

## **DIABETIC RETINOPATHY -A CASE STUDY-WITH THAKRADHARA AND NETHRAKRIYAKALPA**

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### **Abstract**

Diabetic retinopathy is a leading cause of blindness due to poor control of Diabetes for long periods . It affects around 80./. of those who have been diabetic for 20yrs or more. It is marked with blurred vision which may later progress to total blindness if neglected. Acc. to Ayurveda -related symptoms are explained in the context of Drishtimandalagatha rogas.

**Keywords:** - Diabetic, Retinopathy,

### **INTRODUCTION**

Diabetic retinopathy is a major cause of blindness in elderly and develops in long standing cases of diabetes especially of more than 10yrs duration It is a micro-angiopathy involving the retinal arterioles, capillaries and venules. Diabetic retinopathy is conventionally divided into 2 broad categories.

1. Non-Proliferative Diabetic Retinopathy
2. Proliferative Diabetic Retinopathy

#### *Non-Proliferative Diabetic Retinopathy*

Most common type of Diabetic Retinopathy where in the lesions are intraretinal and confined to the posterior pole. It is characterized by multiple micro aneurysms, venous dialatation, hard exudates , dot and blot hemorrhages.

#### *Proliferative Diabetic Retinopathy*

Changes are preretinal as well as vitreal. Vitreo-retinal fibro vascular bands and vitreal hemorrhages are the main features of Proliferative Diabetic Retinopathy.

In Ayurveda, Diabetic Retinopathy can be studied in par with Sannipathaja Thimira- Kacha,Linganasa category. Thimira, kacha and linganasa are the 3 stages of defective vision mentioned in Ayurveda. Among these thimira is sadhya, kacha is yapya ,Linganasa is asadhya except kaphaja linganasa which can be corrected surgically.

### **CASE DESCRIPTION**

A 35 yr old male, known patient of Diabetes mellitus since 20yrs on Insulin was admitted in IP of Rajiv Gandhi Ayurvedic Medical College with complaints of defective vision of both eyes. Cognitive functions were said to be slow since birth. Initially he developed Diabetic retinopathy of the right eye and gradually lost vision even after undergoing many treatments. Later left eye also affected since 2yrs.

### **Examination Findings**

Fundus examination: Right eye fundus examination exhibits changes related to Proliferative Diabetic Retinopathy with vitreal haemorrhage .

Left eye also shows hemorrhagic spots with cotton wool exudates extensively over fundus with macular edema.

### **Visual acuity examination (Unaided)**

1. DV-R/E -HM  
L/E-3/60  
NV- R/E –not possible  
L/E-N36 close to the face
2. Colour vision is abnormal in both eyes
3. Visual fields- found to be not within normal limits upon confirmation tests.

### **Course in Hospital**

He was admitted in IP on 30/10/2018.

O/E vitals found normal.

### **Medicines given:**

1. Brihatvasadi Kashayam-  
bd empty stomach
2. Jeevanthyadi Ghritam -1tsp bedtime
3. Thriphala churnam -1tsp with ghrita

### **Procedures Done:**

1. Aschyothana with Chandanadi varthi-  
12 drops bd in each eye
2. Nethraseka with Lodhrayashti kwatha  
bd in each eye
3. Thakradhara for 14 days

After 14 days of Thakradhara, Tharpana with Jeevanthyadi Ghrita for 5 days

Followed by Putapaka for 1 day with putapakarasa prepared out of Jeevaneeyagana and Ajayakrith.

Patient was discharged on 19/11/2018 and advised to continue medicines.

Review on 06/12/2018-O/E vision found to be improved with 6/36 for L/E and no significant change with right eye. General Status of vision improved according to the patient and caretakers.

### **CONCLUSION**

Various treatment modalities of Nethrakriyakalpas and Moordhathailas and judiciously chosen samanoushadhis have influence in improving vision of patient in Diabetic retinopathy. Being a degenerative

condition, the pace of progression of diabetic retinopathy can be effectively curtailed with Ayurvedic treatment.

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**Source of Support: NIL**  
**Conflict of Interest : None declared**

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