



AYURVEDIC MANAGEMENT OF SAVRANA SHUKLA W.S.R TO SUPERFICIAL CORNEAL ULCER- A SINGLE CASE STUDY

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Abstract: **Introduction:** *Savrana Shukla* is one among 4 types of *Krishnagata Rogas* (Diseases of Cornea) according to *Acharya Sushruta* and 5 types according to *Acharya Vagbhata*. *Savrana Shukra* means an ulcer of white colour and the causative *doshas* are *Rakta (Su.)* and *Pitta (Va.)*. It is mainly characterized by *Nimagnaroopa* on *Krishnamanadala* (Saucer shaped deformity of ulcer), *Suchyevavidam* (Pricking pain), *Ushnasrava* (Warm discharge), *Teevrraruk* (Acute pain) and *Toda* (Pricking sensation), *Raga* (congestion). Considering the clinical features of *Savrana Shukla* it can be correlated with Corneal Ulcer. **Aim:** To evaluate the effect of *Aschyotana* of *Yastimadhu Ghrita*, *Triphala Guggulu* and *Triphala Churna* in the management of *Savrana Shukla*. **Materials and Methods:** The subject approached to *Shalaky Tantra* OPD of Institute of Teaching and Research in Ayurveda (ITRA), Jamnagar, with symptoms of ocular pain in left eye, difficulty in opening of eye, mild congestion since 20 days along with history of trauma with some vegetative matter was systemically reviewed and *Aschyotana* and oral medications were prescribed. **Results:** The subject showed marked improvement symptomatically as well as under slit-lamp examination done at different interval of treatment. **Discussion:** The manifestation of symptoms and its severity depends on its extent of involvement of *Dosha-Dushya Sammurcchana*. Though the disease is *Rakta* and *Pitta* predominant, there is involvement of *Vata Dosha* in the *Samprapti* of *Savrana Shukla*. By adopting the holistic approach with external treatment modality an attempt is made to bring about satisfactory results.

Key words: *Savrana Shukla*, Corneal Ulcer, *Aschyotana*, *Triphala Guggulu*, *Triphala churna*.

1. INTRODUCTION:

One among the 5 *mandalas*; *Krishna Mandala* which holds the 1/3rd among *Netra Ayama* and 1/7th of *Krishna Mandala* is *Taraka*. Anatomically *Krishna Mandala* has two structures; the iris and cornea. *Savrana Sukra* is one among 4 types of *Krishna Mandala Rogas* according to *Sushruta* and 5 types according to *Vagbhata*. *Acharya Vagbhata* has termed this as *Kshata Shukla*. The main causative *Doshas* are *Rakta (Su)*, *Pitta (Va)* and this condition is said to be *Asadhya*. *Savrana Shukla* means an ulcer of white colour and the word *Kshata* mean discontinuity. Similar pathology can be seen in corneal ulcer, the discontinuity of normal corneal tissue. Causative factors of *Savrana Shukla* are *Abhighaathaja* (Trauma), *Keetamakshika Sparshadibhi* (Invasion of bacterial, viral and protozoal organisms), *Vata-rajo-dhooma Nishevanat* (Injury by vegetative material), *Abhishyandha* (Conjunctivitis), *Vyalakrutha* (Injury by Animal tail), *Salilakridat* (Exposure to contaminated water). Clinical features of this diseases mentioned on *Samhitas* are *Nimagnaroopa* on *Krishnamanadala* (Saucer shaped deformity of ulcer), *Suchyevavidam* (Punctate epithelial erosions as seen in viral ulcers), *Ushnasrava* (Warm discharge), *Teevrraruk* (Acute pain), *Toda* (Pricking sensation), *Raga* (conjunctival congestion), *Pakwajambunibham* (severely congested eye / Ciliary congestion). *Acharyas* has mentioned *Savrana Shukla* as *Asadhya roga* but *sadhya* as well as *asadhya lakshanas* has been clearly mentioned. *Drishtisameepenabhavethu* (Peripheral ulcer), *Na Cha Avaghadam* (Superficial ulcer), *Na Samsravedh* (Non discharging ulcer), *Avedana* (Painless Ulcer), *Na Cha Yugma Sukram* (not multiple is number) are of *Sadhya* type. While opposite of these signs along with *Vicchinnamadaya* (Performance Of Ulcer), *Pishitavruta* (Iris Prolapse, Anterior



Staphyloma), *Chala* (Toxic Iridocyclities), *Sirasakta* (Neovascularization), *Lohitamantatascha* (Hemorrhage/hyphema), *Chirottitam* (Chronic), *Ushnashru* (Warm discharge), *Pidaka* (Descemetocoele) is considered *asadhya*.

Sadhya Savrana Shukla can be correlated with superficial corneal ulcer where only epithelial layer is involved. Configuring the disease as *Sadhya* different treatment has been mentioned aiming for reduction of *sotha* (inflammation), *Shoola* (pain) and *Gharsha* (discomfort), reduce *Raga* (congestion), debridement, promote *Ropana* (epithelialisation). *Snehana*, *swedana*, *shodhana* (purification) both *Sthanika* and *Sarvadehika* along with *Lekhana* is the main treatment principle mentioned for this disease. *Sthanika chikitsha* (Local treatment) with *Seka*, *Aschyotana*, *Tarpana*, etc along with oral administration of drugs has been indicated. The drug *Yasthimadhu Ghrita* for *Aschyotana* is *RaktaPiitahara*, *seeta guna* which act as *vedanahara*, *ropana* and *chakshukshya*. *Triphala* is a *Chakshyua Rasayana* which is *Tridoshasamaka*, has *ruksha* and *ushna* properties, *abhishyandahara*, *deepana* and *pachana* in nature. Therefore to evaluate the effect of *Yasthimadhu Ghrita Aschyotana*, *Triphala Guggulu* and *Triphala Churna* in the management of *Sadhya Savrana Shukla* (Superficial Corneal Ulcer), the present study was planned.

