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Ayurvedic Management of Retinitis –Single Case Study

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ABSTRACT:

Retinitis refers to inflammation of the retina and may present in various forms, including infectious (bacterial, viral, mycotic, rickettsial, parasitic), non-infectious, acute multifactorial, and retinitis caused by bright light exposure. Patients commonly experience persistence of after-images, positive scotoma, and metamorphopsia. Ophthalmoscopic findings may initially be absent, but a pale foveal spot with a brownish ring can appear as the disease progresses. This case study presents a 26-year-old male diagnosed with retinitis in the left eye who declined intravitreal anti-VEGF (bevacizumab) therapy and sought Ayurvedic management. The patient was treated with Chakshushya Basti along with oral Ayurvedic medications including Punarnava Mandur, Saptamrut Loha, Aampachak Vati, Vasaguduchyadi Kashay, and Triphala Ghrita. Significant improvement in visual acuity was observed over the treatment duration, supported by OCT findings showing reduction in retinal inflammation and epiretinal membrane changes. Chakshushya Basti, containing Madhu, Saindhav, Taila, Shatapushpa, Erandamool Kwath, and Yastimadhu, demonstrated Vata-pacifying, anti-inflammatory (Shothahara), and Rasayana effects, supporting retinal healing and functional improvement. Oral medications further aided in reducing inflammation, improving retinal nourishment, and enhancing tissue regeneration. The results indicate that Ayurvedic therapies, particularly Chakshushya Basti along with supportive oral medications, may play a beneficial role in the management of retinitis, a condition considered difficult to cure through modern ophthalmic treatment alone.

KEYWORDS: Retinitis; Retinal inflammation; Chakshushya Basti; Ayurveda; Epiretinal membrane; Visual acuity; OCT; Punarnava Mandur; Saptamrut Loha;

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INTRODUCTION:

Retinitis is the inflammation of retina. it may be present in single (retinitis) or chorioretinitis, neuroretinitis or retinal vasculitis¹

DISEASE REVIEW

Retinitis : It may be infectious and non infectious. infectious is bacterial retinitis: retinitis caused by pyogenic organism It may be acute and subacute retinitis Viral retinitis: it includes cytomegalo virus retinitis .Cytomegalo virus retinitis is the most common opportunistic ocular infection among patients with AIDS since advent of HAART its incidence has declined and its rate of progression reduced even in patients with low CD4+ T cell counts. it also appears that the rate of second eye involvement and retinal detachment are less than in the pre HAART era² This occurs after exposure of the eyes to bright sunlight as in looking at an eclipse of the sun with inadequately protected eyes (exposure blindness) or exposure to flash of short circuiting of strong current. practically all the visible rays, ultraviolet and many

infrared rays pass unimpeded to the retina and these are absorbed by the pigmentary epithelium pathological changes are produced by the resultant heating effect .the lesion is in fact a burn of the retina generally seen in paramacular area

The symptoms are persistence of after image progressing later into positive scotoma ,metamorphopsia . ophthalmoscopically there may be no signs at first or a pale spot is seen at the fovea with brownish red ring around it .later there are usually deposits of pigment and small ,grey punctate spots around the fovea or even the formation of macular hole.³

CASE PRESENTATION:

A 26 Yr male patient visited to ophthalmology OPD of *shalakyatantra* department with chief complaint of blurred vision of left eye since 1 year. he consulted another ophthalmologist and was diagnosed with retinitis to left eye. He was advised for intravitreal bevacizumab (ANTIVEGF) injection in left eye before starting the ayurvedic treatment. patient was not willing for injection hence he came in our hospital and advised with above mentioned ayurvedic treatment

MATERIALS AND METHODS :

Visual acuity on first visit	Distance vision	
	Right eye	Left eye
Aided	6/6	6/60
Unaided	6/9	6/60
With pin hole	6/9	6/60

LOCAL EXAMINATION

OCULAR STRUCTURES	RIGHT EYE	LEFT EYE
Lid	Normal	Normal
Conjunctiva	Normal	Normal
Sclera	Normal	Normal
Cornea	clear	Clear
AC	Maintained	Maintained
Iris	Normal	Normal
Pupil	RRR	RRR
IOP	17.3mm of Hg with schiotz tonometer	18.9mm of Hg with schiotz tonometer

