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MANAGEMENT OF SIRA PIDAKA NETRA ROGA WITH AYURVEDIC KRIYA KALPA: A CASE STUDY WITH REFERENCE TO NODULAR EPISCLERITIS

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ABSTRACT

Background: *Sira Pidaka is a Shuklagata Netra Roga (Acharya Sushruta), Sarvagata Netra Roga (Acharya Vagbhata) described in Ayurvedic classics, characterised by localised inflammatory swelling involving ocular blood vessels due to Rakta and Pitta dushti.*
Objective: *To evaluate the efficacy of Ayurvedic management in a case of Sira Pidaka and correlate it with nodular episcleritis.*
Methods: *A 23-year-old male patient presenting with nodular episcleral inflammation following ocular trauma was treated with Ayurvedic Kriya Kalpa procedures and internal medications.*
Results: *Complete resolution of pain, redness, and nodular swelling was observed within 10 days without visual impairment.*
Conclusion: *Ayurvedic management using Kriya Kalpa Chikitsa is effective in treating acute Sira Pidaka (nodular episcleritis).*
KEYWORDS: *Sira Pidaka, Nodular Episcleritis, Kriya Kalpa, Rakta Dushti, Netra Roga*

INTRODUCTION

Netra is considered one of the most vital sense organs in Ayurveda, as vision plays a crucial role in perceiving the external world. Acharya Sushruta has elaborately described Netra Rogas, emphasising the pivotal role of Rakta in the pathogenesis of inflammatory ocular disorders. Among Sarvagata Netra Rogas, Sira Pidaka is a distinct condition characterised by painful, localised nodular swelling due to involvement of ocular blood vessels[1].

Sira Pidaka is primarily caused by Rakta and Pitta dushti, often precipitated by Abhighata (trauma), Atapa sevana (excess heat exposure), and other Pitta-provoking factors. The vitiated Rakta localises in the Sira of the eye, producing Shotha (inflammation), Vedana (pain), and Raga (redness)[2]. If untreated, the condition may become recurrent or chronic[3].

In modern ophthalmology, nodular episcleritis is described as a localised inflammatory disorder of the episclera presenting with a tender nodular lesion, sectoral redness, and mild to moderate pain without affecting vision. Trauma-induced hypersensitivity is a recognised etiological factor[4]. The striking similarity in clinical features, etiological factors, and disease course allows Sira Pidaka to be closely correlated with nodular episcleritis[5].

While modern treatment mainly focuses on symptomatic relief using NSAIDs or corticosteroids, Ayurveda offers a holistic approach by correcting both local pathology and systemic doshic imbalance. Kriya Kalpa Chikitsa, along with internal medications, plays a significant role in managing inflammatory Netra Rogas[6]. This case study highlights the successful Ayurvedic management of Sira Pidaka, utilising classical principles.

MATERIALS AND METHODS

Study Design: Single-case observational study.

Patient Information

- **Age:** 23 years
- **Gender:** Male
- **Occupation:** Agriculturist

Chief Complaints

- Small nodular swelling in the right eye
- Pain and discomfort
- Mild redness
- Foreign body sensation

Duration: 1 week

History of Present Illness: The patient developed pain and nodular swelling in the right eye following trauma caused by a cow's tail. Symptoms gradually increased over one week.

Past History

- No systemic illness
- No similar previous episodes

Clinical Examination

Local Examination

- Localised nodular swelling on the scleral surface
- Sectoral congestion
- Mild tenderness
- No discharge
- Visual acuity: Normal

Systemic Examination

1. Within normal limits

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Ayurvedic Assessment

- **Nidana:** Abhighata, Atapa sevana
- **Dosha:** Tridosha with Pitta–Rakta predominance
- **Dushya:** Rakta, Mamsa
- **Srotas:** Rasavaha, Raktavaha[7]
- **Adhishthana:** Netra (Sarvagata)
- **Samprapti:** Abhighata → Rakta Dushti → Sira involvement → Sira Pidaka
- **Chikitsa Sutra:** Rakta–Pitta Shamana, Shothahara, Ropana[8]

Internal Medication

- **Triphala Guggulu** – twice daily after food

Modern Diagnosis Nodular Episcleritis

Treatment Protocol

Sthanik Chikitsa (Kriya Kalpa)

1. **Seka:** Yashtimadhu Ksheerapaka – once daily
2. **Pindi:** Kumari + Guduchi + Haridra, Applied over closed eyelids for 11 days
3. **Aschyotana:** Triphala–Yashti eye drops. 2 drops × 4 times daily

BEFORE

AFTER



RESULTS

Assessment Criteria

Symptom	Before Treatment	After 10 Days
Pain	Moderate	Nil
Redness	Mild	Absent
Swelling	Present	Resolved
Vision	Normal	Normal
Discomfort	Constant	None

The patient showed complete resolution of symptoms within 10 days with no visual impairment or adverse effects.

