

A CONCEPT OF MADHUMEHVIDAGDHA DRISHTI AS COMPLICATION OF MADHUMEH W.S.R. TO DIABETIC RETINOPATHY

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ABSTRACT

Diabetes is a metabolic disorder that is characterized by high blood glucose & either insufficient or ineffective insulin. Complication of elevated glucose levels in the blood, over a time, results in microvascular retinal changes. These retinal changes develop retinopathy known as Diabetic retinopathy (DR). It is a serious sight-threatening complication of diabetes. If left untreated, it is the number one cause of blindness in people between the ages of 20-64 years in the United States. The treatment like photocoagulation, vitrectomy, anti-inflammatory injections etc. may help before the retina has been severely damaged. There is no permanent cure for DR. There is no exact correlation of DR in *Āyurvēd*. But the reference of Charaka charya all the innate disorders do not arise without *Vāta*, *Pitta*&*Kapha*. The wise physicians having observed the location, characters, & function of *Vāta*, *Pitta* and *Kapha* define the disorders caused by them. *Kapha* is the main *Dōsha* involved in *Samprāpti* of *Pramēha*. *Āchārya* *Sushruta* has told that when *Pramēha* *Vyādhi* manifests, if it left untreated will cause *Māmsa*, *Shōnita* *Duṣhti*. In this stage, if proper treatment is not given, *Upadravās* of *Pramēha* occurs. So we can contemplate DR as *Madhumēhvidagdha* *Driṣhti*. As *Madhumēh* can be correlated with DM. *Vidagdha* means destroyed or decomposed and *Driṣhti* means retina. Thus, “*Madhumēhvidagdha* *Driṣhti*” can be defined as “*Driṣht* (Retina) which is destroyed by *Madhumēh* (DM)”

Keywords: Diabetic retinopathy, *Madhumēhvidagdha* *Driṣhti*, *Driṣhti*, *Pramēha* *Upadravās*

INTRODUCTION

Diabetes Mellitus affects almost every system in the body. It is associated with long term complications involving eyes, kidneys, nerves and blood vessels. Eyes are specially subjected

to diabetic disturbances because of their peculiar structure and metabolism. Diabetic retinopathy (DR) in the eyes is one of the major vascular complications of diabetes.

The *Netraor Drishti* (eye) is the seat of the *Cakshurindriya* which plays an important role among other *Gyanendriyas*. So, *Āchārya Su-shruta* has described anatomy of the eye “*Driṣhtimandala*” as inner most *Mandal* among five¹ Anatomically, “*Driṣhtimandala*” can be considered as pupil, lens and retina. Retina is an innermost tunic of the eyeball. It is a thin, delicate, and transparent membrane & most highly developed tissue of the eye². Any pathology which affects the retina, leads to defective vision & vision loss. If you are not able to keep your blood sugar levels in a target range, it can cause damage to your blood vessels. Diabetic retinopathy happens when high blood sugar damages the tiny blood vessels of the retina.

Prevalence of Diabetic retinopathy

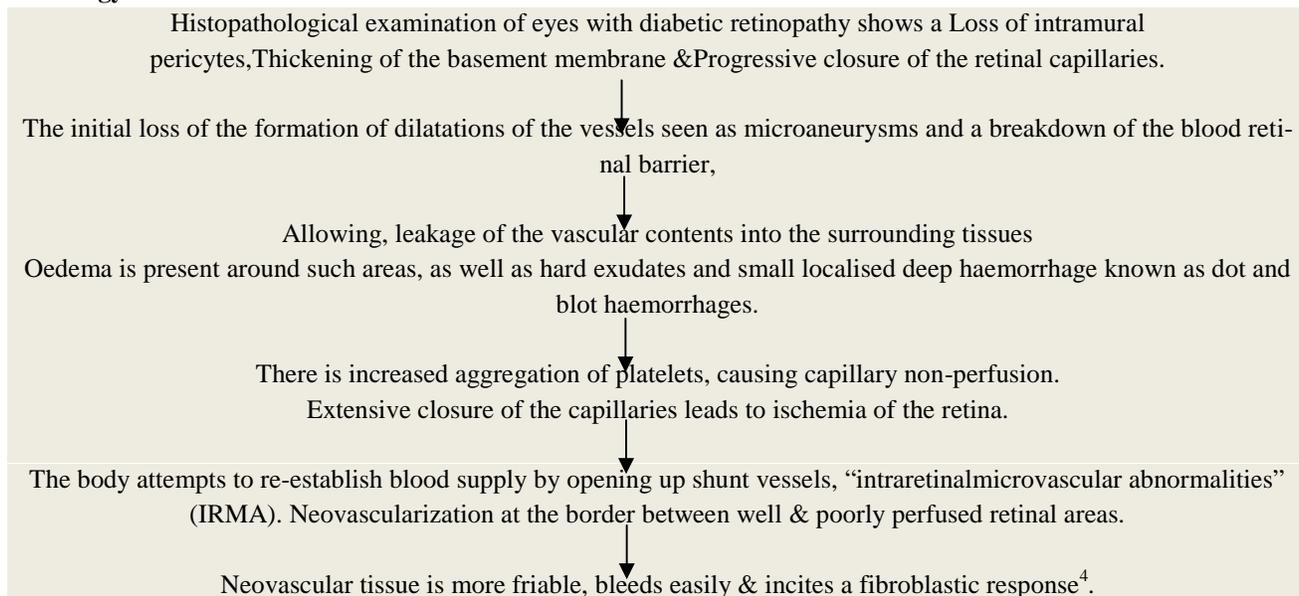
Worldwide prevalence of DR- A recent pooled analysis from 35 populations- based studies

