AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Case Study

AYURVEDIC MANAGEMENT OF CENTRAL SEROUS RETINOPATHY: A CASE REPORT

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Article info

Article History:
Received: 21-07-2026
Accepted: 11-08-2026
Published: 10-09-2026

KEYWORDS:
Bidalaka, Central serous chorioretinopathy (CSCR), *Nasya, Shirodhara, Timira*

ABSTRACT

Central serous chorioretinopathy (CSCR) is characterised by spontaneous serous detachment of neurosensory retina in the macular region, with or without retinal pigment epithelium detachment. The diminished vision may be associated with either metamorphopsia, micropsia, or a relative positive scotoma. Some cases are non-resolving causes visual impairment as well recurrence of CSCR is known in 30-50% of all the cases. Treatment modalities include observation, avoidance of systemic steroids, lifestyle modifications, pan-LASER photocoagulation, and Anti-vascular Endothelial Growth Factor (anti-VEGF) injections. In Ayurveda CSCR can be considered under the umbrella of *Timira*, and on the basis of symptoms can be included particularly in *Dwitiya Patalagata Timira*. Symptoms of blurred vision and metamorphopsia indicate mainly *Vata* vitiation and accumulation of fluid in the retinal layers indicated *Kapha* vitiation. **Case & Intervention:** A 38 -year -old female, diagnosed case of CSCR in left eye for 7 months sought Ayurvedic treatment for blurring of vision. She underwent one course of Ayurvedic management, comprised of oral medication, including *Pathyadi Kwatha*, *Eranda Bhrishta Haritaki*, *Sitopaladi* + *Godanti Bhasma* and treatments like *Nasya*, *Shirodhara* and *Kriyakalpa* like *Bidalaka*. Outcome: At the end of 18 days visual acuity in left eye improved from 6/18 to 6/9 in left eye and after 2 months of the treatment visual acuity in left eye further improved from 6/9 to 6/6, Optic coherence tomography affirmed markedly resolution of CSCR. A one year follow up confirmed the non - recurrence of the disease. **Conclusion:** Ayurvedic treatment effectively resolves oedema within a short period of time with marked improvement in visual acuity.

INTRODUCTION

Central serous chorioretinopathy (CSCR) is an idiopathic disorder characterised by spontaneous serous detachment of neurosensory retina in the macular region, with or without retinal pigment epithelium detachment. The disease affects typically young adult (20–50 years), males more than females, most of the chronic cases lasts for more than 12 months.[1] Numerous risk factors and associations have been reported (including systemic hypertension, psychological stress, pregnancy and sleep apnoea syndrome, Cushing's disease), Type A personality individuals and emotional stress are more prone. Pathogenesis is not known exactly. Various theories have been postulated. Presently, the most accepted theory is of 'choroidal vascular hyperpermeability'. It proposes that sympathetic drive, sympathomimetics and corticosteroids alter the choroidal vascular permeability either directly or indirectly by affecting its autoregulation. This, in turn, increases the tissue hydrostatic pressure in the choroid causing pigment epithelial defect (PED) resulting in a breach in the outer blood retinal barrier. Leakage of fluid across this area results in development of localized serous detachment of neurosensory retina. [2]

Symptoms include unilateral blurring, metamorphopsia, micropsia and mild dyschromatopsia. Sudden painless loss of vision

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ayushdhara.v13i4.2962

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(6/9–6/18) associated with relative positive scotoma, micropsia and metamorphopsia. [3]

In Ayurveda CSCR can be considered under the umbrella of *Timira*, and on the basis of symptoms it can be included particularly in *Dwitiya Patalagata Timira*. *Avila Darshana* (blurring of vision), *Vakram Rujuapimanyate* (metamorphopsia), and *Mandalani Pashyati* (black spots in front of eyes) indicate mainly *Vata* vitiation. Damage of outer blood retinal barrier and accumulation of fluid in the retinal layers indicated *Kapha* vitiation. [4, 5]

