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ROLE OF AMALAKI –GUDUCHI-PUNARNAVA YOGA WITH GHRUTA ANUPANA IN TIMIRA CORRELATED WITH (DIABETIC MACULOPATHY) – A CASE STUDY

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ABSTRACT

In modern science due to advancement of technology & biochemistry, life span of diabetic patients increased, so associated complications are also increased. In present era its need of time to have clinical and applied research to give better alternative treatment on complications like diabetic retinopathy. Diabetic retinopathy still remains one of the leading cause of blindness in middle aged populations. (20-64yrs). In *Ayurveda* retinal diseases are included in *drushtigata roga* & D.R. can be included in *Timira* as pathology of *Timira* is secondary to systemic *doshdushti*. In our ancient science with the help of some *samhita* references we can treat such diseases or condition of which choice of treatment not given in text. So by reference Ch.Su.18/46-47 for *anukta vyadhi chikitsa*, three drugs have been selected *Amalaki —Guduchi-Punarnava yoga* with *ghruta anupana* in treatment of Diabetic maculopathy. These three drugs are choosen because they are *Netrya*, *Shothghana*, *Mehaghna* & *Rasayan*.

KEYWORDS: *Timira*, *rasayan drvya*, Diabetic maculopathy.

INTRODUCTION

The life of modern man has been changing drastically day by day in every activities including Life style, Food habits, Sexual life, Meditation, Environmental Pollution, Industrial and Occupational hazards. This changing lifestyle leads to various systemic diseases and Diabetes Mellitus is one of them. This metabolic disorder leads to sight threatening vascular complication called as Diabetic Retinopathy causing gradual progressive diminition of vision. This is preventable if diagnosed and managed properly. But if not diagnosed within time, it leads to loss of vision.

In modern science due to advancement of technology & biochemistry, life span of diabetic patients increased, so associated complications are also increased. In present era its need of time to have clinical and applied research to give better alternative treatment on complications like diabetic retinopathy. Diabetic retinopathy still remains one of the leading cause of blindness in middle aged populations (20-64yrs). In *Ayurveda* retinal diseases are included in *drushtigata roga* & D.R. can be included in *Timira* as pathology of *Timira* is secondary to systemic *doshdushti*. In our ancient science with the help of some *samhita* references we can treat such diseases or condition of which choice of treatment not given in text. So by reference *Charak.Su*.18/46-47 for *anukta vyadhi*

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CASE STUDY

A male patient aged 55yrs complaining of diminished central vision since 2 months. This patient came with above complaint in our *Shalakya tantra* OPD. A detailed ophthalmic & systemic history taken. Patient is with k/c/o Diabeties Mallitus type-II since 25yrs under regular anti diabetic treatment with good glycaemic control. Local examination revealed eyes are quiet about eyelids conjunctiva, cornea & pupils. Other than DM patient did not have any illness.

www.wjpls.org 184

Eye Examination

Visual acuity	■ OD	■ OS		
 Uncorrected 	■ Below 6/60	■ Below 6/60		
■ BCVA	■ 6/18	■ 6/18		
■ PH	■ 6/18	■ 6/24		
 Near vision 	■ N/8			
Direct Fundoscopic Examination	■ OD	■ OS		
■ Media	mild haze	mild haze		
Lens	IMSC	■ IMSC		
 Vitreous 	clear	■ clear		
 Optic disc 	• WNL	■ WNL		
 Blood vessels 	Normal	Normal		
 Background retina 		 Tiny dot & blot hemorrhage 		
Macula 5mm zone area	 macular odema 	 hard exudates with hemorrhage 		
■ Fovea at 1.5 mm zone	odema	 odema with exudates 		
 Foveolar reflex 	Dull	absent		

Assesment criteria

	Grac	les						
Vision	0	1	2	3	4	5	6	7
Distant	6/6	6/9	6/12	6/18	6/24	6/36	6/60	<6/60
Unaided vision	6/6	6/9	6/12	6/18	6/24	6/36	6/60	<6/60
BCVA	6/6	6/9	6/12	6/18	6/24	6/36	6/60	<6/60
PH	6/6	6/9	6/12	6/18	6/24	6/36	6/60	<6/60
Near vision	n/6	n/8	n/10	n/12	n/18	n/36		

Two point discrimination Test

Grade Findings
0- Able to discriminate two points.
1- Not able to discriminate two points

Foveal Reflex

roveal Nellex	
Score Findings	
0- Normal	
1- Dull / Irregular /Distorted	
2- Absent	

Biomicroscopy by 90 D-Macular oedema

Grades	Findings
0	Normal Macula
1	Microaneurysm/exudates surrounding
	Macular area.
2	Diffuse thickening / Cysts present /
2	Microaneurysm/ exudates in. Macular area

Diagnosis

From above examination pt. was diagnosed as Diabetic Maculopathy.

