



AYURVEDIC MANAGEMENT OF ACUTE ANTERIOR UVEITIS (*PITTAJA ADHIMANTHA*): A CASE REPORT

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ABSTRACT

Introduction: Uveitis is an inflammatory disorder of the vascular layer of the eyeball and accounts for approximately 10% of blindness. Anterior uveitis denotes inflammation of the iris and/or the anterior part of the ciliary body and is characterized by pain, photophobia, ciliary congestion, blurred vision and keratic precipitates; if not treated promptly it can cause complications such as glaucoma, cataract, cystoid macular oedema and retinal detachment. **Case presentation:** A 40-year-old male presented with bilateral ocular pain, redness, watering, photophobia and blurred vision for 4-5 days, diagnosed as anterior uveitis and correlated with *Pittaja Adhimantha* according to Ayurveda. He was treated with *Jalaukavacharana* (leech therapy) on day 1 and day 7 along with internal medications: *Gokshuradi Guggulu* 250 mg – 2 tablets twice daily for 7 days, a *ghrita* preparation 3 g twice daily for 7 days, *Saptamrita Lauha* 1 tablet twice daily for 15 days and *Triphala Avaleha* 1 teaspoon once daily for 15 days. **Results:** By the third day of treatment, ocular pain, redness, photophobia, watering and blurring of vision had reduced by about 50% compared with baseline, and by the seventh day the patient became completely asymptomatic. **Conclusion:** The combination of *Jalaukavacharana* with internal *Pitta-shamana* medicines including *Gokshuradi Guggulu*, *ghrita*, *Saptamrita Lauha* and *Triphala Avaleha* proved effective in this case of acute anterior uveitis (*Pittaja Adhimantha*), suggesting a useful Ayurvedic alternative or adjunct to steroid-based management.

KEYWORDS: *Pittaja Adhimantha*, anterior uveitis, *Jalaukavacharana*, *Gokshuradi Guggulu*, *Saptamrita Lauha*, *Triphala Avaleha*.

INTRODUCTION

Uveitis refers to inflammation of the uveal tract and can involve the iris, ciliary body and choroid; it is responsible for nearly one-tenth of global blindness. Anterior uveitis affects the iris and anterior ciliary body and typically presents with photophobia, ocular pain, ciliary congestion, corneal haze, keratic precipitates and diminished visual acuity, often in association with autoimmune or systemic diseases. Conventional management primarily relies on topical and systemic corticosteroids and immunosuppressants, which, although effective, carry risks such as steroid-induced cataract, glaucoma and high recurrence rates.

In Ayurvedic literature, the symptom complex of anterior uveitis closely resembles *Pittaja Adhimantha*, a painful inflammatory disease of the eye chiefly caused by vitiated *Pitta* and *Rakta*. For *Pitta-pradhana* ocular disorders, *Raktamokshana* (blood-letting), *Pitta-shamana* internal medicines and *Rasayana* therapy are advocated, among which *Jalaukavacharana* (leech therapy) and *Gokshuradi Guggulu* are important interventions. This case report documents the successful management of acute anterior uveitis using these Ayurvedic modalities along with supportive formulations.

OBJECTIVES

1. To study the role of Ayurvedic management in Anterior Uveitis
2. To study the role of *Jalaukavharna* in correcting *Pittaja Adhimantha*.
3. To assess improvements in ocular symptoms and visual functions following Ayurvedic intervention.

CASE REPORT**Patient information**

A 40-year-old male reported to the Shalakyatantra OPD of Government Ayurvedic College, Nagpur, with the following complaints in both eyes for 4–5 days.

- Pain
- Redness

Ocular examination**Anterior segment**

Sr no	Parameter	Right eye	Left eye
1	Lids	Normal	Normal
2	Conjunctiva	Circumcorneal congestion	Circumcorneal congestion
3	Cornea	Mild haze	Mild haze
4	Anterior chamber	Mildly shallow	Mildly shallow
5	Pupil	Irregular, constricted, sluggish	Irregular, constricted, sluggish
6	Lens	NS-I	NS-I
7	Visual acuity	6/60 (pinhole)	6/36

Adapted from the original clinical notes.

Fundus examination

- Right eye: Media hazy; fundus partly seen; foveal light reflex present; optic disc normal, neuro-retinal rim obeying ISNT rule; cup–disc ratio 0.4; retinal vessels normal.
- Left eye: Media clear; fundus clearly visualized; foveal light reflex present; optic disc and vessels normal; cup–disc ratio 0.4.

Diagnosis

Based on bilateral ocular pain, redness, photophobia, corneal haze, shallow anterior chamber, irregular miotic pupils and decreased visual acuity, the case was diagnosed as acute anterior uveitis according to modern ophthalmology. Given the predominance of *Pitta* symptoms such as burning, redness and severe pain, the condition was correlated with *Pittaja Adhimantha* in Ayurveda.

Treatment**Local therapy – Jalaukavacharana (leech therapy)**

Jalaukavacharana was selected as the main *Raktamokshana* procedure because leeches are considered *Shita* (cold) and *Madhura* and thus specifically indicated in *Pitta-upasrṣṭa* conditions.

- The procedure was performed on day 1 and day 7 on *Apanga pradasha* (outer canthus region) of both eyes.
- **Purva karma:** local *snehana* and *swedana* were done; leeches were purified in turmeric-mixed water.

