



Case Study

SUSTAINED PRESERVATION OF VISION IN WET AGE-RELATED MACULAR DEGENERATION THROUGH SEQUENTIAL *SHODHANA* AND *CHAKSHUSHYA RASAYANA*

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ABSTRACT

Age-related macular degeneration (ARMD) is a retinal disorder and a major cause of irreversible central visual impairment in older adults. Neovascular (wet) ARMD involves choroidal neovascularization and subretinal fluid, causing rapid visual decline. Although anti-VEGF therapy is standard, repeated injections, prolonged monitoring, variable response, and financial burden may encourage complementary approaches. This case report describes Ayurvedic management of a 49-year-old male with bilateral early wet ARMD. Based on fundus and optical coherence tomography (OCT) findings, the condition was interpreted according to *Pitta Vidagdha Drishti*, with *Kapha-Pitta* predominance in the fluid-dominant phase and *Vata-Pitta* involvement during the chronic stage, with *Rasa*, *Rakta*, *Mamsa*, and *Meda Dhatu* involvement. Subretinal fluid was considered suggestive of a *Rasa-Rakta Abhishyanda*-predominant, *Amavastha*-like stage. Treatment comprised *Rukshana* and *Sodhana*, followed by *Samana*, *Drishti Prasadana*, *Brimhana* therapies. Three inpatient treatment courses were administered, with *Chakshushya Triphala Rasayana* continued as maintenance therapy. During 2.5 years of follow-up, best corrected visual acuity improved from 6/36 to 6/18 in the right and 6/60 to 6/18 in the left eye. OCT demonstrated reduction of subretinal fluid and restoration of foveal contour. No adverse events were documented. This case highlights the potential applicability of stage-specific Ayurvedic management in early wet ARMD.

INTRODUCTION

Age-related macular degeneration (ARMD) is a chronic, progressive degenerative disease of the macula and a leading cause of irreversible central vision loss among adults aged over 50 years worldwide. The disease is characterized by degeneration of the retinal pigment epithelium, photoreceptors, Bruch's membrane, and the choriocapillaris, ultimately resulting in impairment of central vision and deterioration in vision-dependent daily activities. Clinically, ARMD is broadly classified into non-neovascular (dry) and neovascular (wet) forms.

Although neovascular ARMD constitutes only 10–15% of all cases, it is responsible for nearly 90% of severe visual loss due to choroidal neovascularization, subretinal fluid accumulation, hemorrhage, and subsequent fibrovascular scarring. Recent advances in retinal imaging, particularly OCT have facilitated early diagnosis and objective monitoring of disease progression and therapeutic response.

Intravitreal anti-vascular endothelial growth factor (anti-VEGF) therapy is currently the standard treatment for wet ARMD and has significantly improved visual prognosis. However, repeated intravitreal injections, the need for lifelong surveillance, high treatment costs, and incomplete restoration of retinal architecture remain important clinical challenges. Furthermore, a proportion of patients exhibit suboptimal or incomplete responses despite continuous therapy. These limitations have encouraged exploration of complementary and integrative therapeutic approaches aimed at

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preserving visual function and improving long-term quality of life.

Although ARMD is not explicitly delineated as a separate disease entity in the classical Ayurvedic texts, its clinical features may be interpreted within the framework of *Pitta Vidagdha Drishti*, particularly in view of the progressive impairment of vision. From an Ayurvedic perspective, the disease process may be conceptualized as involving an acute predominance of *Kapha-Pitta* and, with chronic progression, a predominance of *Vata-Pitta*, along with the involvement of *Rasa, Rakta, Mamsa, Medo Dhatus*. Such alterations may contribute to progressive tissue depletion and structural degeneration of the ocular components responsible for vision. Based on these principles, Ayurvedic management focuses on restoring *Dosha* equilibrium and supporting ocular tissue integrity through appropriately selected *Shodhana, Shamana, Chaksushya Rasayana*, and *Netra Kriyakalpa* therapies. These interventions are traditionally aimed at reducing *dosha* imbalance, promoting tissue nourishment, maintaining visual function, and potentially slowing the progression of degenerative changes. Emerging Ayurvedic literature has proposed the applicability of these therapeutic principles to retinal degenerative conditions; however, their clinical efficacy requires further validation through well-designed studies. The present case report describes the management of a patient with bilateral early wet age-related macular degeneration using a multimodal Ayurvedic treatment protocol administered during three IP admissions, followed by maintenance therapy. The patient was monitored over an approximately 2.5-year follow-up period, with serial assessment of visual acuity, fundus findings, and OCT. This report highlights the potential role of Ayurveda as an integrative approach in the long-term management of chronic retinal degenerative disorders while emphasizing the importance of objective imaging in documenting therapeutic outcomes.

