



Case Study

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AYURVEDIC MANAGEMENT OF PRE-MACULAR HAEMORRHAGE: A CASE STUDY

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ABSTRACT

Pre-macular haemorrhage (PMH) is a condition characterized by bleeding between hyaloid and retina leading to visual impairment. Ayurveda offers extensive treatment protocols for managing such posterior segmental disorders. This case study presents the successful Ayurvedic management of PMH in a 54-year-old female patient who is a known hypertensive. The patient presented with a sudden onset of blurred vision in the right eye and black patches in the vision. After a thorough Ayurvedic assessment, a treatment plan including Netra kriyakalpas and panchakarma procedures was adopted along with oral medications. For one month, the patient experienced significant improvement in visual acuity, and the resolution of the haemorrhage was confirmed by ophthalmological examination and imaging studies. This case highlights the potential of Ayurveda as an effective approach to managing pre-macular haemorrhage.

Keywords: Pre macular haemorrhage, Hypertension, Timira, Rakthapitta

INTRODUCTION

Hypertensive retinopathy (HR) is a well-documented ocular manifestation of systemic hypertension; a spectrum of retinal changes characterizes it as a result of chronic elevated blood pressure. Among its various presentations, pre-macular haemorrhage (PMH) is a notable complication that affects visual acuity and quality of life. PMH refers to the accumulation of blood between hyaloid and retina specifically macula, the retina's central portion responsible for sharp, central vision. This condition often arises abruptly, leading to sudden visual impairment. The pathogenesis of PMH involves the rupture of delicate retinal vessels due to hypertensive damage, resulting in haemorrhage within the macular region. This haemorrhage can disrupt the functioning of photoreceptors and lead to irreversible vision loss if not treated promptly. The management of PMH imposes a significant clinical challenge, as conventional treatment methods such as anti-VEGF injections or laser photocoagulation carry risks and limitations.

Disease Review

While explaining Rakthapitta in nidana sthana, Acharya Charaka mentions Urdwaga Raktha Pitta, which presents its symptoms in the netra¹. This can be correlated to hypertensive retinopathy leading to pre-macular haemorrhage. Once the haemorrhage occurs, the bleeding spots enter the vitreous, causing opacity, and the patient experiences spots moving in his vision. This can be compared to makshika, mashaka, and keshan, which is a symptom of Dwetiya Patala Gata Timira mentioned by Acharya Sushruta², and hence this can be understood as Urdhwaga Raktha Pitta presenting with Dwetiya Patala Gata Timira lakshanas.

Case Report

A 54-year-old female patient residing in Bengaluru, Karnataka (India) came to Shalakya Tantra OPD, Shri Dharmasthala Manjunatheshwara Institute of Ayurveda and Hospital, Bengaluru, Karnataka, India.

Chief Complaints: Blurriness of vision and black patches in the right eye's vision for seven days.

History of Present Illness: The patient has been a known case of hypertension for the past eight years. The patient experienced a sudden onset of blurred vision and black patches in the vision; on examination, the blood pressure was noted to be 150/100 mmHg.

Visual Acuity Before Treatment

	Distant Vision	Near Vision
OD	6/36(p)	N18
OS	6/6	N12
BE	6/12	N12

Treatment Given

Orally

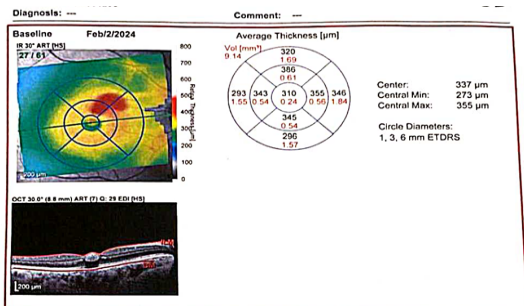
Drug	Dosage	Time
Bolabadhha rasa	1 TID	After food
Chandrakala rasa	1 TID	After food
Vasa Guduchyadi Kashaya	3 tsp TID	with water Before food
Sameera Panchaka Kashaya	3 tsp TID	with water Before food

