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A role of Ayurveda treatment in vitreous haemorrhage management (Urdhwaga Raktapitta)

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Abstract:

Ocular disturbances are one of the commonly found emergencies in emergency department. Vitreous haemorrhage are commonest of all other ocular emergencies and manifestation is like painless loss of vision, floaters etc. Vitreous Haemorrhage is extravasation of blood inside Vitreous humour and around occurs due to leakage in retinal vessels usually secondary to disease conditions like metabolic disorders (DM, HTN). Inflammatory conditions, trauma, bleeding disorders and neoplasm etc.

Vitreous Haemorrhage can be correlated with urdhwaga raktapitta (netragata) according to Ayurveda.

We report a case of Vitreous Haemorrhage due to CRVO in our Following case study of patient and result with Ayurvedic management.

Patient is assessed - 1. Visual acuity with Snellen's chart. 2. Fundoscopic examination with direct fundoscope. 3. Fundus photograph with 20 D lens.

And it was improved significantly from PLPR positive visual equity to 6/9 as well as eye strain and floaters reduced significantly only with Ayurvedic management which includes Bastichikitsa, Nasya and viddhakarma followed by jalaukavcharana along with Ayurveda shaman chikitsa.

This case report shows a Ayurveda treatment protocol of emergency in shalakya i.e. Vitreous haemorrhage (Urdhwaga raktapitta) .

Keywords: Vitreous Haemorrhage, Viddhakarma, Chakshushya Basti, Urdhwagaraktapitta.

Introduction:

1. Vitreous hemorrhage is a condition characterized by bleeding into the vitreous cavity of the eye, which is the gel-like substance that fills the space between the lens and the retina. This condition can cause significant visual impairment and requires prompt medical attention for proper management.

2. The causes of vitreous hemorrhage are diverse, ranging from trauma to the eye, such as a

blow or injury, to more serious underlying conditions like diabetic retinopathy, retinal tears or detachments, vascular diseases, and age-related macular degeneration. In some cases, bleeding may occur spontaneously without any obvious underlying cause.

3. Symptoms of vitreous hemorrhage can vary depending on the extent of bleeding and its underlying cause. Common symptoms include sudden onset of floaters, which are dark spots or specks that appear to drift in the field of vision, as well as blurred vision, flashes of light, and in severe cases vision loss.

4. Diagnosis of vitreous hemorrhage typically involves a comprehensive eye examination by an ophthalmologist, which may include visual acuity testing, intraocular pressure measurement, dilated eye examination, and imaging tests such as ultrasound or optical coherence tomography (OCT) to visualize the retina and vitreous cavity.

5. Overall, vitreous hemorrhage is a serious eye condition that can lead to vision loss if left untreated. Early diagnosis and appropriate management are essential for preserving vision and preventing complications. Individuals experiencing symptoms of vitreous hemorrhage should seek prompt medical attention from an eye care professional for evaluation and treatment.

6. Treatment modalities available in modern science are as follows

Conservative - Bed rest with head elevation, Treatment of the cause .

Vitrectomy – by pars plana route if clot is not absorbed within 3 months

Photocoagulation, Anti VEGF, barrage laser in case of wet ARMD and retinal break resp.

According to Ayurveda VH can be correlated with Urdhwaga Raktapitta. There are 7 gatis (ways) of urdhwaga Raktapitta two of them are eyes. Subdivided into 5 types Vataja ,Pittaja ,Kaphaja, Dwandwaj, Sannipataja etc. Akadoshaja is sadhya Dwidoshaja is yapya and Sannipataja is asadhya But Urdhwaga Raktapitta is also considered as a sadhya vyadhi.