Case Report

A 49-year-old male presented to the Outpatient Department of *Shalakya Tantra*, Government Ayurveda College Hospital, Tripunithura, on November 2023 with complaints of gradual, painless diminution of vision in the left eye for approximately 10 years and similar complaints in the right eye for the preceding 9 months. The visual deterioration was insidious in onset and progressive in nature, interfering with routine activities. The patient reported that the visual impairment initially began in the left eye nearly a decade earlier. He had consulted multiple ophthalmology centre's during this period and was prescribed corrective spectacles, which provided only temporary symptomatic improvement. As the disease

progressed, he sought further evaluation at a tertiary eye care centre, where clinical examination and optical coherence tomography suggested early WET ARMD. Fluorescein angiography was advised; however, the patient did not undergo the investigation or continue follow-up. He subsequently received conservative medical management elsewhere but experienced no significant improvement. Surgical intervention was suggested at another centre, though the patient declined because of the uncertain visual prognosis.

Seeking an alternative therapeutic approach, the patient underwent Ayurvedic treatment at a private institution, where he experienced subjective improvement in vision following a short course of therapy. Encouraged by this response, he continued Ayurvedic medications for several months. During a period of employment abroad, he discontinued treatment and subsequently noticed progressive deterioration of vision in both eyes. Thereafter, he presented to the Department of *Shalakya Tantra*, Government Ayurveda College Hospital, Tripunithura, for comprehensive Ayurvedic management with Uncorrected visual acuity was RE- 5/60, N18; LE - 3/60, N36(B) and best corrected vision was RE- 6/36, N18 and LE- 6/60(B), N36 on November 2023.

The patient was a known case of diabetes mellitus of recent onset and had undergone atrial septal defect surgery approximately 12 years earlier. Family history was non-contributory. Occupational history revealed prolonged work as a motor winding technician, involving sustained visual concentration and exposure to dust, followed by overseas employment requiring prolonged outdoor activities and sunlight exposure. On ophthalmic examination, the anterior segment was essentially normal in both eyes. Fundus evaluation demonstrated degenerative changes involving the macular region, mild attenuation of retinal arterioles, tessellation, parafoveal thinning and peripapillary alterations. OCT revealed findings consistent with bilateral early wet age-related macular degeneration, including abnormalities at the level of the retinal pigment epithelium and neurosensory retina, with evidence of subretinal fluid accumulation. Based on the clinical history, ophthalmological examination, and OCT findings, the patient was diagnosed with early bilateral wet ARMD.

Clinical Findings

The patient presented with a history of gradual, painless diminution of vision affecting both eyes, with the left eye being involved for approximately 10 years and the right eye for 9 months. There was no history of ocular pain, redness, photophobia, diplopia, trauma, or previous intraocular surgery. Family history was not suggestive of

hereditary retinal disease. Occupational history revealed prolonged exposure to visual strain, dust, and sunlight due to his work as a motor winding technician and later as a technician abroad. On general examination, the patient was conscious, cooperative, and haemodynamically stable. Systemic examination did not reveal any significant abnormalities.

Ocular examination showed a quiet anterior segment in both eyes, the upper and lower palpebral apertures were within normal limits, and the cornea was clear. Pupillary reactions were normal, and the crystalline lenses were clear. Visual acuity assessment demonstrated reduced distance vision in both eyes, more pronounced in the left eye, while near vision was comparatively preserved with appropriate correction [Table 2]. Fundus examination revealed degenerative alterations involving the macular region, retinal pigment epithelial changes, mild attenuation of retinal arterioles, tessellation, and retinal thinning, with

drusens in both eyes. OCT demonstrated bilateral macular pathology compatible early Wet age-related macular degeneration, with abnormalities involving subretinal fluid.

Therapeutic Intervention

Considering the chronic nature of the disease, a multimodal Ayurvedic treatment protocol incorporating *Shodhana*, *Shamana*, and *Rasayana* therapies was adopted. The primary objectives were to pacify aggravated doshas, improve ocular nourishment, enhance retinal microcirculation, prevent further degeneration, and preserve visual function.

