

A DEEP DIVE INTO THE DISEASE ARMD- FROM A AYURVEDA POINT OF VIEW WITH MANAGEMENT

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ABSTRACT

The deterioration of vision in elderly people is of a major concern as in a state of debility losing vision proves to be really difficult to be on their own. As the age progresses all structures of the eye gets affected. By the age of fifty, one in every three has some vision impairing eye disease. Age Related Macular Degeneration (ARMD) occurs in about 1.7% of all individual aged over 50 years and in about 18% over 85 years. Even though treatment modalities are available in modern medicine, results are barely noticed and are quite expensive. In *Ayurveda* ARMD is correlated as different stages of *Timira* with progression to *Kacha*. Here is an attempt to better understand ARMD as a disease in *ayurveda* and a considerable line of management including *Kriyakalpas* for the same.

KEYWORDS: ARMD, *Timira*, *Kacha*, *Kriyakalpas*.

INTRODUCTION

Age Related Macular Degeneration (ARMD) occurs in about 1.7% of all individual aged over 50 years and in about 18% over 85 years.

Age-related macular degeneration (ARMD) is an acquired degeneration of the retina that causes significant central visual impairment through a combination of non-neovascular drusen and retinal pigment epithelium abnormalities), and neovascular derangement (Choroidal neovascular membrane formation).

Etiology

- Aging

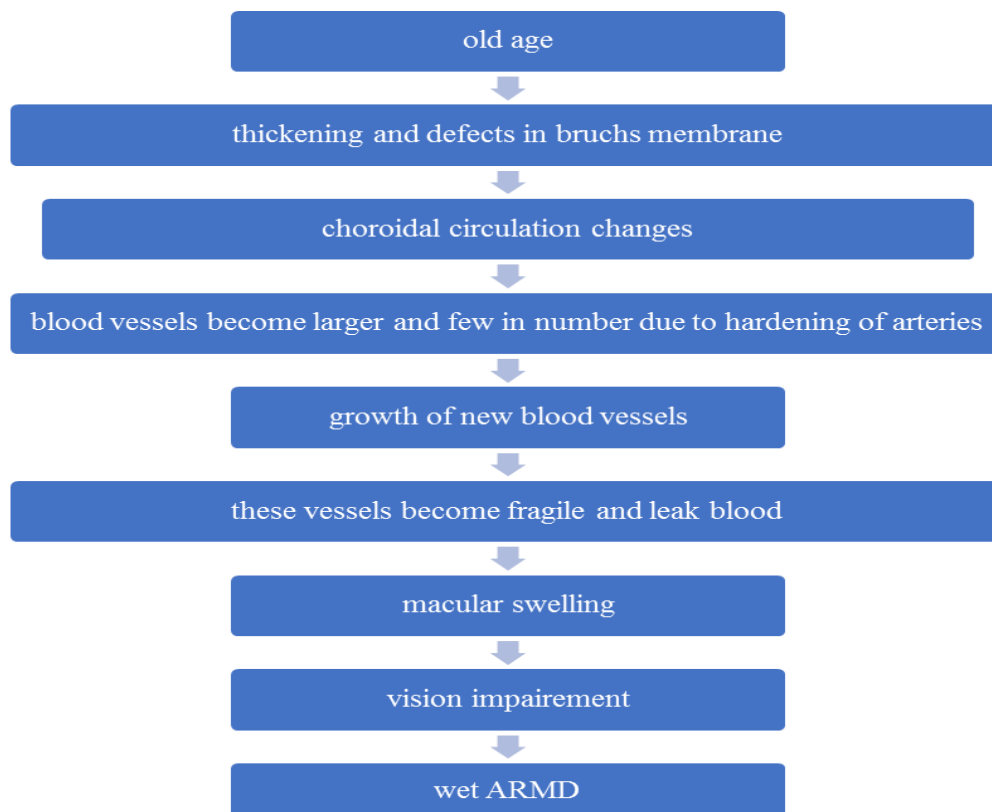
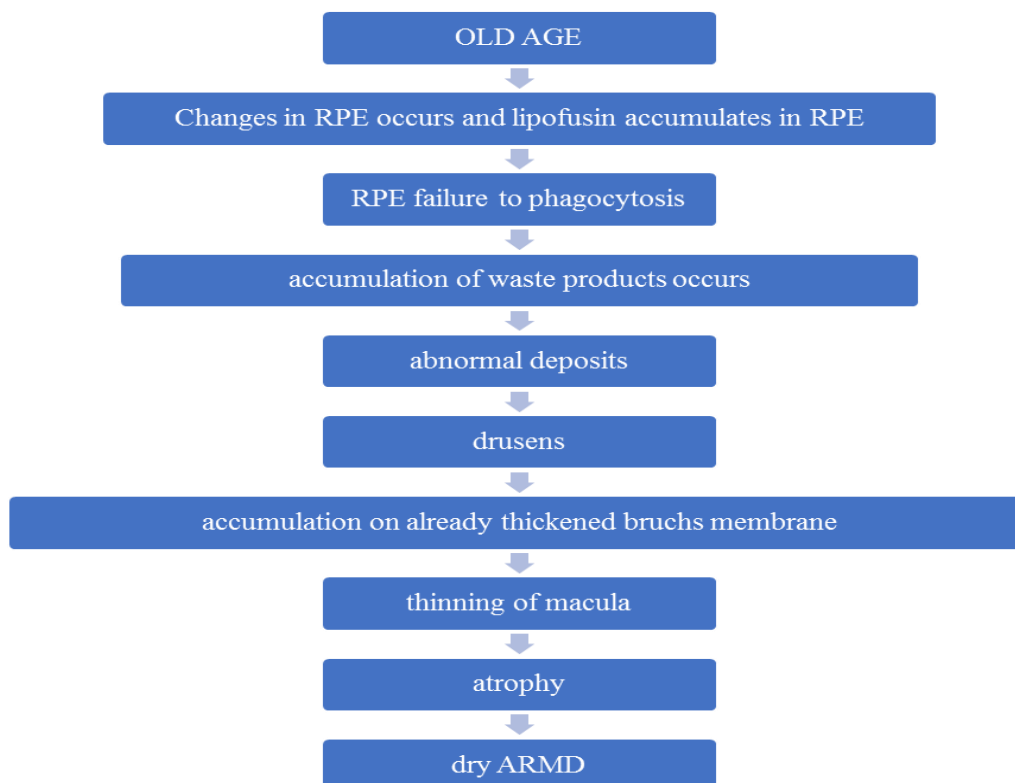
- Hereditary
- Free radicals
- Smoking
- Obesity
- Nutritional deficiencies
- High fat intake
- Weak immune system

