



ISSN 2456-3110

Vol 4 · Issue 5

Sept-Oct 2019

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Charaka
Publications

Indexed

An Ayurvedic approach to Non Infectious Choroiditis - Prospective Single Case Study

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ABSTRACT

Background: Many diseases arise when the body's immune system attacks the host's own tissue. Non infectious Choroiditis is one such disease that involves the posterior part of eye, hence it is also called as posterior uveitis. It refers to inflammation of the choroid, the back part of uvea. Uveitis is an important cause of vision loss worldwide due to its sight threatening complications. This condition affects males and females in equal numbers. It can strike at almost any age, although it appears most often to occur between the ages of 20 and 50. According to one estimate, chronic, non-infectious posterior uveitis affects 800,000 people worldwide. **Aim:** Adopt Ayurvedic treatment principles to resolve the ailment and to overcome the recurrence. **Methodology:** 36 years female housewife approached Shalaky Tantra OPD, GAMC, Bengaluru with chief complaints of diminished vision in right eye with flashes and floaters since 2 years. Associated with mild pricking pain, redness of right eye occasionally, also photophobia and multiple joint pain. **Results:** Marked improvement has been noticed in the patient. **Conclusion:** Ayurvedic modality of treatment was found effective in treatment of uvetis by planning proper treatment after systematic analysis of disease pathology, cause and clinical features and treatment based on *Dosha* and *Samprapti* of disease stage. Adoption of standard protocols also helps significantly for the upliftment of Ayurveda.

Key words: Choroiditis, Immunosuppressant Drugs, Ayurvedic Treatment Principles.

INTRODUCTION

Uveitis is inflammation of the middle layer of the eye called uvea. It may occur from both infectious and non infectious causes. Non infectious uveitis is caused by affecting the body's immune system and it is one of the common occurrences in clinical practice. There are three types of uveitis based on which part of uvea

is affected. Inflammation of uveal tissue from iris to pars plicata of ciliary body is called anterior uveitis, inflammation of pars plana and peripheral part of retina and underlying choroid is called intermediated uveitis and inflammation of choroid is called posterior uveitis.^[1] In posterior uveitis along with choroid it may also affect the retina and/or the optic nerve and may lead to permanent loss of vision. It is one of the rare forms of uveitis among all other types.^[2] It is a painless condition usually characterized by visual symptoms like defective vision, photopsia, floaters, metamorphopsia and positive scotoma. This condition affects males and females in equal number and it appears most often to occur between ages of 20 and 50 years.

OBJECTIVE OF THE STUDY

1. To understand concept of Choroiditis in terms of Ayurveda.
2. To study the effect of Ayurvedic modality of treatment in the management of Choroiditis.

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Submission Date: 12/09/2019 Accepted Date: 14/10/2019

Access this article online

Quick Response Code



Website: www.jaims.in

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MATERIALS AND METHODS

Assessment criteria

Subjective parameters

- Diminution of vision
- Redness of eye
- Ocular pain
- Floaters
- Flashes of light

CASE REPORT

Basic data

- Name : xyz
- Age : 36 years
- Gender : Female
- Marital status : Married
- Religion : Hindu
- Socioeconomic status : Middle class

Approached Shalakya OPD of Government Ayurveda Medical College, Bengaluru on 16th December, 2018.

Chief complaints

C/O diminished vision in right eye with flashes and floaters since 2 years. Associated with mild pricking pain, redness of right eye occasionally, photophobia and multiple joint pain.

History of present illness

Patient developed occasional mild redness and mild ocular pain after 6 months of her delivery. Complaints were occasional once in 15 days and relieves by itself after 1 or 2 hrs. After 3 months she noticed gradually increase of redness and ocular pain associated with diminished vision, floaters and flashes of light in right eye. She consulted an ophthalmologist and diagnosed with Posterior uveitis after undergoing relevant examinations.

- Intensity of ocular pain - Mild
- Flashes - 30 to 40 times a day

- Floaters - 4 to 5 thread like objects seen

Personal History : Intake of more spicy and sour food, day sleep, stress.

Past History : No history of DM, HTN, known case of RA since 2 years.