The patient underwent inpatient management with *Panchakarma* procedures along with internal medications and external ocular therapies on November 2023. The treatment protocol included

Table 1: Treatment Schedule Administered during 1st IP management

Date	Procedure	Medicine	Dose/ duration date
17/11/2023 to 26/12/2023	Internal medications <i>Netrasekam</i>	<i>Gandarahastadi kashayam</i> <i>Vaiswanara churnam</i> <i>Triphala choornam</i> <i>Saptamrita loham</i> <i>Triphala, Yashti, Dhanyamla</i> {1/4 th }	90 ml bd before food 1 tsp with <i>Kashaya</i> 1 tsp HS with hot water 1tab HS 2 times/day
21/11/2023-27/11/23	<i>Udwarthanam</i>	<i>Kolakulathadi churnam</i>	7 days
28/11/2023-2/12/2023	<i>Vicharana snehapanam</i>	<i>Guggulutiktakam gritam</i>	5 days {30ml-80ml}
3/12/2023	<i>Abyanga usmasweda</i>	<i>Satahwadi tailam</i>	1 day
4/12/2023 5/12/2023-6/12/2023	<i>Virechanam peyadikrama</i>	<i>Avipathi churnam</i> in <i>Draksa hima kashayam</i>	25gm, 1 day
7/12/2023-13/12/2023	<i>Marsa nasyam</i>	<i>Shadbindu tailam</i>	7 days
14/12/2023-20/12/2023	<i>Takradhara</i> [head]		7 days
21/12/2023-25/12/2023	<i>Thalapothichil Vaiswanara churna vasthi</i>	<i>Jadamayadi churnam</i> + <i>Triphala churnam</i> in <i>Dhanyamla</i>	5 days {45min} 5 days

During the first inpatient course, treatment was primarily directed towards the active phase of the disease, with *Dipana-Pacana*, *Rukshana*, and *Shodhana* measures administered along with appropriate internal medications and ocular procedures. *Pashupatam Anjanam* was advised for local application after discharge. Visual acuity and OCT were assessed

before and after treatment to monitor the therapeutic response.

The patient was readmitted for the second course of inpatient treatment on 07 March 2024. He underwent *Tarpana* with *Patoladi Ghrta* for seven days, followed by *Snehana Putapaka* with *Jivaniyagana churna* for one day. *Matra Vasti* with *Dhanwantaram Mezhpakam* was administered for five consecutive

days. At discharge, *Saptamrita* tab [OD]and *Mahatraiphala gritam*[1tsp] with *Churna* of *Amalaki*, *Guduchi*, *Goksura churnam* [1tsp] was prescribed, along with strict diet and the patient continued this regimen until the subsequent follow-up.

The third inpatient admission occurred in December 2024, during which *Tarpana* with *Patoladi Ghrita* was administered for seven days, followed by one day of *Snehana Putapaka*. Upon discharge, *Chakshushya Triphala Rasayana*, comprising *Triphala* {*Haritaki:vibhitaki:Amalaki*} *Churna* (1:2:4) mixed with *Mahatriphala Ghrita* and honey [*HS*], was prescribed as maintenance therapy. The patient adhered to this regimen until his subsequent follow-up visit in April 2026, when he reported continuous use of the prescribed medication throughout the intervening period. Treatment response was monitored through serial assessment of best-corrected visual acuity, near vision, fundus findings, and OCT during the approximately 2.5-year follow-up period.

RESULTS

Following completion of the treatment protocol and follow-up period, the patient reported subjective improvement in visual clarity and reduction in difficulty during routine visual activities. No deterioration of vision was observed during the treatment period. Clinical examination revealed stabilization of ocular findings without evidence of acute disease progression. The patient also experienced improvement in ocular comfort and reduction in visual strain. Follow-up ophthalmological evaluation demonstrated stable retinal findings, suggesting that Ayurvedic intervention may have contributed to arresting further progression of the disease while improving functional vision and quality of life. No adverse drug reactions or procedure-related complications were observed during the course of treatment.