Procedures for seven days

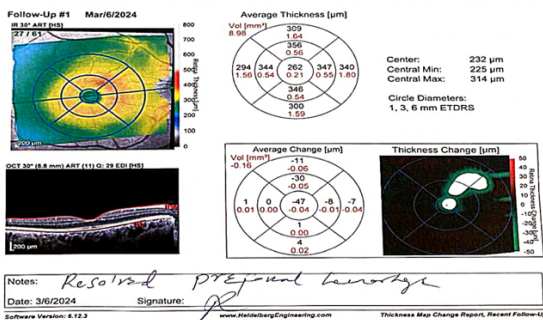
Nasya	With Dadimadi Ghrita 10/10 each Nostril
Takradhara	
Tarpana	With Mahatriphala and Patoladi Ghrita
Manjishthadi Kshara Basti	

Visual Acuity After Treatment

	Distant Vision	Near Vision
OD	6/6 (p)	N12
OS	6/6	N10
BE	6/6	N10



Before treatment, OCT and Fundus Imaging



After treatment, OCT and Fundus Imaging

DISCUSSION

Pre-macular haemorrhage is one major complication of chronic hypertension leading to microvascular abnormalities. As rightly pointed out, samprapti vighatanam eva chikitsa, in the present case, the treatments employed aim to achieve the same.

Nayana is originated from Majja dhatu. Ghrita (ghee) has properties like Balya, Brimhana, and Rasayana. These properties of ghrita help nourish Meda and Majja dhatu, thus imparting strength to the eyes. Ghrita has madhura rasa, madhura vipaka, and sheeta virya, and these properties help mitigate Vata and Pittaja vikaras³.

The drugs used in the Tarpana procedure combine ghrita and decoction of medicines. Hence, the drugs can easily cross the corneal epithelium, which is lipophilic and endothelium, which is hydrophilic.⁴

Ghrita preparation used in Akshi-Tarpana is in the form of a suspension containing different particles of the drugs, and the particles do not leave the eye as quickly as a solution. Tissue contact time and bioavailability is more and hence, therapeutic concentration can be achieved by Akshi-Tarpana.⁵

Jeevantyadi Ghrita⁶ is mentioned as “timirapaham param”, best for treating Timira, and Patoladi Ghrita is also mentioned in Timira chikitsa.⁷

Takradhara is a special Ayurvedic treatment that uses medicated buttermilk as dhara over the shiras. It has Vata Pitta shamaka properties, which not only reduce stress and tension but also help achieve normotension; it nourishes the retina, prevents vascular leakage, and the chakshusya feature of medications helps enhance vision.⁸

Takradhara helps in treating dyspnea, sleeplessness, headache, dizziness, and hypertension. Sthapanimarma, mentioned by Acharya Charaka, is located between the eyebrows and is a siramarma of the vishalyaghana variety, which appears to mediate the Takradhara hypothesis effect. Because it is a siramarma, it can have a reflex effect on the baroreceptors, which are disrupted in essential hypertension and may be held accountable for the constriction of arterioles that can increase blood pressure and hence play a vital role in treating hypertension.⁸

Dadimadi Ghrita used for nasya is tridosha shamaka; Nasya therapy directly affects neuro-endocrine stimulation and gets absorbed in sirasrotas via a cavernous sinus.⁹

Kshara Basti is mentioned by Chakradatta, and Manjishthadi Kashaya is mentioned by Acharya Sharangdhara. Manjishthadi kshara Basti has an antagonistic property towards Kapha due to gomutra, and Manjishthadi Kwatha acts as Raktaprasadaka & tridosahara.¹⁰

Bolabhadra rasa is Pitta Raktha shamaka and Chandrakala rasa is Kapha Pitta shamaka these drugs help in Raktha stambana and is Raktha prasadaka.

Vasa Guduchyadi Kashaya is mainly indicated in Pittaja, and Raktaja vikaras helps in Raktha stambana.¹¹

CONCLUSION

In conclusion, the Ayurveda line of management for pre-macular haemorrhage is a promising treatment approach as it not only provides symptomatic relief but treats the root cause and helps

prevent further damage in the present case, the same was found to be proved through shamana, and shodhana chikitsa and vision was restored without any surgical interventions. This shows the wide scope of Ayurveda in treating posterior segmental disorders.

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