AN EVIDENCE BASED CASE STUDY OF TRITIYA CHATURTHA PATALGATA DOSH DUSHTI WITH SPECIAL REFERENCE TO CHORIORETINAL DEGENERATION

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ABSTRACT
Chorioretinal is a one big word often used to describe the choroid and retina together. Chorioretinal degeneration or Atrophy is a condition of the eye where both the choroid and retina are damaged or degenerated. There are many different causes of Chorioretinal degeneration. The most common cause of Chorioretinal degeneration rather than infection is myopia. Degenerative changes are common in progressive myopia. The impact of myopic retinopathy on visual impairment is important because it is often bilateral and irreversible. It is an important cause of visual impairment and can lead to blindness which may lead to reduced mental health, decreased social functioning and may forces somebody to quit their job or relationships. Here a case study has been done to provide better vision, prolong disease process & give visual betterment so that patient can work independently.

KEYWORDS: Chorioretinal degeneration, myopia, visual impairment, myopic retinopathy, blindness.
INTRODUCTION
Chorioretinal degeneration or atrophy is found in various disorders such as infections like Toxoplasmosis, Cytomegalovirus, cold sore virus, chicken pox virus. Myopia can cause Chorioretinal degeneration as the age is progresses. Inflammation may also damage the choroid and retina in autoimmune disorders like vasculitis, R arthritis etc.

Degenerative changes in the choroid and retina are common in progressive myopia which are characterised by white atrophic patches at the macula with pigments around them. Degeneration i.e. Kshaya is the guna of Vata dosha. It has major role in degenerative process.

Here a case study has been done to tackle the situation with the help of Baladi basti, Nasya & Tarpana. Nasya is beneficial for urdhwajatrugata vyadhi, Tarpan is the first treatment in Netraroga and Basti is the main treatment of vatadosha. Sneha used in all three processes is helpful in majja and asthigata vatashamana. So combination of these 3 therapies i.e. systemic and local treatment is beneficial for above said condition.

Case history
- Pts. Name – ABC
- Age – 71 years
- Sex – Female
- Residence – Mumbai
- Occupation – Housewife
- C/O -
  Blurring of vision
  Headache since 1 Year
  Muscae volitantes
  Mild Night blindness
- H/O – No K/C/O – DM/HTN/BA/PTB/RA
No H/O any major surgical illness.

Investigation
- Hb% - 11 gm
- CBC – WBC – 7600 RBC – 4.4 m/cu.mm
- ESR – 10 mm/hr
- LFT – SGOT: 22
  SGPT: 14
  Bilirubin: 0.6
- RFT – Ser. Creatinine: 1.1
  Urea: 30
  BUN: 18
- Lipid Profile – WNL
- BSL – F: 86 mg/dl
  PP: 104 mg/dl
- Colour Vision – Normal by both eyes.
- Fundus Photograph – Details not seen in fundus photographs due to Cataract.

**L/E**

**Slit lamp Examination**

<table>
<thead>
<tr>
<th></th>
<th>Rt. Eye</th>
<th>Lt. Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyelashes</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Eyelids</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Conjunctiva</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Sclera</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Cornea</td>
<td>Transparent</td>
<td>Transparent</td>
</tr>
<tr>
<td>AC</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Iris</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Pupil</td>
<td>RTL N</td>
<td>RTL N</td>
</tr>
<tr>
<td>Lens</td>
<td>Changes</td>
<td>Changes</td>
</tr>
</tbody>
</table>

**Vision**

<table>
<thead>
<tr>
<th></th>
<th>Rt. Eye</th>
<th>Lt. Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance</td>
<td>6/F.C. 4 feet</td>
<td>6/F.C. 5 feet</td>
</tr>
<tr>
<td>Near</td>
<td>N.36P</td>
<td>N.36</td>
</tr>
<tr>
<td>PH</td>
<td>6/60P</td>
<td>6/60</td>
</tr>
</tbody>
</table>
Fundoscopic Findings

<table>
<thead>
<tr>
<th></th>
<th>Rt. Eye</th>
<th>Lt. Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupils</td>
<td>Fully Dilated</td>
<td>Fully Dilated</td>
</tr>
<tr>
<td>Fundus Glow</td>
<td>Seen c Blackish shadow at centre</td>
<td>Seen c Blackish shadow at centre</td>
</tr>
<tr>
<td>Lens</td>
<td>Nuclear senile cataract</td>
<td>Nuclear senile cataract</td>
</tr>
<tr>
<td>Vitreous</td>
<td>Degeneration</td>
<td>Degeneration</td>
</tr>
<tr>
<td>Optic Disc</td>
<td>Chorioretinal degeneration changes seen, white atrophic patches around macula</td>
<td>Chorioretinal degeneration changes seen, white atrophic patches around macula</td>
</tr>
<tr>
<td>CDR</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Macula</td>
<td>Degeneration</td>
<td>Degeneration</td>
</tr>
<tr>
<td>Foveal Reflex</td>
<td>Dull</td>
<td>Dull</td>
</tr>
<tr>
<td>Blood Vessels</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

Treatment Given

For Bastikarma baladi basti is used as a Yapan Basti.