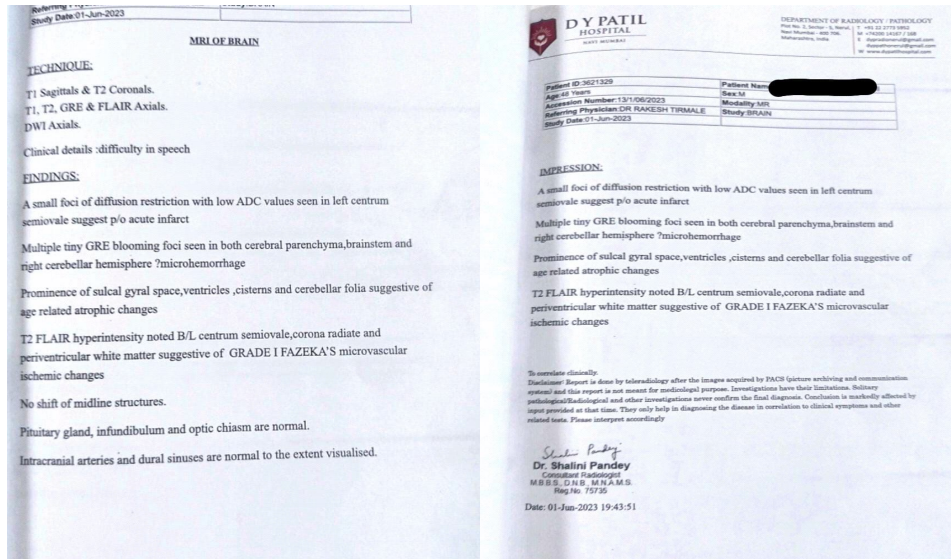
Urdhwa Raktapitta is related with kapha Dosha, and accordingly treatment modalities are mentioned in different Ayurveda texts .

Case report–

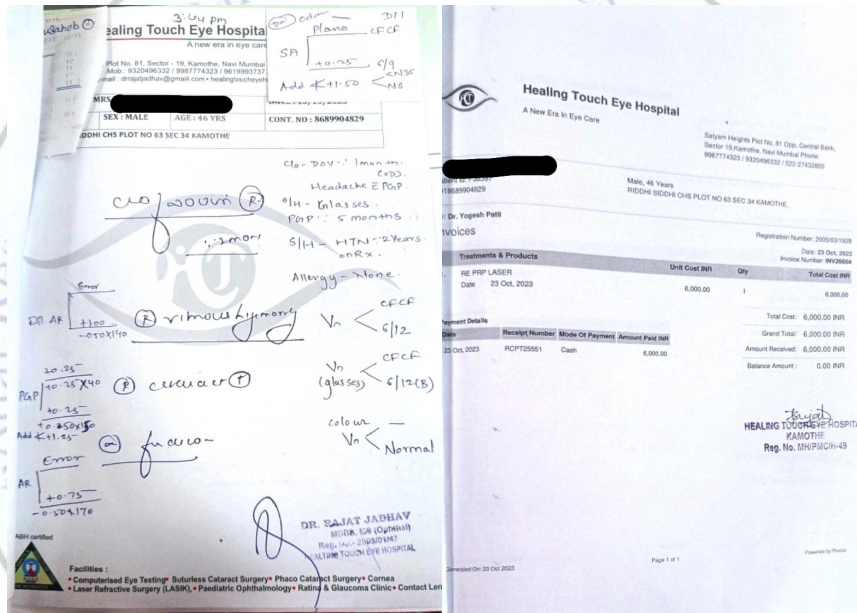
Present complaints - A 47 yr old male pt came to opd with complaints of sudden loss of vision in right eye since 10 days .

Past medical history –

H/o – facial palsy on rt side (June 2023)



