



A Case Report on Ayurvedic management of Chronic Uveitis

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Chronic inflammation of anterior uveal tissue is gradual in onset and has minimal symptoms compared to acute anterior uveitis. A 14-year-old male patient presented with complaints of complete vision loss, severe pain, redness, watering, and photophobia of the right eye, associated with headache and recurrent abdominal pain for 6 months. He had a past history of retinoblastoma in the left eye and cataract surgery in the right eye. He is positive for TORCH antibodies. His condition was diagnosed as Chronic Anterior Uveitis, and Asopha Akshipaka, which has led to Hathadhimantha in Ayurvedic terms.

Intervention: The main line of treatment employed was continuous Raktamokshana with Jalouka as the diseases Ashopha Akshipaka and Athimandha are Vyadhana Sadhya Vyadhis. Along with internal medications, Panchakarma procedures with special emphasis on Lekhana Basthi and external therapies like Ksheeradhara, Shirolepanam, Netra Kriyakalpas such as Pindi, Bidalakam and Netra Pichu were advised.

Conclusion: Headache and associated inflammatory signs in the right eye reduced considerably. The patient could wean off all the allopathic anti glaucoma medication. The previously elevated liver function test and lipid profile parameters had considerably reduced.

Keywords: Asopha Akshipaka, Chronic Uveitis, Hathadhimanta, Lekhana Basthi, Raktamokshana

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Introduction

Anterior uveitis refers to inflammation of uvea mainly involving areas from iris to pars plicata part of the ciliary body. When this condition last longer than 3 months, it is termed as chronic uveitis. It is gradual in onset. It has many causes and is mainly classified as infectious, non-infectious and masquerade syndromes.[1] Among the viral causes of infectious uveitis, TORCH syndromes have primary position.[1] Here a case management of a boy, who was diagnosed as *Asopha Akshipaka*, with *Athimantha* which has further progressed to *Hathadhimantha* is discussed. The boy had a childhood history of Retinoblastoma (Left Eye), Cataract Surgery (Right Eye) and is TORCH positive for Rubella and Cytomegalovirus. Both the conditions are *Vyadhana Sadhya Rogas* according to Ayurveda. *Asopha Akshipaka* has all clinical symptoms similar to *Sasopha Akshipaka* except *Sopha* and the treatment is mentioned in *Raktaja Abhishyandha Pratishedha*. [2] *Hathadhimantha* is a successive stage of *Vataja Athimandha* which occur if the *Athimantha* is not treated properly. [3] Even though the prognosis of *Hathadhimantha* is *Asadhya*, the severe pain and associated symptoms can be managed with treatment protocols mentioned in *Sarvakshigata Roga Pratishedha*. The treatment modalities include *Snehapanam* with *Purana Ghritam*, *Rakta Mokshana*, *Sneha Virechana*, *Basthi*, *Pradeha*, *Parisechana*, etc.

Case Report

14-year-old male of moderate build, first child of non-consanguineous parents, presented to the Out Patient Department of Ayurvedic Hospital on 09-09-24 with complaints of complete loss of vision, severe pain, redness, watering and photophobia in right eye for the past 6 months. He also reported associated symptoms of headache and recurrent abdominal pain during the same time. Prior evaluation by an ophthalmologist, revealed intraocular inflammation and elevated Intra Ocular Pressure in the affected eye. The doctor prescribed an injection and 4 types of anti-glaucoma eyedrops. After the injection, he experienced sudden and complete loss of vision in right eye. Other symptoms of eye pain, watering, redness and photophobia persisted. Headache was constant, aggravated during night time, also with exposure to light and sound.

There was no nausea or vomiting associated. Then, he got admitted at Ayurveda Hospital, for further treatment.

Past illness

- H/o Retinoblastoma (left eye) was found at 8th month of age.
- H/o Cataract (right eye) was found at 10th month of age.

Treatment History

- Surgery for removal of Retinoblastoma tumour
- Chemotherapy
- Radiation therapy
- Cataract surgery in right eye
- Continuous monitoring - every 6 month till 6 years of age

Birth History

- Full Term, LSCS
- Birth weight -3kg
- NICU Admission - 4 days - due to physiological jaundice
- Milestones were attained at normal age
- Fully vaccinated

Personal History

- Diet - mixed
- Appetite - good
- Bowel - regular
- Sleep - disturbed
- Micturition - WNL
- Allergy - to dust

Allopathic Treatment

- Dorzolamide + timolol - 1 drop twice daily right eye instillation
- Bimatoprost - 1 drop at night, right eye instillation
- Ripasudil - 1 drop twice daily right eye instillation
- Brimonidine - 1 drop twice daily right eye instillation

