

A DISTINCTIVE AYURVEDA TREATMENT PROTOCOL IN THE MANAGEMENT OF RETINAL VASCULITIS – A CASE REPORT

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ABSTRACT

The main aim of the reliable Ayurvedic treatment for Retinal Vasculitis is to reverse inflammation. A 32 years old male patient, who is an auto driver presented with chief complaints of progressive loss of vision in both eyes since 6 months associated with flashes, floaters, pain, and glare during night driving. Patient is unable to identify the traffic signal colours. Here therapeutic approach restricted to slow down the inflammation by *Virechana Nasya, Tarpana, Takradhara and Shirolepa*. Retinal vasculitis can be an isolated condition, or a complication of systemic inflammatory disorders characterized by inflammation of the retinal vessels and is used as descriptive term to explain the typical clinical manifestations including perivascular sheathing, vascular leakage, cotton wool spots and haemorrhages. In Ayurveda the disease may be considered as *Netrabhisyanda* with involvement of *pitta* as *dosha*, *Rakta* as *dushya* and, *kapha* as *anubanda dosha*. Improvement in Visual acuity and decrease in signs and symptoms were seen after treatment.

Keywords: Retinal vasculitis, *Netrabhisyanda*.

INTRODUCTION

Retinal vasculitis is used as a descriptive term to explain a conglomerate of typical clinical manifestations including perivascular sheathing or cuffing, vascular leakage and /or occlusion^{[1][2]}. Retinal vasculitis can be an isolated condition or a complication of local or systemic inflammatory disorders characterized by inflammation of the retinal vessels. It may be associated with signs of Retinal ischemia,

including cotton wool spots and intraretinal haemorrhages.

The Annual incidence of Retinal Vasculitis is 1-2 per 10000^[3]. Retinal Vasculitis may be more common in individuals under the age 40, with a slight perdurance in females^[4].

Pathophysiology of Retinal Vasculitis includes, a breakdown of Blood Retinal barrier secondary to intraocular or systemic inflammation resulting in

clinical features of this disease. Due to the characteristic perivascular location of the inflammation, terms such as perivascular and periphlebitis have been suggested to denote the underlying pathology [5].

AIM AND OBJECTIVES:

1. The aim of the study is to describe clinical course and treatment of Retinal vasculitis.
2. To evaluate the Ayurvedic treatment protocol in Retinal Vasculitis.
3. To reduce the risk of vision loss and progression of the disease.

MATERIALS AND METHODS:

CASE REPORT:

CHIEF COMPLAINTS:

C/O Progressive loss of vision since 6 months in both eyes.

HISTORY OF PRESENT ILLNESS:

A moderately built male patient, who is an auto driver aged about 32years came to Shalakyta Tantra

OPD of GAMC Bengaluru with chief complaints of progressive loss of vision in both eyes since 6 months. He also complained of glare during night driving, Flashes, Floaters and pain. Patient is unable to identify the traffic signal colors. Patient was diagnosed as Bilateral Retinal Vasculitis previously.

HISTORY OF PAST ILLNESS:

Patient had H/O of Dengue Fever 1 year back and he is K/C/O of DM type 2 since 5 months, under medication.

PAST MEDICAL HISTORY:

Patient underwent LASER therapy 2 times for Right eye.

EXAMINATION:

Anterior segment –Normal.

IOP-Normal

Ophthalmoscope examination revealed Cotton wool spots, vascular sheathing, haemorrhages in both eyes.

Table 1: Visual Acuity

BEFORE TREATMENT	DISTANT VISION	NEAR VISION	PIN HOLE
RE	CF at 1 meter	N36	CF
LE	6/24	N12	6/24

INVESTIGATIONS: FFA was done and showed vascular leakage and neovascularization at the optic disc.

Table 2: Treatment Planned:

No. Of Days	Treatment	Medicine	Dose/Time	Duration
1-3	<i>Deepana/Pachana</i>	<i>Chitrakadi Vati</i>	2-2-2 B/F	3 Days
4	<i>Sadhyovirechana</i>	<i>Gandharvahastadi Taila</i>	50ml In The Morning	Vegas 8
5-11	• <i>Seka</i>	<i>Lodhra+Triphala+Guduchi</i>	Morning	7 Days
	• <i>Bidalaka</i>	<i>Lodhra+Triphala+Guduchi</i>	Morning	7 Days
	• <i>Nasya</i>	<i>Anu Taila</i>	8 Drops	7 Days
	• <i>Tarpana</i>	<i>Patoladhi Ghrita.</i>	20 Minutes	7 Days
12	<i>Vishrama Kala</i>	-	-	-
13-19	<i>Takradhara</i>	<i>Lodhra+Triphala+Guduchi+Musta+Amalaki</i>	45 Minutes	7 Days
20	<i>Vishrama Kala</i>	-	-	-
21-27	<i>Shirolepa</i>	<i>Lodhra+Triphala+Guduchi+Butter Milk</i>	45 Minutes	7 Days