estimated the 93 million people worldwide have DR of whom 17 million (~18%) have proliferative DR, 21 million (~23%) have diabetic macular oedema (DME) & 28 million (~20%) have sight-threatening DR³. So, it is the leading cause of blindness. So to find out such phenomenon of Diabetic retinopathy has been selected for the present study.

Diabetic retinopathy:

Diabetic retinopathy, the most common diabetic eye disease, occurs when blood vessels in the retina change. Sometimes these vessels swell and leak fluid or even close off completely. In other cases, abnormal new blood vessels grow on the surface of the retina. Diabetic retinopathy usually affects both eyes. People who have diabetic retinopathy often don't notice changes in their vision in the disease's early stages. But as it progresses, diabetic retinopathy usually cannot be reversed.

Pathology:



Signs& symptoms:

In the initial stages of diabetic retinopathy, patients are generally asymptomatic. In the more advanced stages of the disease, however, patients may experience symptoms:

- Sudden changes in vision
- Floaters in vision
- Blurred vision
- Distorted vision
- Progressive visual loss
- Reduction in night vision
- Seeing dark spots or patches

Signs of diabetic retinopathy:

- Dot and blot haemorrhages
- Microaneurysms
- Hard & soft exudates
- Cotton wool spots
- Venous abnormalities loops, beading & dilatation
- Retinal oedema
- Neovascularization
- Intraretinalmicrovascular abnormalities
- Vitreous haemorrhage

Madhumehvidaghdhadrishiti:

There is no exact correlation of DR in *Āyurvēda*. Anatomically retina may be corre-

lated with “*Driṣhti*”. So, DR can be considered as a *DriṣhtigataRōg*. Signs & symptoms of DR are not observed in a single *DriṣhtigataRōg*, but in various *DriṣhtigataRōgas* as

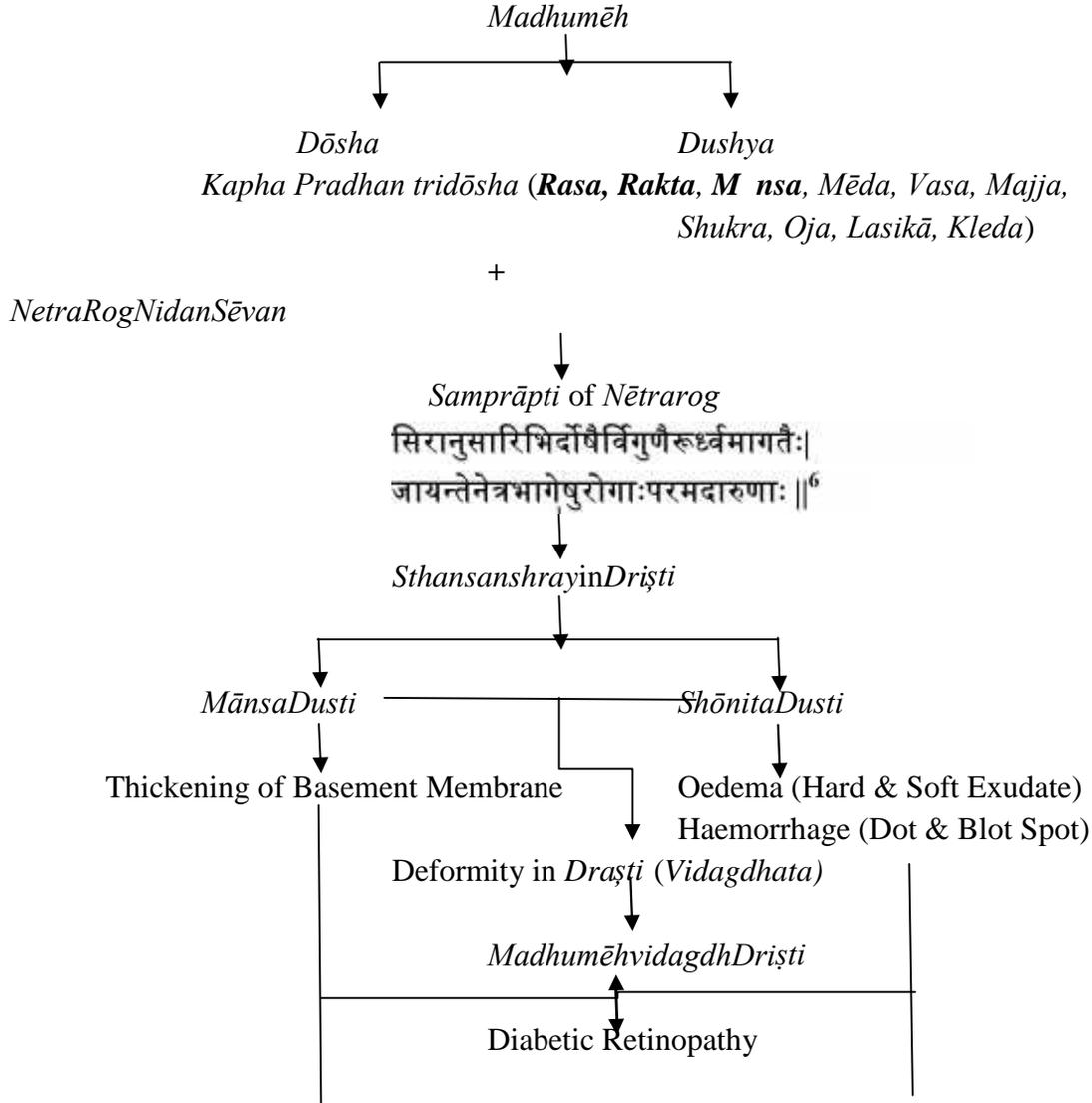
- Distorted vision in *DwitiyapatalgataTimir*,
- Spots & patches are seen in *TritiyapatalgataTimir*,
- Night blindness can be considered as a *Nakttāandhya & KaphavidagdhaDriṣhti*.

