

Ayurvedic Management of *Shlishta Vartma* (Allergic Conjunctivitis): A Case Report

APARNA SAXENA¹, PRAVEENA P NAIR², DHEERAJ MANDWAL³



ABSTRACT

Shlishta Vartma, similar to allergic conjunctivitis, was described by Acharya Vagbhata as one of the *Vartma Gata Rogas* (lid disorders). It is characterised by *Shlishta* (stickiness of the eyelids), *Kandu* (itching), *Shvayathu* (oedema), and *Raga* (redness), and it mimics allergic conjunctivitis as described in modern medicine. Allergic conjunctivitis is a common condition with a prevalence of about 20%, caused by an inflammatory response to allergens such as pollen, dust, or pet dander, which triggers the release of histamines and other mediators. Modern treatment includes topical antihistamines, mast cell stabilisers, Non Steroidal Anti-Inflammatory Drugs (NSAIDs) and immunomodulators. Present case is of a 20-year-old male with stickiness of the eyelids, itching, oedema and mild thickening of the lids for the past four months. He was not completely relieved by modern medicines. Therefore, the Ayurvedic protocol of *Shlishta Vartma* was tried, as the symptoms of both conditions were similar. It includes *Lekhana karma* (scraping) to purify the *Rakta* (blood), to supply fresh blood to the lids to enhance the healing process and maintain homeostasis. In a young age group, *Jalauka* (leech therapy) can be used to purify the blood at the site, along with immunomodulatory drugs such as *Rajanyadi Choorna*, which enhances *Vyadhikshamatva* (immunity).

Keywords: Atopic conjunctivitis, Immunomodulators, *Jalauka avcharanam*, *Rajanyadi choorna*

CASE REPORT

A 20-year-old lean-built male patient presented to the Outpatient Department (OPD) of *Shalaky Tantra* (Ophthalmology) in April 2024 with complaints of sticky eyelids, itching, swelling and mild thickening of the lids, associated with redness and headache for the past four months. It was of gradual onset. The symptoms were more marked in the right eye and did not respond completely to two months of contemporary medicines, such as topical antihistamines (Olopatadine eye drops 0.7%) and corticosteroids (Loteprednol etabonate 0.5%). The severity decreased, but the symptoms were aggravated by exposure to allergens such as dust, wheat hay, Parthenium flowers, etc., and by the consumption of spicy foods and green leafy vegetables including mustard leaves and curd, which the patient attributed to causing dosha dushti in Ayurveda. The patient came from a middle-class family with a farming background and had no family history of autoimmune diseases, but had a family history of atopic dermatitis and asthma. His bowel habits were irregular, but he had a good appetite with disturbed sleep. General examination and *Ashtavidha Pariksha*, as described in *Yogratnakara*, were performed [Table/Fig-1] [1], along with a specific eye examination [Table/Fig-2]. Based on the classical symptoms, the diagnosis was *Shlishta Vartma* [2]. The treatment protocol emphasised *Pitta* and *Rakta shuddhi* through *Raktamokshana* (by leech therapy with *jalauka avcharana*) and proper *Virechana* (detoxification by purgation) [3].

S. No.	Examination	Observation	Examination	Observation
1.	Height	170 cm	<i>Nadi</i> (Pulse rate)	74 b/min
2.	Weight	65 kg	<i>Mutra</i> (Urination)	3-4 times
3.	Temperature	Afebrile	<i>Mala</i> (Faeces)	2-3 times
4.	Pulse	74 b/min	<i>Jiwha</i> (Tongue)	<i>Lipta</i> (coated)
5.	Respiratory rate	18/min	<i>Shabda</i> (Sound)	<i>Spashta</i> (clear)
6.	Blood pressure	110/76 mmhg	<i>Sparsha</i> (Touch)	<i>Anushna Sheeta</i> (afebrile)

7.	Head and Neck	Right eye and Left eye affected with above symptoms.	<i>Druk</i> (Eyes)	<i>Vikruta</i> (abnormal)
8.	Lymph nodes	Pre-auricular lymph nodes enlarged right > left	<i>Akriti</i> (Body type)	<i>Krusha</i> (lean)

[Table/Fig-1]: General examination.
Ashtavidha Pariksha- The eightfold diagnostic approach.