DISCUSSION

Sira Pidaka is a Rakta–Pitta predominant inflammatory disorder of the eye described under *Sarvagata Netra Rogas*. In the present case, Abhighata (trauma) acted as the initiating factor, leading to Rakta Dushti and subsequent involvement of ocular *Sira*, resulting in localised nodular swelling, pain, and redness. This clinical presentation closely resembles nodular episcleritis, a superficial inflammatory condition of the episclera described in modern ophthalmology.

The treatment protocol adopted in this case was formulated based on the classical Chikitsa Sutra of Sira Pidaka, which emphasises Rakta–Pitta Shamana, Shothahara, Ropana, and the use of Sthanik Kriya Kalpa for targeted local action. The rapid and complete resolution of symptoms within 10 days highlights the effectiveness of this approach.

Mode of Action of Treatment (Ayurvedic Perspective)

1. Seka with Yashtimadhu Ksheerapaka

Seka is a Kriya Kalpa procedure wherein medicated liquid is gently poured over closed eyes, allowing direct and sustained contact with ocular tissues. *Yashtimadhu* possesses Madhura rasa, Sheeta virya, and Pittashamaka properties, making it ideal for inflammatory ocular conditions[9]. Preparation in

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Ksheerapaka enhances its Snigdha and cooling effects, which help pacify vitiated Pitta and Rakta[10].

Seka effectively reduces Daha (burning), Raga (redness), and Shotha (inflammation). The continuous flow improves local circulation, reduces episcleral congestion, and promotes Vranaropana, thereby accelerating healing of inflamed episcleral tissue. This modality provides immediate symptomatic relief and prepares the eye for subsequent local therapies.

2. Pindi with Kumari, Guduchi, and Haridra

Pindi involves localized application of medicated paste over closed eyelids, allowing sustained absorption of drugs.

- *Kumari* (Aloe vera), with its Sheeta virya and Pittashamaka properties, promotes Ropana and tissue regeneration.
- *Guduchi* acts as a potent Rakta prasadana, anti-inflammatory, and immunomodulatory agent.
- *Haridra* provides Shothahara and Krimighna actions, preventing secondary infection.

The combined effect of these drugs results in a reduction of nodular swelling, relief from pain and tenderness, control of local inflammatory response, and enhanced transdermal absorption. Pindi thus acts as a sustained anti-inflammatory and healing modality.

3. Aschyotana with Triphala–Yashti Eye Drops

Aschyotana allows direct delivery of medicine to ocular tissues.

- *Triphala* is Chakshushya, Rakta-shodhaka, and anti-inflammatory.
- *Yashtimadhu* provides soothing and Pittashamaka effects.

This combination relieves pain, redness, watering, improves ocular comfort, stabilises the tear film, and strengthens ocular tissues, thereby preventing recurrence. Continuous local therapeutic action contributes significantly to symptom resolution.

4. Internal Medication – Triphala Guggulu

Internal medication is essential to address systemic pathology. *Triphala Guggulu* combines the Rakta-shodhana and anti-inflammatory effects of Triphala with the Shothahara and Lekhana properties of Guggulu. It corrects underlying Rakta Dushti, reduces systemic inflammatory tendency, supports complete resolution, and prevents recurrence by addressing the disease at the root level.

Integrated Therapeutic Effect

The combined use of local Kriya Kalpa therapies and internal medication ensured rapid reduction of inflammation and pain, correction of systemic Rakta–Pitta imbalance, targeted ocular drug delivery, and prevention of disease progression and recurrence. This integrated approach resulted in complete clinical recovery within 10 days without any adverse effects.

Thus, the present case supports the effectiveness of classical Ayurvedic management in acute inflammatory ocular conditions such as Sira Pidaka and validates its correlation with nodular episcleritis.

CONCLUSION

This case study demonstrates that Ayurvedic management using Kriya Kalpa Chikitsa and internal medications is highly effective in treating acute Sira Pidaka (nodular episcleritis). Early diagnosis and timely intervention can provide rapid relief, prevent recurrence, and avoid unnecessary exposure to steroids.

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