



Case Study

RAY OF LIGHT IN CENTRAL SEROUS RETINOPATHY THROUGH AYURVEDIC MANAGEMENT-A CASE REPORT

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ABSTRACT

Central Serous Retinopathy (CSR) is also known as central serous chorio retinopathy (CSCR). It is a retinal disease characterized by accumulation of transparent fluid at the posterior pole of the fundus causing a circumscribed area of detachment of sensory retina usually involving macula.

Studies suggest an annual incidence rate of 10 per 100,000 in men, with CSCR is occurring six times more commonly in men compared with women, most acute CSCR cases resolve spontaneously within 3-6 months. The underlying pathogenesis revolves around functional or structural defect in the fluid-pumping capabilities of retinal pigment epithelium (RPE) and choroidal vascular stasis or hyper permeability. Observation and laser photocoagulation are the only treatment in contemporary science. Even though exact correlation is not possible in Ayurveda can be considered under the *Drushtigataroga* as the patient had sudden blurring of vision which is the prime *Lakshana* seen in *Prathamapatalagatadosha* involvement explained by *Acharya Sushruta*. This case of CSR 40 years female was diagnosed with OCT report showing collection of fluid beneath the retina and showed marked improvement with internal Ayurvedic medicine.

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INTRODUCTION

Central Serous Retinopathy is an idiopathic disorder characterized by a localized serous detachment of the sensory retina at the macula secondary to leakage from the choriocapillaris through one or more hyper permeable RPE sites. Common in the age group 20-50yrs, usually unilateral, more in males than females.^[1] The incidence of CSR is said to be 10 in 100, 000, there doesn't appear to be any clear disposing factors ^[2] clinical features are unilateral blurring, metamorphopsia, micropsia and mild dyschromatopsia signs are round or oval detachment of sensory retina at the macula, subretinal fluid may be clear or turbid.^[1] Even though laser photocoagulation, photodynamic therapy(PDT), intravitreal anti -VEGF agents are

the treatment they have their own complications such as geographic atrophy of the pigment epithelium and choriocapillaris, fibrovascular scar etc.^[3] Ayurveda is mainly based on *Tridosha siddhantha*^[4] any disease can be treated on the basis of this. The present case study is an additional drop in the ocean of researches in Ayurveda. This case study showed remarkable improvement with Ayurvedic management.

Case History: A 40 years old female patient came to Shalakyatantra OPD of Government Ayurveda medical college, Bengaluru with chief complaint of sudden onset of blurring of vision both for distant and near objects in left eye since 1 week. No H/O spectacles, No H/O of similar complaints previously.

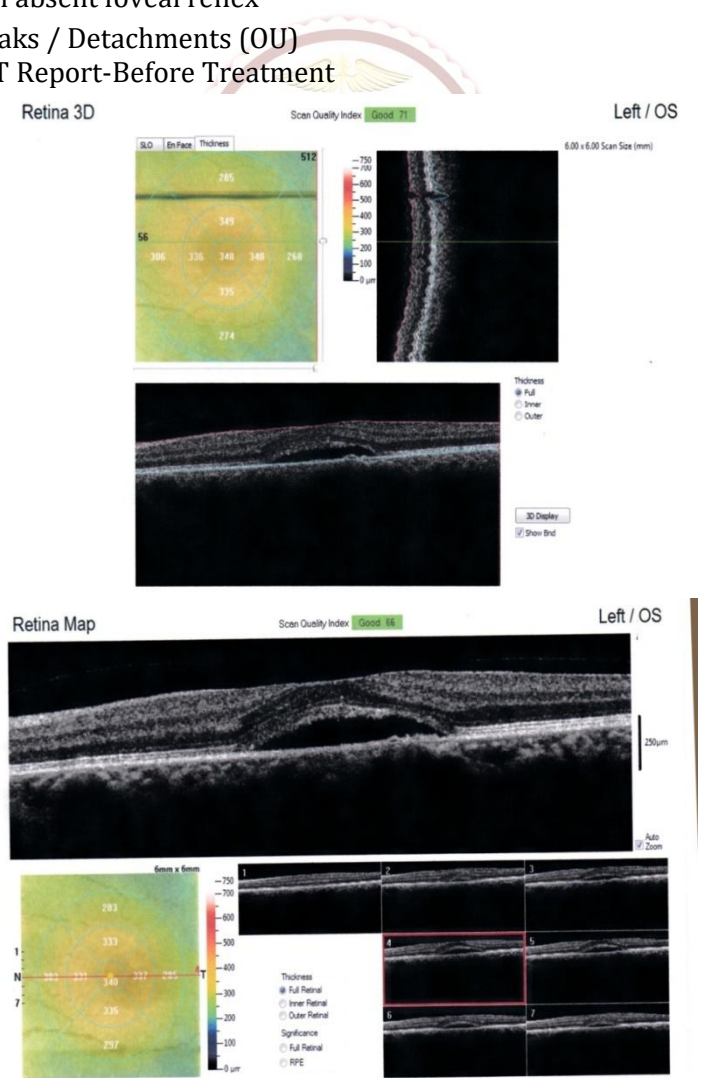
Examination:

	OD	OS
V/A	6/6	6/60
IOP	16mm of Hg	17 mm of Hg
PUPILS	Normal reaction	Normal reaction
EYELIDS, EYELASHES	Normal	Normal
CORNEA	Normal	Normal
CONJUNCTIVA SCLERA	Normal	Normal
A/C, IRIS	Normal	Normal
LENS	No significant changes	No significant changes

DILATED FUNDUS EXAMINATION:-

- Vitreous – Unremarkable
- Vessels – Unremarkable
- Maculae-OD- Unremarkable
- OS- Elevated with absent foveal reflex
- Periphery – No breaks / Detachments (OU)

Investigation:-OCT Report-Before Treatment



Treatment Given:-

- 1) *Laxmivilasa rasa* 60mg BD for 2 months
 - 2) *Ekangaveera rasa* 60mg BD for 2 months
 - 3) *Triphalachurna* 600mg OD for 2 months
- Anupana – Jala*

Follow up- at the month end

Observation and Results

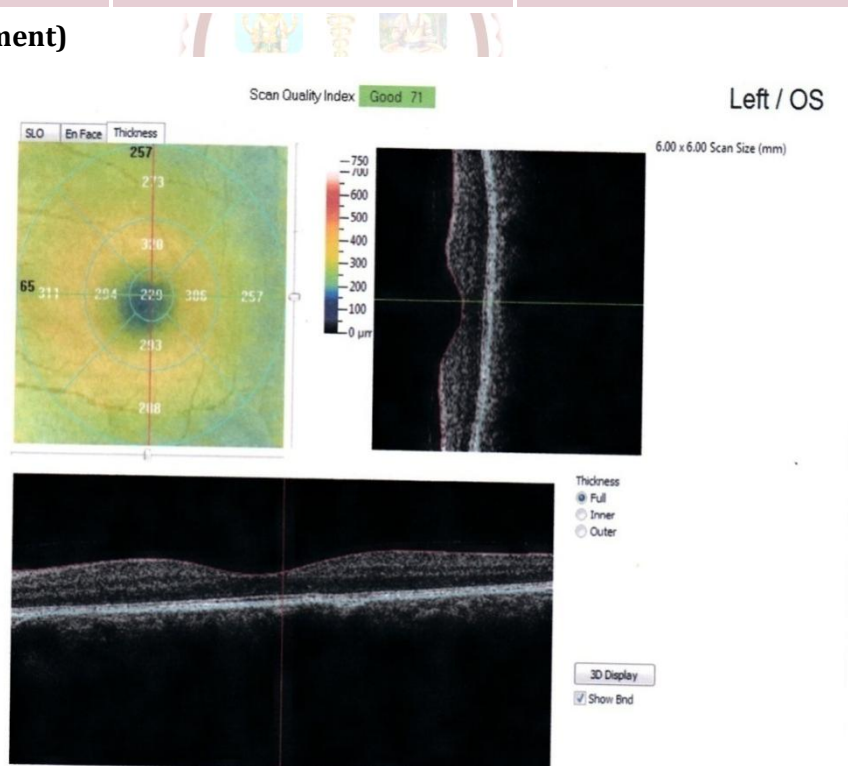
At the end of 2nd month –No significant scotoma