Table 2: Visual acuity before, after and during Follow-up following Treatment

	11/2023		3/2024		12/2024		4/2025		4/2026	
	OD	OS	OD	OS	OD	OS	OD	OS	OD	OS
UCVA	5/60	3/60	6/60(B)	6/60(B)	6/60	6/60	6/60	6/60	6/60	6/60
BCVA	6/36(B)	6/60(B)	6/24	6/36(B)	6/24	6/36	6/18	6/18	6/18	6/18
NV	N18	N36(B)	N18	N24(B)	N18	N18 (B)	N12	N18	N12(B)	N18(B)
NV +pg	N18	N36	N18	N24	N12	N18	N10	N10	N10	N12

UCVA-uncorrected visual acuity; BCVA-Best corrected visual acuity; (B)-blurred vision NV- near vision; NV+pg- near vision with power glass

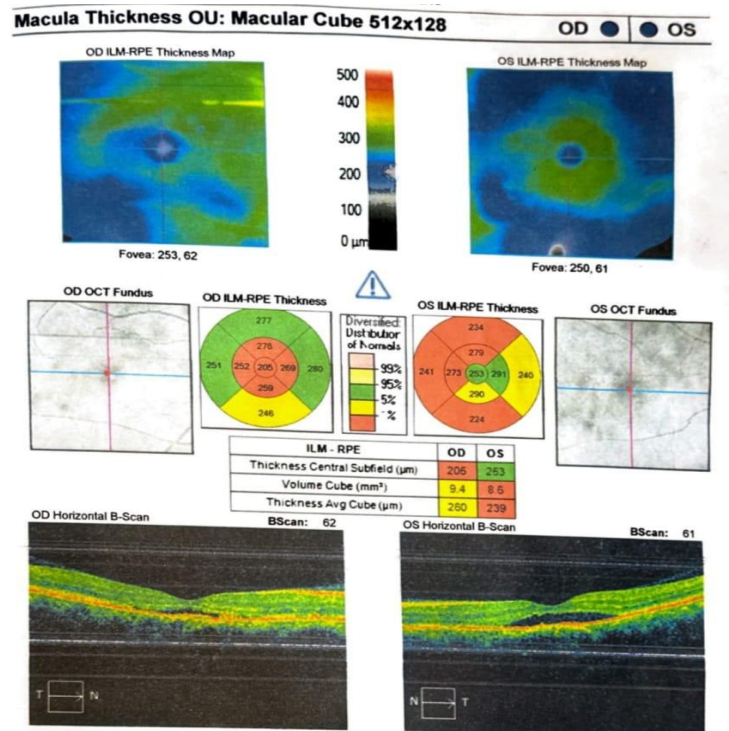


Figure 1: OCT before treatment - both eyes demonstrate retinal thinning, RPE changes and drusen, subretinal fluid OU

