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AYURVEDIC APPROACH TO AGE-RELATED MACULAR DEGENERATION: A SHORT REVIEW

Dr. Arti Kumari Gurjar*, Dr. Gulab Chand Bairwa, Dr. Indu Sharma, Dr. Pramila

PG Department of Shalakya Tantra, Madan Mohan Malviya Government Ayurvedic College, Udaipur, Rajasthan, India.

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***Corresponding Author**

Dr. Arti Kumari Gurjar

PG Department of Shalakya Tantra, Madan Mohan Malviya Government Ayurvedic College, Udaipur, Rajasthan, India.

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ABSTRACT

Age-related macular degeneration (ARMD) is a progressive disorder affecting the macula and may impair central vision, particularly in older adults. Ayurveda does not describe ARMD as an exact equivalent of one classical disease; however, published authors have discussed its possible clinical resemblance to selected Drishtigata Rogas, especially Pitta Vidagdha Drishti. This short narrative review summarizes Ayurvedic literature on this conceptual correlation and reported approaches such as Akshi Tarpana, Nasya and selected oral formulations. Although preliminary reports are encouraging, current evidence is limited and requires confirmation through well-designed clinical studies.

KEYWORDS

Age-related macular degeneration; Ayurveda; Pitta Vidagdha Drishti; Akshi Tarpana; Nasya; Shalakya Tantra.

INTRODUCTION

ARMD is a chronic retinal condition involving the macula, which is responsible for detailed central vision. Common symptoms include blurred central vision, difficulty reading or recognizing faces, and distortion of straight lines. It is broadly classified as dry (non-exudative) or wet (neovascular) disease. Early diagnosis and ophthalmic monitoring are important because progression may affect daily activities. The Ayurvedic literature has explored its possible relationship with Drishtigata Rogas.

Ayurvedic Perspective

In Ayurveda, vision is closely associated with Alochaka Pitta, while disorders affecting Drishti are discussed within Drishtigata Rogas. Some authors have proposed Pitta Vidagdha Drishti as a possible point of clinical comparison for ARMD. This should be considered an interpretive correlation, not a proven equivalence between a modern retinal diagnosis and a classical Ayurvedic disease. ARMD involves structural changes in the retina and retinal pigment epithelium, requiring modern ophthalmic assessment.

DISCUSSION

Published Ayurvedic literature provides a framework for discussing ARMD through Drishtigata Rogas and explores interventions including Akshi Tarpana, Nasya and selected internal medicines. However, claims of retinal regeneration, prevention of disease progression or replacement of standard ophthalmic treatment require reliable clinical evidence. Future studies should include clear diagnostic criteria, adequate sample sizes, control groups, standardized protocols and objective outcomes such as best-corrected visual acuity, fundus photography and optical coherence tomography. Safety and adverse events should also be documented.

CONCLUSION

Ayurvedic publications offer preliminary conceptual and clinical perspectives on ARMD, including its proposed comparison with Pitta Vidagdha Drishti and the use of traditional interventions. Current evidence is insufficient to establish these approaches as proven ARMD treatments. Any Ayurvedic care should be coordinated with an ophthalmologist and must not delay retinal assessment or indicated treatment, especially when wet ARMD is suspected.

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