Anterior segment examination			Posterior segment examination		
	Right eye	Left eye	Retinal functions examination		
Eyelid	Signs of atopic dermatitis Oedema present	Oedema present		Right Eye	Left Eye
Eyelash	WNL	WNL	Visual acuity	DV- 6/9 NV- N-6	DV- 6/6 P NV- N-6
Sclera	WNL	WNL	Visual field	WNL	WNL
Conjunctiva	Congestion and chemosis	Congestion and chemosis	Colour vision	WNL	WNL
Cornea	No circumciliary congestion	No circumciliary congestion	Fundus oculi examination		
Pupil	PEARL	PEARL	Media	Clear	Clear
Iris	WNL	WNL	Optic disc	WNL	WNL
Lens	WNL	WNL	Macula lutea	WNL	WNL
			Retinal vessels	WNL	WNL
			General fundus	WNL	WNL

[Table/Fig-2]: Specific eye examination.
WNL: Within normal limits; PEARL: Pupil equal and reactive to light; DV: Distant vision; NV: Near vision

From day 1, Fineye drops (*Pitta-Rakta-hara* eye drops of *Nagarjuna*) and *Triphala*, *Yashtimadhu choorna*, and *Darvi* (in a ratio of 2:1:1) eye wash were given to provide symptomatic relief. Leeching was performed on day 4 after three days of snehapana (ghrita intake)

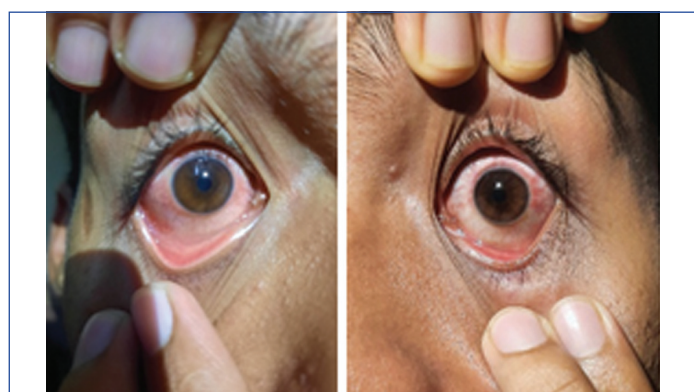
and repeated on day 18 of the treatment [Table/Fig-3-5]. The active leeches were selected and cleaned in turmeric water, then attached to the palpebral conjunctiva of both lids for optimum results. After suction, the leeches were detached with rock salt, and the classical protocols [4] for processing the leech were followed.



[Table/Fig-3]: Right and left eye before treatment.



[Table/Fig-4]: *Jalauka avcharanam* in both eyes.



[Table/Fig-5]: Both eyes after *Jalauka avcharanam*.

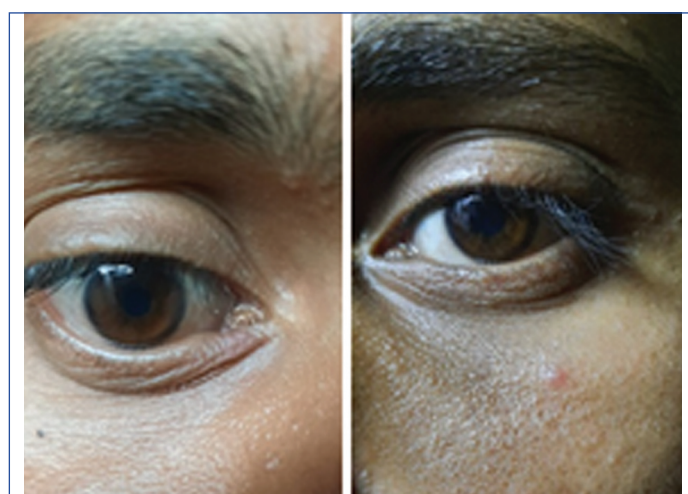
Purgation was given on day 14 with the classical *Avipatti churna* [5] after *snehapana* (ghrita intake) from day 5 to day 11 and *swedana* (sudation) for the next two days. After purgation, the immunomodulator *Rajanyadi choorna* was given with honey and *Patoladi ghrita* (Pitta-kapha harā and *rakta shodhaka*) on an empty stomach in the early morning for optimum absorption, which is believed to prevent the cause and pathogenesis of all eye disorders (*Abhishyanda*) by correcting the Agni (digestive fire—gross and subtle) [6].

