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Ayurvedic Management of Subconjunctival Haemorrhage: A Single Case Report

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Abstract:

Subconjuctival haemorrhage is a very common phenomenon that may result from surgery, conjunctivitis and trauma (from minor unnoticed to severe skull base), but is often idiopathic and apparently spontaneous, particularly in older patients. The bleed is usually asymptomatic until noticed by the patient¹. It gets absorbed by itself within 2 or 3 weeks considering cold compression in the initial stages, artificial tears- if mild ocular irritation is present and by avoiding aspirin and NSAIDsⁱⁱ. According to *Ayurveda*, the disease *Arjuna*, one among the *Suklagata Roga* is presented as *Neeruk* (without pain), *Slekshna* (slimy) and *Sasalohita Lohita Bindu* (reddish spot as blood of rabbit).ⁱⁱⁱ The symptoms of both *Arjuna* and subconjunctival haemorrhage appears to be similar. *Pittahara* is the line of management of *Arjuna*. This case report discusses ayurvedic management of subconjunctival haemorrhage with *Kumari Pindi*, and *Yastimadhu-Lodra Netrapariseka*. *Kumari, Yastimadhu* and *Lodra* being *Chakshushya* and with *Pittasamana* property helped out in complete resolution of subconjunctival haemorrhage with 5 days of *Netrakriyakalpa Pindi* and *Seka* giving significant result.

Keywords: Subconjunctival Haemorrhage, Arjuna, Kumari Pindi, Yastimadhu Lodra Netrapariseka

Introduction

Subconjuctival haemorrhage is a very common phenomenon that may result from surgery, conjunctivitis and trauma (from minor unnoticed to severe skull base), but is often idiopathic and apparently spontaneous, particularly in older patients. The bleed is usually asymptomatic until noticed by the patient or others; a momentary sharp pain or a snapping or popping sensation is sometimes felt. Coughing, sneezing and vomiting are common precipitants. In younger people contact lens wear is a common association, and in older individuals systemic vascular disease is prevalent, especially hypertension, and blood pressure should be checked. A local ocular cause should be ruled out by slit lamp examination. Bleeding diathesis are a very rare association, but vitamin C deficiency and abusive trauma should always be considered in infants. The vision is usually unaffected unless a substantially elevated haemorrhage leads to a large localized corneal wetting deficit (dellen), which is often uncomfortable. A large bleed can track into the eyelids. Spontaneous resolution over a week or two is typical, but two or three narrowly spaced episodes are not uncommon.^{iv}

According to *Ayurveda*, the disease *Arjuna*, one among the *Suklagata Roga* is presented as *Neeruk* (without pain), *Slekshna* (slimy) and *Sasalohita Lohita Bindu* (reddish spot as blood of rabbit).^v The symptoms of both *Arjuna* and subconjunctival haemorrhage appears to be similar. *Arjuna* is a *Raktha* predominant condition and hence *Pitta Raktha Samana* is the line of management of *Arjuna*. According



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to Ayurveda classic Bhavaprakasha Nighantu, Kumari (Aloe vera) is Sheetha, Thikta, Netrya, Rasayana, Madhura, Bhrimhana, Balya, Vrishya and is having PittaRaktaAamayaghna property.^{vi} Also, according to Bhavaprakasha Nighantu, Yastimadhu is Hima, Swadhu, Chakshushya, Snigdha, and Pittaanilaasrajit.^{vii} Likewise, according to Bhavaprakasha Nighantu, Lodra is Laghu, Seetha, Chakshushya, Grahi, Kashaya, Rakthapittahrit, and Sophahrit.^{viii} Considering these properties of Kumari, Yastimadhu and Lodra, these drugs were selected for the management of subconjunctival haemorrhage. Ayurveda classics have detailed about various Netra Kriyakalpas for enhancing the health of Netra. In Saranghadhara Samhita, Acharya have explained 7 Netra Kalpanas. They are Seka, Aschotana, Pindi, Bidalaka, Tarpana, Putapaka, and Anjana^{ix}.

Here, in this case of subconjunctival haemorrhage, considering the properties of *Kumari, Yastimadhu, Lodra* and the properties of *Netra Kriyakalpa Pindi* and *Seka, Pindi* with *Kumari* along with *Netra Pariseka* with *Yastimadhu* and *Lodra* were selected for the management of subconjunctival haemorrhage.

Case report

A female patient aged 45yrs, who was apparently normal till one day before she consulted our eye OPD. She came to our eye OPD with the complaint of acute onset of redness of right eye with mild discomfort in her right eyes after waking up from sleep. On enquiry, it was found that the patient was undergoing some mental stress for last 2 days. She came to our eye OPD for better management of her complaints.