Risk factors

- Nutrition
- Smoking
- Female gender hypertension
- Exposure to sunlight
- Blue eyes
- Hyperopia
- Nuclear opacity cataract
- Ageing
- Cardiovascular risk
- Arteriosclerosis
- Diet

Clinical types

- Wet ARMD
- Dry ARMD

Pathogenesis**Wet armd****Dry armd**

Clinical features

Symptoms

- Gradual/ progressive diminution of vision in geographic/ atrophic or dry ARMD
- Distorted vision
- Seeing straight lines as wavy, bent or frizzy
- Positive scotoma
- Difficulty in reading

Signs

1. Drusens of small (<63um), medium (63-125um), large(>125um) size.

Drusens are well defined, yellowish white slightly elevated spots seen in macular area. These are formed due to extracellular deposits between RPE and Bruch's membrane.

- Small drusens (Druplets) are signs of normal aging
- Medium drusens shows signs of early ARMD with risk of progression to late ARMD in 5yrs
- Large drusens shows signs of intermediate ARMD with 13% risk of progression to late in 5yrs.

2. Pigmentary abnormalities in ARMD

- Alone or along with large drusen may be seen in macular areas in patient with intermediate stage ARMD
- Area of hypopigmentation due to focal clumps of pigment cells in subretinal space and anterior retina
- Area of hyperpigmentation due to RPE atrophy

Diagnosis

Ansler grid

- Test for discovering central vision disturbances
- Patient observes spots, lines in grid to disappear or appear wavy, blurring or distortion

OCT Findings

- Drusen- hyperreflective irregular nodules located between RPE and Bruch's membrane.
- Geographic atrophy- severe disruption, absence of external limiting membrane of retina

- Neovascular ARMD- SRF, intraretinal thickening, haemorrhages and choroidal neovascularization

FFA in ARMD

	Early stage	Late stage
Drusen	Punctate hyperfluorescence corresponding to window defects due to overlying RPE atrophy	Hyperfluorescence may decrease in smaller drusen and increases in larger drusens
Geographical atrophy	Well demarcated window defect	Mild increase of hyperfluorescence On ICGA, there may be moderate loss of choriocapillaris with preservation of medium and large choroidal vessels