Retinal picture – almost normal

	OD	OS
V/A	6/6	6/6p
IOP	17mm of Hg	18 mm of Hg
PUPILS	Normal reaction	Normal reaction
EYELIDS, EYELASHES	Normal	Normal
CORNEA	Normal	Normal
CONJUNCTIVA SCLERA	Normal	Normal
A/C, IRIS	Normal	Normal
LENS	No significant changes	No significant changes

OCT Report (After Treatment)

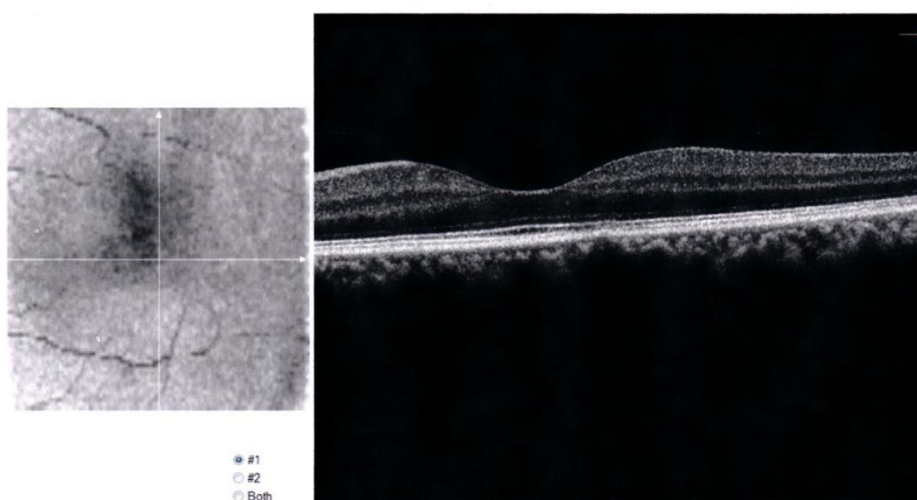
Retina 3D



Retina Cross Line

Scan Quality Index Good 70

Left / OS



DISCUSSION

Exact correlation and explanation is not possible, but can be considered as a form of *Shotha*. As the disease pathology suggest of *Kaphapradhanavata* and *Pittadosha* involvement so by observing the *Guna karma* of the ingredients present in the drugs, it has *Kaphapittaharagunas* and most of the drugs having *Shothaghna* and *Chakshushya* property might have acted on the disease. Since many of the ingredients like *Triphala*, *Amalaki*, *Vibhitaki*, *Shatavari*, *Tamra* have antioxidant property that work by helping to protect our cells against the damage that unstable molecules called free radicals can create. The inner surfaces of our eyes are densely packed with tiny capillaries, which provide oxygen and nutrients to our visual receptors. By protecting the capillaries against free radical damage, antioxidant nutrients support circulation to these fragile areas and help to maintain good vision.

1) *Laxmi Vilasa Rasa*^[5]

Ingredients	Rasa	Guna	Veerya	Vipaka	Karma
<i>Abharka Bhasma</i>		<i>Laghu</i>	-	-	<i>Tridosha</i>
<i>Shuddhaparade</i>	<i>Shadrasa</i>	<i>Snigdha, sara</i>	<i>Ushna</i>	<i>Katu</i>	<i>Tridosahara</i>
<i>Shudha Gandhaka</i>	<i>Katu, Tikta</i>	-	<i>Katu</i>	<i>Katu, Madhura</i>	<i>Vata kapha</i>
<i>Karpura</i>	<i>Tikta, Katu</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphaghna Chakshushya</i>
<i>Jatiphala</i>	<i>Tikta, Katu</i>	<i>Laghu, Teekshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha, Vata</i>
<i>Vridhdadaru</i>	<i>Tikta, Katu</i>	<i>Laghu, Snigdha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Vata, Kapha</i>
<i>Dhattura</i>	<i>Tikta</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha, Vata</i>

Ingredients	Rasa	Guna	Veerya	Vipaka	Karma
<i>Vidari</i>	<i>Tikta, Madhura</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata, Pitta</i>
<i>Shatavari</i>	<i>Madhua, Tikta</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata, Pitta</i>
<i>Nagabala</i>	<i>Madhura, Kashaya</i>	<i>Guru, Snigdha,</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata, Pitta</i>