Vital Status

- Temperature - 97°F
- BP - 110/70mmHg

- HR - 70/min
- Pulse Rate - 62/min
- Respiratory rate - 14/min
- Body Weight - 65kg
- Height - 162 cm
- BMI - 24.7

Table 1: Examination of eye

Examination	Right Eye	Left Eye
Eyeball	Sunken	Prosthetic eye
Eyelid	Margin – normal Movements – normal	Margin - normal, Movements - normal
Conjunctiva		-
Palpebral conjunctiva	Congested ++	
Bulbar conjunctiva	Ciliary congestion ++	
Sclera	Whitish	-
Cornea	Macular opacity	-
Anterior chamber	Deep	-
Iris	Brownish	-
Pupil	Irregular	-
Lens	Pseudophakia	-
Visual acuity	PL negative	PL negative
IOP - digital Tonometry	Hard	-
Non-contact tonometry	Error	-
Paranasal sinuses {Frontal, Ethmoidal, Maxillary}	No tenderness	No tenderness
Nose	Normal	Inferior turbinate hypertrophy
Throat - anterior & posterior pillars	Congested	Congested
Tonsils	Grade 2 enlargement	Grade 4 enlargement

Table 2: Symptom Score

SN	Symptom Score	Before treatment 25-9-24	After Treatment 4-11-24
1.	Pain	Severe	Nil
2.	Redness	Moderate	Mild
3.	Watering	Moderate	Nil
4.	Photophobia	Severe	Nil
5.	Headache	Moderate to severe	Nil
6.	Pain Abdomen	Moderate	Nil

Ashtasthana Pareeksha

- Nadi - Hamsam Gathi
- Mootram - Avilam, Ishat Peeta Varnam

- Malam - Agrathitham
- Jihwa - Upalipatam
- Shabdham - Voice - Ksheenam, Borborygmus (Abdomen)
- Sparsham - Anushnasheetam, Mridu Sparsham
- Aakriti - Madyamam

Drik Pareeksha

- Dhumra Varnam - Smoky eyes (corneal opacity)
- Aruna Varna - Shukla Mandalam
- Chanchalam - Nystagmus
- Antapraavishta - Sunken eyes

Dasha Vidha Pareeksha

- Dooshyam

Dosha - Tridosham

Dhatu -

Rasam - (Agni Nasham, Srotorodham)

Rakta - (Rakta Netradha, Gulma, Kamala)

Mamsa - (Arbudham, Galashundika)

Meda - (Shithilatwam Ange, Aasya - Swapna Sukham)

Asthi - (Danta Shoolam, Dental Caries)

Majja - (Tamaso Darsham)

- Desham -

Bhumi Desham - Anupa Desham

Deha Desham - Netram

- Balam -

Roga Bala - Pravara

Rogi Bala - Vyayama Shakti (physical and mental) - Heena

Vyadhi Kshamatwam - Heena

- Kalam -

Kshanadi Kalam - Sarva Ritu (Sarat, Grishma more)

Vyadi Avastha Kalam - Puranam

- Analam - Mandagni

- Prakriti - Pitta - Kapha

- Vaya - Balyam

- Satwam - Heena

- Satmyam - Sarva Rasam

- Aharam -

Abhyavarana Shakti - Madhyama

Jarana Shakti - Heena

Table 3: Blood Investigations

SN	Blood Test	Before Treatment (25-9-2024)	After Treatment (04-11-2025)
1.	Hb	14.4 Gm%	14.7 Gm%
2.	ESR	12mm/hr	8mm/hr
3.	T. Bilirubin	0.3 mg%	0.2 mg%
4.	D. Bilirubin	0.1 mg%	0.1 mg%
5.	SGPT	129 IU/L	78 IU/L
6.	SGOT	78 IU/L	39 IU/L
7.	T. Cholesterol	154 mg%	187 mg%
8.	Triglyceride	252 mg%	94 mg%
9.	HDL	35 mg%	44 mg%
10.	LDL	69 mg%	125 mg%
11.	VLDL	50 mg%	18 mg%
12.	RA Factor	29 IU/ML	--
13.	ASO Titre	< 50 IU/ML	--
14.	CRP	Negative	--
15.	HBsAG	Negative	--
16.	IgE	15 IU/ml	--

Previous Reports**USG Abdomen - 13/9/24**

Grade 1 – 2 (mild to moderate) Fatty liver.