INTERNAL MEDICINES:

1. *Nishamalaki churna* 1tsf BD with hot water
2. *Tab. Triphala guggulu* 1 TID/AF

3. *Amrutadi guggulu* 1 TID/AF
4. *Avipattikara churna* ½ tsf with hot water HS
5. *Punarnava mandura* 1 BD/AF

6. *Shilajatwadi vati* 1 BD/AF**OBSERVATIONS AND RESULTS:**

During 1 month follow up, visual acuity was not deteriorated. Patient was unable to make out traffic

signal colors before treatment, but after Ayurvedic treatment he was able to make out clear differentiation of traffic signal colors and there was reduction of haemorrhages, floaters and flashes.

Table 3: Effect of Treatment on Visual Acuity

AFTER TREATMENT	DISTANT VISION	NEAR VISION	PIN HOLE
RE	2/60	N24	2/60
LE	6/12	N8	6/12

DISCUSSION

To understand the *samprapti* of Retinal Vasculitis in Ayurveda, general *samprapti* of eye disease must be considered. Most of the eye diseases occur due to *achakshushya karanas* which will vitiate *pitta dosha*. The vitiated *pitta dosha* in turn vitiates *pittavaha srotas*.

As *pitta* and *Rakta* are having *Ashraya-Ashrayee bhava*, the *Raktavaha srotas* also gets vitiated due to *pitta* vitiation. The vitiated *pitta* and *Rakta* move towards eyes through *urdhwaga siras* and finally gets confined to the eyes.

There is a stage when the *sira srotas* are deeply involved which is known as *Siraabhishtyanda*^[6]. During this stage eye itself becomes *Ashrayasthana* and *Rakta dhatu* gets affected.

When the *Siraabhishtyanda* stage continues it spreads to *Akshivaha srotas* and will lead to vascular changes in the affected eyes. Eye diseases like Retinal vasculitis may also develop from some predisposing factors like systemic infections (Dengue fever, HIV etc).

Vitiated *Pitta* and *Rakta* altogether promote marked changes in the vessels of *Drishtipatala* (Retina). The permeability of retinal vessels increases due to damaged vessel wall. This results in haemorrhages and vascular leakage. Lack of adequate blood circulation leads to localized hypoxia which in turn results in neovascularization.

Due to *Dhatwagnimandhya* there will be accumulation of impurities within the *srotas*. To remove this

Amapachana and *sadhya virechana* was done. For *Akshivaha srota shodhana Nasya* was done.

Seka and *Bidalaka* were done as *poorva karma* before *Tarpana*. *Ropana seka* is used in *Rakta* and *Pittaja* diseases of eye. These *Ropana* properties will help in improving the texture of blood vessels and thus avoid leakage.

Tarpana procedure has more importance in posterior segment of eye disease. *Tarpana* with *Patoladhi ghrita* was done which alleviates haemorrhagic signs due to *rakta pittahara*, *Ropaka*, and *Rasayana* properties.

After *Tarpana*, *Takradhara* was done. *Takradhara* has been mentioned as a treatment for all *Urdhavajatrugatavikara*^[7]. It is a preferable therapy for people who suffer from *pittaja Netra vikaras*, where cooling and refreshing therapy are recommended. It is said to enhance blood circulation to the brain, improving clarity of vision and releasing deeply trapped *aama* or toxins.

Shirolepa has multidimensional therapeutic actions as it accelerates absorption of medicines. The *shirolepa dravyas* are mixed with butter milk and *kalka* is prepared. These drugs are mixed with butter milk (lipid media), it will help the drugs to cross the Blood Retinal barrier and to achieve the desired effects. The medicines used in *Shirolepa* will have pharmacological effects like anti-inflammatory, antioxidant and will show its therapeutic actions when these drugs enter the circulation. As *shirolepa* is applied on scalp it is going to be absorbed through skin and will help to achieve *doshasamyata*.

The combination of all these procedures finally helps in arresting the pathology and will results in overall improvement in condition.

CONCLUSION

Ayurveda therapies like *Nasya*, *Tarpana*, *Takradhra*, *Shirolepa* along with Internal medicines has shown significant result. However clinical trials on large sample with long duration of follow up are necessary to establish the efficacy of Ayurveda therapies and to analyze the recurrence rate after treatment.

By this study it can be concluded that *Nasya*, *Tarpana*, *Takradhara*, *Shirolepa* and *shamana aoushadhies* can be advised for successful treatment in patients with Retinal Vasculitis.

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