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

Varsha B. Solanki¹, Hemangi Shukla², Jayesh Katrodiya³, Dhaval Sojitra⁴

¹PG. Scholar, ²Associate Professor & HOD, ³PG. Scholar, ⁴PG. Scholar, Department of Shalakyatantra, Govt. Akhandanad Ayurved Collage, Ahmedabad, Gujarat, India

Email: slnkvrsh@gmail.com

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 Ayurveda. But the reference of Charaka Āchārya 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 Sampārāti of Pramēha. Āchārya Sushruta has told that when Pramēha Vyādhi manifests, if it left untreated will cause Māmsa, Shōnita Duṣṭhi. In this stage, if proper treatment is not given, Upadraṇā of Pramēha occurs. So we can contemplate DR as Madhumēhvidagdhā Drishti. As Madhumēh can be correlated with DM. Vidagdh means destroyed or decomposed and Drishti means retina. Thus, “Madhumēhvidagdhā Drishti” can be defined as “Drishti (Retina) which is destroyed by Madhumēh (DM)”

Keywords: Diabetic retinopathy, Madhumēhvidagdhā Drishti, Drishti, Pramēha Upadraṇā

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 Netra or 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 “Drishtimandala” as inner most Mandal among five Anatomicaly, “Drishtimandala” 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 eye. 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 DR. 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:**

- Histopathological examination of eyes with diabetic retinopathy shows a Loss of intramural pericytes, Thickening of the basement membrane & Progressive closure of the retinal capillaries.
- The initial loss of the formation of dilatations of the vessels seen as microaneurysms and a breakdown of the blood retinal barrier,
- Allowing, leakage of the vascular contents into the surrounding tissues
- Oedema is present around such areas, as well as hard exudates and small localised deep haemorrhage known as dot and blot haemorrhages.
- There is increased aggregation of platelets, causing capillary non-perfusion.
- Extensive closure of the capillaries leads to ischemia of the retina.
- The body attempts to re-establish blood supply by opening up shunt vessels, “intraretinalmicrovascular abnormalities” (IRMA). Neovascularization at the border between well & poorly perfused retinal areas.
- Neovascular tissue is more friable, bleeds easily & incites a fibroblastic response.
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
- Intraretinal microvascular abnormalities
- Vitreous haemorrhage

Madhumehvidagdha Drishti:
There is no exact correlation of DR in Āyurveda. Anatomically retina may be corre-

lated with “Drīṣṭi”. So, DR can be considered as a Drīṣhtigata Rōg. Signs & symptoms of DR are not observed in a single Drīṣhtigata Rōgas as
- Distorted vision in Dwitiyapatalgata Timir,
- Spots & patches are seen in Tritiyapatalgata Timir,
- Night blindness can be considered as a Naktāandhya & Kaphavidagdha Drīṣhti.

So, DR can be distinctly defined as ‘Madhumēhvidagdha Drīṣhti’.
Āyurveda is the science of life which is based on Vēdic fundamentals. One can treat any disease which is not mentioned in Āyurvedic texts by following its fundamentals.
Kapha is the main Doṣha involved in Samprāpti of Prameha. Āchārya Sushruta has told that when PramehaVyādhi manifests, if it is left untreated will cause Māmsa, Shōnita Duṣṭhi. In this stage, if proper treatment is not given, Upadravās of Prameha occurs⁵.

Data in Rakta & Raktavaha Srotas is mainly responsible for the wide range of complications seen in Prameha.
Varsha B. Solanki Et Al: A Concept Of Madhumehvidagdha Drishti As Complication Of Madhumeh W.S.R, To Diabetic Retinopathy

Chikitsa:
- **NidānParivarjana**
  1. Chikitsa of Prameha

Virēchana Karma (ShodhanChikitsa)⁷

*Prameha* is a systemic disorder, so to eliminate the vitiated *doshas* from the body, *koṣthashuddhi* 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. **NetraRōgaNidānParivarjan**

- **Anjana Karma (LēkhanAnjana)**

While mentioning the treatment of the *DrishtitigataRōga*, Āchārya*Sushruta* mainly give stress on the Anjana karma rather than other the Kriyakalpa. Because, it is very effective in
DrṣṭigataRōgas. 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 MadhumēhvidagdhaDrīṣṭhi, 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 MadhumēhvidagdhaDrīṣṭhi, Kapha Pradhan Tridosha Dusti & Mamsa – ShonitaDushti occurs. So LēkhanaAnjana which act on KaphaDōsha as well as Mamsa & ShonitaDushti can be implied in the treatment of MadhumēhvidagdhaDrīṣṭhi.

CONCLUSION
Diabetic retinopathy can be defined as MadhumēhvidagdhaDrīṣṭhi. It can be effectively treated by Virechan Karma and LēkhanaAnjana

REFERENCES
3. Eye epidemiology of Diabetic Retinopathy and Macular Oedema, Prevalence, www.nature.com> Journal home > archive > review > date : 03/02/2016

Source of Support: Nil
Conflict Of Interest: None Declared