Torch IgG IgM Screening - 19-10-2024

Rubella IgG - 131.200 - Reactive

CMV IgG - 144.30 - Reactive

Nidanam**1. Viprakrishta Nidanam - Janmabala Pravritta Vyadi → Jatyandhyam**

- Genetic mutation - deletion of RB 1 gene → Retinoblastoma (left eye)
- Congenital cataract (right eye)

2. Sannikrishta Nidanam - habits - Swapna Viparyayam - falling sleep late night, day sleep, (disturbing circadian rhythm), until then hearing mobile using air pods, (no control over sound volume or listening time) - Shhravanendriya Atiyogam

- Diet habits -**

Consumption of heavy food - almost daily basis, Biriyani, ice cream - Viruddha Aharam

- Mental stress** - cortisol
- Lack of exercises**
- TORCH positive**

Poorvaroopam - Aavila, Samrambham, Ashru, Toda, Raga, Soolam Vartma Kosham

Roopam - Ragam, Ashrupata, Severe Eye pain, Headache, Increased IOP, Loss of vision, Nystagmus, Sunken eyes

Upashaya - Sheeta

Anupashaya - Ushna

Samprapti

Dietary Nidanas like having heavy and Virudha Aharas, Nidanas like Swapna Viparyaya - having day sleep and late-night sleep, Shrotrendriya Athiyoga, mental tension, presence of TORCH antibodies in blood etc causes Jataragni Mandya, which leads to accumulation of Ama and Kledamsha in body (Sarva Deha Syandhana). Urdhwa Vahi Siras carry Ama & Kleda into Shiras causing Shiro Netra Abhishyandha (Prayena Sarve Netramayasthu Bhavanthi Abhishyandha Nimittamoola).[4] Thus, leading to successive stages of Abhishyandham - Asopha Akshipakam - Athimandam (increased IOP) & finally vitiated Vata Dosha causing Drishtinasha (loss of vision) and severe eye pain leading to stage of Hathadimantha.

Intervention

Asopha Akshipakam & Adhimantham are Vyadhana Sadhya Vyadhis. Hathadimantha is later stage, which is Asadhya. The Dosha predominance of Ashopha Akshipaka is Tridosha & Rakta. Dosha predominance of Hathadimantha is Vata Dosha. The treatment protocol in this case is formulated considering systemic condition & comorbidities of patient. The patient suffered from recurrent pain abdomen, and ultrasound scan revealed patient to have grade 1- 2 fatty liver, it was evident with elevated values of Triglyceride, SGPT & SGOT levels. As all disease arise from Jataragni Mandya & Ama, his treatment began at base level - correcting Agni. Other comorbidities like tonsilitis, toothache was also managed during course of hospital stay.

Table 4: List of Medicines Given

SN	Internal Medication	Dose
1.	Guluchyadi Kashaya	90 ml Bid B/F
2.	Punnarnavadi Kashaya	90 ml Bid B/F
3.	Vaishwanara Choorna	5 gm Bid B/F
4.	Gokshura Choorna	5 gm Bid A/F
5.	Tab. Chandraprabha	1-0-1 A/F
6.	Manibadra Gulam	5gm Hs
7.	Kanchanara Guggulu	1-0-1 B/F
8.	Trikatu Choorna	2gm Bid A/F with Anar Juice

Table 5: List of Treatment Procedures given to the Patient

SN	Procedure	Medicine	Days
1.	Udwartanam	Kolakulathadi Choornam	3 Days
2.	Kashayadhara	Varanadi Kashayam + Guluchyadi Kashaya	3 Days
3.	Takrapanam	Vaishwanara Choornam	2 Days
4.	Snehapanam	Purana Sarpis processed with shigru leaves + vilva leaves	3 Days
5.	Abhyanga + Oshma Sweda	Lakshadi Taila	1 Day
6.	Virechana	Gandharva Erandam + Milk + Triphala Kashaya	1 Day
7.	Ksheeradhooma Nasya	Rasnadashamoola Grita	3 Days
8.	Lekhana Basthi	Triphala Kashaya, Kalka- (Shatapushpa + Mustha+ Pippali), Madhu, Saindhavam, Panchamla Taila	15 Days
9.	Ksheeradhara	Manjisthadi Ksheeradhara	7 Days
10.	Shirolepam	Nalavanchuladi Choornam	7 Days
11.	Netra Pindi	Triphala Choorna+ Yashti Choornam + Madhu +Murivenna +Saindhavam	7 Days
12.	Netra Pichu	Durva Gritam + Murivenna	7 Days
13.	Raktamokshanam - Over Outer Canthus of Right Eye	Jalouka	Every Day
14.	Sekam	Yashti Kashaya	Initial 10 days
15.	Aschyotanam	Shigru - Punnarnavadi Arkam	Initial 10 days
16.	Bidalakam	Mukkadi Bidalakam	Initial 10 days

