

RETINITIS PIGMENTOSA: A AYURVEDIC REVIEW**Dr. Minal Rahinj^{1*}, Dr. Atri Ghosh²**

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ABSTRACT

Retinitis Pigmentosa (RP) is a group of hereditary retinal degenerative disorders characterized by progressive photoreceptor loss, beginning with rod dysfunction followed by cone degeneration. Clinically, RP presents with night blindness, concentric visual field loss, and eventual central vision impairment. Ayurveda does not describe RP as a single disease entity, yet its features correlate strongly with Timira, Kacha, Lingānāsha, Dṛiṣṭi-mandala gata vyādhi, and Dhatukshaya janya netraroga. The condition manifests through Vāta-Pitta vitiation, Alochaka Pitta kṣaya, Majjā dhātu kṣaya, and Srotorodha. Ayurvedic management aims at slowing disease progression, enhancing retinal nourishment, promoting optic nerve function, and improving the remaining vision. This article reviews the Ayurvedic pathophysiology of RP and highlights Panchakarma, Rasayana, and ocular therapies that

may support affected individuals.

KEYWORDS: Retinitis Pigmentosa, Timira, Kacha, Vāta-Pitta, Alochaka Pitta, Netra Tarpana, Panchakarma, Rasayana.

INTRODUCTION

Retinitis Pigmentosa is an inherited retinal dystrophy leading to irreversible vision loss. It affects 1 in 4,000 individuals globally and has no definitive cure in modern ophthalmology.

RP primarily involves degeneration of rods, followed by cones, causing nyctalopia, peripheral field constriction, and progressive visual deterioration.

Ayurveda views visual perception as a function of Alochaka Pitta supported by Vāta, Rakta, and Majjā dhātu. Any disturbance in these factors results in visual impairment. Though RP is not directly named in classical literature, its manifestation parallels the progressive stages of Timira-Kacha-Lingānāśa, particularly Dr̥ṣṭi-mandala gata vyādhi and Vāta-Pittaja degenerative disorders. Thus, RP can be considered an anukta vyādhi (new disease) explainable through Ayurvedic principles.

AYURVEDIC CORRELATION OF RETINITIS PIGMENTOSA

1. Similarity to Timira–Kacha–Lingānāśa Progression

Classical texts describe sequential deterioration of vision:

First stage (Timira): impaired night vision (correlates with rod dysfunction)

Second stage (Kacha): blurred vision, field defects

Third stage (Lingānāśa): significant central vision loss

Śloka (Aṣṭāṅga Hṛdaya, Uttara Tantra)

“तिमिरं प्रथमं ज्ञेयं ततः कार्यं तु काचकम्।

कालेन लिङ्गनाशः स्यात्...”

This mirrors the progressive nature of RP.

2. Doṣic Involvement

Vāta

Governs nerve impulses and retinal nourishment

Degeneration → photoreceptor death

Causes visual field constriction

Pitta (Alochaka Pitta impairment)

Diminishes clarity, light perception

Loss of phototransduction

Kapha (secondary)

Deposits → pigmentary abnormalities

3. Dhātu and Srotas Involvement

Majjā Dhātu Kṣaya

Retina and optic nerve correlate with Majjā; degeneration reflects dhātu depletion.

Rasa-Rakta Dushti

Microvascular impairment

Reduced retinal perfusion

Srotorodha (retinal microchannels obstruction)

Leads to ischemia, oxidative stress, apoptosis

Thus, RP is a Vāta-Pittaja Dhatukṣaya and Srotodushti janya Netra Roga.

SAMPRĀPTI (PATHOGENESIS)

1. Genetic defect →
2. Vāta aggravation →
3. Alochaka Pitta depletion →
4. Majjā dhātu kṣaya →
5. Rasa-Rakta dushti →
6. Srotorodha in retinal microcirculation →
7. Progressive loss of rod and cone photoreceptors →
8. Timira → Kacha → Linganaśa-like progression.