Family History : Nil

Past Treatment History

Patient was on topical antibiotic eye drops, corticosteroid eye drops and oral corticosteroid tab for 1 month with a tapering dose. While on medication complaints reduced and asymptomatic for 5 months. Later again her complaints aggravated with increased intensity. She consulted back to her ophthalmologist, same medication with increased dose (as per patient words) and duration was prescribed. Since there was recurrence of complaints again after stopping of medicines, she approached our hospital for further evaluation and management.

Ocular Examination

Examination	OD	OS
Visual Acuity	6/36	6/9
Anterior Chamber	Deep	Normal depth
Lens	Grade 2 opacity	Clear
Iris	Posterior synechia +	Normal
Pupil	Sluggish reaction	Reactive
IOP	28.9mmhg	18mmhg
Fundus examination	Exudative cotton balls and few pigmented scar on retina	Normal

Ashtasthana Pareeksha

Nadi	70/Min (Pitta Vata Pradhana)
Mala	Prakruta 1 time/day

Mootra	Prakruta 5-6 Times/Day
Jihva	Alipta
Shabda	Prakruta
Sparsha	Mild pain in knee joint region
Drik	Diminished vision, with floaters and Flashes
Aakruti	Madhyama

Samprapti Gatakas

Dosha	Pitta pradhana Tridosha
Dushya	Rasa, Raktha
Srotas	Rasavaha and Rakthavaha Srotas
Sroto Dusti	Vimargagamana, Atipravritti
Roga Marga	Madhyama
Udbhava Stana	Amashaya
Vyakta Stana	Netra
Adhistana	Urdwajatru
Vyadhi Swabhava	Chirakari

Diagnosis: Tridoshaja Abhisyanda (Rakta Pitta Pradhana) - Non infective Choroiditis

Treatment

Day	Procedure	Treatment	Durati on	Justification
D1-D3	Deepana Pachana	Chitrakaadi Vati 2 tid	3 days	Corrects metabolism

D4-D7	Arohana Snehapana	Guggulutikt aka Gruta	4 days	Crosses cell barriers, Dosha Utkleshan
D8-D9	Abhyanga and Bhashpa Sweda	Yashti Taila	2 days	Drains and excrete toxins
D10	Virechana	Trivrut Lehya 50gms, Draksha Kashaya Anupana	1 day	Pitta Rechana and Vata anulomana
D1-D14	Pariseka	Mrudweeka adi Kashaya	14 days	Tridoshaha amaka, vasodilatation
D1-D14	Bidalaka	Mukkadi Choorna	14 days	Tridoshahara, vasodilatation and increases microcirculation
D15	Jaloukavacharana (right Apanga and Lalaata Pradesha)	-	1 day	Rakta and Pitta hara, anti inflammatory, vasodilatory property
D18-D24	Tailadhara	Balaguduch yaadi Taila and Yashti Taila	7 days	Vasodilatation
D24-D54	Anjana	Guduchyaa di Anjana	30 days	Anti inflammatory, Antioxidant, Anti allergic and

				Immuno-modulator ^[7]
	<i>Shamanou shadhi</i>	<i>Amruttotar a Kashaya: 15ml B/F, bd</i>	30 days	<i>Shothahara, Chakshushya</i>
		<i>Kaishora Guggulu 1tab tid A/F</i>	30 days	
		<i>Amrutha Satwa (5mg) + Yasti Choorna (10mg) + Pravalapisti (2mg) with Patoladi Gritha 10ml bd B/F</i>	30 days	
	<i>Shiropichu</i>	<i>Balaguduch yaadi Taila</i>	30 days	<i>Vatahara</i>

OBSERVATIONS

Procedure	Observations
<i>Virecana</i>	14 Vegas, intensity of flashes reduced by 20%
<i>Seka, Vidalaka</i>	<i>Netra Raga</i> and <i>Shoola</i> reduced
<i>Jaloukacharana</i>	IOP reduced to 23mmhg in right eye
<i>Tailadhara</i>	Reduction of intensity and frequency of flashes by 50%
<i>Anjana</i>	Clarity of vision and reduction of intensity of flashes by 80-90%

Changes observed after 1 month of treatment

Flashes reduced by 80-90% , visual acuity showed 2 line improvement i.e., 6/12 in right eye, with relief in

mild ocular pain and redness which was occurring occasionally.

