ISSN: 2457-0400

WORLD JOURNAL OF ADVANCE HEALTHCARE RESEARCH

www.wjahr.com

Impact Factor: 6.711

Volume: 9, Issue: 7

Page N. 486-490

Year: 2025

Case Study

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MANAGEMENT OF CENTRAL SEROUS CHORIORETINOPATHY THROUGH AYURVEDIC MEDICINES – CASE REPORT

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Article Received: 21 May 2025 **Article Revised:** 11 June 2025 **Article Published:** 01 July 2025

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DOI: https://doi.org/10.5281/zenodo.17522310

How to cite this Article: Dr. Shravani Gawande* (2025). Management Of Central Serous Chorioretinopathy Through Ayurvedic Medicines – Case Report. Journal of Advance Healthcare Research, 9(7), 486–490.

ABSTRACT

Central Serous Retinopathy (CSR) is defined as spontaneous serous detachment of neurosensory retina in the macular region, with or without retinal pigment epithelium detachment. Presently, it is also termed as idiopathic central serous retinopathy. The disease occurrence is mostly unilateral. Though, the disease is self-limiting but due to repeatedly occurrence (Intranasal, inhaled, oral and intramuscular steroids) and severity it may lead to permanent loss of vision. In contemporary medicine, Anti VEGF injections, Intravitreal Triamicinolone and Photocoagulation are advised in this case. Here, in this case study we have treated the patient with ayurvedic medicines. Follow Up was done after 2 monthsof completion of treatment and OCT was taken before and after completion of treatment. A 29-year-old male patient presented with blurred vision in Right (OD) Eye in the last 3 months, also presented with blacklines and streaks Infront of right eye and distortion of images. *Ayurvedic* assessment of the condition revealed Impaired *Agni* (~digestive/metabolic capacity) and presence of *Ama* (~ Metabolic toxins). He underwent 2 months *Ayurvedic* treatment which consists of oral medicines. The Protocol found to be effective. Significant Improvement in vision in this case study led us to prepare a standard operating protocol for ayurvedic treatment of all types of macular oedema including cystoid macular oedema (CME) and clinically significant macular oedema (CSME) which are having even more vision threatening prognosis.

KEYWORDS: Central Serous Retinopathy, *Ayurvedic* Management, *Agni*, *Ama.*

INTRODUCTION

CSR is an idiopathic disorder typically affects one eye of a young or middle-aged person. This is non cystoid type of macular oedema. it is the serous detachment of the sensory retina at macula from RPE due to secondary leakage from choriocapillaris.[1]

The condition is clinically more obvious in males than females with the male to female ratios ranging from 2.7:1 to 7:1.[2] The average age of occurrence is between 20-50 years.[3]

Symptoms include[4]

1. Unilateral blurring of vision
2. Metamorphopsia (Distorted Vision)
3. Micropsia (Seeing objects smaller than normal)
4. Mild Dyschromatopsia (difficulty in colour differentiation)

Independent risk factors include[5]

1. Steroid Use
2. Cushing's Syndrome
3. H. pylori infection
4. Pregnancy
5. Psychological Stress
6. Sleep apnoea syndrome

Spontaneous resolution within 3-6 months with return to near normal or normal vision occurs in this case. Recurrence is seen in upto 50% and prolong detachment is associated with gradual photoreceptor and RPE degeneration and permanently reduced vision.

It can be correlated with *Dhoomadarshi*, an eye disease described by *Sushruta* in *DristigataRogas*(~diseases of vision) which is 12 in number and comes under 3rd*Patalgata*(~ outer layers of retina).

The person suffering from *Dhoomdarshi*gets smoky and blurred visison due to.

- *Shok* (~ Physiological factors like sorrows and grief)
- *Jwara*(~Physical disease like fever).
- *Shram*(~ Excessive fatique due to physical and mental strain).
- *Shiroabhitapa*[6](~Disease of head).

