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AYURVEDIC MANAGEMENT OF SUBCONJUNCTIVAL HAEMORRHAGE WITH ACCELERATED HEALING: A CASE REPORT

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ABSTRACT

Subconjunctival haemorrhage (SCH) is a common, self-limiting ocular condition characterized by sudden, painless, well-defined redness caused by bleeding beneath the conjunctiva. It may occur due to trauma or systemic conditions such as hypertension, diabetes mellitus, and hyperlipidaemia, which increase vascular fragility. Conventionally, SCH resolves spontaneously within one to two weeks without specific treatment.

A 56-year-old female presented to the outpatient department with acute onset redness of the right eye for one day, without pain or discharge. Clinical examination confirmed the diagnosis of subconjunctival haemorrhage. The patient was managed with Ayurvedic formulations. Complete resolution of the haemorrhage was observed within 3 days, which is significantly shorter than the usual course of the condition.

This case highlights the potential role of Ayurvedic interventions in promoting faster resolution of subconjunctival haemorrhage and warrants further clinical evaluation.

KEYWORDS: *Subconjunctival haemorrhage, Arjuna, kriyakalpa, Shuklagata roga.*

INTRODUCTION

Subconjunctival haemorrhage (SCH) is an ocular condition characterized by the sudden onset of a sharply demarcated area of redness due to bleeding beneath the conjunctiva. It typically occurs in the absence of pain, discharge, or inflammation of surrounding tissues. SCH may result from trauma or occur spontaneously. Traumatic causes include contact lens use, vigorous eye rubbing, and sudden increases in venous pressure in the head.

Spontaneous SCH is commonly associated with systemic conditions such as hypertension, diabetes mellitus, and hyperlipidaemia. These conditions contribute to increased vascular fragility, predisposing blood vessels to spontaneous rupture. Among these, hypertension has been identified as the most significant risk factor for SCH, irrespective of adequate blood pressure control with medication.

This case was unique as the healing time, which was usually 1 to 2 weeks, was reduced to 3 days after the intervention of ayurvedic formulations. Case Presentation: A 56- year-old women who had redness in his right eye for one day came to the OPD setting. Later, on clinical examination case was diagnosed as sub- conjunctival haemorrhage.

CASE STUDY

Presenting complaint

A 56-year-old female patient presented to the outpatient department with complaints of reddish discoloration of the right eye for one day and mild blurring of distant vision in the left eye for the past four months.

History of presenting complaint

The patient was apparently healthy four months prior, after which she gradually began to notice blurring of distant vision in the left eye. One day before visiting the outpatient department, at around 7:30 PM, she suddenly observed a bright reddish discoloration over the sclera of the right eye, involving both the superior and inferior aspects.
There was no history of trauma, vigorous eye rubbing, or external ocular infection associated with the condition.

Past History

K/C/O HTN since 5 years (under Anti- hypertensive medications).

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Personal History

Appetite - Good
Sleep - Disturbed
Bowel - Normal
Micturition - Normal

Habits

Non smoker
Non-alcoholic

Systemic Examination

CNS - conscious oriented GCS 15/15
RS - NVBS
CVS - S1, S2 normal, No added sounds
P/A - soft & normal
BP- 160/90 mmHg (on 3/1/26 @11 am)

LOCAL EXAMINATION – *OCULAR EXAMINATION*

Inspection

Head posture- normal, straight to axis of shoulder
Eye brows and lashes- normal position, colour and direction.
Eye lids- no oedema, chemosis or discoloration
Palpebral Conjunctiva- no congestion or follicles
Bulbar conjunctiva- ***right eye*** reddish discoloration in inferior and temporal aspect due to underlining sub conjunctival haemorrhage: ***left eye*** – WNL.
Cornea- Clear and transparent.

Palpation

Tenderness- Absent
Temperature- Normal
Digital tonometry- Normal

Slit Lamp Examination

Localized haemorrhage with definite border noted in right eye
Position- inferior and temporal aspect of right eye

Visual Acuity

VA- 6/6 in rt eye: 6/60 in left eye
Pin hole- rt- 6/6 left- no improvement
Near vision- N6 (P)

Fundoscopy

Rt- clear, CDR- 0.3
Foveal reflex- present
GB- WNL
Lt -NS Grade-2 in left eye
OD-WNL
Foveal reflex- present
GB- WNL

INTERVENTION

DAY 1: (04/01/2026)