Atibala	Madhura	Snigdha	Sheeta	Madhura	Vata, Pitta
Gokshura	Madhura	Guru, Snigdha	Sheeta	Madhura	Vata, Pitta
Nichula	Tikta	Laghu, Teekshna	Ushna	Katu	Kapha, Pitta
Nagavalli	Tikta, Katu, Kashaya	Laghu, Teeksna, Vishada	Ushna	Katu	Vata, Kapha

2) *Ekanga veera rasa*^[5]

Ingredients	Rasa	Guna	Veerya	Vipaka	Karma
Parada	Shadrasa	Snigdha,	Ushna	Katu	Tridosahara
Gandhaka	Katu, Tikta	-	Katu	Katu, Madhura	Vata kapha
Loha Bhasma	Nirrasa	-	-	-	Tridosha, Doshaghna
Vanga Bhasma	-	-	-	-	Tridosha
Naga Bhasma	-	-	-	-	Tridosha
Tamra Bhasma	Tikta, Katu	Laghu	Ushna	Madhura	Kapha, Netrya
Abhraka Bhasma	-	Laghu	-	-	Tridosahara
Nagara	Katu	Laghu	Ushna	Madhura	Kapha, Vata
Mareecha	Katu	Guru, Teekshna	Ushna	Madhura	Kapha

Ingredients	Rasa	Guna	Veerya	Vipaka	Karma
Pippali	Katu	Guru	Sheeta	Madhura	Kapha
Triphala	-	Laghu	Ushna	Madhura	Tridosha
Nirgundi	Tikta, Katu	Laghu	Ushna	Katu	Kapha, Vata, Shothagn
Chitraka	Katu	Laghu, Ruksha	Ushna	Katu	Kapha, Vata
Shigru	Katu, Tikta	Laghu	Ushna	Katu	Kapha, Vata
Kushta	Katu	Guru	Ushna	Katu	Kapha, Pitta, Shotha
Vishamushti	Katu, Tikta	Laghu	Ushna	Katu	Kapha
Arka		Laghu	Ushna	Katu	Vata
Dattura	Tikta	Laghu, Ruksha	Ushna	Katu	Kapha, Vata

3)Triphala churna^[7]

Ingredients	Rasa	Guna	Veerya	Vipaka	Karma
Haritaki	Shadrasa except Lavana	Laghu, Ruksha	Ushna	Madhura	Tridosahara
Vibhitaki	Kashaya pradhana Pancharasa	Lagu, Ruksha	Ushna	Madhura	Tridosahara Chakshushya
Amalaki	Shadrasa except Lavana	Ruksha, Sara	Ushna	Madhura	Tridosahara

CONCLUSION

CSR even though a self regressing disease, it can be considered as a ray of light in CSR through herbal management. It is a medication with good results and with no side effects.

REFERENCES

1. Kanski J. Jack Bowling Bard, Clinical ophthalmology–A Systemic Approach, Eighth; Elsevier: International edition:2016. pg. 624-627. pg. 916.
2. Tarabishy, A. B., Ahn, E, Mandal, B. F and Lowder, c. y(2011), central serous retinopathy. Arthritis care Res, 63:1075-1082. doi:10.1002/acr.20485.
3. Sihota Ramanjit, Shiota Radhika Tandon. Parson's Disease of Eyw. 22th ed. New Delhi: Elsevier India Pvt Ltd, Reprint 2007. p. 253, 628.
4. Agnivesha. Charakasamhita-Elaborated by Charaka and Dridhabala with the Ayurveda-Dipika commentary by Chakrapanidatta, edited by Vaidyajadavaji Trikamji Acharya, 5thed. varanasi: Chaukhamba Surbharati Prakashan; Reprint 2000. pg16, 964.
5. Kaviraj Govind Das Sen. Bhaishajya Ratnavali. edited with Siddhiprada; by Prof Siddhi Nandan Mishra; Chaukhamba Prakashan: p. 531.
6. Gerald Liew, Godfray Quin, Mark Gillies, Samantha, frasel Bell. central serous chorioretinopathy: review of epidemiology and pathophysiology; clinical and experimental ophthalmology 41(2), 201-214, 2013.
7. Bhavamishra. Bhavapraksha. Commentary by Sitaram Bulusu, vol. 1. Chaukhambha orientalia, Reprint edition 2015. p. 136.

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