

An Ayurvedic Approach in the Management of Corneal Abrasion: A Case Report

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ABSTRACT:

Corneal abrasion is characterised by disruption of the corneal epithelium and presents with pain, foreign body sensation, lacrimation, photophobia, and redness. It can be clinically correlated with *Savranā Śukla*, described by *Acharya Sushruta* and *Kshata Śukla*, described by *Acharya Vāgbhaṭa*. Considering the predominance of *Pitha* and associated *Rakta duṣṭi*, treatment was planned with a combination of *Guloochyadi Kashaya*, *Avipathi Churna*, *Yashti Kashaya*, *Mukkadi Purampada* and *Durva Ghrita*, which were administered for a period of 1 week. Symptoms improved progressively, and the corneal epithelial defect healed following treatment within 4 days.

KEYWORDS: Corneal abrasion, Corneal Epithelium, *Durva Ghrita*, *Kshata Śukla*, *Pitha*, *Savranā Śukla*.

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INTRODUCTION:

Corneal abrasion is one of the most common ocular surface injuries encountered in clinical practice. It is characterised by disruption or loss of the corneal epithelium, usually resulting from non-penetrating trauma. It accounts for a significant proportion of

ocular injuries presenting to emergency departments and primary care settings. Clinically, it can be classified as traumatic, foreign body-related, fingernail-induced, contact lens-related, or spontaneous. Most cases result from minor accidental trauma caused by fingers or fingernails, tree branches,

paper, makeup brushes, workplace debris, sports equipment, or exposure to dust and other foreign particles, particularly when the eye is rubbed. Although corneal abrasions are superficial, they may produce marked ocular discomfort and functional disturbances, thereby affecting the patient's routine activities.

Patients commonly present with pain, foreign body sensation, watering, photophobia, redness, and occasionally decreased visual acuity, often with a preceding history of trauma. The severity of pain and photophobia stems from the cornea's rich sensory innervation. After epithelial injury, a complex wound-healing response is initiated, involving cell migration, apoptosis, cellular proliferation, differentiation, and extracellular matrix remodelling, which collectively restore the corneal epithelial surface.

The management of corneal abrasion primarily involves topical antibiotics to prevent secondary infection and cycloplegics for pain and photophobia when indicated. Regular follow-up is advised until complete epithelial healing. [1]

The clinical features of corneal abrasion may be correlated with those described in *Savvana Śukla*, which, according to *Acharya Sushruta*, occurs due to vitiation of *Rakta*. It is characterised by a saucer-like depression of the cornea (*nimagna rūpa*), associated with pricking pain and lacrimation. [2] A similar clinical entity, *Kṣhata Śukla*, has been described by *Acharya Vāgbhaṭa*, with predominance of *Pitha doṣa*. [3] *Acharya Sushruta* has further described the prognosis of such corneal lesions

based on their depth and location, indicating a favourable outcome when the lesion is superficial, without significant discharge, and situated away from the pupillary region. [4] Thus, the clinical presentation and prognostic features described in these classical references show a notable resemblance to the features of corneal abrasion.

CASE REPORT

In this case, a 28-year-old female patient reported accidental exposure of the left eye to dust particles 2 days before presentation. Immediately following the exposure, she rubbed the affected eye, after which she developed mild ocular irritation and lacrimation. The symptoms persisted and were later accompanied by pain, photophobia, redness, and foreign body sensation. As the ocular discomfort continued, she subsequently presented to the *Shalakyatantra* OPD seeking Ayurvedic treatment.

Past Illness: Nothing relevant.

Clinical findings are shown in table -1 and diagnostic assessment in table-2. Visual Acuity and IOP findings are detailed in table -3

THERAPETIC INTERVENTION:

The prescribed treatment details are mentioned in Table 4

Results

Following thorough clinical examination, the patient was administered the above-mentioned treatment regimen. A gradual reduction in the acute symptoms was observed by the 2nd and 3rd days of treatment. By the 4th day, complete resolution of symptoms were achieved, and

fluorescein staining was negative (Figure 2), indicating complete healing of the corneal abrasion. No recurrence of symptoms or treatment-related

complications were observed during the treatment period or subsequent follow-up.

