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## An Ayurvedic Approach to Partial Thickness Macular Hole -A Case Report

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### ABSTRACT

**Introduction:** This is a case report of 56 year old male patient presenting with the complaints of blurring of vision for distance associated with distorted vision in right eye since two months. The subject was not a known case of Diabetes mellitus or Hypertension, after a thorough clinical examination and OCT investigation the condition was diagnosed as partial thickness macular hole of right eye and based on the symptoms it was correlated to *vatajatimira* explained in Ayurveda classics and treated accordingly and the same has been presented in this article.

**Materials and methods:** The subject who approached *shalakyatantra* out patient department of GAMC, Bangalore presenting with the complaints of blurring of vision for distance associated with distorted vision in right eye since two months was thoroughly examined, diagnosed properly and the treatment protocol of *vatajatimira* explained in classics was adopted.

**Results:** subjective improvement in vision was recorded and depicted in visual acuity chart and Amsler grid chart.

**Discussion:** surgery is the line of management for macular hole in contemporary science, outcome of the surgery is still questionable, and there are less attempts or no effective preventive measures in improving vision or preventing the fellow eye from similar disease. Hence an attempt is made to understand the disease under the umbrella of *vatajatimira* and treatment is planned accordingly.

### KEYWORDS

*Macular hole, distorted vision, vatajatimira, Avila darshana.*



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## INTRODUCTION

Macular hole refers to a partial thickness or full thickness hole in the neurosensory retina in the foveal region.<sup>1</sup> Idiopathic macular hole is the most common presentation. Risk factors include age, female gender, myopia, trauma, or ocular inflammation. It has been hypothesized that macular holes are caused by tangential traction as well as anterior posterior vitreoretinal traction of the posterior hyaloids on the parafovea. Macular holes are noted to be a complication of a posterior vitreous detachment and its earliest stages. The incidence of idiopathic macular hole accounts for 7.8 persons and 8.69 eyes per 100,000 population per year.<sup>2</sup> For idiopathic macular holes there is no preventive measures. Pars planavitrectomy has not been clearly demonstrated to be effective in preventing macular hole formation.<sup>3</sup> In 30% of cases there is a chance of developing macular holes in the fellow eye. As the patients of the macular hole presents with metamorphopsia that is distortion of central vision, blurring or diminution of vision for distance as well as near all these symptoms can be considered under the umbrella of *vatajatimira* explained in Ayurveda classics and treated accordingly in this case report and the results are recorded.

## Objectives of the study

1. To understand partial thickness macular hole under the purview of *vatajatimira*.
2. To establish a standard Ayurveda treatment protocol in macular hole.

## MATERIALS AND METHODS

**Case Report:** A 56 year old male patient consulted *Shalakyatantra* OPD of Sri Jayachamarajendra Institute of Indian Medicine Hospital, Bangalore complaining of blurring of vision for distance associated with distorted vision in right eye since two months.

**History of present illness:** The subject was not a known case of Diabetes mellitus or Hypertension was apparently normal two months back, gradually he started developing blurring of vision for distance in right eye and he also observed distortion of vision for which he consulted an ophthalmic hospital and underwent various investigations and diagnosed as partial thickness macular hole and advised to undergo surgery for which he denied and approached the *Shalakyatantra* OPD of GAMC for further opinion and treatment.

**History of past illness:** No history of Diabetes mellitus or Hypertension or any other systemic illness.

**Family History:** Nothing Significant.

**Personal History:**



Appetite: Good

Sleep: Sound

Bowel: Once a day

Micturition: 4-5 times/ day

Habits: None

Occupation: Former.

**AshtaSthanaPareeksha:**

*Nadi:* 68/min

*Mutra:* 4-5times/day

*Mala:*Prakrutha

*Jihwa:*Alipta

*Shabda:*Prakrutha

*Sparsha:*Prakrutha

*Drik:*vaikruta

*Akriti:*Madhyama

**Vitals:**

Pulse Rate: 68/min

Respiratory Rate: 18/min

Temp.: 98.6<sup>0</sup> F

BP:130/90 mm of hg

**Systemic Examination:**

All systemic examinations were within normal limits.

**Ophthalmic Examination:** findings are explained in Table 1, Table 2 and Table 3.

**Table.1** Ophthalmic Examination

Ocular structures	Right Eye	Left Eye
<b>Adnexa</b>	No abnormalities	No abnormalities
<b>Conjunctiva</b>	Normal	Normal
<b>Sclera</b>	No abnormalities	No abnormalities
<b>Cornea</b>	No abnormalities	No abnormalities
<b>Anterior chamber</b>	Normal depth	Normal depth

<b>Pupil</b>	Round, regular, reactive to light	Round, regular, reactive to light
<b>Lens</b>	Greyish black	Greyish black
<b>IOP</b>	17.3 mm of hg	17.3 mm of hg
<b>Amsler grid</b>	Distorted lines	Normal

