AYURVEDIC MANAGEMENT OF CENTRAL SEROUS RETINOPATHY - A CASE STUDY

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ABSTRACT

Central serous retinopathy (CSR) is also known as central serous chorio retinopathy(CSCR), is a visual impairment condition characterised by fluid accumulation resulting in a localized macular detachment and blurred vision or distorted central vision. The underlying pathogenesis revolves around functional or structural defect in the fluid-pumping capabilities of the retinal pigment epithelium (RPE) and choroidal vascular stasis or hyperpermeability. Complete resolution occurs in most of the patients in three to six months but most of the patients unwilling to wait or in those with immediate occupational demand. Observation and laser photocoagulation are the only treatment in contemporary science. This condition shows the feature Vimarga gamana and vitiation of Vata pradhana Pitta-Kapha dosa so treatment is planned according to Samprapti of the disease, A 46 year old male patient with central serous retinopathy showed marked improvement in ayurvedic management is presented in this article.

Keywords: Central serous retinopathy, Hyperpermeability, Vimarga gamana, Vata pradhana Pitta-Kapha dosa.

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 choriocapillaries through one or more hyper permeable RPE sites. CSR typically affects one eye of a young or middle (20-50 years) aged, males more than females.

The Incidence of CSR is said to be 10 in 100,000. There does not appear to be any clear predisposing factors, Imperfectly defined risk factors include Steroid administration, Helicobacteria pylori infection, Pregnancy, Psychological stress and Sleep apnoea syndrome. Clinical features are unilateral blurring, metamorphopsia, micropsia and mild dyschromatopsia signs are round or oval detachment of the sensory retina at the macula, subretinal fluid may be clear or turbid.

Management is observation, Laser to the RPE site of the retina, Photodynamic therapy( PDT), Intravitreal anti-VEGF agents but in observation, duration is long(3-6 months) patient may unwilling and remaining methods are expensive and has their own complications such as Geographic atrophy of the pigment epithelium and choriocapillaris, fibrovascular scar etc.

Ayurveda is mainly based on Tridosha siddhantha any disease can be treated on the basis of this, the Etiopathogenesis involves due to Nidana [causative factor] Chinta[excessive thinking,stress etc] diabetes, vitiation of vata, pitta and kapha leading to rasa and raktavaha srotodusti, prasara to the eye and stana samsraya in
dristi results in shopha in drishti (macula). In this case study patient shows good improvement by ayurvedic management.

MATERIALS AND METHODS:

CASE REPORT:

- **Chief complaint:** C/o Blurred vision in Right eye since one month.
- **History of present illness:** A 46 year old male patient with history of diabetes since 4 years came to outpatient department for sudden onset of diminished vision of right eye since one month (CF at 5mts) associated with metamorphasia, OCT of right eye showed macular oedema, retinal thickening.
- **Past history:** Diabetic since 4 years under medication T. Metformin, No H/O Hypertension, he didn’t took laser treatment for another opinion he approached for Ayurvedic treatment.

**Laboratory investigation:**

- **FBS:** 180 mg/dl  Date: 15/9/2016
- **PPBS:** 220mg/dl

**Family history:** Nothing specific

**Personal history:** Appetite: Reduced
- Bowel: Twice daily
- Sleep: Disturbed
- Micturation: 5-6 times daily

**General examination:**
- **CNS:** consciousness, memory, higher motor mental function intact
- **CVS:** NAD

**Examination of the eye:**
- **Anterior segment:** Normal
- **IOP:** Normal

**Fundus examination:** Elevated area on macular region, optic cup and optic disc ratio was normal.

### Visual acuity

<table>
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<tr>
<th>Before treatment</th>
<th>DV</th>
<th>NV</th>
<th>PH</th>
</tr>
</thead>
<tbody>
<tr>
<td>RE</td>
<td>CF-5 mts</td>
<td>N-36</td>
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<tr>
<td>LE</td>
<td>6/9</td>
<td>N-8</td>
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DV- Distance vision, NV- Near vision, PH- Pin hole

**Treatment planned**

- **Chitrakadi vati**. 1-1-1 Before food for 3days

- **Takradhara** with Musta, amalaki, punarnava, manjishta, and haritaki churna for 7 days 2 course

- **Nisha-amalaki churna. One spoon(5grams) of choorna** mixed with one glass of hot water, in the morning empty stomach.

### RESULT

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DISCUSSION: Line of treatment planned on the basis of vitiation of Doshas, here involvement of Vata because of Vimargagamana, Pitta due to vitiation of Rasavaha and Raktavaha srotas (extravasation of vessels) and kapha is due to accumulation of fluid. So Vatanulomana, Rakta prasadan and Shophahara[Anti-inflammatory] are followed.

Ama pachana for 3 days
Takradhara for 7 days
Vishrama kala 15 days
Takradhara 7 days

Follow up was done after 15 days.
Initially Ama pachana with Chitrakadi vati as it contains chitraka, pippali,ksharas (yava and sarja),panchalavanas-absorbes the excess superficial water content, Trikatu helps in Shophahara as well as dipana and pachana.

Patient was diabetic so to reduce blood glucose level Nisha-amalaki choorna was given along with the treatment.

Then Takradhara is planned for 7 days then vishrama kala(resting period) for15 days then Takra akara started for next 7 days. Takradhara(pouring of medicated butter milk over forehead) is adopted because Dhara kalpa having Dhatu drudata(tissue strengthening),Indriya patava and procedural effect of Shiradhara may act as relaxation response irrespective of Dravya(medicine) used.

Trauma to the Marmas is one of the cause for edema so Manasika factors(Stress, Anxiety etc affects Shira(head), is one of the Marma(vital organ) and it has Adhishtana(location) of Chakshuredriya, the procedure checks the retinal extravasation and also Anti stress activity was also been noted by many research.
workers and stress being one of the major risk factors in central serous retinopathy, Takra dhara also strengthens the Netra. Takra dhara has property Netra prakasho agada (doesn’t occur any diseases) medium it has Pancha rasa except Lavana rasa, Ruksha guna, Amla vipaka, Ushna veerya subsides kapha and Amla rasa subsides Vata and also Takra contains large amount of lactic acid, is a good vehicle for trans-dermal absorption of drugs. The efficacy of lactic acid contains products is linked to their ability to deliver it to specific skin stratum. Other ingredients such as Musta, Manjishta, Amalaki and Punarnava churna (powders). Musta is having Laghu and Ruksha property absorbs all the water content form Meda and Kapha and anti-inflammatory and antioxidant properties, Amalaki has anti-inflammatory and antioxidant properties helps to reduce the oedema. Punarnava is also having Anti-inflammatory, Anti-stress and antioxidant activities. Manjishta has Anti-inflammation effect, Neuroprotective and antioxidant property, the paste of the Haritaki effectively reduces the swelling and hasten the healing.

CONCLUSION: Even though observation is first line of treatment in central serous retinopathy it takes three to six months to resolve itself in contemporary medicine, but in this case study CSR resolved in one and half month by Takradhara as it is found to be stress relieving factor and subside the edema.

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