Discussion

Guluchyadi Kashaya has *Agni Deepana* property, pacifies *Pitta* and *Kapha Dosha*, reduces *Daha*, *Trishna*, has *Jwarahara* (anti-inflammatory) action. This helps to regulate liver functions and proper secretion of bile. *Punnarnavadi Kashaya*[5] has *Deepana*, *Pachana*, *Medohara*, *Srotorodhahara* action, reduces *Sotha*, *Gulma*, *Udaram*, and has *Lekhana* action. *Vaishwanara Choorna* has *Agni Deepana* action, *Vatanulomana* action, helps in *Uttarothara Dhatu Parinama*. Improves bile secretion and fat emulsification. *Gokshura Choorna* is *Vata-Kaphahara*, is *Mutralam* and *Sothahara*. It has *Rasayana* action. *Tab. Chandraprabha*[6] contains 37 ingredients with *Shilajathu* and *Guggulu* as main drugs, it is *Katu*, *Thikta* in *Rasa* and *Laghu Rooksha* in *Guna*, *Ushna Veerya* and *Katu Vipaka*, it is *Tridosha Shamaka* and *Vata Kapha Shamaka*,

Reduces *Medoroga*, *Kamala*, *Netraroga*, and *Dantaroga*. *Manibadra Gulam* is given for *Nithya Virechanam*. When *Malas* are properly expelled through the urinary route and through the stools, the macro and microchannels of the body clears of the toxins and lead to *Srotoshodhana*. *Kanchanara Guggulu* has *Chedhana*, *Medohara* action, it is useful in *Galaganda*, *Gulma*, *Sotha*, *Medoroga*. *Trikatu Choornam*[7] with pomegranate juice has excellent hepato-protective effects. It reduces the triglyceride deposition in the liver. It aces the secretion of liver enzymes. Thus, all the internal medications are selected to reduce inflammation in body and in eye.

"*Tathra Shaaka Raktadayo Dhathavastwak Cha Bahyaroga Margah*[8]": since the *Bahyaroga Marga* include all the *Saptha Dhatus*, all the external treatments applied on the body will get absorbed and will bring about therapeutic effects in the patient. *Udwartanam* is the procedure which help in reducing *Kapha* and dissolving *Medas*, it provides firmness to body parts and clarifies the skin. *Kolakulathadi Churna* is the most commonly used medicine for *Udwartana* purpose. It helps in reducing *Vata Kapha Dosha* and *Medoroga*. *Kashayadhara* improves blood circulation in the body, improves strength, helps in detoxification. Local treatments like *Yashti Kashaya Sekam*, *Aschyotanam* with *Shigru - Punnarnavadi Arkam* and *Bidalakam* was done in the initial 10 days of the treatment. *Yashti Kashaya* has *Pitta - Raktahara* action, is soothing to the eyes. *Aschyotanam* and *Bidalakam* has the properties to reduce *Daha*, *Upadeha*, *Raga* and *Sopha*. *Mukkadi Purampada* is used as *Bidalaka*. The *Yoga* is mentioned in *Sahasrayoga*. It reduces elevated IOP, redness and other inflammatory signs in the eye. *Takrapana* is done by adding *Vaishwanara Churna* for the purpose of getting *Agni Deepthi* before introducing *Ghritha*. *Vicharana Snehapana* was done with *Purana Ghritha* processed with *Shigru* and *Vilva* leaves and was given to the patient for 3 days. *Abhyanga* with *Lakshadi Taila*, followed by *Swedana* was given for one day prior to *Virechana*. *Snigdha Virechana* was done with *Gandharva Erandam + milk + Triphala Kashaya* and it resulted in 4 Vegas. *Lekhana Basthi Dravyas* have *Tridosahara* property, *Deepana*, *Rochana*, *Lekhana*, *Chedhana*, *Chakshushya* and *Vatanulomana* property. *Panchamla Taila* is mentioned in *Sahasrayoga*, has *Vata-Kaphahara* property, has some of the *Amla Rasa Pradhana* drugs, *Gomutra* and *Tila Taila*.

