



ISSN 2456-3110

Vol 8 · Issue 4

April 2023

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

**Indexed**

# A case study on *Doshantha* (Retinitis Pigmentosa) with *Ayurvedic* management

Arundhathi Krishnan<sup>1</sup>, Rathi S.<sup>2</sup>

<sup>1</sup>Post Graduate Scholar, Dept. of P.G studies in Shalaky Tantra, Government Ayurveda Medical College, Bengaluru, Karnataka, India.

<sup>2</sup>Professor, Dept. of P.G studies in Shalaky Tantra, Government Ayurveda Medical College, Bengaluru, Karnataka, India.

## ABSTRACT

Retinitis pigmentosa (RP) is a group of hereditary disorders of the photoreceptors and retinal pigment epithelium (RPE) which gradually causes night blindness and progressive constriction of the visual field. RP is a leading cause of visual disability, with a worldwide pre-valence of 1:4000. RP typically manifests with night blindness in adolescence, followed by concentric visual field loss, reflecting the principal dysfunction of rod photoreceptors; central vision loss occurs later in life due to cone dysfunction. Symptoms may become manifest during childhood or adulthood, and include poor night vision (nyctalopia) and constriction of peripheral vision (visual field loss).<sup>[1]</sup> In *Ayurveda*, the signs and symptoms of this can be compared with the *Lakshanas* of *Doshandha*. The present paper discusses a case of retinitis pigmentosa and its Ayurvedic treatment.

**Key words:** Retinitis Pigmentosa, Doshandha, Sleshmavidagda Drsti, Nakulandya.

## INTRODUCTION

Retinitis pigmentosa (RP) is a slowly progressive inherited retinal disease, and patients with RP have reduced visual function mainly because of degeneration of the rod and cone photoreceptors and retinal pigment epithelium (RPE). A clinical diagnosis of RP is made based on the family history, presence of nyctalopia, visual field constriction, characteristic pigmentary retinal changes, bone spicule pigmentation in the periphery, and reduction of the standard full-field electroretinograms (ERGs) consistent with rod-

cone dystrophy. RP is one of the main causes of acquired blindness in developed countries.<sup>[2]</sup> The main treatment of retinitis pigmentosa is by using Low vision aids (LVA) and Genetic counselling.<sup>[3]</sup>

In *Ayurveda* the signs and symptoms of RP can be compared with *Doshandha* which is one among the *Dristigata Rogas*. It is considered as a diseased condition in which sunset will obliterate the *Dristi Mandala* and make the person blind at night time.<sup>[4]</sup> During morning hours the rising sunrays will disperse the accumulated *Doshas* from *Dristi* to clear vision.<sup>[5]</sup> This disease resembles *Kaphajatimira* in its pathogenesis, but the night blindness is the special feature.<sup>[6]</sup> After analysing the *Nidana*, *Dosha*, *Dushyas* of the disease the present case study was done.

## CASE REPORT

A female patient aged 21 years was apparently normal 7 years back. Gradually she developed difficulty in distant vision. Also, complaints of diminution of vision more during night time. There is no history of itching and pain. She complains of mild watering of eyes since few months. With these complaints she came to Shalaky OPD, GAMCB. After complete evaluation of

### Address for correspondence:

Dr. Arundhathi Krishnan

Post Graduate Scholar, Dept. of P.G studies in Shalaky Tantra, Government Ayurveda Medical College, Bengaluru, Karnataka, India.

E-mail: arundhathik1994@gmail.com

Submission Date: 08/02/2023 Accepted Date: 14/03/2023

### Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: 10.21760/jaims.8.4.38

the patient it was diagnosed as *Doshantha* (retinitis pigmentosa). For further investigations patient was referred to minto eye hospital and the reports came as described below.

#### General Examination

- Pallor - Absent
- Icterus - Absent
- Cyanosis - Absent
- Clubbing - Absent
- Lymphadenopathy - Non palpable
- Edema - Absent
- BP - 120/80 mmhg.
- Pulse - 74 bpm

#### Systemic Examination

CVS, CNS, RS, GIT - No abnormality.