DISCUSSION

In Ayurveda better understanding of *Nidana* (etiology), *Samprapti* (pathogenesis), *Dosha* involved are vital to plan proper *Shodhana* and *Shamana Chikitsa* in order to give promising and high hand results. In the present case the *Vyadhikshamatva*, *Atinidra*, *Katu Teekshna Ahara Sevana* leading to *Pitta* and *Rakta* vitiation can be considered as *Nidana* (cause) of disease development. Repeated exposure to these *Nidanas* leads *Agnimandhya* and formation of *Ama*. Vitiated *Amadosha* spreads throughout body through *Siras* and *Dhamanis* including *Uttamanga* and takes *Staanasamshraya* in *Netra* and it vitiates *Staanika Pitta* and produces symptoms and in *Vyaktavastha* it can be called as *Pittaja* or *Raktaja Abhishyanda*. Failure of body immunity and inflammation are found to be the main cause of Non-infectious choroiditis. It leads to proliferation of autoreactive T cells which gets migrated to eye and leads to several inflammatory changes by making cellular and vascular changes by the release of inflammatory cytokines. There will be dilatation of uveals blood veseels and breaking of blood ocular barriers leads to collection of inflammatory cells in anterior and posterior chambers.^[3]

The clinical features of Choroiditis simulate with *Samprapti* of *Pittaja* and *Raktaja Abhishyanda* presenting with *Lakshanas* of *Dwitiya Patalagata Pittaja Timira* to a greater extent and hence treatment modalities adopted here is based on *Dosha* and *Samprapti* involved.

Rationale behind selecting particular drug and procedure can be substantiated with their pharmacological and therapeutic action mentioned here. The drugs and treatment with *Rakta Pittahara*, *Shotagna*, *Srotoshodhaka*, *Chakshushya* are selected for the treatment. As uveitis involves all the three *Dosha* involvement and here there is involvement of systemic factors even in the manifestation of disease hence *Kayashodhana* becomes vital to hack the disease from root. *Virechana* targets on *Pitta* and

Vata by *Pitta Rechana* and *Vata Anulomana*.^[4] *Seka* and *Vidalaka* with above selected drugs helps to pacify *Tridosha* along with *Rakta* with the mechanism of vasodilatation of superficial vessels and there by entering microcirculation to correct the underlying pathology, it also relieves inflammation by increasing local temperature, has soothing effect and relieves pain.^[5] *Jaloukavacharana* plays major role in eliminatinating *Pitta* and *Rakta*. The enzymes and biologically active substance present in saliva of leech like calin, eglin has anti-inflammatory property. Acetyl choline and histamine has vasodilatory properties. Hyaluronidase helps for deeper penetration of active pharmacological substances. *Taila Dhara* helps by controlling *Vata* and it also balances *Pitta* and *Rakta* thus helps in reducing inflammation by stimulating endocrine system which has role in regulating inflammatory process.^[6] *Guduchyadi Anjana*^[7] targets *Pitta Pradhana Tridosha* which helps in expelling the accumulated vitiated *Dosha* and it also helps in reducing inflammation by its pharmacological proved properties such as it is a potent Anti inflammatory, Antioxidant, Anti allergic and Immuno-modulator.^[8]

CONCLUSION

Immunosuppressant drugs used to treat auto immune disorders can be a boon to mask the disease but it's a curse for the body's immune system with its long term usage as it inhabits activity of immune system. So Ayurveda can play a major role to manage auto immune disorders in a better sense by removing the root cause, targeting *Dosha* involved and doing *Samprapti Vighatana* to serve the mankind from this

sight threatening disease. Adoption of standard protocol for such challenging disease after proper clinical study in a large population is a necessity for the upliftment of Ayurveda and its global recognition and majorly its universal benefit for the mankind.

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How to cite this article: Dr. Sushma, Dr. Shilpa Kamath, Dr. S. M. Pasha. An Ayurvedic approach to Non Infectious Choroiditis - Prospective Single Case Study. J Ayurveda Integr Med Sci 2019;5:366-370.

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