It helps for *Vatanulomana*, is useful in *Udara*. *Triphala Kashaya* is rich in anti-oxidants, has *Anulomana*, *Chakshushya* and *Vranaropana* action. *Kalka Dravya* used is a combination of *Shatapushpa*, *Pippali* and *Musta*. It has *Agni Deepana* and digestive action. *Madhu* has *Chedhana* and *Lekhana* properties and *Saindhava* are *Yogavahi* and helps to remove the doshas from the body. *Manjishtadi yoga* mentioned in *Sarvakshi Pratishedham* in *Ashtanga Hridaya* is used for *Ksheeradhara*. Ingredients are *Manjishta*, *Rajani*, *Laksha*, *Draksha*, *Ridhi*, *Madhuka*, *Utpala*. It is specifically mentioned to do *Sechana* in *Rakta* and *Pitta* predominant *Avastha*. *Nalavanjuladi Choornam* is described for *Shirolepa* in the context of *Pitta Rakta Shiroroga* in *Susruta Samhita Shiroroga Pratishedha*, ingredients are *Nalavanchula*, *Kalhara*, *Chandhana*, *Utpala*, *Padmaka*, *Vamsha*, *Durva*, *Yashtiadhu* and *Musta*. The drugs have *Sheeta* property, *Rooksha Guna* and thus reduces inflammatory signs and intra ocular pressure. *Netra Pindi* is specifically mentioned *Abhishyadha* diseases, it is effective in reducing inflammatory conditions. *Netra Pichu* is also very useful to reduce inflammatory condition.

Raktha Mokshana with *Jalooka Avacharana* was done on every day during the hospital stay. One *jalooka* can suck about 5 - 15ml of blood at a stretch. Its saliva contains anticoagulant and anti-inflammatory substance. All toxins carried by *Rakta* is removed. The continuous *Rakta Avasechana* will reduce *Srotorodha* and improves aqueous secretion and its microcirculation, thus reduce intra ocular pressure. Accordingly reduces pain and other inflammatory signs in eye.

Conclusion

Stealing gift of vision from person is sorrowful, but much worser is when he has to suffer physical pain in addition to loss. Considerable & sustainable reduction in pain & other inflammatory signs were obtained; patient could stop using all allopathic anti-glaucoma eyedrops. The elevated blood parameters like Lipid Profile & Liver Function Test were almost normal by end of treatment.

References

1. Khurana AK. Comprehensive Ophthalmology. 9th ed. New Delhi: Jaypee Brothers Medical Publishers; Chapter 8: Diseases of Uveal Tract. p. 143–145 [Crossref][PubMed][Google Scholar]

2. Susrutha. Susrutha Samhita with Dalhana Commentary. Varanasi: Chaukambha Sanskrit Samsthan; 2010. Uttaratantra, Chapter 12: Raktaja Abhishyandha Pratishedha. [Crossref][PubMed][Google Scholar]

3. Murthy KRS. Ashtanga Hridaya. Vol. 3. Varanasi: Chaukambha Krishnadas Academy; Uttarasthana, Chapter 15: Sarvakshiroga Vijnaniya, Shloka 5 [Crossref][PubMed][Google Scholar]

4. Susrutha. Susrutha Samhita with Dalhana Commentary. Varanasi: Chaukambha Sanskrit Samsthan; 2010. Uttaratantra, Chapter 6: Sarvagatarog Vinjaneeyam Adhyayam. [Crossref][PubMed][Google Scholar]

5. Panwar S, Joshi RK, Saroj UR. A review on Punarnavadi Kwath: An Ayurvedic polyherbal formulation for Chronic Kidney Disease (CKD). J Ayurveda Integr Med Sci. 2023;7:59–65. doi:10.21760/jaims.8.7.10 [Crossref][PubMed][Google Scholar]

6. Sahoo P, Mahanta N. A critical analysis on a multipotent drug Chandraprabha Vati – review article. Int Res J Ayurveda Yoga. 2022;5:105–117. doi:10.47223/IRJAY.2022.5116 [Crossref][PubMed][Google Scholar]

7. Sharma R, Jadhav M, Choudhary N, Kumar A, Rauf A, Gundamaraju R, AlAsmari AF, Ali N, Singla RK, Sharma R, Shen B. Deciphering the impact and mechanism of Trikatu, a spices-based formulation on alcoholic liver disease employing network pharmacology analysis and in vivo validation. Front Nutr. 2022 Nov 16;9:1063118. doi:10.3389/fnut.2022.1063118. PMID: 36466417; PMCID: PMC9709420 [Crossref][PubMed][Google Scholar]

8. Sreekumar T. Principles of Ayurveda. 7th ed. Sutra Sthana, Chapter 12: Dosha Bhediya, Shloka 44. [Crossref][PubMed][Google Scholar]

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