#### Ophthalmic examination

- Head posture: head is kept in straight and erect posture without any tilt of head.
- Facial Symmetry: both eyebrows and eyelids are at the same level of Symmetrical nasolabial folds of Symmetrical angle of mouth on both sides
- Ocular posture: Visual axes of two eyes are parallel to each other in primary position and is maintained in all position of gaze.

#### Visual acuity (distant vision before treatment)

Both eyes	3/60
OD	CF+(2m)
OS	3/60

#### Near vision (before treatment)

Both eyes	N18(p)
OD	N24
OS	N18(p)

Eyelid	Normal
Lacrimal apparatus	Normal Skin over lacrimal sac - redness, swelling absent
Conjunctiva	Congestion, Chemosis, Discolouration, Follicles, Papillae, Pterygium, Pingecula - absent
Sclera	Normal
Cornea	No opacities, size and shape normal
Anterior chamber	Normal
Iris	Normal
Pupil	3mm RRR +
Lens	Clear

#### Refraction

OD	OS
-0.25DS	-0.25DS

#### Fundus examination

Media : hazy

Vessels : articular attenuation

Foveal reflex : dull

Bony spicule appearance ++

RPE Mottling+

Macular dystrophies +

CDR 0:3

A :V - 2:3

#### Treatment

Procedure	Medicine	Dose / Duration
1. <i>Nasya</i>	<i>Anu Taila</i>	8 drops, 7 days
2. <i>Tarpana</i>	<i>Patoladi Ghrita</i>	5 days
3. <i>Putapaka</i>		3 days

Internal medicines	<i>Sapthamrutha Loha</i>	2bd
	<i>Kanapippali Anjana</i>	OD
	<i>Mahavasakadi Kashaya</i>	15ml bd
	<i>Jeevanthyadi Ghrita</i>	1tsp bd

#### Visual acuity (after 7 days of *Nasya*)

Both eyes	3/60
OD	3/60
OS	3/60

#### Near vision (after treatment)

Both eyes	N18(P)
OD	N18(P)
OS	N18(P)

## DISCUSSION

In the present study *Nasya* with *Anutaila* is advised for first 7 days of the treatment. As in *Ayurvedic Samhita Acharya Charaka, Sushruta* and *Vagbhata* stated that nose is a gateway of the head (brain).<sup>[7]</sup> Nasal route is easily accessible, convenient and reliable with porous endothelial membrane and highly vascularized epithelium which provides rapid absorption of drug into systemic circulation avoiding hepatic first pass elimination.<sup>[8]</sup> *Nasya* with *Anutaila* helps to relieve the *Sanga* present. Olfactory nerve pathway is connected with limbic system and hypothalamus which have control of endocrine secretions. Thus, administration of drug through nasal route stimulates higher centers in brain which shows action of regulation of endocrine and nervous system.<sup>[9]</sup> Considering all points that are mentioned above *Nasya* therapy can be advised in retinitis pigmentosa to strengthen the retinal epithelium and maintain the existing vision.

After *Nasya* giving a 3 days gap *Tarpana* was started, *Acharya Vagbhata* stated that *Tarpana Chikitsa* is helpful in management of *Vata-Pittaj Netrarogas* as

well as *Ratrandhya* i.e., night blindness.<sup>[10]</sup> *Patoladi Ghrita* has been used for *Tarpana*. The formulation *Patoladi Ghrita* contains ingredients which have *Tridoshahara* and *Kaphahara* properties due to *Tikta, Kashaya Rasa* and *Laghu, Ruksha Guna*. The drug like *Patola, Amalaki, Ghrita* are assumed to have the chemical constituents like vit C, carotenin, riboflavin, magnesium, potassium. This protects lens from free radical damage and help in lens metabolism support.

After 5 days of *Tarpana*, *Putapaka* was administered. *Putapaka* therapy has the efficacy of passing into minute channels. *Ajamamsa* is *Balya* and *Triphala* is *Chakshushya*; *Ghrita* is lipophilic in nature due to this property it crosses the corneal epithelium, Stromal layer of cornea irrespective of size of molecules. Thus, it helps in improving the strength of ocular structures.