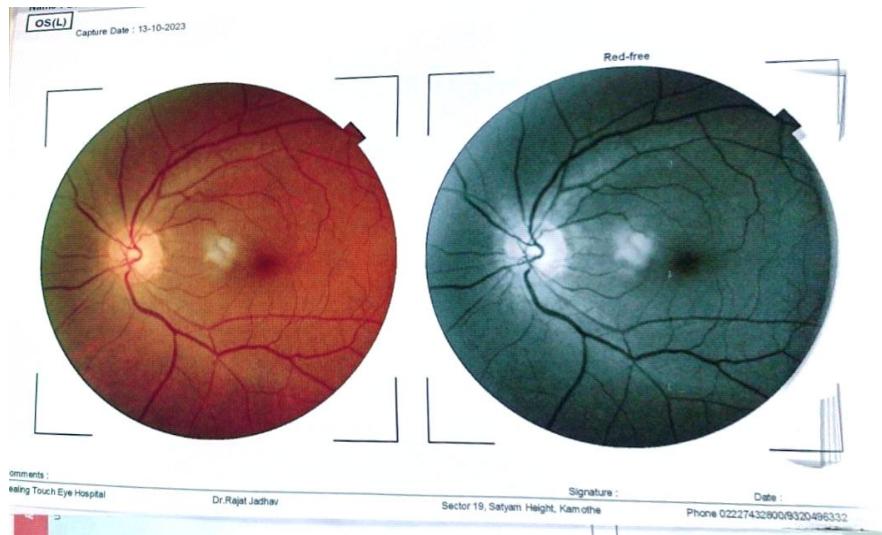
Crvo (sep 2023) Was under Rx for same. Prp laser done on 23 Oct 2023. along with oral medicine results in subsiding complaints.



Fundus photography - OD (affected eye)



Fundus photograph - OS (Normal eye)



K/c/o -HTN (under Rx Telma40mg, Ecosprin gold 10 mg)

Past surgical history –nil

Family history – paternal (brain stroke 3 yrs ago)

Ocular examination –

Visual acuity -	OD	OS
Naked eye	PL PR positive	6/6 p
Pinhole	NI	6/6p

Slit lamp examination – WNL

IOP – OD -20.3 mm Hg, OS- 17.3 mmHg (with 5.5 gm wt by schiotz tonometer)