Choroidal neovascularization

Two types

1. Classical CNV- lacy hyperfluorescence with progressive leakage.
2. Ocult CNV
 - Stippled hyperfluorescence
 - Late leakage of undetermined source

Differential diagnosis

- Stargardts disease
- Central serous retinopathy
- Pattern dystrophies of RPE

Treatment

- **Prophylactic therapy to prevent progression to late ARMD**
- Vitamins and antioxidant supplementation
- Measures to prevent progression which includes cessation of smoking, green leafy vegetables, regular consumption of oily fish, protective measures against excessive sunlight
- **General measures**
- **Amsler grid-** to detect new or progressive metamorphopsia
- **Refraction**

- **Treatment modalities available for neovascular ARMD**
- Intravitreal anti VEGF therapy
- Photodynamic therapy (PDT)
- Transpupillary thermotherapy (TTT)
- Low vision AID
- Surgical treatment- submacular surgery and macular translocation surgery

Samprapti ghataka

DOSHA- VATA PRADHANA PITTA ANUBANDHAYUKTA KAPHA

DUSHYA- RASA, RAKTA

SROTAS- RASAVAHA, RAKTAVAHA

SROTODUSHTI- SANGA

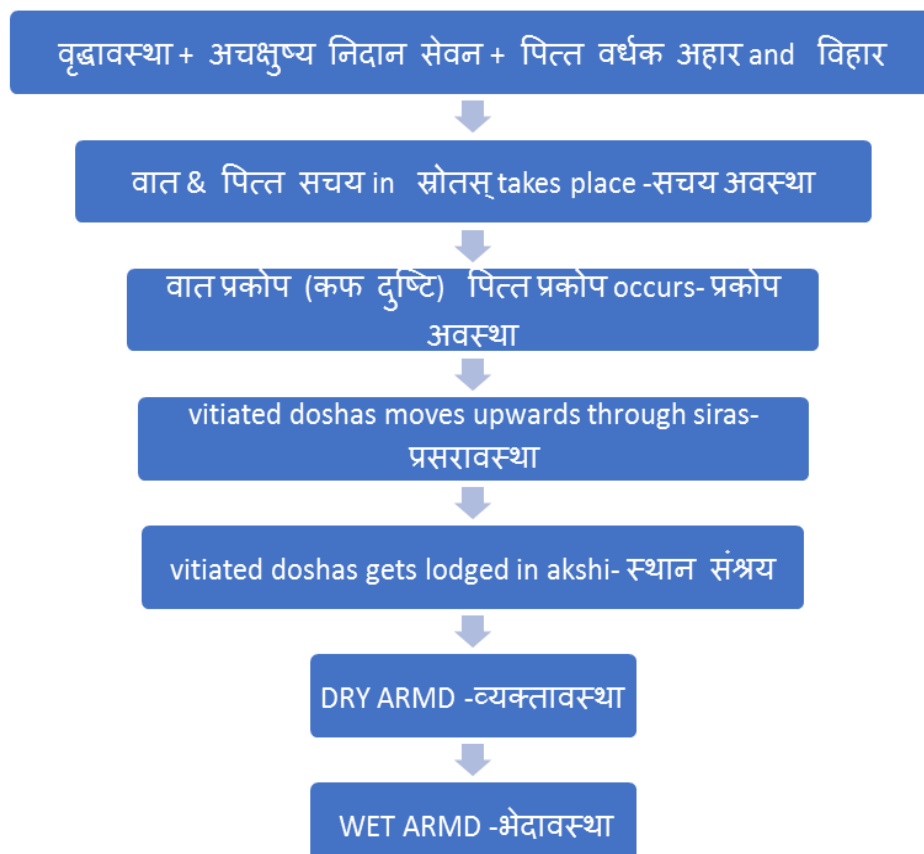
ASHRYA STHANA- DRUSHTI PATALA

SADYA ASADYATA-

EARLY STAGE & INTERMEDIATE STAGES- *YAPYA*

ADVANCED STAGES- *ASADHYA*

Samprapti



Lakshanas

Clinical features of dry ARMD can be correlated with diseases mentioned under drishtigata rogas like-

1. Timira

- *Prathama Patalaghata Timira*- *avyakta rupa drashana*- blurring of vision
- *Dwitiya Patalaghata Timira*- patient perceives circle, rings, net mirages in the field of vision
- *Tritiya Patalaghata Timira*- metamorphopsia

2. Vataja kacha

Metamorphopsia and central scotoma.

