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**MANAGING RECURRENT ANTERIOR NODULAR SCLERITIS  
(SIRAJPIDIKA): AYURVEDIC APPROACH TO MENSTRUAL CYCLE-  
LINKED ONSET SINCE MENARCHE - A CASE STUDY**

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**ABSTRACT**

Scleritis is an uncommon scleral inflammation that can cause vision loss and connected with life-threatening systemic disorders. Its prevalence is around 5.5%. In this case autoimmune cause of scleritis, associated with menstrual disturbance. In order to properly treat a case of scleritis, comprehensive history, in-depth ocular examination and multidisciplinary approach to target variety of investigations to identify any underlying systemic disease is needed. The cornerstone of short-term scleritis treatment is still corticosteroids. *Sirajpidika* is linked to Nodular Scleritis in *Ayurveda*. The patient in this case study, a 40-year-old woman, had recurrent anterior nodular scleritis, which manifested as pain, redness, and watering in both eyes along with a burning and itching sensation aggravated during her menstruation. After receiving an *Ayurvedic* diagnosis of *Sirajpidika*, the patient received treatment for three months. *Mridu Virechana* was performed to eradicate systemic *Doshas*. Following a 15-day

course of treatment, the discomfort and redness disappeared. After a month of treatment, the symptoms subsided. This is one of the documented cases where *Ayurvedic* treatment alone resulted in full recovery from the illness in three months. A case series has the potential to enhance the quality of the case report and provide a fresh approach to treating difficult cases.

**Keywords:** Anterior Nodular Scleritis, Menstrual cycle, *Ayurveda*, *Shalakya*, *Sirajpidika*.

## INTRODUCTION:

The posterior fifth-sixth opaque portion of the eyeball's exterior fibrous tunic is made up of the sclera. Tenon's capsule and the bulbar conjunctiva in the anterior region encompass its whole exterior [1]. It is in touch with the choroid on its inner surface.

The sclera is made up of three layers, according to histology: lamina fusca, scleral tissue and scleral proper [2]. Episcleritis is the term for inflammation at the level of episcleral tissue [3], whereas scleritis refers to inflammation at the level of the actual sclera [4]. Compared to scleritis, episcleritis is more common but is less challenging and less complicated.

Inflammation of the sclera proper is referred to as scleritis. It is a fairly dangerous condition that, if left untreated, may result in blindness or visual impairment. It is a rare illness. At the time of presentation, the median age was  $46.8 \pm 13.1$  years, with 70.7% of the patients being female [5]. Overall, about 50% of cases of scleritis are linked to some systemic diseases. These include connective tissue conditions such as rheumatoid arthritis, polyarteritis nodosa (PAN), systemic lupus erythematosus (SLE), gout, thyrotoxicosis,

ankylosing spondylitis, granulomatous disease (tuberculosis, sarcoidosis), certain infections (herpes zoster ophthalmicus), chemical burns, Behcet's disease, surgically-induced scleritis (SIS), and idiopathic (unknown cause) [6].

Scleritis can be classified as **Anterior Scleritis**- 98% (a. Non-necrotizing anterior diffuse scleritis; b. Non-necrotizing anterior nodular scleritis; c. Necrotizing scleritis with inflammation; d. Necrotizing scleritis without inflammation) and **Posterior Scleritis** - 2% [7].

The characteristic feature of non-necrotizing anterior nodular scleritis is one or two hard, purplish raised immobile scleral nodules, typically found in close proximity to the limbus [8]. Initially appearing dark red or bluish, the swelling eventually turns purple and semitransparent, resembling porcelain.

The case presented here has a strong correlation with the patient's menstrual cycle flow with the occurrence of nodules, intense pain, and redness in the eyes. She had received different allopathic treatments but her condition has only deteriorated.

Despite the very much development of allopathic medicine, the recurrence rate of scleritis is high. The treatment in allopathic medicine is simply the management of the autoimmune cause and the use of topical steroid eye drops, oral steroids, and immunosuppressive agents like methotrexate or cyclophosphamide [9]. Corticosteroids have multiple side effects on the eye like decreased vision, blurring, eye infections, and early cataracts.

