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Case Study

TREATMENT OF CHRONIC SEROUS RETINOPATHY BY TARPANA THERAPY: A CASE STUDY

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ABSTRACT

In central serous retinopathy (CSR), there is serous detachment of neurosensory retina occurs over an area of leakage from the choriocapillaris through the retinal pigment epithelium. Type A personalities, hypertension, may be associated with it. The pathogenesis here is thought to be elevated circulating cortisol and epinephrine, which affect the autoregulation of the choroidal circulation. Persons showed impaired autonomic response with decreased parasympathetic activity and increased sympathetic activity. Thus going through the disease, it can be analyzed that it simulate as vataj timira as described in our ayurvedic texts. So its line of treatment should be vata pacifying .so in our study the patient was chosen that was pre diagnosed as CSR 1 yr back who was treated by the ophthalmologist on modern line of treatment. But he was unable to gain his normal vision. He approached for ayurvedic treatment and got improvement in his vision acuity from 6/60 to 6/24 from three sittings of tarpana with patoladi ghrita in duration of 2 months. His other eye was normal.

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INTRODUCTION

In central serous retinopathy, fluid builds up under the retina and distorts vision. Fluid leakage come from a tissue layer with blood vessels under retina, called the choroid. Retinal pigment epithelium is responsible for preventing fluid from leaking from the choroid under the retina¹. When, tiny areas of the RPE become defective, fluid builds up and accumulates under RPE. As a result, a small detachment forms under the retina, causing vision to become distorted. Patients reported higher prevalence of migraine like headaches or psychiatric conditions². High-stress or lifestyles habits also linked to the disease. The mean annual age-adjusted incidence of this disease found to be 9.9 cases per 100,000 population for men and 1.7 cases per 100,000 populations for women³. Liew *et al* reviewed the epidemiology in Australia. They found an incidence rate of 10 cases per 100,000 populations in men. The rate was 6- fold higher in men than in women⁴.

Laser photocoagulation, effectively burns the leak area, there is little improvement in a 3 to 4-month. It would leave a blind spot or the leakage is widespread and its source is difficult to identify however a better long-term outcome has not been demonstrated with laser photocoagulation than without photocoagulation Laser photocoagulation can permanently damage vision where applied⁵. So there is no such satisfactory treatment for the disease. So ayurveda can be considered as better option regarding its basic principles and medicinal

treasure. As. The etiology of disease is known to be stress associated that can be taken as vataj dosha dushti which is the culprit in the pathology of the disease. More ever the accumulation of fluid under retinal layers is due to disturbance of kapha dosha. As symptoms mentioned in susruta samhita in vataj timira⁶ as vihval drshti, aavil aruna drishti due to vata dushti. another disease in drishtigarta roga described as dhumdarshi⁷ in which shoka, aayaas, jwar, siroabhuitapa is the causative reason of the disease. So both these disease are taken as under csr. Besides these diseases another classification of timira as tritiya patalagat timira where syt are described as when a patient can see above but not below, see big anjects as covered by cloth, a persons face devoid of eye ear nose⁷. these symptoms exactly correlate the the clinical manifestatipns of csr as the central voission is hampered, due to involvement of macula. thus even at that ancient time these diseases are being described by our ancient sages exactly there are right now , so by exploring the facts we can very well rely over the treatment mentioned in ayurvedic texts as they are more effective and patient friendly, and cost effective. so as per line of treatment is considered, depending on the basic etiology after taking out the complete history of the patient we can do proper treatment to prevent the recurrence also as it is recurrent in nature too . so proper conselling of the patient isalso one of the basic part of treatment. So vata -pitta shamaka chikitsa wirh sroto shudhi is the basic line of treatment. So following through these principles we hered one a case study regarding the disease.

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MATERIAL AND METHODS

Place of study - National institute of Ayurveda, Jaipur (Rajasthan), 302002

Case study - Ayurvedic management of a case of csr with tarpana by patoladi ghrita. Of a 45 yrs old male patient having symptoms of sudden diminution of vision since 1 yr was chosen for the case study.

History Of Present Illness - according to the patient he was asymptomatic since one yr back. Suddenly he found diminution of vision from right eye (vision acuity right eye 5/60, left eye 6/6) so he consulted to his ophthalmologist where he was diagnosed as csr and there he was treated through laser photocoagulation. But he could not found any significant improvement in his complain so he approached for ayurvedic option.

Present complaints & Duration-blurring of vision (smoky vision) since 1 yr.

History of Previous illness

No h/o any major illness/Diabetes Mellitus/ Ischaemic Heart Disease/Renal Disorder

Family History: Father and Mother are normal respectively.

Special Complaint: Patient was curious about his fitness of the body.

On Examination

Pulse rate-72/min

R.R.-20/min

B.P.-120/70

Personal History- **Table no. 1**

Name: xyz	Bala: Madhyama (Average)	Prakriti: Pitta Vata
Age:30years	Sleep: Inadequate	BP:110/70 mmHg
Sex: Male	Addiction: None	Weight: 64kg
Marital status: Unmarried	Bowel habit: Irregular	Height: 158cm
Occupation: Student	Appetite: Poor	

Ashtavidha Pariksha - **Table no.2**

Nadi (pulse): 80/min	Shabda (speech): Clea
Mala (stool): constipation	Sparsha (touch):Normal
Mutra (urinee) :Normal	Druka (eyes):Normal
Jivha (tounge) : Coated	Akruti (built): Madhyam

Treatment plan- Patient was treated on OPD basis Ayurvedic drug - patoladi ghrita⁸.