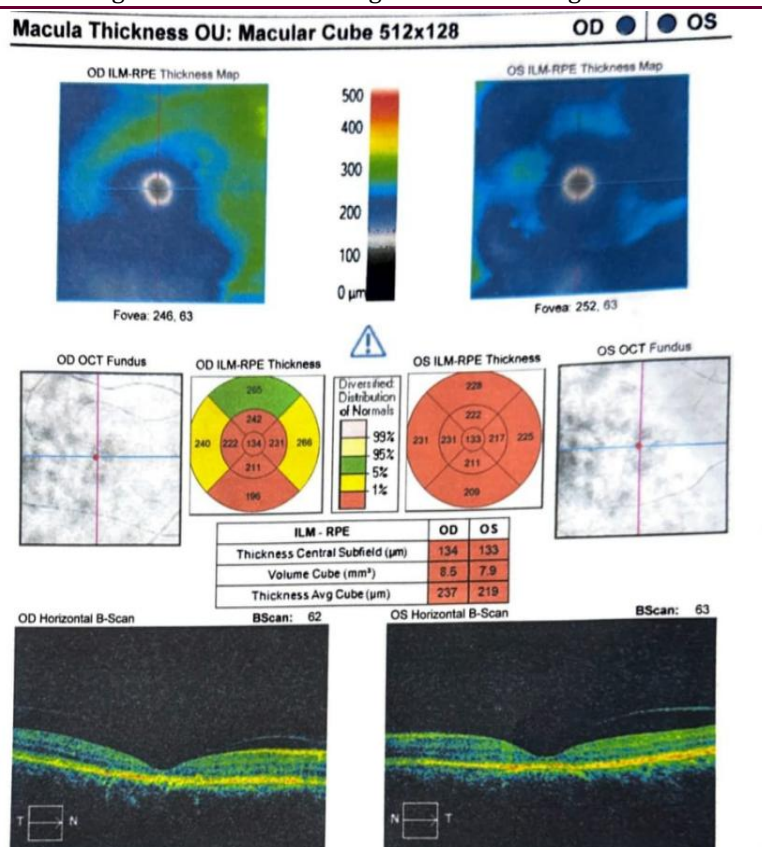


Figure 2: OCT on last course of treatment

DISCUSSION

Wet ARMD is characterized by choroidal neovascularization and accumulation of subretinal fluid, leading to progressive impairment of central vision. In the present case, visual acuity assessment and OCT provided objective measures for monitoring disease activity and supported stage-wise modification of the Ayurvedic treatment protocol. The gradual and painless diminution of vision in the present case may be interpreted in relation to *Pitta Vidagdha Drishti*. In this condition, vitiated *Pitta*, particularly *Drikstha Alochaka Pitta*, affects *Drishti*, resulting in *Vidagdhata* or impairment of visual function. The term *Vidagdhata* may be understood as a functional deterioration or partial compromise of the visual apparatus rather than complete loss of vision. Classical descriptions further indicate that when the vitiated *Doshas* progress towards the deeper, third *Patala*, which is considered *Meda Dhatu* predominant, more pronounced visual dysfunction may occur. This provides an Ayurvedic framework for interpreting progressive retinal involvement in chronic degenerative conditions.

In the present case, the involvement of the *Triteeya Patala* was considered along with the progressive affection of *Rasa, Rakta, Mamsa*, and *Medo dhatus*. The disease process may be conceptually understood as occurring in two sequential stages according to the predominant *Anubandha*. Initially, *Pitta Vidagdha* with *Kaphanubandha* may

predominate. The *Drava* nature of *Kapha*, together with vitiated *Pitta*, may provide an Ayurvedic interpretation for the fluid- and edema-dominant component of wet ARMD. The initial OCT evidence of subretinal fluid was therefore considered comparable to an *Amavastha*-like stage with *Rasa-Rakta Abhishyanda* predominance and impaired *Srotas* function.

Accordingly, the initial therapeutic strategy emphasized *Dipana-Pacana, Rukshana, Langhana*, and *Shodhana*, with the intention of reducing *Kapha-Pitta* vitiation, addressing *Ama*, and improving *Srotas* patency. The subsequent reduction in subretinal fluid on OCT was in accordance with the intended objective of controlling the fluid-dominant phase.

After resolution of the prominent exudative component, OCT predominantly demonstrated retinal thinning, suggesting persistence of a chronic degenerative phase. This was interpreted as *Pitta Vidagdha* with *Vatanubandha*, wherein the *Ruksha* and *Shosha* properties of *Vata* may be conceptually associated with tissue depletion, atrophic changes, and scarring. Thus, the clinical course may be viewed as a transition from a *Kapha-Pitta* dominant, fluid-associated stage to a *Vata-Pitta* dominant, degenerative stage. The therapeutic emphasis was consequently shifted from *Rukshana-Langhana*

towards *Brimhana*, *Drishti Prasadana*, and *Rasayana* measures.

During this chronic phase, repeated courses of *Tarpana*, *Sneha Putapaka*, and *Matra Vasti*, together with prolonged administration of *Chakshushya Rasayana* and *Ghrita*-based interventions, were employed with the objective of supporting tissue nourishment and preserving visual function. Thus, the stage-specific therapeutic approach was based on the changing clinical and OCT findings: measures directed towards the *Kapha-Pitta* associated fluid phase were followed by *Brimhana-Rasayana* oriented management when *Vata-Pitta* predominance and degenerative changes became more evident. This sequential Ayurvedic interpretation offers a possible conceptual framework for understanding the clinical course of wet ARMD.

Among the Panchakarma procedures, *Virechana* was employed considering the predominance of *Pitta* and *Rakta* involvement. Classics describes *Virechana* as the principal purification therapy for disorders associated with aggravated *Pitta*. Since oxidative stress and chronic inflammation contribute significantly to retinal pigment epithelial dysfunction in age-related macular degeneration, therapies directed at *Pitta* pacification may provide supportive benefits by reducing inflammatory burden and improving tissue homeostasis.