According to *Ayurveda*, *Sirajpidika* is a *Sanipataja* disorder [10] as *Vata* causes severe pain, *Pitta* causes burning sensation and redness and *Kapha* causes elevation of the mass. Thus, Anterior Nodular Scleritis associated with the menstrual cycle needs to be treated in the line of *Pittaja* predominant *Sanipataja Vyadhi* [11]. The case was challenging to treat as this particular correlation of nodule appearance with menstrual cycle flow is not described in classical as well as modern texts.

### Case Report:

#### Patient Information:

A 40-year-old woman with redness in her eyes, pain with itching in B/L eyes, and severe headache for almost 26 years since menarche visited our hospital in Delhi on 24th of July, 2023. There is no other history of any chronic illness like Rheumatoid Arthritis, Gout, SLE, Ankylosing Spondylitis, Thyrotoxicosis, etc.

**Symptoms:** Severe pain in B/L eyes, Redness (Right eye > Left eye), Moderate lacrimation, Photophobia and Headache increased more during sunlight exposure.

Symptoms aggravate and new nodule formation occurs pre 2-3 days of menses and gets relieved after 4-5 days of menses in the follicular phase.

#### Signs :

1. Congestion - deep
2. Pupillary reflex
3. tenderness

**Family and Psycho-social History:** There is no relevant family history.

According to the patient, she had no such symptoms of pain and nodule formation in her eyes till the menarche achievement. But as soon as she got her first period, she had a nodule formation in her left eye which got in the healing stage just after entering into her follicular phase. Since then, at every menstrual cycle, she got nodules in her eye irrespective of any particular eye. For this problem, she visited different hospitals for treatment where she was diagnosed with Scleritis. From *Gurunanak* Hospital, Delhi her treatment is going on for the same condition in which steroids and immunosuppressants were given.

She got married at an early age to a man who was around 15 years older than her and according to her, this had caused her anxiety she also informed us that she had also suffered from severe dyspareunia

every time she had sexual intercourse with her partner.

Menarche - At the age of 14 years.

Marriage - At the age of 15 years.

Ist Child Birth - At the age of 16 years.

IInd Child Birth - At the age of 17 years.

Tubectomy - At the age of 17.5 years.

**Menstrual History :**

LMP - 9th August, 2023

Menstruation Days - 3 days.

Cycle Length - 25 days.

Pad Usage - 2/day.

Clots present.

**Obstetric**

**History**

: G(2)P(2)A(0)L(2)D(0)

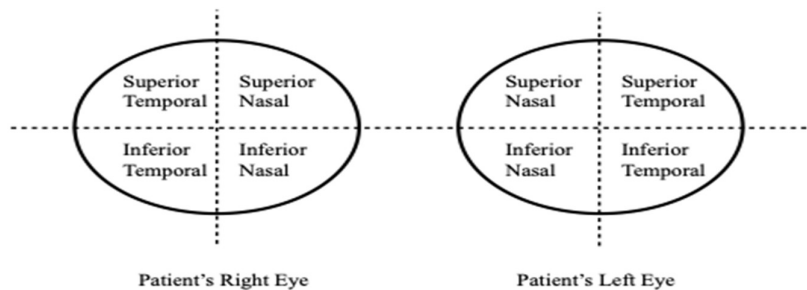
**Post Interventions:** From AIIMS, Delhi she got treatment for a year but got temporary relief in pain and nodule formation. The symptom subsided with the

initiation of the follicular phase. Presently she is taking treatment From Gurunanak Hospital, her treatment is going for the same condition with medication prednisolone (a steroid), carboxymethylcellulose (artificial tear), and cyclosporine (an immunomodulator that works by increasing tear production and can be used in allergic conjunctivitis) eyedrops.

