodhana*, *Shamana*, *Rakta-prasadana*, and *Netra Kriyakalpa*. The findings suggest potential benefit of an integrated approach in *Sashopha Akshipaka*. However, larger controlled studies with long-term follow-up are required to establish its efficacy, safety, and recurrence-preventive potential.

Declaration of Patient consent:

The informed written consent has been taken from patient for publication of data and images without disclosing the identity of patient.

Limitation of study:

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Bhagyasree B, VKV Balakrishnan. A Case Report on Ayurvedic Management of Anterior Uveitis. Int. J. AYUSH Case Reports. 2026; 10(3): 1-11.

REFERENCES:

1. AK Khurana. Comprehensive Ophthalmology, 9th edition. New delhi ,Jaypee brothers medical publishers,2023,page 143
2. Nithyashree C. T., Sujathamma K. Anterior Uveitis and management in Ayurveda - A Case Study. J Ayurveda Integr Med Sci. 2026 ;2(05):206-210.
3. Vaidya bhagawan dash. Caraka Samhita English translation,Part-1 Sutrasthana 8/8 reprint edition 2011 Chaukhamba Sanskrit studies Varanasi. P.166
4. Khurana AK 6th ed New Delhi New Age International Pvt.Ltd; 2007 Comprehensive Ophthalmology. p. 74
5. Khurana AK 6th ed New Delhi New Age International Pvt.Ltd; 2007 Comprehensive Ophthalmology. p. 74
6. K.R.Srikantha Murthy Astangahrdayam English translation, 9 edition,uttartantra,2017,15 chapter, sloka 17,18 Chowkhamba krishnadas academy Varanasi,2018 p.140
7. Prashant Borde, Priyanka, Kavita Kumar, Brijesh Takkar, Bhavana Sharma. Pattern of uveitis in a tertiary eye care centre of central India (results of a prospective patient database over a period of two years. Indian journal of ophthalmology. 2020; 68(3): 476 481

8. Anjali, Sharma A. Concept of Netra Seka-a review article. World J Pharm Res. 2023;12(10):257-61.
9. Wen M, Chen Q, Chen W, Yang J, Zhou X, Zhang C, et al. A comprehensive review of *Rubia cordifolia* L.: traditional uses, phytochemistry, pharmacological activities, and clinical applications. Front Pharmacol. 2022;13:965390
10. Raghavi, S., Deva Darshini, B., Saravanan, K. M., & Anbarasu, K. Molecular Insights into Leech-Derived Bioactive Compounds: Biochemical Mechanisms and Therapeutic Potential. International journal of molecular sciences, 2026;27(5): 2112.
11. YT Acharya, Susruta. Susruta Samhita, Uttara Tantra, Kriyakalpa Adhyaya 18. Chaukhambha Sanskrit Sansthan, Varanasi. 2013. p. 633.