(AC- anterior chamber, IOP-Intra ocular pressure ,RRR-Round Regular Reacting to light)

Fundus examination

	Right eye	Left eye
Disc	CD Ratio Normal	Normal
Macula	NAD	Retinitis ,ERM,hard exudates
Vessels	Normal	Normal
Background	Normal	Normal
Lens	Normal	Normal

(CD ratio –cup disc ratio, ERM- Epiretinal membrane)

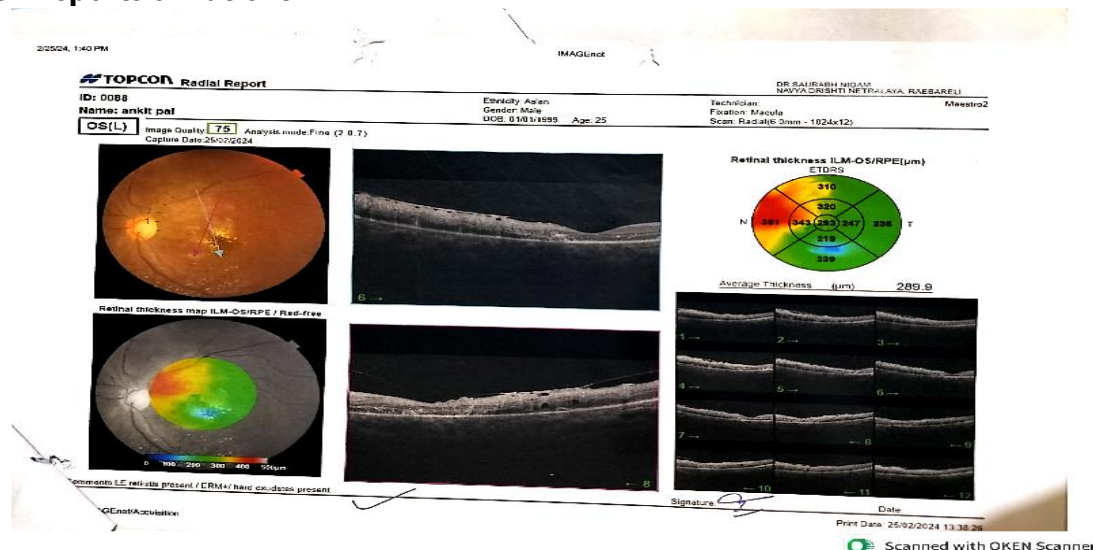
Treatment Given To Patient

Drug	Ingredients	Dose	Anupana/procedure	Duration
<i>Punarnava mandur</i>	<i>Punarnava, Trivrut, Pippali, Maricha, Vidang, Devdaru, Chitrakmul, Pushkarmul, Triphala, Haridra, Daruharidra, Dantimul, Chavya, Indrayav, Katuki, Pippalimul, Nagarmotha, Mandur churna</i>	2-2-2	Warm Water	1 month
<i>Saptamrut loha</i>	<i>Yastimadhu Churna, Triphala churna, Lohabhasma</i>	2-2-2	Warm Water	1 month
<i>Aampachak Vati</i>	<i>Trikatu, Ajwayin, Hing, Saindhav lavan, Jire, Methi, Nimbu Swaras, Sugar, Black Salt</i>	2-2-2	Warm Water	7 days
<i>Vasaguduchyadi kashay</i>	<i>Adulsa, Guduchi, Triphala, Kutki, Bhunimba, Nimba</i>	3tsf-3tsf	Warm Water	1 month
<i>Triphala Ghrut</i>	<i>Triphala kalka, Triphala kwath, Godugd, Ghrut</i>	1tsf-1tsf	Warm Water	1 month
<i>Chakshushya Basti</i>	<i>Madhu, Taila, Saindhav, sop, Erandamul kwath, Yastimadhu</i>	900 ml	<i>Snehan, Swedan basti</i>	7 days

