

AYURVEDIC MANAGEMENT OF UVEITIS- A CASE STUDY

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ABSTRACT

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Introduction: Uveitis is inflammation of the uveal tract. In *Ayurveda*, the clinical features of Uveitis simulates to *Pittaja adhimanth* to greater extent. **Case presentation:** A 40 years old non-diabetic & non-hypertensive male patient with Uveitis who showed marked improvement with Ayurvedic treatment is presented here. **Intervention:** Patient underwent in Ayurvedic management consisting of specific *Kriya kalpa* (external therapies) procedures and oral medicines. **Result:** Assessment showed marked improvement in subjective symptoms of the patient. **Conclusion:** Result indicate that Ayurvedic treatment is very effective in reducing the subjective symptoms of the patient and prevents the recurrence of Uveitis.

KEYWORDS: Uveitis, *Pittaja adhimanth*, *Kriya kalpa*.

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INTRODUCTION

The term Uveitis means inflammatory pathology of vascular layer of eyeball. Based on anatomical involvement of eye, Uveitis is classified into anterior, intermediate, posterior and panuveitis. Uveitis affect people of all ages, even children also. Signs and symptoms of Uveitis include redness of eyes, pain & blurred vision. Possible causes of Uveitis can be autoimmune, infection, injury & many time a cause can't be identified. Uveitis if untreated can cause a permanent vision & serious complication like cataract, glaucoma etc. so early diagnosis and treatment are very important to preserve the vision.

PATHOLOGY- Inflammation of the uvea fundamentally has the same characteristics as any other tissue of the body, i.e. a vascular and a cellular response. However, due to extreme vascularity and looseness of the uveal tissue, the inflammatory responses are exaggerated and thus produces special effects. Pathologically, inflammation of the uveal tract may be divided into suppurative (purulent) and non-suppurative (non-purulent) varieties. Non-suppurative uveitis further classified into non-granulomatous and granulomatous types. Pathological features of granulomatous are caused by hypersensitivity reactions.^[1]

COMPLICATIONS- Complicated cataract, secondary glaucoma, cyclitic membrane, choroiditis, retinal complications (cystoid macular oedema, macular hole, epiretinal membrane, exudative retinal detachment etc.), papillitis, band shaped keratopathy and phthisis bulbi.

Clinical features of Uveitis can be correlated with *Pittaja adhimanth* of *Sarvagata rogas* in *Ayurveda*. *Adhimanth* is a *Sarvagata* eye disease in which patient complains pain in eye along with hemicranial churning type of pain. In *Shushruta Samhita*, symptoms of *Pittaja adhimantha* due to vitiated *Pitta dosha* includes burning sensations (*Vahninevad dahyate* and *Ksharenksatamam eva*), congestion (*Raktarajichitam*) and discharge (*Sasvedam*), headache (*Shiro-dahayutam*).^[2] According to *Ashtang hridayam*, in *Pittaja adhimanth* the eyes appear as though covered with burnt-out coal (*Jwaladangarkeernabham*), and resemble a piece of liver in colour (*Yakritpindasamaprabham*).^[3]

CASE PRESENTATION

A 40 years old non-diabetic and non-hypertensive male presented in the OPD of Patanjali ayurveda hospital with blurred vision and redness in both eyes since 2 months. Patient had a history of choroiditis for past 23 years and taking steroids since then. Patient was asymptomatic before 1998, then he developed redness and pain in both eyes. Patient went to nearby private hospital, where he was diagnosed with uveitis for the first time and given steroids eye drop (prednisolone eye drop) for one and half month. After two months patient developed the same problem again and started taking oral steroids. During this period IOP in both eye also get increased and taking medicines for raised IOP along with steroids. Now patient went to AIIMS Delhi and they prescribed medicines for 3 months. Now patient was in that condition where he was getting recurrent attacks of uveitis if he stops the steroids. Then patient went to PGI Chandigarh in 2009, where he diagnosed with tuberculosis of eye and cataract in both eyes after all ophthalmic examination. Patient has given ATT for 6 months.

Patient got temporary relief but after some time, patient again got attack and continued second dose of ATT (inj. Streptomycin) for 3-4 months from PGI Chandigarh. Patient has taken treatment from PGI Chandigarh till year 2020. In February 2021, patient came here in Patanjali ayurveda hospital and taking topical steroids eye drops.

Ocular examination

Pupil – Irregular (BE)

IOP- Raised (BE)

Pain- On and off (BE)

Fundal glow- Opacity (BE) due to cataract

Anterior chamber examination

KPs present (BE)

AC cells present (BE)

Fundal examination

Macular oedema (BE)

Macular patch BE (old healed choroiditis)

TREATMENT

Patient was treated on line of *Jwarahara* and *Amapachan chikitsa*.

Table no. 01: Kriya kalpa.