Kriya kalpa

DAY WITH DATE	*INTERVENTION*	*DRUGS USED*	*DURATION*
DAY 1 to DAY 3 (04/01/2026-06/01/2026)	1. *Seka*	*Triphala Kashaya*	Twice a day
	2. *Avagundana*	*Tulasi and Dhanyaka potali dipped in triphala Kashaya.*	
	3. *Pindi*	*Guduchi and kumari.*	

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Internal medication- (was given for 3 days)

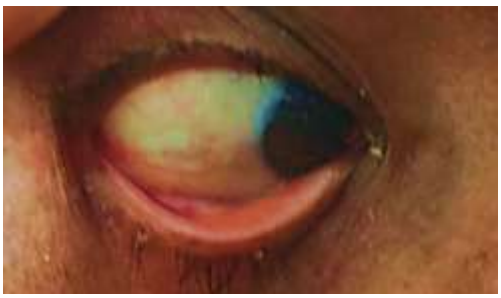
Sl. no	***Medications***	***Dose with duration***
1.	*Maha-Manjishtadhi kashaya*	15 ml BID A/F
2.	*Sapthamrutha loha*	1 BID A/F

Pictures

Before intervention: Day 1 (3/1/2026)




After intervention – Day 2 (6/1/2026)

DISCUSSION

Netra Seka, an external ocular therapeutic procedure, plays a supportive role in the management of subconjunctival haemorrhage. The continuous and gentle pouring of medicated decoctions possessing *Chakshushya*, *Sheeta Veerya*, *Rakta-prasadana*, and *Shothahara* properties helps in pacifying vitiated *Pitta* and *Rakta Dosha*. Drugs such as *Triphala* aid in reducing local congestion, irritation, and burning sensation. The uniform and rhythmic flow during *Seka* enhances local circulation and facilitates faster absorption of extravasated blood. Although *Seka* does not directly arrest haemorrhage, it accelerates resolution and provides early symptomatic relief, thereby improving patient comfort and supporting the natural healing process.

The drugs used in *Avagundana*, such as *Tulasi* (*Ocimum sanctum*) and *Dhanyaka* (*Coriandrum sativum*), possess *Sheeta–Ushna-samyukta*, *Shothahara*, *Raktashodhana*, and *Pitta-shamana* properties. The mild warmth generated during the procedure enhances local microcirculation and promotes vasodilation, thereby aiding in the resolution of stagnant *Rakta* without causing further vascular damage, akin to physiological clearance of haemorrhage.

Pindi, prepared using *Guduchi* (*Tinospora cordifolia*) and *Kumari* (*Aloe vera*), exerts *Pitta-shamana*, *Raktaprasadana*, *Shothahara*, and *Rasayana* actions. *Guduchi* helps reduce inflammation and strengthens vascular integrity, while *Kumari* provides a cooling and soothing effect that supports tissue regeneration.

The internal medications administered in this case, containing drugs such as *Manjishta* (*Rubia cordifolia*), *Guduchi*, and *Triphala*, effectively alleviate *Rakta* and *Pitta Dosha* vitiation. These herbs are known for their antioxidant, anti-inflammatory, vaso-protective, and *Chakshushya* properties, thereby supporting systemic correction and faster clinical recovery.

CONCLUSION

Subconjunctival haemorrhage is generally considered a benign and self-limiting ocular condition that resolves spontaneously within one to two weeks without specific medical intervention. However, the present case demonstrates that appropriate Ayurvedic management may significantly accelerate the resolution of the condition. The use of *Kriyakalpa* procedures such as *Seka*, *Avagundana*, and *Pindi* along with internal medications possessing *Rakta-prasadana*, *Shothahara*, and *Rasayana* properties, resulted in complete resolution of subconjunctival haemorrhage within three days.

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From an Ayurvedic perspective, SCH can be correlated with *Shuklagata Roga* involving vitiation of *Rakta* and *Pitta Dosha*. The selected therapeutic measures aimed at pacifying *Pitta*, strengthening vascular integrity and promoting faster absorption of the extravasated blood. The rapid clinical improvement observed in this case suggests a possible role of Ayurvedic formulations in enhancing the natural healing process and reducing the disease duration without adverse effects.

Although this is a single case report, the encouraging outcome highlights the potential of Ayurveda as a supportive or alternative approach in the management of subconjunctival haemorrhage. Further well-designed clinical studies with larger sample sizes are required to substantiate these findings and to establish standardized treatment protocols for broader clinical application.

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