



Case Study

AN AYURVEDIC MANAGEMENT OF DIABETIC RETINOPATHY

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ABSTRACT

Diabetic retinopathy is defined as change in the retina observed within patients suffering from diabetes mellitus. Diabetic retinopathy appears to be an eye disease which can result in vision loss as well as blindness in diabetes. There is a strong correlation between the duration of diabetes, blood glucose and blood pressure with degree of diabetic retinopathy. In modern medicine it can be controlled by early diagnosis and other management protocols like anti-VEGF drug therapy, laser photo coagulation which can have some side effects. Diabetic retinopathy fundus picture shows characteristics features include micro aneurysms dot and blot haemorrhages hard exudates and new vessels proliferation. In Ayurveda we can treat diabetic retinopathy with the treatment principle of *Urdhwaga raktapitta*. For this case study a patient with diabetic retinopathy was selected from *Shalakya tantra [Netra]* OPD. He presented with complaints of gradual, painless blurriness of vision associated with floaters and curtain obscuring the field of vision since 1 and a half month. Diagnosis was made through on the basis of posterior segment examination where hemorrhages, micro aneurysms and neovascularization. The Ayurvedic management include *Virechana, Nasya*, along with systemic administration of drugs which alleviate vitiated *Pitta* and *Rakta*. After the treatment marked improvement was noted after the fundoscopic examination. Through the Ayurvedic management the progression of diabetic retinopathy can be controlled.

INTRODUCTION

Diabetic retinopathy is a leading cause of visual impairment in working age adult. Although defects in neuro sensory function have been demonstrated in patients with diabetes mellitus prior to the onset of vascular lesions, the most common early clinically visible manifestations of diabetic retinopathy include micro aneurysm formation and intra retinal haemorrhages. Micro vascular damage leads to retinal capillary non perfusion, cotton wool spots, increased numbers of haemorrhages, increased vascular permeability can result in retinal thickening and exudates that may lead to a loss in central visual acuity.^[1] Diabetes mellitus is a global epidemic the World health organization (WHO) estimates revealed

that the global prevalence of diabetes among adult over 18 years of age has risen from 4.7% in 1980 to 8.5% in 2014.^[2] Pathogenesis of diabetes retinopathy consists of hyperglycaemia and microangiopathy. Microangiopathy affecting the pre capillary arterioles, capillaries and venules which leads to haemorrhages. Thus, there is an increasing demand to understand the disease in view of Ayurveda and to establish the management through the Ayurvedic system of medicine. Hence in this case study *Urdhwaga raktapitta chikitsa* is adopted for the management.

Case Report

Chief complaints

Gradual painless blurriness of vision associated with floaters and curtain obscuring the field of vision since 1 and half months.

History of present illness

Patient developed blurriness of vision 5 years back where right eye was more blur than left eye, which he ignored. But after 1 year the blurriness of vision got aggravated and consulted one modern

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hospital where he was diagnosed as having Proliferative Diabetic Retinopathy (PDR) and was given laser treatment to both eyes, with a gap of 2 days (right eye first followed with other eye) and the problem was very much resolved. After about 2 years of laser treatment patient again developed gradual blurriness of vision associated with floaters and curtain obscuring the field of vision. So, patient consulted one modern hospital and was diagnosed as macular edema with PDR. Treated for the same with laser therapy for his left eye on 15th May 2017 and Injection Bevacizumab on 22nd May 2017 for his right eye.

Ophthalmologist have explained about the reoccurrence and prognosis of the disease and suggested to get ayurvedic treatment. So, patient consulted Shalakya tantra OPD.

History of Past illness

Structure	Examination	Right Eye	Left Eye
Eye lid	Position Movements	Normal Normal	Normal Normal
Lacrima apparatus	Lacrima sac Puncta	Normal	Normal
Eye ball	Position Movement Visual axis	Normal	Normal
Conjunctiva	Bulbar Conjunctiva Palpebral Conjunctiva	Normal Normal	Normal Normal
Sclera	Discolouration Inflammation	Absent Absent	Absent Absent
Cornea	Transparency Reflex	Normal Present	Normal Present
Pupil	Colour Consensual light Reflex Swinging light Reflex	Greyish black Normal Normal	Greyish black Normal Normal
Lens	Transparency	Nuclear Sclerosis St 1 Grade	Nuclear Sclerosis St 1 Grade

	RE	LE
Disc	Margin hazy Pale disc Cup disc ratio is not able to view	Margin hazy Pale disc Cup disc ratio is not able to view
Vessels	Neovascularization of the disc Haemorrhages Microaneurysms	Tortuous vessels Neovascularization Haemorrhages Microaneurysms

Using spectacles since 25 years (1992). For myopia patient is K/C/O diabetes mellitus since 22 years.

Occupational History

Patient is working as accountant in private firms.

Nature of work: Desktop work for more than 10 hours a day, which used to increase during financial year ending (Jan-March) since 25 years.

Ocular Examination

- Head posture: Head is erect with normal facial symmetry.
- Visual axis: Light falls at centre of the pupil parallel to eyes, no squint.
- Extra ocular movement: There is full range of movement with no double vision.
- Forehead & eyebrow: Forehead is normal with no wrinkles. Eye brows are in symmetrical level and shape.