Tables showing criteria for assessment of clinical symptoms depending upon severity.

Management & Observations

Considering above condition of diabetic maculopathy, patient was treated with *Amalaki –Guduchi-Punarnava yoga* with *ghruta anupana* for 60 days.

Patient got marked relief from visual diminision.

Pictorial presentation before & after treatment

	DAYS						
Signs and Symptoms	0		30		60		
	Rt	Lt	Rt	Lt	Rt	Lt	
1. Vision - a. Dist. Unaided	7	7	6	5	5	4	
b. BCVA	3	3	1	1	1	1	
c. PH Vision	3	3	2	2	1	1	
d. Near vision	1	1	0	0	0	0	
2. Amsler grid finding	1	:1	0	0	0	0	
3. Two point discrimination	1	1	0	0	0	0	
1. Foveal reflex	1	2	1	1	0	0	
5.Macular oedema	1	2	1	+	N	N	

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DISSCUSSION

Patient has relief from diminished central vision. Achieved to prevent further advancement of Diabetic retinopathy.

- > Patient's improvement in vision:-
- unaided <6/60 to 6/36 (RE), 6/24 (LE).
- BCVA 6/12 to 6/9 (RE), 6/9 (LE).
- PH 6/24 to 6/9 (RE), 6/9 (LE).
- Near N/8 to N/6.

Foveolar reflex - absent to present.

• As we know the *Timra samprapti* severity of *vyadhi* i.e. involvement of further *patalas* depends on the duration of *vyadhi* & advancement of vitiated *doshas*. Gradually severity of symptoms leads to total loss of vision i.e. *linganash* as the fourth *patala* gets affected.

CONCLUSION

Above churna yoga is not having any adverse effect. It is beneficial in Diabetic Maculopathy as it shows marked relief from symptoms. During study it was observed that the given yoga is also beneficial in reducing long term Diabetic symptoms. It may also be beneficial to prevent other complications of DM due to microangiopathies. The Amalaki -Guduchi-Punarnava all these drugs are Rasayana with their prabhava karya. Hence, decided to give in treatment of DMO. Goghruta as anupan also have chakshushya property. In combination all these plays an effective role in Timira to improve visual acuity. With their shothghna karya achieved to reduce macular odema. Rasayan karya helped to improved nutrition to damaged retinal cells & by this visual acuity. Mehghna karya prevents further advancement of complications. Kledahar karva prevents further leakage of lipids in all over retina i.e. arrests for formation of new exudates which ultimately prevents further visual loss. So tried to give ideal preventive as well as curative measure to treat complications in Diabetic patients.

REFERENCES

- Sushrut Samhita: Sushrut, Edited by Kaviraj Dr. DAmbikadatta Shastri, Purvardha, 2nd edition, 1997, Chaukhamba Sanskrit Sansthan, Varanasi-221001.
- 2. *Sushrut Samhita*: Sushrut, Edited by Kaviraj Dr. Ambikadatta Shastri, Uttarardha, 2nd edition, 1997, Chaukhamba Sanskrit Sansthan, Varanasi-221001.
- 3. *Sushrut Samhita*: English Translation by K.L. Bhishagratna, Published by Chaukhamba Sanskrit Series Office Varanasi, 4th Edition, 1991.
- 4. *Charak Samhita*: Agnivesh Edited by Brahmanand. Tripathi, 4th Edition, Purvardha, Chaukhambha Sanskrit Series, Varanasi, 1996.
- 5. *Charak Samhita*: Agnivesh Edited by Brahmanand Tripathi, 4th Edition, Uttarardha Chaukhambha Sanskrit Series, Varanasi, 1996.

6. Ashtang Sangraha: English Translation by Prof. K.R Shrikanta Murthy Chaukhambha Orientalia, Varanasi, 2nd edition 2000.

www.wjpls.org 186