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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 photoreceptors[1] 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 atrophy[2].

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 out[4].

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: None

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

Visual acuity:

Before Treatment	DV (without spects)	NV (without spects)	PH
OD	6/60	N12	6/36
OS	6/60	N12	6/24

DV- Distance vision, NV – Near vision, PH – Pin hole.

TREATMENT

19-09-2016

1. Rasna choorna shiro Udvartana[5](10-15 min) followed by *Shiro Abhyanga* [6](15min) with *Ksheerabala Taila*[7] for 3 Days.

2. Nasya with *Gandha Taila*[8] } 7 days

3. Tarpana with *Patoladi Ghrita*[9] }

03/10/2016

After completion of *Nasya*[8]and *Tarpana*[10] 2days *vishrama kala* was advised.

After 2 days *TAILADHARA*[11] 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:

Before Treatment	DV (without spects)	NV (without spects)	PH
OD	6/60	N12	6/36
OS	6/60	N12	6/24

After 7 days of *Nasya* and *Tarpana* treatment visual acuity

Before Treatment	DV (without spects)	NV (without spects)	PH
OD	6/24P	N8	6/36
OS	6/24P	N8	6/24

After 7 days of *dhara* treatment visual acuity

After 7 days of *dhara* Treatment	DV	NV	PH
OD	6/24	N8	6/18
OS	6/36	N8	6/18

FOLLOW UP:

Pratimarsha 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*[5], 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*[8], may helps in repairing and nourishing the retinal layer, *gandha taila* is also indicated in *timira, patoladi grita* is indicated in *timira, naktandya*[9]. 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*[12] - *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 adrenalin 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.

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