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Exploring Ayurvedic Therapeutics in Savrana Shukla (Corneal Ulcer): Single Clinical Case Analysis

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Abstract

Savrana Shukla, described under *Krishna gata Rogas* in Ayurveda[4], closely correlates with corneal ulcer in modern ophthalmology, a potentially sight-threatening condition characterized by epithelial defect and stromal inflammation.[2] Despite advances in antimicrobial therapy, corneal ulcers continue to present clinical challenges due to delayed healing, complications, and increasing antibiotic resistance. This case study aims to evaluate the efficacy of Ayurvedic treatment principles in the management of Savrana Shukla. A 58-year-old female patient presented with acute onset severe pain in the right eye associated with watering for eight days. Clinical examination revealed a superficial corneal ulcer with stromal infiltration and positive fluorescein staining. The condition was diagnosed as Savrana Shukla based on Ayurvedic parameters involving *Rakta-Pitta dushti* with *Vata anubandha*.[1] The patient was managed using a combination of *Shodhana* and *Shamana chikitsa*, including Jalaukavacharana (leech therapy), Anjana with Jathimukuladi varthi and internal medications such as Amruthotharam Kashayam, Pippalyasavam, and Avipathi Choorna, along with local application of Nimba Kalka Pindi. Progressive clinical improvement was observed, with significant reduction in pain, redness, and watering within 10–15 days. Complete symptomatic relief was achieved without surgical intervention, and follow-up after one month showed no recurrence. Assessment based on subjective and objective grading parameters indicated marked healing of the ulcer. This case

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highlights the potential of Ayurvedic management as a safe and effective alternative in treating corneal ulcers, emphasizing its holistic approach in correcting doshic imbalance and promoting tissue healing.

Key words : Krishna Mandala, Savrana Shukla, Corneal Ulcer, Ayurveda, Jalaukavacharana, Keratitis, Anjana with Jathimukuladi varthi.

Krishna Mandala, one among the 5 mandalas, 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 Sukla is one among 4 types of Krishnas Mandala Rogas according to Sushruta and 5 types according to Vagbhata.[5,6] Acharya Vagbhata has termed this as Kshata Shukla.[4] 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 means discontinuity. Similar pathology can be seen in corneal ulcer, the discontinuity of normal corneal tissue. Causative factors of Savrana Shukla are Abhighataja (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 these diseases mentioned on Samhitas are Nimagnaroopa on Krishnamanadala (Saucer shaped deformity of ulcer), Suchyevaviddam (Punctate epithelial erosions as seen in viral ulcers), Ushnasrava (Warm discharge), Teevraruk (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 Suklam (not multiple is number) are of Sadhya type. While opposite of these signs along with Vicchinna-madaya (Performation of Ulcer), Pishitavruta (Iris Prolapse, Anterior Staphyloma), Chala (Toxic Iridocyclitis), Sirasakta (Neovascularization), Lohitamantatascha (Heamorrhage /hyphema), Chirottitam (Chronic), Ushnashru (Warm discharge), Pidaka (Descemetocele) is considered asadhya. Sadhya Savrana Shukla can be correlated with superficial corneal ulcer where only epithelial layer is involved.In the modern era, despite advancements in antimicrobial therapy, corneal ulcers continue to pose a significant clinical challenge due to antibiotic resistance, delayed healing, and complications. This has led to increasing interest in integrative and alternative approaches like Ayurveda, which offer a holistic, patient-centered management strategy. The present case study aims to evaluate the effectiveness of Ayurvedic treatment principles in the management of Savrana Shukla (corneal ulcer), with internal medicines Amruthotharam Kashyam pippalyasavam, Avipathi choorna and pindi with nimba kalka and Anjana with Jathimukuladi varthi and Jalaukavacharana are given.[7] It highlighting clinical outcomes, symptomatic relief, and scope for integration with contemporary ophthalmic care.

Patient information :

Chief complaints of the patient :

A 58-year-old female patient presented with a sudden onset of severe pain in her right eye, associated with watering in both eyes for the past 8 days.

Case History :

A 58-year-old female, who was normal 8 days ago, suddenly developed severe pain in her right eye with watering. She was diagnosed with corneal ulcer and surgery was recommended. As she was not willing to do surgery, she visited Khemdas Hospital and came to the Shalakya Tantra OPD for betterment. There was no history of any significant past illness. Additionally, family history was non-contributory, with no known occurrence of similar complaints among close relatives. The patient had regular bowel habits, a good appetite, and normal micturition occurring 4–5 times during the day and 1–2 times at night. Sleep was sound, and there was no history of any addiction.