2. PATIENT INFORMATION:

Age: 35 yrs

Gender: Female

Religion: Hindu

Occupation: House wife

Socio-economic status: Middle class

3. CHIEF COMPLAINTS:

- I. Ocular pain (left eye) since 20 days
- II. Difficulty in opening of left eye since 20 days
- III. Foreign body sensation with redness since 20 days
- IV. Congestion of left eye since 20 days

4. HISTORY OF PRESENT COMPLAINTS:

Patient was apparently normal 2 months; suddenly she developed ocular pain on her left eye along with difficulty in opening of her left eye, foreign body sensation, tearing, and photophobia. The symptoms have risen after trauma with some vegetative matter on her left eye. She had used some topical eye drops and ingested some painkillers and got relief, but since 20 days the symptoms aggravated could not find any relief, so for further management she consulted *Shalakyu Tantra* OPD of Institute of Teaching and Research in Ayurveda, Jamnagar.

5. HISTORY OF PAST ILLNESS

The subject is not a known case of Diabetes mellitus, Hypertension or any other systemic illness.

6. PERSONAL HISTORY

- **Aharaja** : Vegetarian
- **Viharaja** : day sleep for half hour
- **Habbits**: No any addiction

7. FAMILY HISTORY

No any significant history related to the disease was found.



8. CLINICAL FINDINGS:

Astha Sthana Pariksha

1. *Prakruta*, 71/min
2. *Mutra: Prakruta*, 5 to 6 times/day, once at night
3. *Mala: Prakruta*, regular, once a day
4. *Jihwa: Alipta*
5. *Shabda: Prakruta*
6. *Sparsha: Prakruta*
7. *Druk: Aawila*
8. *Akruti: Pittavatala*

Vitals were normal. Respiratory system, Cardiovascular system, Gastrointestinal system, central nervous system and Musculoskeletal system has shown no abnormality.

Ophthalmological Examination

Torch Light Examination revealed severe congestion on bulbar and palpebral conjunctiva along with peripheral opacity around inferior limbal region of left eye, not obstructing the pupillary zone.

Best corrected Visual Acuity (BCVA) of Right eye was 6/9 and left eye was 6/18.

Slit-Lamp Examination showed congestion, neovascularization along with corneal opacity at 5, 6, and 7 O' clock position of limbus along with 2 ulcers about 2mm at lower palpebral conjunctiva near lid margin of left eye. No any deformity was noted on right eye.

Assessment of general condition

Bowel	Regular, 1-2 times/day
Appetite	Average
Micturition	Regular, 5-6 times/day
Sleep	Disturbed
Temperature	98.6° Fahrenheit

9. Treatment Adopted:

14/09/2023 to 10/10/2020

1. *Aschyotana* with *Yastimadhu Ghrita*, 10- 10 *bindu* dosage ,every 4 hourly.
2. *Triphala Guggulu* , 2 tablets, thrice daily
3. *Triphala churna*, 10 gms, at night time with *Goghrita* 10 ml

Patient was strictly advised to maintain ocular hygiene, avoided to exposure to severe sunlight and dusty, windy places and restriction on intake of *pitta* and *rakta prakopaka* food and drinks was done.

10. FOLLOW UP AND OUTCOME

On 7 th day		After completion of treatment
Subjective	Reduction on ocular pain and redness, can easily open eyes	No pain was present with none of associated complaints.
Objective	Mild congestion , neovascularization persists along with ulcer of 2 mm.	No congestion and neovascularization, ulcers has completely healed with small white opacity near 5,6 and 7 'o clock position.

On completion of the treatment, Best corrected Visual Acuity (BCVA) of Right eye was 6/9 and left eye was 6/9.



11. DISCUSSION:

Sadhya Savrana Shukla can be compared with superficial corneal Ulcer. After having a through literature review of the disease and treatment protocol mentioned in *Samhitas*, *Yastimadhu Ghrita* was chosen for *Aschyotana*. *Yastimadhu* is *Raktapittahara*, *Vranasodhaka* and *Ropaka*. Being *Chakshukya* along with its *Sheeta* and *Madhura* properties reduce burning sensation along with early healing of wound. *Ghrita* is also *Raktapittahara* along with healing and nourishing properties are present within it. *Sthanika Chikitsa*, *Aschyotana* was chosen with *Yasthimadhu Ghrita* to increase bio-availability of the drug in the tissue. *Triphala Guggulu* was given as *Vedanasthapaka* drug and *Triphala Churna* was given for *Anulomana* and *Tridosha Samana*. *Goghrita* was given as *sahapana* since it act as *Rasayana*, pacifies vitiated *Vata* and *Pitta Dosha* by its *Snighda* and *Madhura Rasa* simultaneously..

12. CONCLUSION:

The cardinal features *Sadhya Savrana Shukla* of described in our classical texts are similar to that of Superficial Corneal Ulcer in contemporary science. It is a clinical condition which is very common in today's practice. The timely treatment is most essential to avoid progression of the disease and cascade of complication as corneal ulcer is one of the most common cause of blindness in whole world. Local treatment along with internal medicines used in this case study has shown significant results (complete remission of the symptoms occurred after completion of treatment i.e., the patient obtained 100% relief in symptoms. Her visual acuity also came to normal. Ayurvedic treatment showed effective results in this case.

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CONFLICTS OF INTEREST

There are no conflicts of interest.

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