Contents

- Bala – Sida cordifolia
- Brihati – Solanum indicum
- Kantakari – Solanum xanthocarpum
- Shaliparni – Desmodium gangeticum
- Prushniparmi – Uraria picta
- Gokshur – Tribulus terrestris
- Patola – Trichosanthyum dioica
- Erandmula – Ricinus communis
- Priyangu – Callicarpa macrophila
- Pippali – Piper longum
- Nagarmotha – Ciperus rotundus

Preparation of Basti has been done according to Ashtang Hridaya Samhita.

Dose – 200 ml

Time of administration – After meal

Period of administration – 14 days Baladi basti, 1st & last day Anuvasan basti.

Nasyakarma is done by Anutaila, 6 drops in each nostril for 7 days.

Tarpana karma is done by triphala Ghrit starting from 100 matras and increasing with 50 matras daily for 7 days.
3 cycles of each containing 7 days Tarpana, 7 days Nasya, and 14 days of Baladi basti were given.

<table>
<thead>
<tr>
<th>Process</th>
<th>Content</th>
<th>Dose</th>
<th>Duration</th>
<th>Cycles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basti</td>
<td>Baladi Basti</td>
<td>200 ml</td>
<td>14 days</td>
<td>1st, 2nd, 3rd</td>
</tr>
<tr>
<td>Nasya</td>
<td>Anutail</td>
<td>6 drops in each nostrils</td>
<td>7 days</td>
<td>1st, 2nd, 3rd</td>
</tr>
<tr>
<td>Tarpana</td>
<td>Triphala ghrit</td>
<td>Starting with 100 matra</td>
<td>7 days</td>
<td>1st, 2nd, 3rd</td>
</tr>
</tbody>
</table>

**OBSERVATIONS**

**Unaided Visual improvement Table**

<table>
<thead>
<tr>
<th>Objective Assessment</th>
<th>Rt. Eye vision</th>
<th>Lt. Eye vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>After 2nd cycle of Basti, Nasya, Tarpana</td>
<td>Dist. – 6/60p Near – N.36 PH - 6/60</td>
<td>Dist. – 6/60 Near – N.36 PH - 6/60</td>
</tr>
</tbody>
</table>

**RESULTS**

Patient is having good and significant visual improvement with combined treatment of Baladi Basti, Nasya and Tarpana.

**DISCUSSION**

Probable Samprapti (Pathology)

*Hetusevan – Vatavardhak aahar vihar, Timir*

*Vataprakopa – swabhavjanya due to Vardhakya & hetusevan, Timir*

*Laghuta, Rukshata, Asihigata saushirya, Chalata, Kharatva vridhi*

*Netrasthani Doshasanchiti*

*Meda majakshaya, Patalgata Dhatudushti, Kshayaimak Vikruti*

*Tritiya Chaurtha Patalgata Dosh-Dushti*
Sampraptibhanga
This baladi basti contains the vatashamak & vrishya drugs like Bala and Erandmool which acts on vata dosha by their Snigdha guna. It contains Vata-kaphagna dravya like Laghupanchmool which are also have potent anti-inflammatory action. Baladi basti also contains Aja Mansarasa, Goghrit, tail which will help to reduce degeneration process and causes majja dhatuposhan and also leads to Asthigata majjaposhan.

Kriyakapla
“Nasa hi shirso dwaram.” Nasya acts on urdhwajatrugat vyadhish so it acts on eye diseases by its various properties like Snehan, Ropan etc. Tarpana is directly acting on eyes by its Snehana karma.

Netra is snehomay and Basti, Nasya & Tarpana contains Sneha. Basti acts on Purishadhara kala in Pakwashay, so it acts on Asthidharakala. Chaturtha Patala is also Asthyashrit.

These all actions are support the role of Basti, Nasya & Tarpana and its mode of action over Chorioretinal degeneration.

CONCLUSION
Baladi basti is having power of rejuvenation. It can prevent further damage and increase vitality or power of other healthy cells so that they can work effectively. The observation shows that there is a marked vision improvement in patient’s vision acuity along with Pinhole by combined therapy of Baladi basti, Nasya and Tarpana.

ABBREVIATIONS
DOV – Dimness of Vision
HTN – Hypertension
BA – Bronchial Asthma
RA – Rheumatoid Arthritis
PH – Pinhole
N – Near vision
Rt. – Right
Lt. – Left
t/t – Treatment
REFERENCES AND BIBLIOGRAPHY