Fineye drops were changed to *Ophthacare* eye drops (*Kapha-Vata hara* eye drops) after attaining *Pitta-Rakta haratva* from day 21 onwards, along with *Anutaila* Pratimarsha Nasya (20 drops in each nostril) [7]. On the first follow-up on day 30, the patient was symptom-free. On the second follow-up on day 45, *Dooshivishari Gullika* was prescribed to eliminate the probable presence of *gara visha* (endotoxins) in the body, and *Hridya Virechana* [8] was given in *Shamana Matra* (a lesser dose) of 1/4 tsp with honey to eliminate residual *pitta dosha*. He continued all medications (*Avipatti churna*, *Rajanyadi churna*, *Ophthacare* eye drops, *Anutaila*, *Hridya Virechana*) prescribed from day 14 to day 30 [s. no. 6-10 in Table/Fig-6] until the second follow-up.

S. No.	Procedure and medicine	Dose and time of administration	Anupana	Duration
1.	Fineye drops	1 ⁰ -1 ⁰ -1 ⁰ -1 ⁰	-	Day 1 onwards
2.	<i>Snehapana</i> with <i>Aragwadha Mahatiktaka ghritam</i>	50 mL HS	Hot water	First 3 days
3.	<i>Jalauka avcharanam</i> (Leech therapy)	Both eyes at 10 AM	-	4 th day and 18 th day
4.	<i>Snehapana</i> with <i>Aragwadha Mahatiktaka ghritam</i>	50 mL HS	Hot water	5-11 days
5.	<i>Swedana</i>	-	-	12 th and 13 th day
6.	<i>Virechana</i> with <i>Avipatti churna</i>	30 gm 10 AM	Hot water	14 th day
7.	<i>Rajanyadi choorna</i>	1 teaspoon early morning empty stomach	<i>Patoladi ghritam</i> Honey Hot water	15 th day onwards
8.	<i>Ophthacare</i> eye drops	1 ⁰ -1 ⁰ -1 ⁰ -1 ⁰	-	21 st day onwards
9.	<i>Anutaila</i>	20 each nostril	-	21 st day onwards
10.	<i>Hridya Virechana</i>	¼ teaspoon HS	½ teaspoon honey	30 th day onwards
11.	<i>Dooshivishari Gullika</i>	1-0-1 After food	Hot water	45 th day onwards

[Table/Fig-6]: Treatment plan.

Up to the third follow-up after three months, the patient was taking *Rajanyadi choorna*, eye wash, *Ophthacare*, and *Anutaila* only. On the fourth follow-up after four months, the prescribed medications were *Rajanyadi choorna* and *Anutaila*. Through the fifth and sixth follow-ups (at the 5th and 6th months), the patient remained on the same medications as in follow-up 4. On the sixth follow-up, all medications were stopped and the patient was given *shodhana* (purgation) with 20 g *Avipatti choorna* hs (for one day), considering seasonal detoxification for *pitta dosha* (ritu *shodhana*). On the last follow-up after seven months, the patient was not on any medications. Across all follow-ups, the patient was symptom-free and achieved complete relief [Table/Fig-7]. Although the patient was symptom-free after the first month of follow-up, medicines were continued according to the disease and the season to prevent recurrence.



[Table/Fig-7]: Both eyes after treatment.