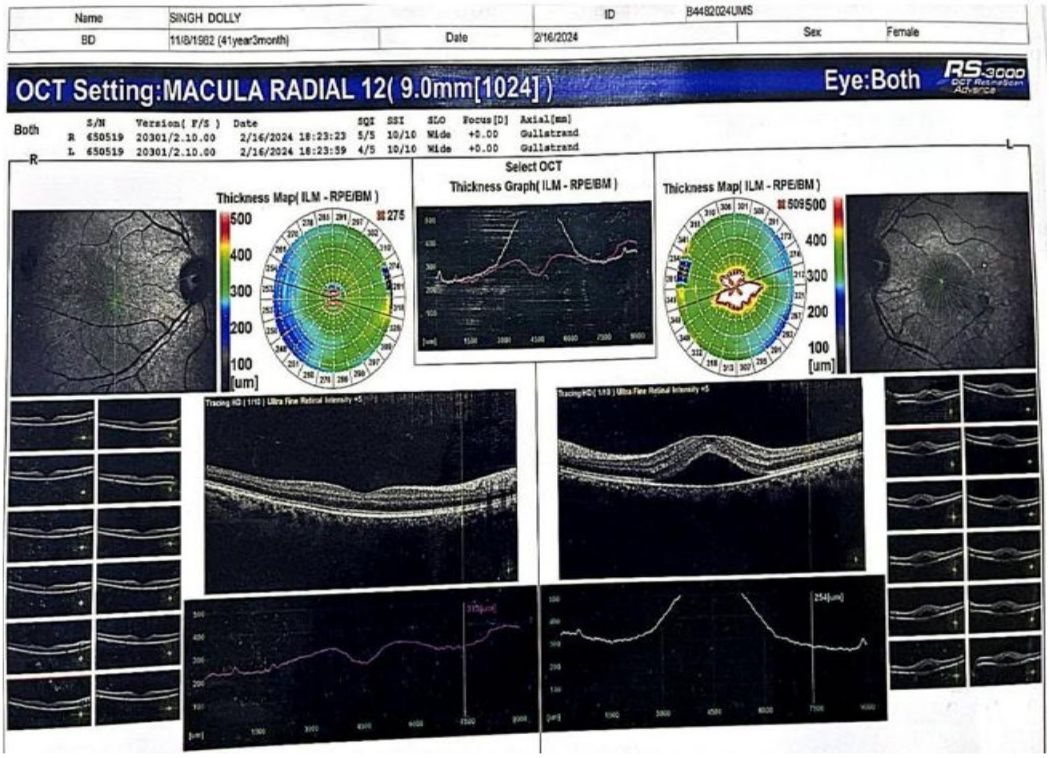
Case Report

Patient Information: A 38-year-old female patient visited OPD with complaints of blurring of vision, pain, watery discharge and black spots in front of left eye for seven months, headache and dizziness for six months. The patient has a history of chronic stress, anxiety and insomnia. Seven months ago, she started experiencing blurry vision in her left eye and it gradually increased. After one month, she visited an ophthalmologist and diagnosed with central serous chorioretinopathy. Her vision in left eye was 6/18 at that time. She has taken medication Alprazolam 0.5mg one tablet at night, Reticure (multivitamin) one tablet in morning and Nepafenac 0.1% eye drops thrice a day for five months but she didn't get complete relief in her symptoms and her vision in left eye remain 6/18. Ayurvedic treatment was started after taking informed consent from the patient.

Clinical findings: *Ashtavidha Pariksha* (eightfold examination) revealed *Nadi* (pulse) was *Vata Pittaja, Mutra* (urine) was *Prakrita. Jihwa* was *Amayukta*. On *Drik Pariksha* (ocular examination) the left eye demonstrated *Raga* (mild redness), whereas the right eye appeared *Prakrita. Akriti* (body stature) was *Madhyama*. The patient reported reduced appetite and bowel movements to be regular. Sleep was disturbed due to anxiety and stress. The review of other systems and vitals were within normal limits. The patient was afebrile, pulse rate was 75/min, respiratory rate 18/min. Blood pressure 130/70 mmHg. Details of the fundus examination and Visual Acuity (VA) are depicted in Table 1. No other systemic abnormalities were found.