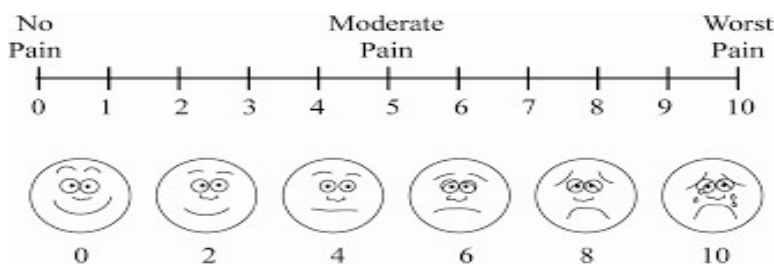
She came to our hospital on 24th July 2023 and her treatment started in a multidisciplinary approach under the *Shalakya* department for eye treatment and, the *Striroga* department for menstrual cycle-related symptoms including counseling of the patient.

**Assessment critaria:**

**1. Nodule present in which quadrant of eye**



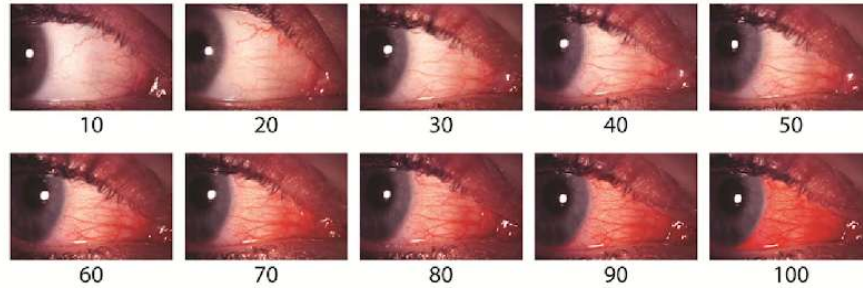
**2. Severe pain in B/L eyes - Scale used VAS pain scale**



### 3. Redness - Scale used VBR

#### Validated Bulbar Redness (VBR 10) Scale

© Schulze M, Jones D, Simpson T



#### 4. Watering from eyes

#### 5. Itching and Burning Sensation

#### 6. Severe Headache

Associated symptoms -

1. Painful menses with clots
2. Constipation

#### Examination:

1. Distant and near visual acuity
2. NCT (Non-contact tonometry)
3. Hormonal Assay
4. USG whole abdomen

#### Timeline:

3 months

(2nd August, 2023 to 25th October, 2023)

#### Diagnostic Assessment:

A thorough assessment of the patient's eye is done with Distant visual acuity, near vision acuity, Non-contact tonometry, and inspection whenever the patient visits OPD. Blood investigations for Rheumatoid Arthritis (RA) factor, Uric acid analysis, Thyroid Function Test (TFT), Complete Blood Count (CBC), Erythrocyte Sedimentation Rate (ESR), Lung X-ray,

Hormonal Assay, and USG whole abdomen were done.

- RA Factor - Negative
- Uric Acid - Normal in Range
- Thyroid Function Test - Normal
- HLA-B27 - Negative
- Hematological Investigation (CBC, ESR) - NORMAL
- Lung X-ray - Normal (no signs of tuberculosis)
- USG whole abdomen findings (18 August, 2023) - Mild Hepatomegaly With Fatty Liver Grade - I and Uterine Fibroid Of Approx. 17\*16 mm Seen in Anterior Myometrium.

All the examinations/investigations showed no sign of any autoimmune or infective pathologies. She was given allopathic medicines with temporary relief. To overcome this suffering, a patient came to, OPD - 15 for further treatment. The detailed assessment of the patient was done before initiation of treatment and management was followed for 3 months.

**Therapeutic Intervention:**

On her 1st visit (2/08/23) -	
<i>Br. Manjishtadi Kwath</i> [12] - 20mL BD	20 ml BD
<i>Shunthi Ch.</i> [13]	3gm BD
<i>Smriti Sagar Ras</i>	1 tab BD
On her 2nd visit (09/08/23) -	
<i>Madhuyashthi Ch.</i> - 2gm + <i>Lodhra Ch.</i> -2 gm + <i>Nagkesar Ch.</i> - 2gm = BD	
<i>Shir Shooladi Vajra Ras</i>	2 tab BD
<i>Br. Manjishtadi Kwath</i>	20 ml BD
<i>Shunthi Ch.</i>	3gm BD
<i>Smriti Sagar Ras</i>	1tab BD
On her 4th visit (23/08/23)	
Castor oil with milk for <i>virechana</i>	
On her 12th visit (25/10/23)	
<i>Madhuyashthi Ch.</i> - 2gm + <i>Lodhra Ch.</i> -2 gm + <i>Nagkesar Ch.</i> - 2gm = BD	
<i>Shir Shooladi Vajra Ras</i>	2 tab BD
<i>Br. Manjishtadi Kwath</i>	20 ml BD
<i>Shunthi Ch.</i>	3gm BD
<i>Smriti Sagar Ras</i>	1tab BD