Direct Ophthalmoscopy

	RE	LE
Fundus	Hazy ++ Exudates + Haemorrhages +	Hazy + Exudates + Haemorrhages +
Macula	Foveal Reflex Absent Vessels Around + Macular Edema	Foveal Reflex Absent Vessels Around +

Visual Acuity

	Distant Vision	Near Vision
Both eyes	6/6 0	N18
Right eye	3/60	N18
Left eye	5/60	N18

Treatment

Date	Advised	Observation
3/6/17	<i>Chitrakadi Vati</i> 2 tid for 2 days	
5/6/17	<i>Snehapana</i> with <i>Mahatriphala Ghrita</i> 30ml	
6/6/17	<i>Snehapana</i> with <i>Mahatriphala Ghrita</i> 60ml	Patient felt vision improving

7/6/17	<i>Snehapana</i> with <i>Mahatriphala Ghrita</i> 120ml	Patient felt vision improving
8/6/17 to 10/6/17	<i>Sarvanga Abhyanga</i> with <i>Ksheerabala Taila</i> + <i>Mahanarayana Taila</i> followed with <i>Bashpa Sweda</i>	
11/6/17	<i>Virechana</i> with <i>Trivrit Leha</i> 60gm	8 Vegas; Pt. felt vision improving
12/6/17 to 16/6/17	<i>Samsarjana Krama</i> was followed	
17/6/17 to 23/6/17	<i>Mukha Abyanga</i> with <i>Maha Narayana Taila</i> , <i>Nasya</i> with <i>Bhringaraja Taila</i> 8-8 Drops <i>Mahavasakadi Kwatha</i> 30ml -0-30ml B/F <i>Avipattikara Churna</i> 1tsf -0-1tsf with LWW.	Clarity in the field of vision after 3 days of <i>Nasya</i> .
27/6/17	<i>Asanadi Kwatha</i> 4tsf Tid T. <i>Nishamalaki</i> 2bd	

After Treatment

	Before Treatment	After Virechana 13/6/17	After Nasya 23/6/17
Contrast sensitivity	Absent B/L eyes	Improved	Improved
Distance vision	R E- 3/60 LE- 5/60	R E- 6/60 LE- 5/60	R E- 6/60 LE- 6/60
Near vision	R E- N18 LE- N18	R E- N12 LE- N12P	R E- N9P LE- N12
Field of vision	Presence of curtain appearance	Intermittent appearing of curtain appearance	Absence of curtain appearance

DISCUSSION

Diabetic retinopathy basically a *Drishtipatalagata roga*, is mainly attributed to *Sira Srotasabhishtandam* and *Raktavahasroto dushti* due to a variety of *Achakshushya Ahara* and *Vihara karanas* especially in *Prameha* patients. Intake of *Achakshushya*

Aharas which vitiates *Pitta*. The vitiated *Pitta* inturn vitiates the *Pittavaha srotas*. Due to interconnection of *Pitta* and *Rakta*, which shares *Ashraya ashrayee bhava*, the *Raktavaha srotas* also get vitiates due to *Pitta* vitiation. Vitiated *Pitta* and *Rakta* moves upward

direction through *Jatroordhwa srota* and finally get confined to the eyes. According to Acharya Charaka the upward variety of *Raktapitta* is curable because of applicability of *Virechana* and abundance of useful drugs. As per our Acharyas Drishti is *Pitta sthana* and thus *Virechana* is the treatment of choice in relieving the vitiated *Pitta*. *Virechana karma* acts on *Tridoshas* in general and *Pitta* and *Rakta* in particular. *Virechana* has *Pitta shodhana* and *Raktaprasadana* property^[3].

According to Acharyas, *Nasa* is the gateway of *Shiras* and the drug administered through nose reaches to brain and eliminates only the morbid doshas responsible for producing *Vyadhi*. According to Charaka, the drug administered through the nose enters the *Uttamanga (Shira)* and eliminates the morbid *Dosha* residing there. The ingredients of *Bhringaraja taila* contains *Moorchita tila taila*, *Bhringaraja swarasa*, *Yashtimadhu kalka*, *Godugdha*^[4]. *Bhrugarajataila* contains ingredients which have *Katu*, *Tikta*, *Madhura rasas* and it is having *Tridosahara* property, especially pacifies *Vata* and *Kapha* without causing vitiation of *Pitta*. In *Yogaratanakara*, *Timira chikithsa*, Acharya mentioned *Mahavasakadi kwatha* which is having *Raktapittahara* property.^[5]

CONCLUSION

Diabetic retinopathy is one of the complications of diabetes mellitus and in Ayurveda it is a disease affecting *Drishtipatala*. It is a *Tridoshaja vyadhi* with predominance of *Pitta* and *Rakta*.

In the *Samprapti* of diabetic retinopathy shows all the four features of *Srotovaigunya* like *Atipravartti*, *Sanga*, *Siragranti* and *Vimargagamana* and these we can visualize like neovascularization, occlusion,

microaneurysms and haemorrhages respectively. Through *Urdhvagata raktapitta chikithsa* we can arrest the further progression of the disease. In this case after *Virechana* and *Nasya* improvement were noticed even in the advanced stage of diabetic retinopathy. Through proper follow up, *Pathyapathya* along with internal medicines will control the further progression of the disease.

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