In *Ayurveda*, *Dhoomdarshi* is considered *Sadhya* (which can be treated). According to *Sushruta Acharya Dhoomdarshi* can be treated by*Ghritapan*, follow treatment modalities of *PittajaAbhishanyda*(~blocking channel) and Pittaja Visarpa, Virechan (~ therapeutic purgation), Raktmokshan (~bloodpurifying therapy), Nasya (Ksheer Sarpi Nasya).

CASE PRESENTATION

A 29-year-old male patient came to *ShalakyaNetra*(~ophthalmic) OPD on 29-10-2021 with Registration No- 124685 at National Institute of Ayurveda, Jaipur with the complaint of blurred vision in right eyes in the last3 months. He also complained of appearance of black lines and streaks infront of right eye and distortion of images.

The vision in Right eye (OD) was LogMAR 0.477 and with Pinhole LogMAR 0.477 and in left eye (OS) was LogMAR 0. There was no improvement in refraction in right eye.

PAST HISTORY

No any past History of Hypertension and Diabetes. No specific disease history.

FAMILY HISTORY

No specific disease history.

PERSONAL HISTORY

Mala (~Bowel) – *Prakrta* (~Normal)
Mutra (~Urine) – *Prakrta* (~Normal)
Nidra(~Sleep) – *Prakrta* (~Normal)
Trishna (~Thirst) – *Prakrta* (~Normal)

GENERAL EXAMINATION

CVS – S1,S2 Normal
Respiratory System – Bilateral Clear, No added sound
GI System – Abdomen was soft
CNS – Patient was well oriented to Time, Place and Person
BP – 120/70mm Hg
Pulse – 74/min
Temperature – 97degree F
Jivha (~tongue)– *Prakrta* (Normal)
Shabd(~ sound)– *Prakrta* (Normal)
Akriti (~form) – *Prakrta* (Normal)
Sparsh (~ touch) – *Anushnasita* (~lukewarm)
Drik(~ vision)- *Vaikrta* (~pathological)
Prakriti (~constitution) - *VataKapha*
Samhana (~compactness)
Pramana(~anthropometry)*Satva*(~psyche),
Satmya(~habituation), *Aahara Shakti*(~power of intake and digestion of food), *Vyayama Shakti*(~power of performing exercise)– *Madhyma*(~medium)
Vaya (~age)- *Madhyma* (~Middle age)

EYE EXAMINATION

Lids – Normal
Lashes – Normal
Conjunctiva: palpebral and bulbar – Clear with no congestion
Cornea – Clear
Sclera – Clear
Pupil – Normal Size, Normal Reaction to light
Lens - Clear
IOP – Normal (16mm Hg in both eyes) by NCT
C:D Ratio – Normal (0.4) Bilateral
Macula – Exudates in the macular region in right eye and left eye macula was normal.
OCT – CSR found in right eye

LABORATORY INVESTIGATION

Hb% – 12.2gm/dl
Platelets – $359*10^3$/ul
TSH – 2.3mIU/L
HIV/ VDRL– Non-Reactive

TIMELINE

The patient underwent treatment from 29/10/21 to 17/12/21. He reported for 2 follow up consultations on 1/1/22 and 1/2/22.

TREATMENT PLAN

He underwent an *Ayurvedic* treatment protocol comprising of oral medicines.

1) *Shunthi* 5gm + *Mustaka* 10 gm + *Dhanyak* 15 gm should be mixed in 2.5 litre of water and boil it till it comes to 2litre then use this water for drinking for whole day for 3 days.
2) *PanchtiktaGhrita* 20 ml every third day after breakfast.
3) *PunarnavastakaKwath* 20 ml BD before meal
4) *RasayanaGhan Vati* 500 mg BD after meal
5) *TriphalaChurna* 3 gm HS after meal
6) *Saptamrita Lauha* 500 mg +*Ghrita* ½ tsf + Madhu 1 tsf with milk
7) *GokshuradiGuggulu* 500 mg BD with water.