DISCUSSION

Acharya Vagbhata explains *Shlishta Vartma* as one of the 24 *Vartmāgata rogās* (eyelid and conjunctival disorders). The precise correlation of *Shlishta Vartma* (eyelid and conjunctival disorder) to a modern lid disease is somewhat confusing, yet the symptoms of *Shlishta Vartma* mimic allergic conjunctivitis in many aspects [9]. *Shlishta Vartma* is a *tridosha* *vyadhi* with predominance of *pitta*-

rakta dosha involvement according to the presenting complaints (blood impurity with allergic responses). *Abhishyanda* (imbalance between the doshas pitta and kapha caused by vata) is considered the root cause of all eye disorders [10]; in this case, it is supported by the patient's food habits, including curd and vidahi ahara (foods unsuitable to the doshas), which led to *pitta-kapha* imbalance (metabolic and nourishing factors) and subsequent localisation of doshas in vartma (eyelids), producing allergic responses and disease manifestation. Hence, the treatment protocol emphasised *pitta* and *rakta* shuddhi (purification to reduce inflammation and blood toxins). A systematic review and meta-analysis on the efficacy and safety of Ayurveda interventions in the management of conjunctivitis by Krishna Kumar V et al., also supports Ayurvedic treatment protocols for allergic conjunctivitis [11]. The concept of *Abhishyanda* as allergic conjunctivitis is mentioned by other authors as well, beyond lid/conjunctival pathologies, in *Sarvakṣhigaṭa* rogas (eye disorders as a whole) [12]. There are many rare and unique Ayurvedic combinations described in Ayurvedic ophthalmology specific to the *Abhishyanda* group of disorders. In their review of unique ophthalmic formulations in Vaidya Manorama: A traditional Kerala Ayurveda literature, Balakrishnan P et al., mentioned rare combinations of medicines in allergic eye disorders as well as *Abhishyanda* [13].

CONCLUSION(S)

Observing and treating this case of *Shlishta vartma* (a form of allergic conjunctivitis) underscores the importance of thorough examination, critical analysis of aetiopathogenesis, a holistic approach, and a structured treatment protocol, including dietary and lifestyle guidance. In this case, the classical cause of the allergic response—triggered by an improper diet and regimen—was addressed with Oushadha, and complete relief was obtained. Similar allergic responses elsewhere in the body can also be managed with the same protocol, with slight changes in the medicines as per regional specificity, but the holistic approach focusing on *Rakta Shodhana* and *Abhishyanda* haratva with appropriate immunomodulation (*Vyadhikshamatva*) in Ayurveda may remain the same.

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PARTICULARS OF CONTRIBUTORS:

1. Undergraduate Scholar, Department of Ayurveda, Mandsaur Institute of Ayurved Education and Research, Mandsaur University, Mandsaur, Madhya Pradesh, India.
2. Professor and Head, Department of Shalakya Tantra, Mandsaur Institute of Ayurved Education and Research, Mandsaur University, Mandsaur, Madhya Pradesh, India.
3. Undergraduate Scholar, Department of Ayurveda, Mandsaur Institute of Ayurved Education and Research, Mandsaur University, Mandsaur, Madhya Pradesh, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Praveena P Nair,
Mandsaur Institute of Ayurved Education and Research, Mandsaur University,
Mandsaur-458001, Madhya Pradesh, India.
E-mail: drppnclt@gmail.com

AUTHOR DECLARATION:

- Financial or Other Competing Interests: None
- Was informed consent obtained from the subjects involved in the study? Yes
- For any images presented appropriate consent has been obtained from the subjects. Yes

PLAGIARISM CHECKING METHODS: [Jain H et al.]

- Plagiarism X-checker: Feb 18, 2025
- Manual Googling: May 14, 2025
- iThenticate Software: May 27, 2025 (4%)

ETYMOLOGY: Author Origin

EMENDATIONS: 7

Date of Submission: **Feb 14, 2025**

Date of Peer Review: **Mar 19, 2025**

Date of Acceptance: **May 29, 2025**

Date of Publishing: **Nov 01, 2025**