

Ayurvedic Management of Diabetic Retinopathy (Madhumehajanya Timira)

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ABSTRACT

Diabetic Retinopathy (DR) is one of the leading microvascular complications of Diabetes Mellitus, which can cause gradual vision loss and blindness if untreated. Modern medicine explains it as a microangiopathy involving retinal capillaries, whereas Ayurveda interprets such manifestations under Prameha, with complications affecting the Drishti (vision), often described as Timira in Drishtigata Roga. This case study presents the successful Ayurvedic management of a patient with moderate non-proliferative diabetic retinopathy (NPDR) with an integrative approach using Shodhana (purification), Shamana (palliative therapy), Netra Tarpana, and Rasayana therapy

Keywords - Diabetic, Retinopathy, Drishtigata, Prameha, Tarpana...

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1. INTRODUCTION

Diabetic Retinopathy is a chronic and progressive retinal disorder caused by prolonged hyperglycemia. It involves Microaneurysms, Retinal hemorrhages, Macular edema, and in later stages, neovascularization.

Modern Perspective: Poor glycemic control damages retinal microvasculature, leading to ischemia and leakage. Management often includes laser therapy or anti-VEGF injections, primarily in advanced stages.

Ayurvedic Perspective: Diabetes mellitus correlates with Madhumeha, a subtype of Prameha, caused by Kapha- Meda-Rakta Dushti and Avarana of Vata. Ocular complications are manifestations of Upadrava (complications) of Prameha. Netra Timira / Prameha Janya Timira described in Sushruta Samhita (Uttaratantra 7/17-21) reflects conditions of progressive visual loss in chronic Prameha.

Case Presentation

Patient Profile

Name: Mr. R.K. Singh .

Age/Sex: 54/Male

Occupation: Accountant

History of Present Illness: Gradual blurring of vision in both eyes for 6 months. Difficulty in reading and night vision. Occasional floaters.

Medical History: Type 2 Diabetes Mellitus for 10 years, irregular medication use. No history of hypertension or cardiovascular events.



Ophthalmic Examination –

Visual Acuity: Right Eye: 6/18, Left Eye: 6/24

Fundus Examination: Multiple microaneurysms, Dot-blot hemorrhages, Mild macular edema. Diagnosis: Moderate Non-Proliferative Diabetic Retinopathy

Ayurvedic Assessment-

Prakriti: Kapha-Pittaja Rogi Bala: Madhyama

Nidana (Causative Factors)

Ati Madhura, Snigdha, Guru Ahara (excess sweets, fried foods), Sedentary lifestyle and irregular meals, Chronic, poorly controlled Madhumeha.

Samprapti (Pathogenesis)

Kapha-Pitta Prakopa due to faulty diet and lifestyle.

Rakta-Majja Dhatu Dushti with obstruction in microchannels (Srotorodha).

Sira-Kshaya in the retina, leading to Netra Timira symptoms.

Hence, this is diagnosed as Madhumehajanya Timira (Drishtigata Roga) i.e Diabetic Retinopathy.

Ayurvedic Management Protocol-

Shodhana Therapy (Purification): Snehapana: Tikta Ghrita (starting from 30 ml, increasing up to 90 ml) for 5 days to pacify Pitta and detoxify microchannels.

Virechana: Administered with Trivrit Lehya (10 g) after proper Snehana and Swedana, resulting in 12 satisfactory vegas (purgations).

Raktamokshana (Jalaukavacharana): Local leech therapy around periorbital region once weekly for 3 sessions to relieve retinal congestion and microhemorrhages.

Shamana Therapy (Palliative Treatment) - Internal Medications:

Nisha Amalaki Churna – 3 g twice daily (for glycemic control and antioxidative effect).

Vasanta Kusumakar Ras – 125 mg once daily with honey (Rasayana for nerves and eyes).

Saptamrita Lauh – 250 mg twice daily (for retinal circulation and Timira management).

Guduchi-Amalaki Kwatha – 40 ml twice daily (antioxidant and immunomodulatory).

Netra Tarpana: Mahatriphaladi Ghrita for 7 consecutive days, repeated after 15 days, to rejuvenate retinal tissue.

Pathya and Lifestyle Advice –

Diet: Barley, green gram, Amla, bitter vegetables (Karela, Methi) Cow's ghee in moderate quantity for ocular lubrication.

Lifestyle : Daily Pranayama, light walking, Trataka and Palming exercises. Avoid late-night work, stress, excessive screen exposure

Apathya: Sweets, dairy excess, fried and junk foods, day sleep.

Duration of Treatment: 2 months

Observations

Visual acuity improved to 6/12 (RE) and 6/18 (LE).

Fundus showed reduction in macular edema and microaneurysms Blood sugar stabilized: FBS 120 mg/dl, PPBS 160 mg/dl Symptomatic relief in blurred vision, eye strain, and floaters.

2. DISCUSSION

The therapeutic protocol was aimed at:

Samprapti Vighatana – Breaking the pathogenesis through Shodhana and Raktashodhana.

Netra Rasayana – Ocular rejuvenation via Tarpana and Rasayana drugs.

Srotoshodhana – Clearing microvascular obstructions with Ghrita and Raktamokshana.

The significant clinical improvement and stabilization of vision indicate that Ayurvedic management can support retinal health, delay disease progression, and complement modern ophthalmic care.

3. CONCLUSION

This case highlights that Ayurvedic interventions, when applied systematically, can play a key role in managing non-proliferative diabetic retinopathy. Early integration of Shodhana, Rasayana, and Netra Chikitsa with lifestyle modification may prevent disease progression and improve patient quality of life. Further clinical studies are recommended to standardize Ayurvedic protocols for D diabetic retinopathy.

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