Procedure	Drug	Dose	Duration
<i>Deepan-paachan</i>	<i>Chitrakadi vati</i> <i>Ajmodadi churna</i>	2-2-2 1-1-1	For 3 days
<i>Snehana</i>	<i>Panchatikta ghrita</i>	50 ml,100 ml,150 ml	For 3 days
<i>Swedana</i> + whole body <i>abhyanga</i>	-	-	For 1 day
<i>Virechana</i>	<i>Trivrita lehyam</i> + <i>Munakka kwath</i>	-	-
<i>Netra seka</i>	<i>Triphala Kashaya</i> + <i>Yashtimadhu</i> + <i>Giloy</i>	-	For 7 days
<i>Marsha nasya</i>	<i>Anu taila</i>	6 drops	For 7 days
<i>Tarpana</i>	<i>Patoladi ghrita</i>	-	For 7 days
<i>Putapaka</i>	<i>Panchatikta dravya</i>	-	For 7 days

Table no.2: Oral medicines.

Medicines	Dose	Anupana	Duration
<i>Muktashukti bhasm</i>	125 gm	Lukewarm water	Twice a day before meal
<i>Saptamrit lauh</i>	250 gm	Lukewarm water	Twice a day before meal
<i>Amalaki rasayan</i>	3 gm	Lukewarm water	Twice a day before meal
<i>Yashad bhasm</i>	50 mg	Lukewarm water	Twice a day before meal
<i>Kaishore guggul</i>	2 Tab.	Lukewarm water	Twice a day after meal
<i>Patoladi ghrita</i>	1-1 drop	-	At bed time
<i>Mahasudarshan ghan vati</i>	1-1 Tab.	Lukewarm water	Twice a day after meal
<i>Arogyavardhini vati</i>	20 gm	Lukewarm water	Twice a day after meal
<i>Avipattikar churna</i>	100 gm	Lukewarm water	Once in a day before meal
<i>Kamdudhar ras</i>	10 gm	Lukewarm water	Once in a day before meal
<i>Praval panchamrit ras</i>	5 gm	Lukewarm water	Once in a day before meal

A combination of all above medicines were given to the patient for one month and same combination was continued for next one year.

RESULTS

Results included checking for visual acuity and IOP which are the clinical measurements.

	Rt eye		Lt eye	
	V/A	IOP	V/A	IOP
During first visit	V/A-1MFC, with glass 6/12	18	V/A- 6/18p, with glass 6/12p	17
During second visit	V/A- 1and half MFC, with glass 6/9p	15	V/A- 6/24p, with glass 6/12	13
During third visit	V/A-2 MFC, with glass 6/12	18	V/A- 6/24, with glass 6/12	16
During fourth visit	V/A- 2/60, with glass 6/12	17	V/A- 6/24, with glass 6/12	14

DISCUSSION

Inflammation of the uveal tract is one of the most difficult problems in ophthalmology. Most cases of Uveitis are idiopathic, it means the cause cannot be determined. It seems probable that most of these are not due to direct infection but are immunogenic in origin. Once this disease occurs then its recurrence is very common. So routine ocular examination is important in case of uveitis, these include checking of the IOP and examination of the fundus after dilating the pupils. In case of uveitis, there is no such treatment which can cure this disease completely. In this case, patient came with redness and irregular pupil in both eyes. Patient was taking topical steroid. Intake of steroids and immunosuppressant drugs to reduce inflammation are the treatment, but these medicines have their own side effects and that can make the patient's life even more difficult. So it is better to adopt Ayurvedic treatment modalities to resolve the ailment and to prevent the disease from recurring. After getting Ayurvedic treatment, patient's redness of eyes get reduced and his pupils converted into

round and circular in shape. Patient has got that much relief that now he is not taking any kind of steroid either topical or oral.

In *Ayurveda*, Uveitis is compared with *Pittaja adhimanth*, of *Sarvagata netrarogas* which is caused by pitta dosha vitiation. In Uveitis, due to *Nidana sevana*, *Pitta pradhan tridosha* gets vitiated leading to *Agnimandya* which causes *Amautpatti*. So in this case, in starting we have given *Chitrakadi vati* and *Ajamodadi churna* for *Deepana* and *Pachana*. *Snehapana* was given with *Panchatikta ghrita*. *Swedana* and whole body *Abhyanga* helped here to drain the impurities towards the gut, as well as in the form of excretion. *Virechana* is given to normalise the vitiated pitta. In this case, *Seka* with *Triphala & Yasthi Kashaya*, *Nasya* with *Anu taila* and *Tarpana* with *Patoladi ghrita* were also given as local treatments. Other than this, oral medicines i.e. *Muktashukti bhasma*, *Saptamrit lauh*, *Amalaki rasayan* etc were given as they all have *Chakshushya* property and some of them were *Pitta shamaka aushadhi*. So *Pitta shamak chikitsa* is implemented here to bring *Pitta dosha* in equilibrium and to cure the disease.

CONCLUSION

After this case study, we came to a conclusion that ayurvedic treatment is helpful in reducing the subjective symptoms of Uveitis. Initially when patient came to Patanjali ayurvedic hospital, he was complaining redness and pain in both eyes, which are the *Lakshana* of *Pitta dosha* vitiation. Patient was on regular steroids and also taking medicine to lower the IOP. But after sometime of taking the ayurvedic treatment, patients has got this much relief that now the patient doesn't take any allopathic medicine like steroids etc. There has also been a lot of difference in the frequency of the attacks. Earlier the patient used to get attacks of the disease very frequent but now the condition is very stable. This showed that ayurvedic medicines are very effective in Uveitis.

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