



## CASE REPORT ON CORNEAL ULCER MANAGEMENT – AN EMERGENCY APPROACH IN AYURVEDA

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### ABSTRACT:

Corneal ulcer is defined as discontinuation of normal epithelial surface of cornea associated with necrosis of the surrounding corneal tissue. The two main factors responsible for this are damaged corneal epithelium and infection of the eroded area. As the corneal ulcer is vision threatening, it always demands urgent treatment approach. In Ayurveda this condition could be considered as *Kshathasukla* which has been mentioned elaborately in *Ashtangahrudaya Uttarastana* in the context of *Krishnagataroga*. *Kshathasukla* is a *Pitha pradhana vyadhi* caused due to an injury. The prognosis of the disease vary with respect to the number of *Patalas* involved. The treatment have been illustrated with *Raktamoksha* and *Virechana* in order to address the predominant *Pitha* and *Raktha* involved in the pathogenesis. The case presented here is successfully managed with repeated *Raktamokshana*, *Virechana* along with local procedure like *Seka*. After 14 days of treatment patient got complete relief from symptoms. No side effects was observed during the course of treatment and even in follow up period.

**Key words:** Corneal ulcer, *Kshathasukla*, *Rakthamokshana*, *Virechana*, *Seka*

## INTRODUCTION

Corneal ulcer is a defect in the surface epithelium of cornea. It is a discontinuation of normal epithelial surface of cornea associated with necrosis of the surrounding corneal tissue <sup>[1]</sup>. Corneal epithelium damage is a pre-requisite for infecting organisms to produce ulceration. The ulcer could undergo penetration leading to corneal perforation and spreads quickly to involve the whole cornea as sloughing corneal ulceration. The patients presents with symptoms of pain, foreign body sensation, lacrimation, photophobia and congestion of eye. Lack of proper management may lead to complications like toxic iridocyclitis, secondary glaucoma, descemetocoele and perforation of corneal ulcer which further end up in endophthalmitis or even panophthalmitis.

*Kshathasukla*<sup>[2]</sup> is a *pitha pradhana vyadhi* resulted by a tear (*kshatha*) in the cornea. In which the eye seems to have *pakwajambuniba* (conjunctival or circumcorneal congestion) in appearance. Prognosis of the disease is clearly mentioned with respect to the depth of ulcer. When the tear is limited to the first *patala* the prognosis is *krichrasadya*, *yapya* in case of involvement of second *patala* and *asadya* when tear extend upto third *patala*.

## CASE REPORT

This case report highlights the potentiality of Ayurveda as an emergency approach in management of corneal ulcer. A 50 years old, female lady with no-comorbidities, from a middle class economic background presented at OPD of Salakyatantra department, Govt. Ayurveda

College, Tripunithura on 3/10/2023, with redness, mucopurulent discharge, photophobia and lacrimation in Right Eye since 2 days. As per patient, 2 days before she had a foreign body injury in Right Eye associated with mild irritation and lacrimation. She immediately consulted an ophthalmic hospital and was referred to higher centers for quick management. As she was not willing and also from inner built trust on Ayurveda, she approached our hospital for a relief for her symptoms.

### Past history

The patient was known diagnosed case of PCV (both eye), with her BCVA as CF 1m <N36, 6/24 N18 since 2020.

### On Examination.

Right eye upper and lower eyelid was edematous, palpebral aperture was reduced. Conjunctival and circumcorneal congestion was present. On corneal examination, an oval shaped ulcer with mucopurulent discharge was seen on 6'o' clock position, which was of 1.5 mm\*1.5mm in diameter, encroached up to the deep stromal layer. She had severe photophobia, lacrimation and pain.

Cataract evaluation showed OD- C<sub>0</sub> PSC<sub>0-1</sub>N<sub>1</sub>, And OS-C<sub>0</sub> PSC<sub>0-1</sub>N<sub>1</sub>.

On Slit lamp examination, Cornea and Conjunctiva of left eye was clear and seemed to be normal.

Blood sample evaluation, Hb -11.2 gm%, FBS- 90mg/dl, Triglycerides-110mg/dl, ESR-15mm/hr.



Fig 1 : Day 1 corneal ulcer at 6'o'clock position of RE

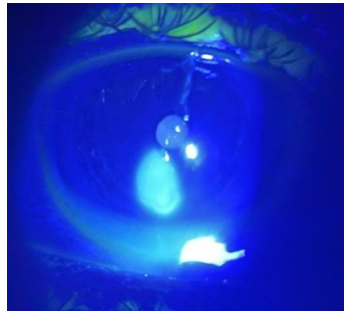


Fig 2 Fluorescein stain positive

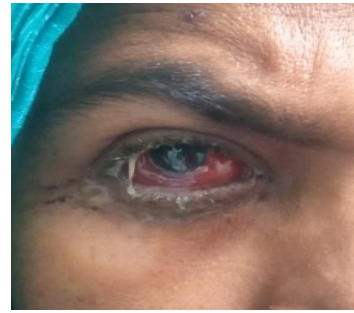


Fig 3: Day 2 Increased chemosis, redness,

### Diagnosis- Kshatasukla

Ayurveda has clearly explained about corneal diseases. *Ashtanga Hrudaya* explained 5 *Krishnagata roga's* and *Susrutha* explained 4 *Krishnagata roga's*. In this case, the ulcer has resulted from a foreign body injury (*kshata*) and as the corneal ulcer depth was up to stromal layer,

there is involvement of three *Patala's*. So the diagnosis is made as *kshathasukla* which will leave a leucomatous opacity on healing

### Differential diagnosis- Savranasukla<sup>[3]</sup>

As here the ulcer is caused by an Exogeneous origin, *Savranasukla* is excluded.