VA	**OD**	**OS**
DV(Unaided)	6/9	6/18
DV(Aided)	6/6 (correction done with -0.50 D)	6/12 (correction not possible beyond 6/12)
PH	6/9	6/18
NV	N/6	N/6
Fundus Examination	**OD**	**OS**
	Clear media, CDR-0.3, Optic disc normal Normal macula, Foveal reflex present, Retinal blood vessels and general fundus within normal limits.	Clear media, CDR-0.3 Optic disc normal, Macular oedema present, Foveal reflex absent, Retinal blood vessels and General fundus within normal limits.

VA: Visual acuity; OD: Oculus dexter; OS: Oculus sinister; DV: Distant vision; PH: Pinhole; NV: Near vision; CDR: Cup-to-disc ratio



Diagnostic Assessment

Timeline

The timeline of the case is provided in

Date of visit	Findings	Intervention	Outcome
1/06/2024	She came for Ayurvedic consultation and assessment Patient had c/o: Blurring of vision in left eye. (+++) Black spot in front of left eye. (+++) Pain in left eye. (++) Watery discharge from left eye. (++) Headache. (++) Dizziness. (++) Sleep: disturbed Appetite: reduced VA(Unaided) OD: 6/9 OS: 6/18 On fundus examination macular oedema in left eye present. OCT confirms CSR: Fluid collection between RPE and sensory retina. Complete loss of foveal depression. Macular thickness: 509µm	1. *Erandabhrishta Haritaki Churna* 2. *Pathyadi Kwatha* 3. *Sitopaladi Churna Godanti Bhasma* 4. *Bidalaka* with *Triphala Churna* + *Punarnava Churna*	-
8/06/2024	Blurring of vision in left eye. (++) Black spot in front of left eye. (++) Pain in left eye. Completely watery discharge from left eye. resolved	Medicine continued. Added: 5. *Nasya* with *Anu Taila* for 7 days.	Vision improved. VA(Unaided) OD: 6/9 OS: 6/12

	Headache. (+) Dizziness. (+) Sleep: improved Appetite: improved	6.*Shirodhara* with *Chandanbalalakshadi* + *Tila Taila* for 10 days	
18/06/2024	Blurring of vision in left eye. Completely Black spot in front of left eye. Resolved Headache. Dizziness. Occasionally Sleep: Normal Appetite: Normal	*Nasya* and *Shirodhara* discontinued. Medicine continued.	Vision improved. VA(Unaided) OD: 6/6 OS: 6/6
29/07/2024	First follow-up: OCT revealed marked resolution of CSR. Average macular thickness- 280µm	Medicines discontinued.	VA (Unaided) OD: 6/6 OS: 6/6
12/10/2024	Follow-up: No recurrence of CSCR.	-	VA (Unaided) OD: 6/6 OS: 6/6