**Table .2** visual acuity

Eye	Distant vision	Near vision	Pin hole
Right	6/36	N-12	6/60
Left	6/6	N-10	6/6

**Table.3** Fundus examination

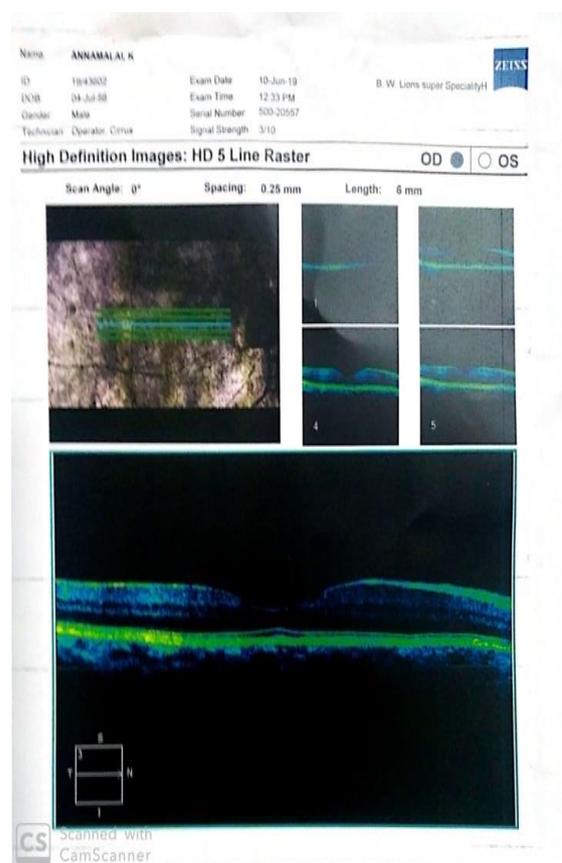
Examination	Right eye	Left eye
<b>Media</b>	Clear	Clear
<b>Optic disc</b>	0.3 cupping	0.3 cupping
<b>Macula</b>	Fovel reflex dull	Fovel reflex normal
<b>Blood vessles</b>	Normal	Normal

**Table .4** visual acuity after treatment

Eye	Distant vision	Near vision	Pin hole
Right	6/9	N-10	6/9
Left	6/6	N-10	6/6

**Investigations:** OCT report is attached in

Figure. 1



**Figure.1** OCT investigation of right eye.



Impression: partial thickness macular hole right eye.

### Treatment given:

Treatment was given in 2 sittings.

- Phase 1 (from 3/09/2019 to 21/09/2019)
  1. *Marsha Nasya*(from 3/09/2019 to 9/09/2019) with *ksheerabala* 101 *avartha* 8 drops into each nostril for 7 days.
  2. *NetraTarpana* (from 10/09/2019 to 14/09/2019) with *Triphalaghrutha* for 5 days.
  3. *Shiropichu* (15/09/2019 to 21/09/2019) with *ksheerabalataila* for 7 days.
- Phase 2 (from 6/10/2019 to 25/10/2019)
  1. *Marsha Nasya*(from 6/10/2019 to 12/10/2019) with *ksheerabala*101 *avartha* 8 drops into each nostril for 7 days.
  2. *NetraTarpana* (from 13/10/2019 to 17/10/2019) with *Triphalaghrutha* for 5 days.
  3. *Shiropichu* (19/10/2019 to 25/10/2019) with *ksheerabalataila*for 7days.

### RESULTS

- The study showed marked improvement subjectively after the treatment as shown in Table .4
- The subject appreciated straight lines in Amsler grid chart after treatment. There was no recurrence in symptoms at the time of follow up of the patient.

### DISCUSSION

Eye being the prime organ of the body, vision is the primitive basic function of all living beings, it is of prime importance to protect vision by opting correct measures.

In this clinical trial by considering all the symptoms like blurring of vision for distance and distorted vision which can be compared with *avilaroopadarshana*and *vyaviddhanichamanavaha* explained in *vataja timira*<sup>4</sup>.Treatment was planned accordingly, main attention was given to pacify *vata*dosha, all the measures adopted here are *vataharain* nature.

Rationality of adopting treatment in this case study is explained below.

i *Marsha nasya*with *ksheerabala* 101 *avartha* -In Ayurveda classics *Nasya* is the supreme treatment explained for *urdhwajatrugatavyadhis*, *Snehananasya* is the better line of treatment explained in *vatajatimira*.*ksheerabalataila* is indicated in disorders of *vata* origin.<sup>5</sup>

ii *NetraTarpana* with *Triphalaghrutha-tarpana* is directly indicated in *vatajatimira*,*triphala*ghruta is simple and best *ghruta*indictaed in most of the eye disorders.

iii *Shiropichu* with *ksheerabalataila-murdhnitaila* is one among *bahyasnehanaprocedure* which is most beneficial in pacifying *vata* which is



specially *shirogata*. *Ksheerabalataila* is one among best *vataharataila*.

Same treatment protocol was repeated for second time with a gap of fifteen days. During the course of treatment and during follow up the patient was kept under close observation and the results were recorded and documented.

## CONCLUSION

Although the incidence of macular hole is less, there is a chance of development of macular hole in the fellow eye in 30% of cases. Macular hole may precede posterior vitreous detachment or posterior vitreous detachment may occur as a complication to macular hole. In contemporary science it is treated according to the stage. Surgery that is pars planovitrectomy is the only possible remedy to improve vision of the patient. But still the outcome of this surgery is questionable. Considering all this and to avoid possible complications of the surgery and to give better quality of life an attempt is made to understand the disease in Ayurveda perspective. In this case study remarkable improvement is noticed, similar studies with large sample size has to be carried out to standardize the protocol in Macular hole.



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