Autorefracto reading –OD – error

OS- +0.50/-0.50×155°

Fundoscope findings – OD – glow was absent, details not seen

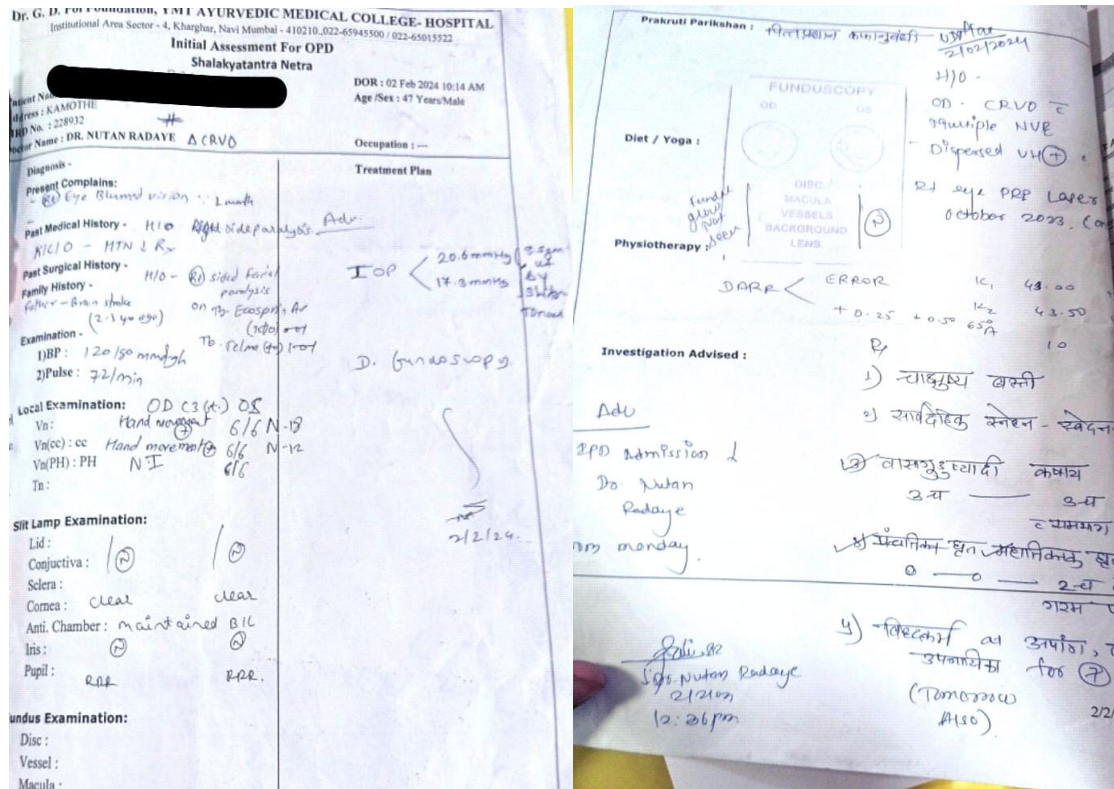
OS – WNL

Dilated autorefracto reading – OD – error

OS - +0.25/+0.50×65°

Systemic examination – CNS – WNL, CVS- WNL, RS – WNL

Bp- 120/80 mmHg Pulse- 80/ min



Treatment regimen -

Sarvadaihika treatment (Basti)	Sthanik treatment	Abhyantara treatment
Chakshushyabasti (Anuvasana – vasa ghrita) (Niruha - yashtimadhukashaya)	Nasya (Triphala ghrita) 8 drops in each nostrils.	Vasaguduchyadi kashaya 10ml BD
Sarvanaga snehana	Viddhakarma- Apanga, Avarta, Bhrumadhya, Upanasika, Nasagra.	Vasa ghrita 25 ml HS
Kuti swedana	Jalaukavacharana Apanga, Avarta, Bhrumadhya.	

Follow up assessment –

	Day 0	Day 4	Day 8	Day 15
Visual acuity	PLPR positive	CF 1ft	6/9 p	6/6 p
Funduscopy findings	Glow absent	Glow present only superiorly	Glow present Media hazy Floaters seen	Glow present WNL Floaters seen

			Vitreous haemorrhage seen	VitreousHaemorrhage mild
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Conclusion:

The protocol was found to be effective in arresting further pathogenesis and improving both visual acuity and posterior segment findings. The patient tolerated and responded well to Nasya, viddhakarma, basti and jalukavacharana. The patient did not get any adverse effects during treatment. According to this case report it can be concluded that Ayurvedic management of vitreous haemorrhage is easy with basti, nasya viddhakarma, and the Systemic medications provided faster relief from symptoms, and jalaukavacharana heled to stop the recurrence thereby improving the quality of life of the patient. Patient got relief after 1 cycle of chakshushyabasti, Nasya followed by viddhakarma.

In this case blurring of vision is due to vitreous haemorrhage causing disturbance in visual pathway and can be treated with Basti, Nasya and Vidhhakarma.

Jalaukavacharana will help in raktamokshanaloacly .also helps to reduce recurrence the nerve stimulation can be given by the vidhhakarma as indicated in urdhwajatrugatvikaras.

Discussion:

Vitreous haemorrhage is drishtipatalgataroga. Sira and srotorodha is the affecting factor of it. Affected dthatu is rakta and Dosha included are kapha and pitta .to rule out the samprapti of vitreous haemorrhage in ayurved hetusevan need to be find out, pitta rakta and grathiskapha have affinity to the eyes. Hence the vitiated Dosha moves towards the eyes through the jatroordhwa it gets confined. To reduce this vitiated doshas from eyes basti and nasya gives the best results.

Treatment of any disease starts with samprapti bhanga. In this case vitiation of vata dosha at first stage is noticed during episode of facial palsy. Basti in the initial stage will help to reduce vitiated vata dosha at the initial stage. Chakshushya basti will help to improve its eye sight as well. after vata shamana Nasya and Viddhakarma will help to excrete urdhwagata dosha from nasal route ,at the same time it will act as a chashushya due to drug of choice i.e. Triphala ghrita. followed by viddhakarma which will act as vata and raktapitta shamaka locally. Jalaukavcharana is a type of Asravisravana indicated in grathita raktapitta. So after reduced episode of raktapitta jalaukavcharana is done at apanga avarta and upanasika. Along with abhyantara Vasa ghrita (HS) and Vasa guduchyadi kashaya (BD). This helped in faster recovey of the patient. and also helped to stop the recurrence of the disease.

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