Pathya – Apathya (~do's and don't) regarding diet and regimen including consuming boil vegetables, green gram, peya(~liquid gruel) and light and easily digestible foods, maintenance of mental composure and avoidance of stress, and abstinence from excess sunlight sunlight, dust and smoke, deep fried, fermented and spicy foods and edible made from refined flour.

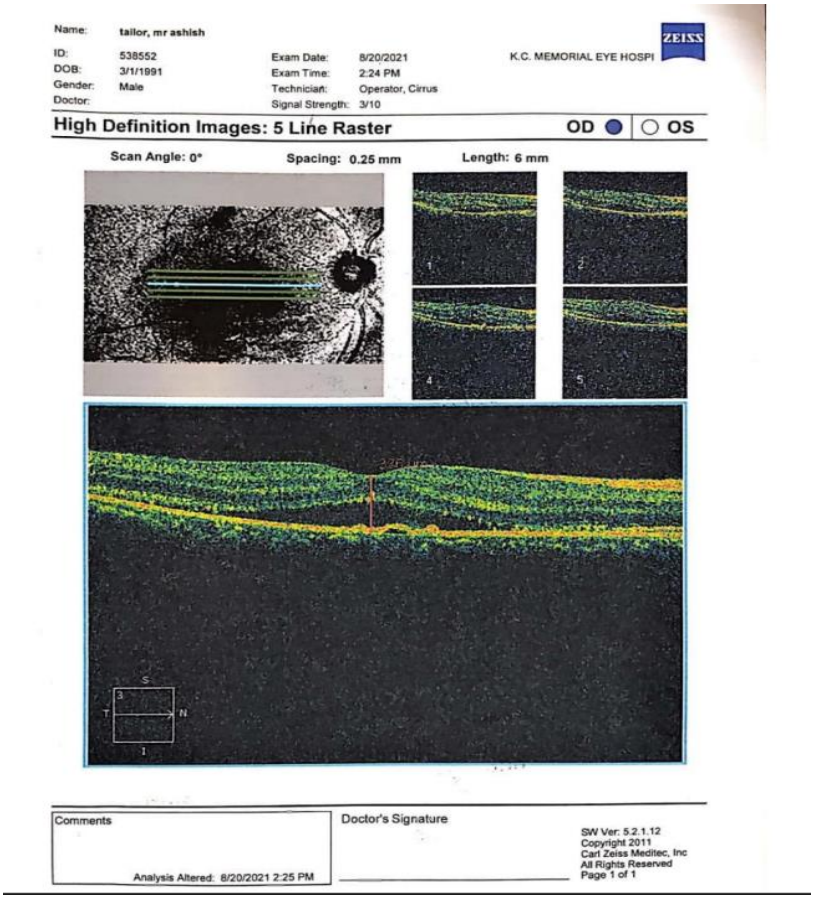

Fig.1: Before Treatment Image.