3. Pitta vidagdha drishti

In this vitiated *pitta* confined to *Tritiya patala* effects perception of light.

Line of treatment

As it is a *Vata* predominant disease and *sthanika dosha* is *Pitta* line of management involves-

- *Vataharam*
- *Pittashamaka*
- *Rasayanam*

***Bahirparimarjana* – Shodhana and Kriyakalpas**

Shodhana- As ARMD is a old age disease *Vata prakopa* occurs and as eyes is the seat of *Pitta*. These *Doshas* are vitiated by *Nidhanakara ahara vihara*. Even though it is a *Vata* predominant *vyadhi*, *Adhishtana chikitsa* should be done. So as *Virechana* is the principle purificatory method for *Pitta* and *Vata* causing *Anulomana*.

Choice of medications

- *Avipathikara choorna*
- *Trivrit leha*
- *Eranda taila*

Snehapana- Before *Shodhana*, *Snehapana* is done in *Hraswa matra* as *Jataragnimandhya* is seen in *Vridhavastha*.

Choice of medications

- *Patoladi grita*
- *Triphala grita*
- *Kalyanaka grita*
- *Vidaryadi grita*

Nasya

Nose acts as the best portal of drug administration for treatment of eye ailments as it is known for its *Urdwanga srotoshodhana*.

So, 10 drops of *Marsha nasya* or 2 drops of *Pratimarsha nasya* can be used.

Choice of medications

- *Anu taila*
- *Ksheerabala 101 avarthi*

Sekha

Snehana dravyas are used as this is a *Vata* predominant *roga*, also it needs to be *Ropana* type as *pitta* involvement is seen.

Choice of medications

- *Triphala kashya*
- *Triphala yasti Kashaya*
- *Lodhra Kashaya*
- *Ksheera sekha*
- *Jivaniya gana ksheerapaka sekha*

Anjana

Choice of medications-

- *Jatimukuladi varti*
- *Chandanadi anjanam*
- *Mukulanjanam*

Aschyotanam

It is the prime line of treatment in all eye ailments

Choice of medications

- *Patoladi grita*
- *Triphala grita*

Murdha taila

<i>Abhyangam</i>	<i>Baladhatryadi taila</i> <i>Bala aswagandhadhi taila</i>
<i>Sirodhara</i>	<i>Bala ashwagandhadhi taila</i> <i>Dashamoola Kashaya</i>
<i>Pichu</i>	<i>Baladhatryadi tailam</i> <i>Ksheerabala tailam</i>
<i>shirovasti</i>	<i>Ksheerabala tailam</i>

Tarpana

As this procedure is *brimhana* it is used in all *Vata* predominant disorders, esp in degenerative conditions.

Choice of medications

- *Patoladi grita*
- *Triphala grita*
- *Jivantyadi grita*

Vidalakam

Choice of medications

- *Mamsyadi choorna vidalakam*
- *Triphala yasti vidaklakam*

Rasayanam

It is given as preventive and restorative function. It also has immune modulatory and regenerative function

Choice of medications

- *Saptamrita loha*
- *Amalaka rasayanam*
- *Triphala rasayanam*

DISCUSSION

In clinical description of ARMD the symptoms like distorted vision, blurriness of vision, central scotoma are comparable with *Lakshanas* like *Vyavidha Darshana*, *Avila Darshana*, *Pashyathyasya* of *Patalagatha Timira*. If Timira is not treated properly it will lead to the complete loss of vision and this stage is known as “*Linganasha*” and even in ARMD, it causes complete loss of vision. In later stage of disease, the involvement of other Dosha i.e. *Rakta* and *Pitta* along with *Vata* is also visible as neovascularisation and bleeding are caused by abnormality of *Rakta* and inflammation is a feature of vitiated *Pitta*. This stage can be taken as *kacha*. According to Ayurveda there is involvement of *Vata* and *Pitta Dosha*. All dry type of ARMD is purely *Vata* type and wet type has *Pitta Dosha* along with *Vata*. So *Vata Pitta Shamaka* treatment is to be given to patient in the case of ARMD as ARMD is a *vata* predominant disease in the seat of pitta predominant organ- EYES.

CONCLUSION

ARMD is a degenerative condition and here an attempt was done to compare the presenting signs and symptoms to that of different *patalaghata timiras* and *kacha* according to its progression. With this ayurveda line of management comprising of *bahirparimarjana chikitsa* is dealt along with choice of medicines which can be used keeping its *vata* predominant nature and the *pitta adishtana*.