Matra Vasti was administered because of the chronic *Vata* predominance underlying retinal degeneration. *Vasti* is regarded as the most effective therapy for *Vata* disorders and is traditionally indicated in chronic degenerative conditions. Its systemic action may contribute to nourishment of deeper tissues and maintenance of functional stability during long-term management.

Local ocular procedures formed an important component of therapy. *Tarpana* and *Sneha Putapaka* are traditionally indicated for chronic disorders affecting vision and are intended to nourish ocular tissues, improve functional capacity, and alleviate *Vata* predominance. *Anjana* was prescribed as maintenance therapy to support ocular health during the follow-up period. In addition, procedures such as *Takradhara* and *Talapothichil* were incorporated to alleviate *Pitta* aggravation, promote relaxation, and improve systemic physiological balance, which may indirectly support ocular function.

An important component of the long-term management in the present case was the continued administration of *Chakshushya Triphala Rasayana*, comprising *Triphala Churna* (1:2:4), *Mahatriphala Ghrita*, and honey. *Rasayana* therapy is indicated not only for rejuvenation but also for preserving tissue

integrity, delaying degeneration, and sustaining physiological function. *Triphala* has been traditionally described as *Chakshushya*, promoting ocular health and supporting visual function. The formulation is rich in polyphenols, flavonoids, vitamin C, and other bioactive constituents with documented antioxidant and anti-inflammatory activities.

Since oxidative stress, chronic inflammation, and retinal pigment epithelial dysfunction play central roles in the pathogenesis of age-related macular degeneration, prolonged administration of a *Chakshushya Rasayana* may help mitigate these pathological processes. The inclusion of *Mahatriphala Ghrita* may further enhance ocular nourishment and facilitate delivery of lipid-soluble phytoconstituents, while honey acts as a *Yogavahi*, improving the bioavailability of the formulation. Although the contribution of the *Rasayana* regimen cannot be isolated in a single-case report, its continued use between inpatient admissions coincided with preservation of visual acuity, sustained reduction of subretinal fluid, and stable OCT findings during the approximately 2.5-year follow-up. These observations suggest that *Chakshushya Triphala Rasayana* may have an important supportive role in the long-term preservation of vision and maintenance of retinal function as part of a comprehensive stage-specific Ayurvedic treatment protocol. The parallel improvement in both structural and functional parameters supports the usefulness of objective retinal imaging in documenting therapeutic response during Ayurvedic management.

This case provides preliminary insight into the potential utility of a stage-specific Ayurvedic treatment approach, beginning with *Amahara* and *Shodhana* therapies during the active exudative phase, followed by *Drishti Prasadana*, *Netra Kriyakalpa*, and *Rasayana* therapy during the chronic degenerative stage. The sequential approach was associated with favourable anatomical and functional observations during long-term follow-up. However, causal inference cannot be drawn from a single case. Larger prospective studies incorporating standardized OCT-based assessments and prolonged follow-up are warranted to evaluate the reproducibility and clinical relevance of this therapeutic approach.

CONCLUSION

The present case demonstrates that a stage-specific multimodal Ayurvedic treatment approach, guided by clinical findings and serial optical coherence tomography (OCT), was associated with favourable anatomical and functional outcomes in a patient with bilateral early wet age-related macular degeneration. The disease process was interpreted within the

framework of *Pitta Vidagdha Drishti*, with *Kaphanubandha* considered predominant during the initial fluid-dominant stage and *Vatanubandha* during the subsequent chronic degenerative phase. Accordingly, the initial management emphasized *Rukshana* and *Shodhana*, followed by *Shamana*, *Drishti Prasadana*, *Netra Kriyakalpa*, and long-term *Chakshushya Rasayana* aimed at supporting visual function and ocular tissue nourishment. Over approximately 2.5 years of follow-up, improvement in best-corrected visual acuity, sustained reduction of subretinal fluid, and restoration of foveal contour were documented on serial OCT examinations, without observed treatment-related adverse events. Although conclusions regarding efficacy cannot be drawn from a single case, the objective clinical and imaging findings suggest that a stage-specific Ayurvedic management strategy may serve as a valuable integrative approach for selected patients with early wet ARMD.

Declaration of Patient Consent

The authors certify that they have obtained all appropriate patient consent forms. The patient has consented to the reporting of clinical information and investigations for academic publication. The patient understands that every effort will be made to conceal identity; however, anonymity cannot be absolutely guaranteed.

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