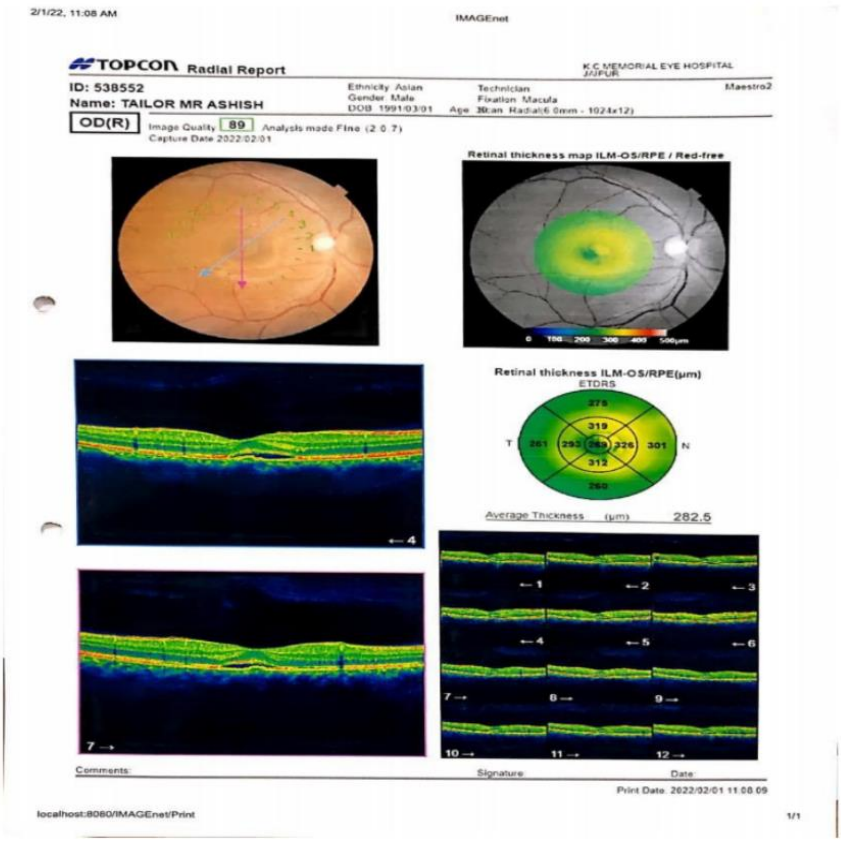

Fig.2: After Treatment Image.

DISCUSSION

Acharya Vagbhata explains that the factors enlisted under the pathological increase of *Doshas* (~humors) in the first chapter of *Ashtanga Hrdaya Nidana Sthana*[7], particularly those that are non – conductive to the eyes, are the causes for eye diseases. In this patient, these may have included intake of *Katu*(~bitter) and *Abhishyandi* (~secretive) and emotional outbursts of fear, grief, and anger. Another factor that may have played a role is the patient's *Prakriti*(~ body constitution) as it was made up of *Vata* and *Kapha*, he was more prone to getting afflicted by those two *Doshas.* These may have invaded the *Koshta*(Alimentary tract) and resulted in *Mandagni*(~ impaired digestion).

The presence of *Ama*(~metabolic toxic reactant), undigested waste products caused the increased *Vata* and *Kapha* to cause pathological activity in the *AnnavahaSrotas* (~Channels of digestion) and *RasavahaSrotas* (~Channels of lymph/Plasma) by diminishing *Pitta Dosha*.

Diminishing *Pitta Dosha* caused impaired digestion and metabolism. With this intake of *Guru* and *Snigdha Ahara* (~heavy and unctuous food) and over worry indicate the involvement of *RasavahaSrotas*(~channels of lymph/plasma).

This affliction of the *Srotas*(~channels) resulted in the increased *Vata* and *Kapha* to traverse the *Urdhvavaha Sira* (~Vessels of the upper extremities) and lodge in the *Drishti Mandala* (~area of vision). Increased *Kapha* may be equated with this sub retinal fluid. Accumulation of *Kapha* and decrease of *Pitta*(Specially *Aalochaka Pitta*)inhibited proper vision in this patient.

Diminshed Vision, floaters and curved lines seen in this patient may be compared with the *Lakshanas* (~clinical features) of *Vataja Timir* as per *Ayurveda Acharyas.Timira* is a condition in which the increased *Doshas* invade *2nd Patala* (~layer) of the eye according to *Vagbhata* and *3rd patala* according to *Sushruta*. The floaters may be compared to the feature "*Jalani kesanMasakan*" (~perception of insects, hairs and mosquitoes) and the curved vision may be comparable to "*VyaviddhamivaPasyati*"(~ inability to see objects straight) according to *Vagbhata.*[8]

The medicine administered to the patient performed the following actions

According to *Ayurvedic Chikitsa Siddhant*, the following line of treatment was followed, the factors which cause the disease or causes disturbance in the doshas are to be removed, then the Impaired *Jatharagni* (~digestive fire) was stimulated by *Deepana* (~enhancing gastric fire)*Pachana* (~enhancing metabolic fire). The increase *VataDosha* was pacified by *VataAnuloma*(~mild purgation). After that the oral *Ayurvedic Shothahara* (~anti- inflammatory) medicine was administered to reduce the *Shotha* (~oedema) along with that *Rasayana*(~Rejuvenation) drugs was given for regeneration of *Dhatus* and *Chakshuprasadana* (~Giving clarity to vision).