Table- 1: Clinical Findings on Slit Lamp Examination

	Right Eye	Left Eye
Eye lashes	Normal	Normal
Eye lids	Normal	Mild oedema over upper eyelid
Lacrimal apparatus	Normal	Normal
Conjunctiva	Normal	Congestion (++) over palpebral and bulbar conjunctiva
Sclera	Normal	Normal
Cornea	Clear	Circumcorneal congestion (++) Epithelial defect noted over 5 o'clock position Fluorescein staining – positive
Anterior chamber	Quiet	Quiet
Iris	Normal colour and pattern	Normal colour and pattern
Pupil	Normal pupillary reactions	Normal pupillary reactions
Lens	Phakic	Phakic

Table -2: Diagnostic Assessment

Symptoms (LE)	Signs (LE)
Pain Foreign body sensation Lacrimation Redness Photophobia	Slit-lamp examination revealed a corneal epithelial defect at the 5 o'clock position, with positive fluorescein staining. (figure1)

Table- 3:- Visual Acuity and IOP

	Right Eye	Left Eye
Distant vision	6/6	6/6
Near vision	N6	N6
IOP – NCT	13 mm Hg	14 mm Hg

Table -4: Treatment plan

Medicines	Dose	Route
<i>Guloochyadi Kashaya</i>	90 ml Twice daily before food bd bf	Internally
<i>Avipathi churna</i>	1 tsp with hot water hs	Internally
<i>Mukkadi purampada</i>	Morning and evening (over B/L Eyelids)	Externally
<i>Yashti kashaya seka</i>	Morning and evening	Externally
<i>Durva ghritha</i> + honey <i>Aschyotana</i>	1 drop morning and evening (B/L Eyes)	Externally

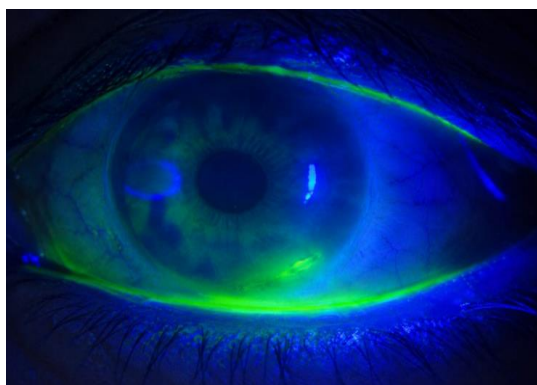


Figure-1: Positive fluorescein staining test confirming the diagnosis of corneal abrasion

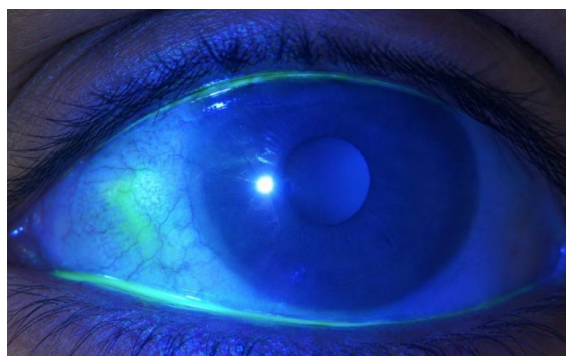


Figure 2: Negative fluorescein staining test confirming the complete healing of corneal abrasion

DISCUSSION:

Most ingredients of *Guloochyadi Kashaya* possess *Tikta* and *Kashaya Rasa*, which are considered conducive in managing *Pitta*, the predominantly vitiated *Dosha* in the present condition. [5] From a contemporary pharmacological perspective, the dark bark of *Tinospora cordifolia* has been reported to possess anti-inflammatory activity. Furthermore, studies evaluating *Azadirachta indica* and *Tinospora cordifolia* demonstrated that extracts of both plants significantly promoted wound healing in experimental models. [6] These findings support the potential anti-inflammatory and wound-healing properties of the constituent drugs of *Guloochyadi*

Kashaya and provide a rationale for their therapeutic application in the present case.

Avipathi Churna was administered considering its *Pittahara* and *Anulomana* properties. [7] The predominance of drugs possessing *Tikta* and *Madhura Rasa* may contribute to maintaining *Pitta* equilibrium and alleviating associated *Rakta Duṣṭi*. [8] Thus, it may facilitate *Samprāpti Vighaṭana* and support the resolution of the clinical condition.

Mukkadi Purampada, described in *Sahasrayogam* as a *Bidalaka Yoga* under *Urdhwanga Roga Chikitsa*, [9] is indicated in inflammatory ocular manifestations such as *Sopha* (swelling), *Ruja* (pain), *Daha* (burning), and *Raga* (redness). [10]

In the present context, its application may help reduce eyelid oedema, conjunctival and circumcorneal congestion, thereby alleviating the inflammatory signs associated with corneal abrasion.