Clinical findings :
General Examination :

On general examination, the patient had a pulse rate of 74 bpm, respiratory rate of 18/min, heart rate of 72 bpm, blood pressure of 120/70 mmHg, and a temperature of 98°F. Pallor, edema, nail clubbing, cyanosis, icterus, and lymphadenopathy were absent. On Astavidha pariksha, Nadi was suggestive of Vata-Pitta predominance, Sparsa was anushnasita, Mala was sama, Jihva was lipta, Mutra and Drk were prakrta, Shabdha was spasta, and

Aakruti was avara. On Dasavidha pariksha, Prakrti was Vata-Kapha, Vikrti was Vata-Pitta, Sara, Samhanana, Satva, Satmya, Pramana, Ahara shakti, and Vyayama sakti were all madhyama, while the patient belonged to the Vriddhavastha.

4. *Timeline* :

Table-1. Timeline of Symptoms, Intervention and Clinical Progress

Date	Assessment and Clinical Progress
05/08/2025	A 58 female patient, came to the opd with complaints of sudden onset of severe pain in her right eye with watery discharge from 8 days for last 1 month was advised Jalaukavacharana and Anjana with Jathimukuladi varthi along with internal medications as mentioned in table 4 (Therapeutic intervention)
15/08/2025	The patient was evaluated for treatment response. pain reduced and watering from eye is also reduced.
23/08/2025	On follow-up assessment, pain and excessive watering from eye absent.
01/09/2025	The patient showed further improvement with complete absence of pain and watering.
02/09/2025	Continued improvement was noted.

Table-2. Assessment of the effect of treatment based on grading pattern of subjective and objective parameters

1. Subjective Parameters (Lakshana-based Grading)

Grading Scale (0–3)

Grade	Severity
0	Absent
1	Mild
2	Moderate
3	Severe

Parameters: -[3]

Symptom (Lakshana)	**Grade 0**	**Grade 1**	**Grade 2**	**Grade 3**
Pain (Netra Shoola)	No pain	Occasional discomfort	Continuous tolerable pain	Severe unbearable pain
Redness (Raga)	No redness	Mild conjunctival congestion	Moderate congestion	Severe diffuse redness
Photophobia	None	Mild (tolerable light sensitivity)	Moderate	Severe (unable to open eyes)
Watering (Ashru Srava)	None	Occasional	Frequent	Continuous excessive
Foreign body sensation	None	Mild irritation	Moderate	Severe discomfort
Burning sensation (Daha)	None	Mild	Moderate	Severe

Objective Parameters (Clinical Examination) :

Grading Scale (0–3)

Grade	Severity
0	Normal
1	Mild
2	Moderate
3	Severe

Parameters

Clinical Sign	Grade 0	Grade 1	Grade 2	Grade 3
Size of ulcer	Healed	<2 mm	2–5 mm	>5 mm
Depth of ulcer	No ulcer	Superficial epithelial	Stromal involvement	Deep stromal/ descemetocele
Corneal opacity (Sukla)	Clear cornea	Nebular opacity	Macular opacity	Dense leucomatous opacity
Discharge	None	Mild	Moderate	Profuse
Anterior chamber reaction	Normal	Mild flare	Moderate cells/flare	Hypopyon present
Fluorescein staining	Negative	Mild uptake	Moderate uptake	Intense staining
Visual acuity	Normal	Mild reduction	Moderate reduction	Severe loss

Examination Findings (Right Eye) :

- Visual Acuity (VA): Reduced RE-6/24
- Lids & Adnexa: Mild edema, no deformity
- Conjunctiva: Marked circumcorneal congestion (ciliary injection)
- Cornea :
  - Presence of epithelial defect with stromal infiltration
  - Ulcer in RE
  - Location: Inferior
  - Margins: well-defined
  - Base: Greyish-white
  - Depth: Superficial
  - Fluorescein staining: Positive

- Anterior Chamber (AC):
  - Cells and flare present
  - Hypopyon:Absent
- Pupil: Normal
- Intraocular Pressure (IOP): Not done
- Lacrimation: Present (watering noted)

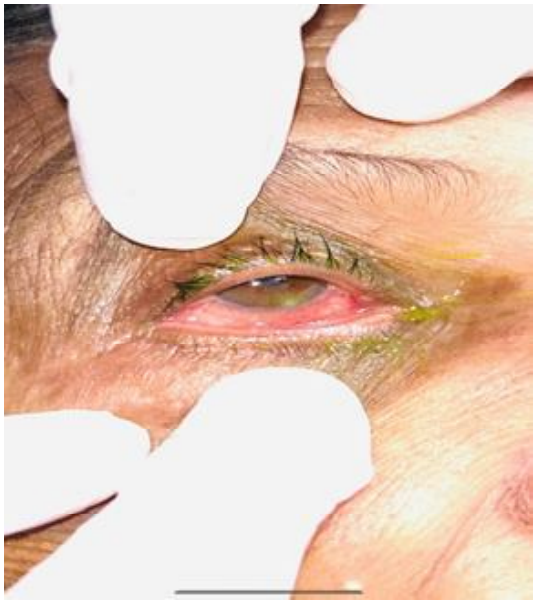
Examination Findings (Left Eye) :