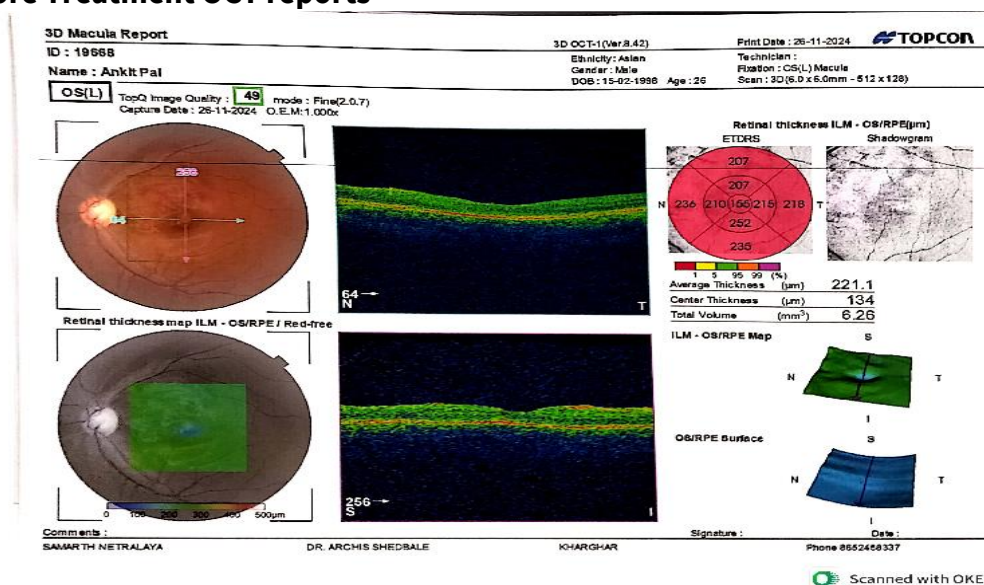
Results

Date	Unaided Distant visual acuity		With pin hole	
	Right Eye	Left Eye	Right Eye	Left Eye
19/9/2024	6/6	6/24	6/6	6/24
30/9/2024	6/6	6/18	6/6	6/12 P
4/10/2024	6/6	6/9 P	6/6	6/9 P
28/11/2024	6/6	6/9 P	6/6	6/9 P
7/12/2024	6/6	6/9 P	6/6	6/9 P

OCT Reports of Patient



Before Treatment OCT reports



After Treatment OCT reports

DISCUSSION:

Probable Mode Of Action : *Chakshushya basti* mainly contain *Madhu* having *yogvahi*, *Raktapittahara*, *sandhan* properties is absorbed and assimilated by body very quickly⁴ *Saindhav* acts as *vrushya dipan* due to *sukshma guna* it reaches up to micro channels⁵ *Shatapushpa* acts as *shothhar* which reduces inflammation of retina⁶ *Eradamul kwath* acts as *vatahar* so it pacifying *vata* which reduces the epiretinal membrane as *vatprakop* get reduced⁷ *Yastimadhu* acts as *shothhar* and *ropan* properties which reduces *shoth* and *ropan*

does the healing process at retina and *rasayan* property create new *dhatu*⁸ *Taila* for alleviation of *vata* it increases permeability of cell membrane⁹

ORAL MEDICINE

1)PUNARNAVA MANDUR : *Punarnava mandur* generally act on *Shoth* in retinitis there is inflammation(*shoth*) *punarnava* reduces *shoth* as it decreases fluid level in cells¹⁰

2)SAPTAMRUT LOHA: It is useful in all types of *netrarog* it contain *triphal* and *lohabhasma* which acts as *rasayan* helpful in formation of new cell¹¹

3) **AAMPACHAK VATI**: this does the *pachan* of *Aam* and reduces *dhatu sang* and *mala sang* increases appetite¹²

4) **VASAGUDUCHYADI KASHAY**: it increases the blood circulation of retina and provide nutrition to the cells which is helpful in formation of new cells¹³

5) **TRIPHALA GHRITA** : it is useful in all types of *netraroga* and it pacify *vata*¹⁴

CONCLUSION:

Inflammation of retina is incurable according to modern science. In Ayurveda the disease can be cured with the various procedure. *chakshushya basti* pacifying *vata Dosha* in the retinitis and *yastimadhu*, *Shatapusha* acts as *shoth har* properties so reduces *shotha* by decreasing fluid in the retina. Also *yastimadhu* act as *Rasayan* so it produces new cells. After *basti*, *virechan* also helpful in the management of retinitis. oral medications also helpful in the management of retinitis

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