Internally *Sapthamrutha Loha* was advised for 3 to 6 months. Since it is *Drushtiprasadaka* and *Rasayana*, it is helpful to preserve the eyesight and effective in night blindness.

*Jeevanthyadi Ghrita* was given internally since it possess *Madhura Rasa, Laghu Guna, Sheeta Veerya, Madhura Vipaka* thereby helping for rejuvenating action on retina and thus preventing degeneration of retina.

*Acharya Sushruta* and *Vagbhata* explained many *Anjana Kalpas* in *Ratrandhya* (night blindness) and *Drishtigata Rogas*, one among them is *Kanapippali Anjana* which is especially indicated in night blindness.

## CONCLUSION

The main challenge in management of retinitis pigmentosa is to maintain the vision of patient as well as to delay the degeneration of retina. In allopathy science, therapies, or treatments available for RP are gene therapy, retinal transplants, stem cell therapy and vitamin therapy etc. these treatments are not satisfactory and much expensive for common people. The aim through *Ayurveda* is to arrest the degeneration, preserve your eyesight and delay the progress of the disease. In this manner, the patient is able to lead a normal life, with the support of treatment and medicines. *Ayurvedic* therapies are cost

effective and have minimal side effects. However, positive results were obtained in both fields after two courses of *Ayurvedic* treatment. Repeated courses of treatment may aid to at least maintain vision and prolonging further progression of the disease.

## REFERENCES

1. <https://www.aao.org/eye-health/diseases/whatis-retinitis-pigmentosa> American Academy of Ophthalmology.
2. Diagnostic imaging in patients with retinitis pigmentosa
3. Khurana A.K. Comprehensive Ophthalmology. 4th edition. New delhi: New Age International, 2007;p.268
4. Shankar Uday, Textbook of Shalaky Tantra, Chowkhamba Vishwabharathi Series, Varanasi, Vol-1, Netra Roga, p.640.
5. Shankar Uday, Textbook of Shalaky Tantra, Chowkhamba Vishwabharathi Series, Varanasi, Vol-1, Netra Roga, p.640
6. Shankar Uday, Textbook of Shalaky Tantra, Chowkhamba Vishwabharathi Series, Varanasi, Vol-1, Netra Roga, p.595
7. Ganesh krishna Garde, Sartha Vagbhata, Sutrasthana, Adhyaya-20, Shloka, 1, Chaukhamba Surbharti publication, Varanasi, reprint-2009, page no.85.
8. Amod Kumar, Suryawanshi.C.S, review article on conceptual study of Nasya Karma in Panchakarma w.s.r to Brihatrayi, international Ayurvedic medical Journal, vol-2 issue-3, page.1-6
9. K.Y.Shrikanth, V. Krishnamurthy, review article on pharmacodynamics of Nasya Karma, international Journal of research in Ayurveda and pharmacy-2011, 2(1) page 24-26.
10. Ganesh krishna Garde, Sartha Vagbhata, Sutrasthana, Adhyaya-24, Shloka, 3-9, Chaukhamba Surbharti publication, Varanasi, reprint-2009, page no.94.
11. Amrut.S. Salunke, Sonali Sunil Tadasarkar, & Adarsh Ramkalap Sharma. (2021). Retinitis Pigmentosa and its Ayurvedic Management. International Journal of Ayurveda and Pharma Research, 9(5), 62-68. <https://doi.org/10.47070/ijapr.v9i5.1919>
12. Narayanan Namboothiri Narayanan, Aravind Kumar, Krishnendu Sukumaran, Agaja Peethambaran Leena, An Ayurvedic Protocol to Manage Retinitis Pigmentosa - A Case Report by Int J Cur Res Rev, Vol 12, Issue 13, July 2020;p25-32.

**How to cite this article:** Arundhathi Krishnan, Rathi S. A case study on Doshantha (Retinitis Pigmentosa) with Ayurvedic management. J Ayurveda Integr Med Sci 2023;04:226-229.

<http://dx.doi.org/10.21760/jaims.8.4.38>

**Source of Support:** Nil, **Conflict of Interest:** None declared.

\*\*\*\*\*