- Visual Acuity (VA): Reduced 6/18(P)
- Lids & Adnexa: no deformity
- Conjunctiva: mild congestion
- Cornea: NAD
- Anterior Chamber (AC):
  - Hypopyon: Absent
- Pupil: Normal
- Intraocular Pressure (IOP): Not done
- Lacrimation: Present (watering noted)

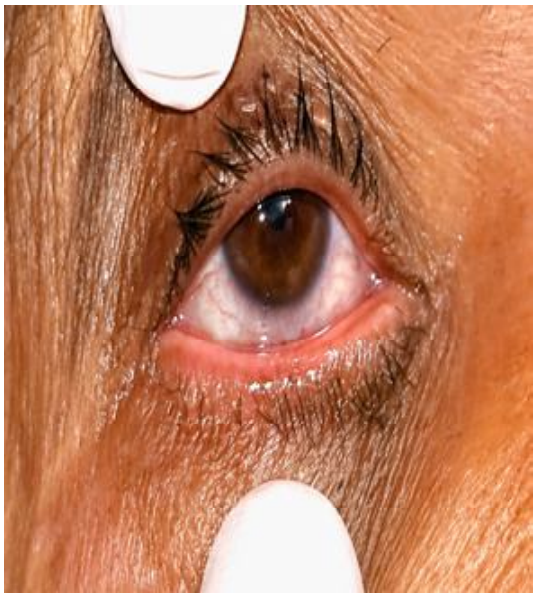
Diagnostic Assessment : The clinical symptoms showing are suggestive of **Corneal Ulcer**.- According to Ayurveda, the symptoms are suggestive of Savrana Shukla which is Rakta Piita vikara.

Therapeutic intervention :

Date	Intervention
05/08/2025-25/08/2025	Internal medication : Amruthotharam Kashyam Pippalyasavam after food 15ml BD,Avipathi choorna 1teaspoon at night with warm water, External application: -Pindi with nimba kalka. 1st sitting of Jalaukavacharana on right side apanga
14/08/2025	2nd sitting of Jalaukavacharana on right side apanga
23/08/2025	3rd sitting - Jalaukavacharana on right side apanga, External application: - Pindi with nibma kalka. Anjana: - Jathimukuladi varthi for 30days



Before Treatment



After Treatment

Follow up and outcome :

The patient was monitored throughout the treatment period and showed progressive improvement, including reducing pain and excessive watering form right eye. Follow-up after one month revealed sustained improvement with no recurrence of symptoms. Assessment was based on both subjective and clinical parameters, showing significant overall improvement.

Savrana Shukla, mentioned in Krishna Mandala Rogas of Ayurveda, is highly comparable to corneal ulcers in ophthalmology, which involves epithelial defect along with stromal

inflammation. The current case brings to light the importance of Ayurveda in managing this condition, which can otherwise be sight-threatening and surgical. In this condition, one may hypothesize that the underlying pathology can be Pitta-Rakta dushti and Vata anubandha, which causes inflammation, ulcer formation, and pain. Considering the acute presentation of symptoms like pain, redness, and watering indicates a predominance of Pitta and Rakta doshas, whereas continuous pain and damage imply the presence of Vata dosha. Accordingly, the therapy involved in Rakta-pitta shamana, Vrana shodhana, and vrana ropana. Jalaukava-charana was considered as the main modality, which acts by eliminating the vitiated blood and reducing the local inflammatory reaction. This modality improves microcirculation and aids in resolving the inflammatory reaction rapidly. Oral medication included Amruthotharam Kashayam for anti-inflammatory and detoxification action and Pippalyasavam to enhance the digestive ability and absorption capacity. Avipathi choorna, due to its mild purgative action, was used to eliminate aggravated pitta in the body and reduce inflammation. It helped in minimizing discharge, infections, and facilitating regeneration of the corneal epithelium. A combination of the treatment methods was able to provide systemic and local correction of the body. In the clinical context, there were positive results in terms of minimizing pain and watering in 10-15 days. There was also an indication that healing of the ulcer had taken place without complications such as opacity progression. The management of the corneal ulcer did not require surgery.[8] This case shows that Ayurveda takes into account the holistic aspect of treatment by considering various factors such as Prakriti and the stage of the disease. But since this is just a case study, large scale clinical investigations are needed.

In the above-mentioned case, the patient Savrana Shukla, suffering from a corneal ulcer, a potentially sight-threatening disease, has been able to benefit through an effective management based on the principles of Ayurveda treatment. Chikitsa Shodhana and Shamana have helped in achieving a remarkable recovery from the condition through the use of Jalaukavacharana, internal medications as well as the local application of Nimba Kalka Pindi. All symptoms such as pain, watering and inflammation have been effectively managed and a corneal ulcer has been healed without having to resort to surgery. The absence of any complications and recurrence upon the follow-up is another proof of the successful treatment. Ayurvedic therapy should be used not only to reduce the symptoms of eye-related problems but also help correct any Dosha imbalance and promote healing. However, since this case is limited to one patient, the findings can hardly be generalized and should be further verified through research with a wider number of subjects.

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