History Of Past Illness

Dengue fever- in 2012 Similar complaints – 5 years back

Family History Nothing specific

Nothing specific

Personal History

Bowel- Regular Appetite- Good Micturition- 5-6 times/day Sleep- Sound

Ashtasthana Pareeksha

Nadi – 76/min Mutra – 4-6times/day Mala – Samyak Jihwa- Aliptha Sabdha – Prakrutha Sparsha – Anushna sheetha Druk – Rakthalochana Akruthi- Madyama



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Eye Examination

Torch Light Examination- Day 1

Parts	Right Eye	Left Eye	
Lids	Normal	Normal	
Conjunctiva	Palpebral conjunctiva – mildly Palpebral conj		
	congested	normal	
	Bulbar conjunctiva- highly congested,	Bulbar conjunctiva- normal	
	signs of subconjunctival haemorrhage		
Cornea	Normal	Normal	
Pupil	Normal size, Normal reaction	Normal size, Normal	
		reaction	
Lens	Immature cataract	Immature cataract	

Slit Lamp Examination- Day 1

Parts	Right Eye	Left Eye	
Lids	Normal	Normal	
Palpebral conjunctiva	Mildly congested	Normal	
Bulbar conjunctiva	r conjunctiva Subconjunctival haemorrhage Normal		
Cornea	Normal	Normal	
Pupil	Normal size, Normal reaction	Normal size, Normal reaction	
Lens	Immature cataract	Immature cataract	

Therapeutic Intervention

No	Drug	Mode of use	Dose	Anupana	Duration	Date
1	Kumari (pulp)	Netrapindi			5 days	25.06.2024
						to
						29.06.2024
2	Yastimadhu	Netrapariseka	200		5 days	25.06.2024
	Choorna(3gm) +		Matra			to
	Lodra Choorna					29.06.2024
	(3gm)					
3	Avipathi Choorna	Pana	5gm -HS	Luke warm water	5 days	25.06.2024
						to
						29.06.2024

Kumari Pindi



Netrapariseka





Pathyaapathya

Patient was strictly advised not to take Amla Katu Pradhana Aahara, fermented food items, curd, pickles, other sour and spicy food items and to avoid touching eyes. Patient was advised to take light easily digestible food items.

Day 2

Therapeutic Management



Day 3

Day 4



Result

There was complete relief in the redness and discomfort in the right eye. 5 days of treatment with Kumari Pindi and Netrapariseka with Yastimadhu and Lodra helped in complete resolution of subconjunctival haemorrhage.

Torch Light Examination- Day 5

Parts	Right Eye	Left Eye
Lids	Normal	Normal
Conjunctiva	Palpebral conjunctiva – Normal	Palpebral conjunctiva – Normal
	Bulbar conjunctiva- Normal	Bulbar conjunctiva- normal
Cornea	Normal	Normal
Pupil	Normal size, Normal reaction	Normal size, Normal reaction
Lens	Immature cataract	Immature cataract

Slit Lamp Examination- Day 5

Parts	Right Eye	Left Eye
Lids	Normal	Normal
Palpebral conjunctiva	Normal	Normal
Bulbar conjunctiva	Normal	Normal
Cornea	Normal	Normal



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Pupil	Normal size, Normal reaction	Normal size, Normal reaction
Lens	Immature cataract	Immature cataract

Discussion

Subconjuctival haemorrhage is a very common phenomenon that may result from surgery, conjunctivitis and trauma (from minor unnoticed to severe skull base), but is often idiopathic and apparently spontaneous, particularly in older patients. The bleed is usually asymptomatic until noticed by the patient or others; a momentary sharp pain or a snapping or popping sensation is sometimes felt. The vision is usually unaffected unless a substantially elevated haemorrhage leads to a large localized corneal wetting deficit (dellen), which is often uncomfortable. Spontaneous resolution over a week or two is typical. According to *Ayurveda*, the disease *Arjuna*, the *Suklagata Roga* is presented as *Neeruk* (without pain), *Slekshna* (slimy) and *Sasalohita Lohita Bindu* (reddish spot as blood of rabbit). The symptoms of both *Arjuna* and subconjunctival haemorrhage appears to be similar. *Arjuna* is a *Raktha* predominant condition and hence *Pitta Raktha Samana* should be the line of management of *Arjuna. Kumari, Yastimadhu* and *Lodra* being *Chakshushya, Seetha* and *Pittasamana*; they were selected as drug of choice for the management of subconjunctival haemorrhage. *Netrapariseka* and *Pindi* being ideal *Netrakriyakalpa* for resolving subconjunctival haemorrhage.

Conclusion

This single case report concludes that Ayurvedic management with medicines and *Netrakriyakalpas* offers excellent result within 4-5 days in the treatment of subconjunctival haemorrhage. This protocol should be evaluated in more number of patients for its scientific validation.

ADR Declaration

No adverse drug reaction was noticed during the treatment and follow up period.

Limitation of Study

As above mentioned, this being a single case report, there is need of study in larger population for establishing good protocol.

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