### Treatment plan

**Table 1: Treatment protocol for corneal ulcer**

Date	Procedure	Medicine	Dose/Duration/Site	Remarks
3/10/2023-16/10/2023	Internal medication	<i>Patoladi kashayam</i> <i>Manjishta+yashti+triphala kashya</i>	90ml bd(6am &6pm) 3 times/day (8am,11am,4pm)	
4/10/2023&6/10/2023 8/10/2023	<i>Virechana</i> <i>Jaloukavacharana</i>	<i>Patolamooladi kashayam+Trivrit choornam</i>	25ml <i>kashayam</i> +1tsp <i>choornam</i> (5gm) Forehead/lower eye lid	Photophobia, pain, irritation reduced. redness and lacrimation persisted 50% symptoms reduced
10/10/2023 To 16/10/2023	<i>Sirodhara</i>	<i>Manjishtadi kashayam+ Guluchyadi kashayam</i> <i>Triphala+Trivrit choorna</i>	Forehead 30 min 1tsp each	

	<i>Mridu virechana</i>		churna+1/2 glass hot water(9pm)	
11/10/2023 13/10/2023 15/10/2023	<i>Jaloukavacharana</i>		Forehead lower eyelid	Pain ,lacrimation, photophobia reduced. Patient able to keep her eyes open.
16/10/202 Discharged with advise    Review on 31/10/2023	Internal medication  <i>Mridu virechana</i>  <i>Sekam</i>	<i>Patoladi kashayam</i>  <i>Triphala+Trivrit churna</i> <i>Yashti+manjishta+triphala</i> <i>kashaya</i>	90ml bd (6am,6pm)  1tsp each churna+1/2 glass hot water 8am,11am,4pm	Mild congestion only  Review on 31/10/2023 Congestion reduced completely
31/10/2023	<i>Anjana</i>	<i>Sitamanasiladi anjana</i>	8am, 5pm	2 weeks



**Fig 4: Jalouka avacharana Forehead**

#### DISCUSSION

Acute management by *Ayurveda* is the most debated one, especially in the treatment aspect of eye. This was a case of an acute presentation of corneal ulcer. When she approached us, her vision



**Fig 5: Jalouka avacharana Lower lid (RE)**

was (BCVA) HM+ve, 6/24. She was having severe photophobia, lacrimation, mucopurulent pus discharge and pain in Right eye .On Examination (SLE-Fluorescein staining) an ulcer was seen on 6'o' clock position with depth up to stroma, suggestive of involvement to 3 *patalas*. The Examination give

the idea of corneal injury, thus the disease was diagnosed as *Kshatasukla*. Patient was made aware of seriousness of the disease and the need for adherence to all restrictions which is a part of Ayurveda management for the quickest cure.

As this is an acute inflammatory stage, there will be involvement of *Pitha*, *Rakta*, *Kapha* most predominantly. In order to address this, treatment was planned as per classical references [4].

*Patolamooladi Kashaya* was given for *nitya* virechana. This could be reduce the *Pitha*, *Rakta*, *Kapha* involved in the early stage of *samprapti*.

Local application *Seka* with *Manjishtadi*, *Yashti*, *Triphala churna* pacifies *Pitha*, *Rakta*, *Kapha* dosha's and hence helps in reliving the inflammation. To address the deep rooted *Pitha* and *Rakta*, *Rakthamoskhana* was done.



Fig 6: Healed corneal ulcer

## CONCLUSION

The Corneal ulcer in Right eye of 50 year old female was managed successfully by an emergency approach of Ayurveda within 2 weeks. It shows that *Ayurvedic* management of corneal ulcer is at same pace with the modern management. Also highlighting that without complication, the ulcer healed quickly. The potentiality of Ayurveda treatment as an emergency management should be explored more by conducting various clinical

*Jaloukavacarana* was done on *lalata* and lower eyelid on alternate days. This helps to reduce pain and redness. *Sirodhara* was done with *Guluchyadi* and *Manjishtadi Kashaya* to alleviate *Pitha* and *Rakta*.

Review was on 31/10/2023, after 15 days. On Examination a corneal scar (Oval 1.5mm\*1.5mm) over 6'o clock position in Right eye was seen. There was no discharge, pain, lacrimation in Right eye. BCVA is CF2m <N36, 6/24 N18. *Anjana* with *Sitamanasiladi* was advised for *Lekhana* action for 2 weeks.

## RESULTS:

After 14 days of management with *raktamokshana*, *virechana*, *sirodhara* and local procedures patient got complete relief from her symptoms.



Fig 7: Fluorescein stained Negative

trials. Hence proving that *Ayurveda* could contribute much to public health.

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