AYURVEDIC MANAGEMENT OF RETINITIS PIGMENTOSA

Management aims at:

Slowing degeneration

Improving retinal nutrition

Enhancing microcirculation

Rejuvenating remaining photoreceptors

Supporting optic nerve function

1. PANCHAKARMA IN RP

a. Netrabasti / Akshi Tarpana (Prime Therapy)

Highly beneficial for retinal nourishment.

Actions

Enhances ocular perfusion

Provides direct retinal nutrition

Promotes photoreceptor support

Relieves ocular fatigue and stress

Medicated Ghṛitas

Triphala Ghṛita

Mahatriphala Ghṛita

Shatavari Ghṛita

Jeevantyadi Ghṛita

b. Nasya (Marsha/Pratimarsha)

Reference

“नासा हि शिरसो द्वारम्।” – A.H.

Actions

Improves optic nerve function

Enhances cranial circulation

Beneficial in degenerative eye diseases

Oils

Anu Taila

Shadbindu Taila

Ksheerabala Taila

Brahmi Ghṛita

c. Virechana (Pitta-Śodhana)

Useful in inflammatory/degenerative retinal changes.

Benefits

Improves hepatic-retinal axis

Reduces Pitta-mediated oxidative stress

d. Basti (Most Important for Vāta)

Reference

“वाते मूलं सर्वरोगाणां तस्मात् बस्तिर्हि सर्वकृत्।” – A.H.

Actions

Slows neuro-degeneration

Strengthens optic nerve

Restores Majjā dhātu

Improves microcirculation

Types

Ksheera Basti

Anuvasana Basti

Yoga Basti

e. Raktamokṣaṇa (When congestion exists)

Improves retinal microcirculation.

2. RASĀYANA (Rejuvenation Therapy)

Essential for chronic degenerative disorders.

Chakshushya Rasayana

Triphala Rasayana

Saptamrita Loha

Punarnavadi Mandura

Amalaki Rasayana

Jeevaniya Rasayana

Shilajatu Rasayana

3. SHAMANA AUSHADHI (Internal Medicines)

Drishti Prasadini Vati

Saptamrita Loha

Mahatriphala Ghṛita

Brahmi Vati

Punarnava Mandura

Amalaki Churna

Shatavari Kalpa

4. AHARA & VIHARA (Diet and Lifestyle)

Diet

Cow ghee

Amla

Carrot, beetroot

Green leafy vegetables

Milk + ghee

Triphala at bedtime

Avoid

Excess spicy, fermented foods

Late-night sleep

Prolonged screen exposure

5. YOGA & NETRA VYAYAMA

Trataka

Palming

Gentle eye rotations

Bhramari Pranayama

Anulom-Vilom

Sheetali for Pitta reduction

DISCUSSION

Retinitis Pigmentosa is a chronic, progressive retinal disorder with no curative treatment in contemporary ophthalmology. Ayurvedic principles offer a unique perspective by focusing on strengthening retinal tissues, enhancing nerve function, and slowing degeneration through Vāta-Pitta management. Panchakarma, especially Tarpana, Basti, and Nasya, provides targeted ocular and systemic benefits. Rasayana therapies enhance retinal nourishment and offer antioxidant protection.

The concept of Timira-Kacha-Linganāśa correlates deeply with RP's pathogenesis and clinical progression. While cure is difficult due to its genetic nature, Ayurveda offers meaningful strategies that may preserve functional vision, reduce symptoms, and improve life quality. Integration with modern ophthalmology enhances outcomes and long-term patient care.

CONCLUSION

Retinitis Pigmentosa can be effectively addressed through an Ayurvedic framework as a Vāta-Pittaja, Dhatukṣhaya, and Srotodushti-based Netra Roga. Panchakarma, Rasayana, Chakshushya therapies, and appropriate diet-lifestyle measures together help in slowing disease progression, supporting retinal tissue, and enhancing remaining visual function. Although not curative, Ayurveda offers significant potential for improving quality of life and functional outcomes in RP patients.

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