**Follow-up and Outcomes:**

Date	Nodule (Superior nasal of rt. eye)	Pain (VAS)	Redness (VBR)	Watering from eyes	Itching and burning sensation	Headache	NCT	DVA & NVA
02/08/23	Reddish nodule in rt. eye	9-10	90-100	+++	+++	+++	11.3 10.2	6/36 (p) & 6/36 N-8
09/08/23	Reddish nodule in rt. eye	7-8	70-80	++	+++	++		
16/08/23	Reddish-blue nodule in rt. eye	7-8	70-80	++	+++	++		
23/08/23	Bluish nodule in rt. eye	4-5	50-60	+	++	+	8.8 8	6/18 & 6/6(p) N-6
30/08/23	Bluish nodule in rt. eye	4-5	50-60	+	+	+	8.7 8.8	6/6& 6/6 N-6
06/09/23	Bluish nodule in rt. eye	1-2	20-30	-	-	+		
15/09/23	Semi Transparent mark	1-2	20-30	-	-	+		
18/09/23	Semi-Transparent mark	3-4	20-30	-	+	++		
20/09/23	No nodule	1-2	0-10	-	+	++		
27/09/23	No nodule	0-1	0-10	-	-	+		
04/10/23	No nodule	-	-	-	-	+		
25/10/23	No nodule	-	-	-	-	+		

**DISCUSSION:**

Scleritis is an uncommon scleral inflammation that can cause vision loss and is frequently connected with life-threatening systemic disorders. Its

prevalence is around 5.5%. In this case autoimmune cause of scleritis, which is associated with menstrual disturbance. In order to properly treat a case of scleritis, a comprehensive history, an in-depth ocular

examination and using a multidisciplinary approach to target a variety of investigations to identify any underlying systemic disease is needed. The cornerstone of short-term scleritis treatment is still corticosteroids; topical corticosteroids or nonsteroidal anti-inflammatory drugs may be effective in treating mild to moderate scleral inflammation. *Sirajpidika* is linked to Nodular Scleritis in *Ayurveda*. The patient in this case study, a 40-year-old woman, had recurrent anterior nodular scleritis, which manifested as pain, redness, and watering in both eyes along with a burning and itching sensation aggravated during her menstruation. After receiving an *Ayurvedic* diagnosis of *Sirajpidika*, the patient received treatment for three months. *Mridu Virechana* was performed in order to eradicate systemic *Doshas*. After that she received *Shunthi Churna* which works on *Ama* present in the body, along with that *Nagakesar* which helps in menstrual discomfort also *Smriti Sagar* which reduces severe stress and is also helpful in physical painful relation. Following a 15-day course of treatment, the discomfort and redness disappeared. After a month of treatment, the right eye's pain, headache, and discomfort subsided, along with a slight redness around the nodule; the left eye returned to normal. This is one of the documented cases where *Ayurvedic* treatment alone resulted in a full recovery

from the illness in just three months. A case series has the potential to enhance the quality of the case report and provide a fresh approach to treating difficult cases. *Ayurvedic* concepts for the treatment of nodular scleritis can also be developed using this case report

#### CONCLUSIONS:

To our knowledge, this is a unique case report of recurrent nodular scleritis associated with the menstrual cycle from menarche, it could have dreadful outcomes if not treated properly.

It has shown results and improvement in not only symptoms but also the life of patient which was compromised due to disease with *Ayurvedic* treatment. Also, the recurrence has stopped. Further recurrent nodular scleritis cases like this can be treated with *Ayurveda* with similar strategies.

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