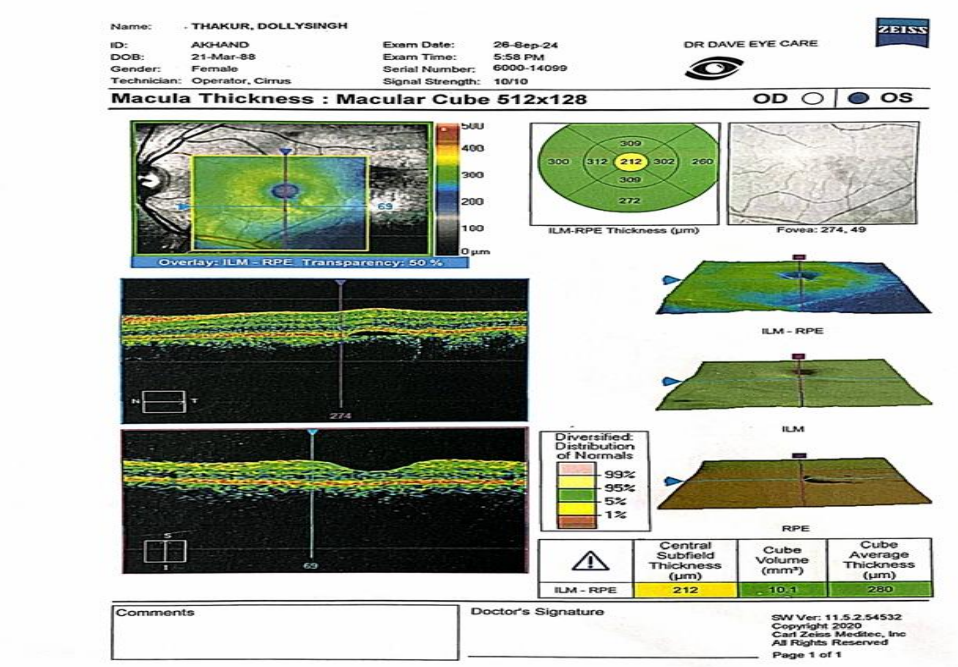
Therapeutic Intervention

The interventions adopted in the present case are placed in table. At the end of the treatment, Ayurvedic internal medicines were continued for further 15 days and follow-up was done for the next three months.

Medicine	Dose	Time of administration	Duration	Possible effect
Pathyadi Kwatha[6]	40ml	Morning and evening, empty stomach	18 days	*Sothahara, Rasa- Rakta Prasadana,* indicated in *Shirashoola* and *Patalgata Rogas*
Sitopaladi Churna [7] + *Godanti Bhasma*[8]	3gm 500mg	Morning and evening after food with *Madhu* and *Ghrita*	18 days	*Deepana-Pachana*, balances *Vata-kapha Doshas*, pacify *Shirashoola*
Erandabhrishta Haritaki Churna [9]	3gm	At night with lukewarm water	18 days	*Mridu Virechana* for *Kostha Suddhi*, *Deepana-Pachana, Vatanulomana*
Bidalaka with *Triphala Churna*[10] + *Punarnava Churna*[11]	5gm 5gm	Twice a day	18 days	*Sothahara*, usefull in *Netra Rogas*
Nasya with *Anu Taila*[12]	6-10 *Bindu*	Morning (on empty stomach)	7 days	*Sneha Nasya* in indicated in *Timira*, *Urdhwajatrugataroga*, *Tridosha Shamaka*, *Indriya Balaprada*.
Shirodhara with *Chandanbalalakshadi* [13] + *Tila Taila*	10 days	Morning	10 days	Indicated in *Anindra*, *Indriyaprasada*, *Vatahara*, *Rakta-Pitta Shamaka*, calming and relaxing effect

Follow up

Improvement noticed after 18 days of treatment. Follow up was done for next three months. At the end of 2 months of Ayurvedic treatment, her VA in both eyes was improved from 6/9 to 6/6 in Rt eye and 6/18 to 6/6 in Lt. eye. Vision chart, oct reports and fundoscopy findings supported the result. There was improvement in DV in both eyes. OCT revealed markedly reduction in serous fluid between RPE & sensory retina, Edema markedly resolved. Macular thickness in Lt eye reduced up to 280µm.



