

CENTRAL SEROUS RETINOPATHY –AN AYURVEDIC APPROACH

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ABSTRACT

Central serous retinopathy(CSR) is the 4th most common retinopathy ,one of its main causative factors include excessive stress and other emotional problems owing to today's incredibly fast paced lives.CSR typically occurs in males in their 20s to 50s who exhibit acute or sub acute distortion of vision . Ayurveda explains the symptoms of CSR under drishtimandalagatha rogas. Role of healthy mind for perfect perception of vision is explained well under the headings of DHOOMADARSHI and OUPASARGIKA LINGANASA etc.Ayurveda treatment yields excellent response in these conditions.

KEY WORDS : CSR,Stress,distortions of vision, drishtimandala,dhoomadarsi, oupasargika linganasa

INTRODUCTION

Ayurveda, the science of life holds an unmatched way of approach towards the disease. It has the concept of a man as a blend of mental, structural and humoral aspects and to treat him considering his personality as a triane of mental , spiritual and physical factors. Diseases related to eyeball is listed in Shalaky thantra which is one among the 8 branches of Ayurveda. All

the problems of vision can be well explained using the Ayurvedic literary references which beautifully depict the pathogenesis of defective vision in a systematic way. Central serous retinopathy is one of the common causes of vision loss in the current scenario. It is characterized by sudden painless loss of vision with scotoma,micropsia and metamorphopsia. Retinal changes

include spontaneous serous detachment of neurosensory retina in the macular region.

Risk factors include

- Age and sex: The disease affects typically young adult(20-50yrs) males more than females
- Stress: Common in persons having a sense of competitive drive, urgency, aggressiveness and hostile temperament
- Personality: Type A personality individuals are more prone.
- Steroid intake is an important risk factor.
- Hypertension
- Pregnancy(usually 3rd trimester)
- Cushing’s disease

Clinical features

Symptoms: Sudden painless loss of vision (6/9-6/24) associated with scotoma.

Signs: Mild elevation of macular area Subretinal deposits may be seen Small yellow grey elevations may be seen due to detachment of retinal pigmental epithelium

Clinical course

CSR is usually self-limiting but recurrent often. Acute classic CSR is

characterized by short clinical course with spontaneous resolution within three to six months with near normal visual recovery. Recurrence is known in 30-50./. of all the cases.

Treatment

1. Conservative measures- Reassurance with lifestyle changes to reduce stress in life should be adopted.
2. Laser photo-coagulation is indicated in
 - Long standing cases
 - Patients having recurrent CSR with visual loss
 - Anti VEGF(Vascular Endothelial Growth Factors)

AYURVEDIC VIEW OF CSR

Disturbed or stressful mind which may lead to defective vision is explained in Ayurveda. Related reference can be seen under 2 disease conditions namely DHOOMADARSHI and OUPASARGIKA LINGANASA. If we analyze the perception of each sense importance if mind can be understood well. A simple union of each Jnanendriya with its corresponding Indriyartha will not result in Jnanotpathi acc. to Ayurveda . We

experience perception of a particular sense only if Manas joins with Indriya and Indriyarth in a perfect linkage .

Dhoomadarsi

Dhoomadarsi is a drishtimandalagatha roga due to the vitiation of pithadosha. Main Nidanas include

1. Disturbed mind which include

- Soka
- Krodha

2. Jwara

3. Siroroga

4. Due to above factors dosha

vitiation occurs in drishtimandala with pitta in particular and resulting in defective vision.

Treatment

Dhoomadarsi is discussed as a Oushadhasadhya Roga acc to Ayurvedic literature. Encouraging response has been observed with classical nethrakriyakalpas and moordhathaila prayogas. Treatment in OP basis will yield positive response in mild cases where as customary sodhana therapies may be needed in chronic cases.

INTERNAL MEDICINES like

- Drakshadi Kashayam/ Vasa gudoochyadi kashaya

- Jeevanthyadi ghritha/Thriphala ghritha/Patoladi ghritha/Drakshadi ghritha

Siroabhyanga with Thriphaladi thaila/asanavilwadithailam/baladhathry adi thaila

Aschyothana with –Chandanadi varthior Saribadi varthi

Nethraseka with LodhraYashti kwatha/thriphala kwatha

Thalam with Kachooradi choorna and ksheerabala(101)

Pratimarsa nasya with Anuthaila

Any of the above treatments may be chosen according to rogavastha.

IP treatment

Snehapana with Drakshadi ghritha/Thriphala ghritha

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Swedana –(Abhyanga snana in hotwater for 3days)-

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Virechana with Avipathi choorna

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Nasya with Anuthaila for 7 days

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Sirodhara with Dhanwantharam thailam/ Ksheerabala Thailam (14 days)

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Tharpana with Jeevanthyadi ghritha (5days)

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Putapaka with putapakarasa prepared out of Jeevaneeyagana and Aja yakrith

OUPASARGIKA LINGANASA

Symptoms are not identical with CSR but there is a mention about heenasatwa persons who are vulnerable to vision related problems

which can be matched with the Type A personality who are prone to CSR.

DISCUSSION

CSR is a disease of young to middle aged adult which now a days is a major cause of defective vision. Patients present with almost sudden onset of unilateral blurred vision associated with scotoma, micropsia and metamorphopsia. CSR primarily develops in people who are subjective to excessive stress. Dhoomadarsi which is discussed in drishtimandalagatha rogas can be matched with CSR. Dhoomadarsi develops out of pitha vitiation in patients due to excessive stress, sorrow, aggression and long standing cases of jwara and sirorogas .Ayurveda offers excellent response to these conditions with a judiciously blended samana and shodhana therapies.

CONCLUSION

CSR is one of the common cause of defective vision characterized by the spontaneous serous detachment of neuro sensory retina usually

precipitated when subjected to excessive stress and other emotional disturbances. With Ayurveda treatment procedures excellent response can be achieved. Ayurveda places mind in a pivotal position in the process of vision, making sure of a healthy mind is an important pre requisite for a perfect perception of vision.

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