- Watering
- Photophobia
- Blurred vision

He was a worker by occupation with mixed (vegetarian and non-vegetarian) diet, good appetite, regular bowel movements and normal sleep. He was a known case of hypertension for 5 years on tablet Telma 40 mg once daily and had no significant surgical history, drug allergy or other systemic illness.

General examination

On examination his blood pressure was 120/80 mmHg, pulse 80/min and systemic examination was within normal limits.

- **Pradhana karma:** the skin at *Apanga sandhi* was pricked with a sterile needle to produce a drop of blood; leeches were applied at the site and covered with moist cotton; they detached spontaneously after adequate bloodletting or were removed by applying turmeric powder.
- **Paschat karma:** the bite site was dressed with *Yashtimadhu* or turmeric powder and bandaged firmly to control bleeding; leeches were induced to vomit sucked blood by sprinkling turmeric to enable reuse in the same patient.

Classical basis.

“**शीताधिवासा मधुरा जलौका वारिसंभवा ।

तस्मात् पित्तोपसृष्टे तु हिता सा त्ववसेचने ।**”

This verse states that leeches dwelling in cool water and having *Madhura* properties are beneficial for blood-letting in *Pitta-vitiated* disorders.

Internal medications

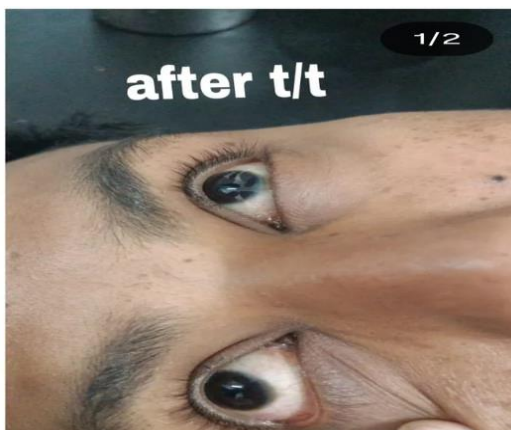
Along with *Jalaukavacharana*, the following oral medications were administered as per prescription:

1. **Gokshuradi Guggulu 250 mg** – 2 tablets twice daily after meals for 7 days.
2. **Ghrita preparation** – 3 g twice daily for 7 days, used as a *Pitta-shamana* and *Rasayana* support.
3. **Saptamrita Lauha*** – 1 tablet twice daily for 15 days as a *Netra-Rasayana* and *Tridosha-shamana* formulation.

4. **Triphala Avaleha*** – 1 teaspoon once daily for 15 days to support bowel regulation, systemic detoxification and ocular health.

Gokshuradi Guggulu contains *Gokshura* as the chief ingredient; it has *Katu* and *Tikta rasa*, *Shita*

virya and *Madhura vipaka*, acts as a diuretic and reduces inflammation, pain and vascular congestion while pacifying *Pitta dosha*. *Saptamrita Lauha* and *Triphala Avaleha* act as *Rasayana* for the eyes and help prevent recurrence by improving ocular nutrition and microcirculation.



RESULTS

During the 7-day treatment course, progressive improvement was noted.

- On day 1, the patient had marked redness, photophobia, pain, watering and blurred vision in both eyes.
- By day 3, all major symptoms had reduced by approximately 50%; ciliary congestion and corneal haze diminished and visual comfort improved.
- By day 7, the patient was completely asymptomatic with absence of redness and pain, and visual acuity improved to functional levels in both eyes; anterior segment findings returned to near normal.

No adverse effects of leech therapy or oral medications were observed during or after the treatment period.

DISCUSSION

Anterior uveitis is conventionally managed with topical and systemic corticosteroids, cycloplegics and immunosuppressants, but long-term or repeated use of steroids may cause complications such as cataract, glaucoma and delayed wound healing. In this case, the patient was managed exclusively with Ayurvedic interventions aimed at *Pitta-rakta-shamana* and *Raktamokshana*, and achieved complete remission within 7 days.

Jalaukavacharana removes vitiated blood locally, reduces inflammatory mediators and improves micro-circulation, leading to rapid relief of congestion, pain and photophobia in *Pitta-dominant* ocular diseases. Internal *Gokshuradi Guggulu* provides systemic anti-inflammatory and decongestive action through its diuretic and *Pitta-shamana* properties, while *ghrita*, *Saptamrita Lauha* and *Triphala Avaleha* act as *Rasayana* and support tissue healing and visual function.

The marked improvement by day 3 and complete resolution by day 7 suggest that this combined regimen is effective in acute anterior uveitis and may help reduce dependence on corticosteroids, though controlled clinical studies with larger sample size are required to confirm efficacy and safety.

CONCLUSION

This case report highlights that *Jalaukavacharana* along with internal *Pitta-shamana* and *Rasayana* drugs – *Gokshuradi Guggulu*, *ghrita*, *Saptamrita Lauha* and *Triphala Avaleha* – can successfully manage acute anterior uveitis corresponding to *Pittaja Adhimantha*. Considering the potential adverse effects and recurrence associated with steroid therapy, these Ayurvedic modalities may serve as a safe and effective alternative or adjunct in suitable patients under expert supervision.

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