AYURVEDIC MANAGEMENT OF RETINITIS PIGMENTOSA- A CASE REPORT

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ABSTRACT

Primary pigmentary retinal dystrophy is a hereditary disorder predominantly affecting the rods more than the cones. It occurs in 1 person per 5000 of the world population. Clinical diagnosis is based on the presence of night blindness, dark adaption, tubular vision and peripheral visual field defects. Fundus changes retinal pigmentary changes, these are typically perivascular and bone corpuscles in shape. Attenuated retinal arterioles, pale waxy optic disc. The symptoms such as blureness of vision, object appear as white, night blindness are mentioned in kapha vidagdha drusti correlates with retinitis pigmentosa. In contemporary science there is no therapy that can stop the progression of the disease or restores the vision. Here therapeutic approach is restricted to slowing down the degenerative process by Nasya, Tarpana, Dhara, Shiroabhyanga. helping patients to manage with the social and psychological impact of blindness.

KEYWORDS: Retinitis pigmentosa, Nasya, Tarpana, Dhara.

INTRODUCTION

Retinitis pigmentosa is a genetically determined dystrophy of the retina affecting photoreceptors1 characterized by progressive degeneration of the photoreceptors with predominant involvement of the rods. Night blindness, delayed dark adaption and diminution of vision in dim light, progressive loss of field vision. Retinitis pigment epithelial changes in the form of bone corpuscle pigmentation, characteristically perivascular in nature, and beginning in the mid periphery and extend gradually anteriorly and posteriorly. Narrowing or attenuation of retinal arterioles, pale or waxy pallor of the optic disc with consecutive optic atrophy in advanced. Associated changes such as cystoids macular edema, macular hole, macular atrophy2.

Congenital blindness it may be considered as Adibala pravritta and Janmabala pravritta vyadhis.3 Night blindness is also one of the features of retinitis pigmentosa, Naktandya is seen in kapha vidagda drishti, nakulandya and hriswajaadya, doshandya. So here mainly vatahara and rasaayana measures should be carried out4.

CASE REPORT

Chief complaint: Diminished vision after the evening hours and delayed dark adaption since 15years.
History of present illness: A male patient of 23 years was apparently normal before 15 yrs. He gradually developed diminished vision after evening hours. He didn’t pay much attention to this. After he started working in welding shop, he observed pain and delayed dark adaptation. His eyes needed 5-6min to get adjust in the dark after coming from bright surrounding. He diagnosed as Atypical Retinitis Pigmentosa. For further betterment he got admitted to SJIIM hospital on 19th September 2016.

Past history: No history of trauma, infectious diseases

Family history: History of consanguineous marriage

Personal history:
Appetite: Normal
Sleep: Sound
Bowel: Regular
Bladder: 5-6 times

Treatment history:

General examination:
CNS: consciousness, memory, higher motor mental function intact
CVS: normal
Loco motor system: Normal

Systemic examination:
Anterior segment: normal
IOP: normal
Retina examination: Pale disc, bony corpuscle

TREATMENT

19-09-2016
1. Rasna choorna shiro Udvartana5(10-15 min) followed by Shiro Abhyanga 6(15min) with Ksheerabala Taila7 for 3 Days.
2. Nasya with Gandha Taila8 7 days
3. Tarpana with Patoladi Ghrita9

03/10/2016
After completion of Nasya8 and Tarpana10 2days vishrama kala was advised.
After 2 days TAILADHARA11 was advised with Ksheerbala Taila for 7 Days

OBSERVATION AND RESULTS

Dark adaption:
Before treatment: 5-6 min
After treatment: 1-2min

Before treatment Visual acuity:

<table>
<thead>
<tr>
<th>Before Treatment</th>
<th>DV (without spects)</th>
<th>NV (without spects)</th>
<th>PH</th>
</tr>
</thead>
<tbody>
<tr>
<td>OD</td>
<td>6/60</td>
<td>N12</td>
<td>6/36</td>
</tr>
<tr>
<td>OS</td>
<td>6/60</td>
<td>N12</td>
<td>6/24</td>
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</tbody>
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After 7 days of Nasya and Tarpana treatment visual acuity

<table>
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<th>DV (without spects)</th>
<th>NV (without spects)</th>
<th>PH</th>
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<tbody>
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<td>OD</td>
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<tr>
<td>OS</td>
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<td>N8</td>
<td>6/24</td>
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After 7 days of dhara treatment visual acuity

<table>
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<tbody>
<tr>
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<td>N8</td>
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<tr>
<td>OS</td>
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<td>N8</td>
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FOLLOW UP:
Pratimarsa nasya with Gandha taila
Patoladi ghrita 1tsp-0-1tsp with warm milk

DISCUSSION
In this case patient age was 23years, patient had only reduced vision and delayed dark adaption, the early diagnosis of diseases may helps in restricting the slowing down the degenerative process.
Udwartana with Rasnadi choorna helps in reducing the aggravated kapha and medas, improves the local blood circulation; opens up the srotas and enhance the drug absorption. Retinal layer is considered as astyasrita patala, Gandha taila which is indicated in Astibhagna, may helps in repairing and nourishing the retinal layer, gandha taila is also indicated in timira, patoladi grita is indicated in timira, naktandya. The lipopholic action of ghrita facilitates the transportation of the drug to the target organ and finally reaches the cell because the cell membrane also contain lipids.
Dhara with ksheerabala taila - Dhara procedure helps in vasodilatation by its temperature and rhythmic streaming, by this drugs get penetrate through the follicular pores to the follicles. The procedural effect helps in relaxation of the frontalis muscle which tends to normalize the entire body activity and achieves a decreased activity of sympathetic nervous system with lowering of heart rate, respiration, oxygen consumption, blood pressure, brain cortisones and adrenalnin levels, muscle tension and probably an increase in alpha brain waves.

CONCLUSION
In contemporary medicine, there are no proven medical measures to delay, prevent or reverse the development of retinitis pigmentosa. The aim of therapeutic approach is to delay the degenerative process by nasya, tarpana, dhara, shiroabhyanga, helping patients to survive with the social and psychological impact of blindness.

REFERENCES
4. http://www.ayurdhama.com/ayurvedic management of retinitis pigmentosa by Dr Hariprasad Shetty.18/7/2017

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Source of support: Nil,
Conflict of interest: None Declared

Cite this article as
Dr Ratnawwa Nayik.: Ayurvedic Management of Retinitis Pigmentosa- A Case Report
ayurpub; II (4):539-542