So, DR can be distinctly defined as ‘*MadhumēhvidagdhaDriṣhti*’.

Āyurvēd is the science of life which is based on *Vēdic* fundamentals. One can treat any disease which is not mentioned in *Āyurvēdic* texts by following its fundamentals.

Kapha is the main *Dōsha* involved in *Samprāpti* of *Pramēha*. *ĀchāryaSushruta* has told that when *PramēhaVyādhi* manifests, if it is left untreated will cause *Māmsa*, *ShōnitaDuṣhti*. In this stage, if proper treatment is not given, *Upadravās* of *Pramēha* occurs⁵.

Data in *Rakta & RaktavahaSrotas* is mainly responsible for the wide range of complications seen in *Prameha*.



Chikitsa:

• *Nid nParivarjana*

1. *Chikitsa of Pramēha*

Vir chana Karma (ShodhanChikitsa)⁷

Prameha is a systemic disorder, so to eliminate the vitiated *doshas* from the body, *ko-shthashuddhi* by *virechana* is must. Since many diabetics have autoantibodies, a cleansing in form of *virechana* is helpful to flush out the toxins. Moreover retinal exudation and hemorrhagic features of Diabetic Retinopathy

seems to be alike *UrdhwagaRaktapitta* (extravasation/exudation per supra clavicular parts). Hence basic line of treatment of this disease i.e. *Virechana* can be adopted to reduce the intra vascular pressure as a whole.

2. NetraR gaNid nParivarjan

• *Anjana Karma (L khanAnjana)*

While mentioning the treatment of the *Drish-tigataRōga*, *ĀchāryaSushruta* mainly give stress on the *Anjana karma* rather than other the *Kriyakalpa*. Because, it is very effective in

DrishtigataRogas. Āchārya has also mentioned that *Anjana* can be done only when the *Dōshas* are located precisely in the eye. And here in diabetic retinopathy, the *dōshas* are resided in the eye specifically in the retina. Among three type of *Anjana*, *LēkhanaAnjana* is effective in *MadhumēhvidagdhaDrishti*, as The *Dōshas* accumulated in the regions of the eye and the eye lids, in both, the passages, and in the capillaries of the eye, as well as in the gristle of the nose would be secreted through the mouth, the nostrils and the corners of the eyes by application of the *Lēkhana Anjana*⁸.

Sampraptivighatanmev hi chikitshall

In *Samprāpti* of *MadhumēhvidagdhaDrishti*, *Kapha Pradhan TridoshaDusti* & *Mamsa – ShonitaDushti* occurs. So *LēkhanaAnjana* which act on *KaphaDōsha* as well as *Mamsa* & *ShonitaDushti* can be implied in the treatment of *MadhumēhvidagdhaDrishti*.

CONCLUSION

Diabetic retinopathy can be defined as *MadhumēhvidagdhaDrishti*. It can be effectively treated by *Virechan Karma* and *LēkhanaAnjana*

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