DISCUSSION

Central Serous Chorioretinopathy (CSCR) may be correlated as *Vataj Timira* under *Dwitiya Patalagata Dosha Dushti* in Ayurveda. Symptoms like *Avila Darshana* (blurring of vision), *Vakram Rujuapimanyate* (metamorphopsia), and *Mandalani Pashyati* (Black spots in front of eyes) suggest the involvement of *Vata Dosha* and vitiation of *Dwitiya Patala* of *Akshi*. In this case, *Vata-Kapha Pradhana Tridosha Prakopa* appears to be the main pathological factor responsible for the manifestation of CSCR. Normal functions of *Vata* correspond with autonomic nervous system. Aggravation of *Vata Dosha* is associated with sympathetic hyperactivity and vitiation of *Kapha Dosha* causes disruption in outer blood retinal barrier resulting in fluid accumulation between retinal pigment epithelium and neurosensory retinal layer, which is the hallmark of the disease CSCR. The patient had a history of continuous indulgence in causative factors such as *Atichinta* (excessive stress), *Ratrijagarana* (night awakening), *Krodha* (anger) and *Diwaswapna* (daytime sleep). These *Nidana* contribute to *Dosha* vitiation and also causes *Khavaigunya* at *Netra Patala*. *Atichinta* leads to *Vata* and *Rasa Dushti*, *Ratrijagarana* aggravates *Vata Dosha*, *Krodha* causes *Pitta* and *Rakta Dushti*, *Diwaswapna* leads to *Kapha Dushti*. These vitiated *Dosha* reaches the *Netra Patala* through *Urdhwagami Siras*, where *Khavaigunya* is present. Here *Strotodushti* manifests in the following forms: *Sanga*- Increased sympathetic activity due to *Vata Dosha* affects choroidal vasculature hyperpermeability which increases tissue hydrostatic pressure, *Vimarga-gamana* - breach in the outer blood–retinal barrier and leakage of fluid (dissemination of *Kapha Dosha*), *Atipravritti* - excessive leakage of fluid between the retinal pigment epithelium (RPE) and the neurosensory retina which results in macular oedema) which is called Central Serous chorioretinopathy.

Management was planned based on *Vata–Kapha Pradhana Tridoshahara Chikitsa* along with *Shophahara Chikitsa*. *Pathyadi Kwatha* was administered due to its properties such as *Shophahara* and *Rasa–Rakta Prasadana*, which help in reducing oedema and improving circulation of fluid, *Eranda Bhrishta Haritaki Churna* was given as *Mridu Virechana*, which helps in *Kostha Shuddhi*, *Deepana- Pachana* and *Vatanulomana*, thereby facilitating proper movement of *Vata* and improving metabolic balance. *Sitopaladi Churna* and *Godanti Bhasma* was used to help balance *Vata* and *Kapha*

Doshas, it acts as *Deepana-Pachana* and pacify *Shirashoola* contributing to the restoration of physiological equilibrium, *Bidalaka* prepared with *Triphala Churna* and *Punarnava Churna* was applied locally, which acts as *Shophahara* and helps reduce oedema in the ocular tissue. As *Sneha Nasya* is indicated in *Timira Roga* so *Nasya* with *Anu Taila* was administered due to its *Tridsosha-Shamaka*, *Indriyabalaprada*, and *Urdhwajatrugata Rogahara* properties, thereby supporting ocular and cranial health. Additionally, *Shirodhara* with *Chandanbalakshadi Taila* and *Tila Taila* was performed, which helps pacify aggravated *Vata Dosha*, it is also *Rakta, Pitta Shamaka* and indicated in disorders like *Anindra*. It also provides a calming and relaxing effect, reduces mental stress, and, thereby supporting overall therapeutic management. In this case, Ayurvedic treatment protocol effectively managed CSCR by reversing its pathology, resulting in significant improvement in visual outcomes.

CONCLUSION

Ayurvedic treatment protocol comprising of *Pathyadi Kwatha*, *Sitopaladi Churna* and *Godanti Bhasma*, *Eranda Bhrishta Haritaki Churna*, *Nasya*, *Shirodhara* and *Kriyakalpa* like *Bidalaka* effectively resolves macular oedema within a short time with marked visual outcome in CSCR. Along with the ocular benefits, associated psychological symptoms such as anxiety and insomnia were also successfully managed, and no recurrence was noted in one year follow up of the patient. The treatment not only addressed the local pathology but also appeared to improve the patient's overall quality of life and mental well-being.

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Cite this article as:
Kundan Patel, Drashti Patel. Ayurvedic Management of Central Serous Retinopathy: A Case Report. AYUSHDHARA, 2026;13(4):179-184.
https://doi.org/10.47070/ayushdhara.v13i4.2962
Source of support: Nil, Conflict of interest: None Declared

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