The increase of *Jatharagni*(~digestive fire) was facilitated by *Deepana*(~enhancing gastric fire) and *Pachana*(~enhancing metabolic fire) actions. For this patient was administered *Shunthi* 5gm+ *Mustaka* 10gm + *Dhanyak* 15gm for 3 days. Once the *Jatharagni* was stimulated, *Sroto Shuddhi* (~purifying *Srotas)* could be done, thus opening the channels and enabling adequate nutrition to reach the eye and the site of lesion. *PanchtiktaGhrita*was given internally (oral) 20 ml in every 3rd day after breakfast for *srotoshuddhi*, and *RasayanaGhan Vati* was administered orally (500mg) 2-2 *vati* after meal BD for proper nutrition to the eyes.

Alleviation of*shotha*(~oedema) was done by drugs that absorbed the sub- retinal fluid from the macula. The patient was administered *Punarnavaastakkwath* 20 ml before meal BD and *GokshuradiGuggulu* (500mg) after meal BD. The drug content in *Punarnavaastak Kwath*[9] are *Punarnava, Nimba, patola, Sunthi, Kutki, Guduchi,Daruharidra, Haritaki*. Majority of drugs have *Ushna* (~hot), *Ruksha (~dry),* Laghu(~light) *Guna Deepana* and *Grahi* (~ absorptive) properties as it will alleviates *Agni* and removes *Ama Dosha*. Due to its *Mootrala*(~diuretics) and *Shothahara*(~anti-inflammatory) properities (*Punarnava*) it will reduce *Shotha* (~oedema). Due to *Rasayana*(~Rejuvenation) and *Nadibalya* Properties of drugs (*Guduchi, Haritaki*) will provide Neuroprotective effect.

In the end, the medicines for *Drishti Prasadana (*~Clarification of vision) and *Roopana* (~healing) were administered to promote vision and maintain the integrity of retina. For this patient was administered *SaptamritaLauha* 500mg bd along with ½ tsf*Ghrita* and 1tsf *Madhu*(~honey)as it nourishes Rakta(~blood) and Masa Dhatu and acts as healing source. *Saptamrita Lauha* help in optimizing eyesight by their *Rasayana*property and are antioxidant by nature.

CONCLUSION

Though CSR is self-limiting disease, treatment has to be done to protect gradual degeneration of photoreceptors and RPE which causes permanently reduced vision.

In the present case the patient got relieved in the span of 2 months and the vision was restored to 6/6 from 6/18 in RE. The associated symptoms like black streaks were relieved. A concerted effort by the oral medicines and *Pathya- Apathya* were the keystone to performing *SamparptiVighatana* (~ arrest of Pathogenesis) resulting in improved findings. Thus, the treatment is helpful and motivating. The disease correlation with *Dhoomdarshi*is relevant as the disease was treated and *Dhoomdarshi*is also *Sadhya Vyadhi* as described by Acharyas.

As central serous retinopathy is mainly related to stress, these drugs help in alleviating stress. The patient was satisfied and thus the therapy was effective.

FOLLOW UP and OUTCOME

Assessment was done based on Visual Acuity (VA). The visual acuity of Right (OD) eye was LogMAR 0 on 1/1 /22. The clarity of vision improved after the treatment. *Saptamrita Lauha* was continued for 1 month more till 1/2/22. The visual Acuity of Right (OD) eye on 1/2/22 was LogMAR 0.

Declaration of Patient Consent

Authors certify that they have obtained patient consent form, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

Financial Support and Sponsorship

Nil.

Conflicts of Interest

There are no Conflicts of Interest.

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