Table no. 3 Dose, Route, Kala (drug administration time) of drugs used in the management

Name Of Medicine	Dose	Route	Kala
patoladi ghrita	20 ml /sitting	Topical	Morning

Duration of Study: 2 months and 1 month follow up after treatment

Criteria for refractive errors

- CRF (Case Record Form) was prepared.
- Symptoms like Double vision, Haziness,

Glare or haloes around bright lights, Headache, Eyestrain were monitored after 15 days in severe, moderate and mild format for which gradation were +++,++ and + respectively.

Table No.1 Showing Criteria for Symptoms
Symptoms (Without Using Spectacles) Mild Moderate Severe

Double vision 0, +, ++, +,+++

Haziness- 0, +, ++, +,+++

Glare or haloes around bright lights 0, +, ++, +,+++

Headache 0, +, ++, +,+++

Eye strain 0, +, ++, +,+++

A specialized rating scale for refractive errors examination was prepared. This examination was done to the subject in two intervals i.e. before treatment and after two months of the treatment.

Assessment Criteria

To evaluate the *Chakshushya* effect of the drug, whole importance was given to the findings of refractory errors. This test was done to the subject in two intervals i.e. before treatment and after treatment.

Treatment protocol -

Deepana pachana with panchkola churna 3 g before meals one day before starting of treatment.

Tripahala churna- 3 g night night time for kostha shudhi.

Nasya with neeli bhringyadi tail for 3 days, 6 drops each nostrils for shiroshudhi.

Tarpana with patoladi ghrita 15 -20 ml applied for 25 - 30 min for 10 days for 3 sittings with a gap of 10 days between two sittings. In addition to this oral powder form of ashwagandha and shatavari churna 6g each with milk at bed time for stress relieving and sound sleep to alleviate his tension s.

Follow up after 1 month.

Vision recorded before treatment and after completion of treatment and at last follow up. Before TT-VA -6/60 RE AFTER TT - 6/24 RE.

Patoladi ghrita -

Patoladi Guggulu Ghrita Ingredients

48 g of each of

Nimba - neem

Patola - Trichosanthes dioica

Katuka - Picrorhiza kurroa

Darvi - Berberis aristata

Sevya - Vetiveria zizanioides

Triphala - Haritaki, Vibhitaki and Amla

Vrisha - Adhatoda vasica

Dhanvayasa - Alhagi pseudalhagi

Trayanti - Gentiana kurroa

Parpata - Fumaria indica

Amla - Emblica officinalis - 768 g

water for decoction - 12.288 liters, boiled and reduced to 3.072 liters

Ghrita - ghee - 768 g

24 g of each of

Musta - Cyperus rotundus

Bhunimba - Andrographis paniculata

yashtimadhu - Glycyrrhiza glabra

Kutaja - Holarrhena antidysenterica

Udichya - pavonia indica
Chandana - Santalum album
Pippali - Long pepper

Patoladi Ghritam reference

Ashtangahrudayam Uttarasthana 13/6-9

Result - Showing relief in his all symptoms with increased visual acuity. No changes in fundus and oct findings observed.

DISCUSSION

Effect of Tarpana Kriya Kalpa: - Mode of action - Application of luke warm ghrita along with mild massage causes local conjunctival vasodilatation, as well as lipophilic nature of corneal endothelium causes enhanced absorption of drug thus better absorption of drug through deeper tissues thus may result in desired effect. Besides this the chakshusya effect of ghrita helps in increasing the alochaka pitta essence. Benefits of tarpana as per classics⁶

- Good (Sound) Sleep
- Sleep satisfaction
- Reduction in discharge
- Clarity in vision
- proper ocular movements
- Ability of eye to tolerate sunlight.

Ayurvedic concept of Tarpana: Acharya Charaka in Sutrasthana Snehadhyaya explained that "Snehoanilam Hanti" which means that Snehana is the best treatment for Vata Dosh. Ghrita has quality of passing into minute channels of the body⁹. It possess sheeta veerya, hence the eye being the site of Alochaka Pitta can be effectively managed by constantly using Ghee having Balya, Brimhana and Rasayana, qualities. so it gives strength to the overall tissues.

Challenges in ocular drug delivery & Tarpana: To provide nourishment the prerequisite is the absorption of drug through the ocular surface. But the eyes are supplied with variety of defense mechanisms for protection that offers the barrier in drug absorption¹⁰. Tarpana acts as ocular drug delivery through topical administration. For most of the topically applied drugs, the site of action is by absorption through different layers of eye. In case of Tarpana the volume of drug retained over ocular surface is much higher in comparison to the eye drops.

Pressure effect- Tarpana exerts extraocular pressure to the lens thus increasing its axial length. Though this pressure effect is transient but due to the oleation and hydration provided by Tarpana may improve the accommodation which can retain this pressure effect for longer duration⁸.

More contact time: Ghrita preparations used in Tarpana are in the form of suspension containing different particles of the drugs and the particles do not leave the eye as quick as solution. Tissue contact time and bio availability is more hence therapeutic concentration can be achieved by Tarpana¹¹.

Accommodation and visual acuity: Accommodation is the ability of the eye to change the refractive power of the lens to automatically focus on objects at various distances.

It is a complex constellation of sensory, neuromuscular and biophysical phenomena by which the overall refracting power of the eye changes rapidly to image objects at different viewing distances clearly on to the retina. Tarpana may act over accommodation capacity of eye by providing nutrition not only to the cornea but also to the sphincter muscles and nerves innervating it.

Nutritional supplement- Ghrita is used widely for Tarpana which contains mainly omega-3 & 6 fatty acids, Vit A, E & K & antioxidants.

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