Yashtimadhu (*Glycyrrhiza glabra*), a renowned *Chakshushya dravya*, possesses *Madhura Rasa*, *Snigdha Guna*, and *Śīta Vīrya*, which help pacify *Vāta* and *Pitta* and alleviate burning and irritation. Its active constituents, particularly *glycyrrhizin* and *glycyrrhetic acid*, exhibit significant anti-inflammatory activity. *Glycyrrhetic acid* analogues such as carbenoxolone enhance prostaglandin-mediated mucous secretion and cellular proliferation, thereby promoting wound healing. These properties may help reduce ocular surface inflammation and support corneal epithelial repair. [11]

Durva (*Cynodon dactylon*) possesses *Tikta rasa* and *Kashaya Anurasa*, contributing to *Pittashamaka*, *Krimivishahara*, and *Ropana* properties, along with reported antimicrobial, antiviral, and antiulcer activities. [12] *Madhu* (honey) with *Ghrita* (ghee) is traditionally indicated in *Sadyovrana* (fresh wounds) to reduce *Ushma* and promote *Vranasandhana* (wound healing). [13] Thus, their combined properties may help reduce inflammation, prevent infection, and promote faster corneal epithelial healing in corneal abrasion.

CONCLUSION:

The present case demonstrates the potential of the Ayurvedic approach in managing corneal abrasion. The clinical features resembled *Savrana Śukla* and

Kṣhata Śukla, with marked improvement in symptoms and complete healing of the corneal epithelial defect. The favourable clinical outcome suggests that Ayurvedic management may support corneal epithelial healing and serve as a potential non-invasive approach in suitable cases.

Consent of the patient:

Written informed consent was obtained from the patient's legally authorised representative for treatment and anonymous publication of this case.

Limitation of the study:

As this is a single case report, the findings cannot be generalised; further studies with larger samples are needed.

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

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REFERENCES:

1. Emilissa Domingo A, Moshirfar M, Zeppieri M, Zabbo CP. Corneal Abrasion Continuing Education Activity [Internet]. Available from: <https://www.ncbi.nlm.nih.gov/book>

- [s/NBK532960/?report=printable](#)
[Last accessed on 23.06.2026]
2. Srikanthamurthy KR. Illustrated Suśruta saṁhitā: utharasthana chapter-5/4Vol.3. Chaukhambha Orientalia, Varanasi; 2017. P-20–21
 3. K. R. Srikantha Murthy, Vagbhata. Ashtanga Hridaya utharasthana. Chapter-10/22-25 Vol.3. 10th ed 2018. Choukhambha Krishnadas Academy, Varanasi. p.92–3.
 4. Srikanthamurthy KR. Illustrated Suśruta saṁhitā, Chaukhambha Orientalia, Varanasi. 2017.p-92
 5. T Sreekumar, Ashtanga Hridaya Sutrasthana.5th ed. editor.Vol.1.Hari sree Hospital; 2015.p-328–329
 6. Jagtap MA. Therapeutic use of Guduchyadi Kashaya: a review article. World J Pharm Res. 2020;9(5):2319.
 7. KV Gopala Pillai, KV Krishnan Vaidyan, Sahasrayaogam - Sujanapriya Commentary. 35th ed.Vidyarambham Publications; 2017.p-165
 8. Geeta Gadad, K. S. Gudaganatti, Critical Analysis of Formulation and Probable Mode of Action of Avipattikara churna: A Comprehensive Review.
 9. KV Gopala Pillai, KV Krishnan Vaidyan, editors.Sahasrayogam - Sujanapriya Commentary.35th ed. Vidyarambham Publications. P-381
 10. Vidya NV, Sooriyaarachchi BSMM, Bineesh P, Vaghela DB. To evaluate the efficacy of Mukkadi Bidalaka and Patoladi Kashaya Parisheka in the management of Anjananamika (External Hordeolum) – A single case study. Int J Ayurvedic Med. 2021;12(2): 434- 439.
 11. Jyothsna S, Kumar Verma S, Sreevani M, Singh B. A review on Yashtimadhu (Glycyrrhiza glabra) - an excellent medicinal plant for the future. World J Pharm Res. 2017;6.
 12. Jadhav NM, Auti SA, Sukeshan S, Mourya OPS. Management of corneal erosions due to chemical burn by Durvadi Ghritam: A case study. Ayurpharm Int J Ayur Alli Sci. 2012;1(4):73-76.
 13. Srikanthamurthy KR. Illustrated Suśruta saṁhitā: Sutrasthana chapter-1/130 Vol.2. Chaukhambha Orientalia, Varanasi; 2017. P-26.