

CASE STUDY ON THE EFFECT OF AYURVEDIC TREATMENT IN GAMBHIRIKA (PRIMARY OPTIC ATROPHY)

Gore Milind Amarchand¹

Gore Dipti Milind²

1. Assistant Professor, Shalakya Tantra Department, Seth Govindji Raoji Ayurved College, Solapur.

2. Registrar, Shalakya Tantra Department, Seth Sakharam Nemchand Jain Ayurved Rugnalaya, Solapur, Maharashtra.

ABSTRACT:

Optic atrophy is degeneration of optic nerve. It occurs as an end result of any pathological process that damages axons in anterior visual system. *Gambhirika* (Primary optic atrophy) occurs without any local disturbances but results from the lesions proximal to the optic disc without antecedent papilloedema. A 45 years old male patient having history of gradual vision loss since 1 year attended OPD of Netra Vibhag, Shalakya Tantra department, Sakharam Nemchand Jain Ayurved Hospital, Solapur. His corrected visual acuity was right eye - hand movement positive and left eye – 6/9 (Partial). He had no any other complaint related to eye. Fundus examination reveals pale optic disc with diffuse pallor (+) of both eye. Intra-ocular tension was in normal range. He had paralysis stroke on right side before one year. He had no history of head injury or trauma. After thorough examination diagnosis of *Gambhirika* (Primary optic atrophy) (Both eyes) was confirmed. He was depressed as he was told by one the most renowned eye hospital in India, about the poor visual prognosis. All the facts about prognosis were explained to patient and his relative and with their consent it was decided to give *Ayurvedic* treatment as trial which include *Netra-Tarpan* with *Triphala Ghrit*, *Saptamrut Loh*, *Mahamanjishtadi kadha*, *Punarnavasav* and *Cap. Palsineuron* (*Abhyantarpan*). These drugs are *Chakshushya*, *Rakta-prasadak*, *Shothhar* as well as giving strength to *majja-sanства*. After above treatment for two months, patient's corrected visual acuity improved up to right eye – finger counting 3 meters and left eye – 6/9 (Partial). Due to this improvement patient regained his confidence which gave a strong support to his family. From this case study it can be concluded that *Ayurvedic* unique treatment can be tried in such diseases where there is no treatment in other pathies.

Key Words: *Abhyantarpan*, *Cap. Palsineuron*, *Gambhirika*, *Mahamanjishtadi kadha*, *Netra-Tarpan*, Primary optic atrophy, *Punarnavasav*, *Saptamrut Loh*, *Triphala Ghrit*.

INTRODUCTION: Optic atrophy is degeneration of optic nerve. It occurs as an end result of any pathological process that damages axons in anterior visual system. It may be caused by lesion affecting the visual pathway from the retrolaminar portion of the optic nerve to lateral geniculate body.^{6,7,8,9}

In Ayurved *Samhita Acharya* has described *Gambhirika* in *Drushtigat rog*. *Acharya* has described that in *Gambhirika*,

there is *drushti vikruti* and *sankoch* due to *Vata dosh vikruti*.^{1,2,4} According to signs and symptoms, primary optic atrophy is compared with *Gambhirika*.¹¹ Some authors has compared *Gambhirika* with *Animitta Lingnash*.¹²

ETIOLOGY: *Gambhirika* (Primary optic atrophy) occurs without any local disturbances but results from the lesions proximal to the optic disc without antecedent papilloedema. Its common

causes are multiple sclerosis, retrobulbar neuritis, Laber's and other hereditary optic atrophies, intracranial tumors pressing directly on the anterior visual pathway, traumatic severance or avulsion of the optic nerve, toxic amblyopias and tabes dorsalis^{6,7,8,9}.

CASE REPORT: A 45 years old patient having history of gradual vision loss since 1 year attended OPD of Netra Vibhag, Shalakya Tantra department, Sakharam Nemchand Jain Ayurved Hospital, Solapur. His corrected visual acuity was right eye - hand movement positive and left eye - 6/9 (Partial). He had no any other complaint related to eye (i. e. pain, redness, discharge ect.) Fundus examination reveals pale optic disc with diffuse pallor (+) of both eye. Intra-ocular tension was in normal range. He had paralysis stroke on right side before one year. He had no history of head injury or trauma. He has no any related systemic history as well as no history of any related eye problem in his family. After thorough examination diagnosis of *Gambhirika* (Primary optic atrophy). (Both eyes) was confirmed. He was depressed as he was told by one the most renowned eye hospital in India, about the poor visual prognosis. All the facts about prognosis were explained to patient and his relative and with their consent it was decided to give Ayurvedic treatment as trial which include *Netra-Tarpan* with *Triphala Ghrit*, *Saptamrut Loh*, *Mahamanjishtadi kadha*, *Punarnavasav* and *Cap. Palsineuron* (*Abhyantarpan*). After above treatment for two months, patient's corrected visual acuity improved up to right eye – finger counting 3 meters and left eye – 6/9. After three months follow up patient was having same findings in visual acuity.

Examination: Patient was examined for eye check-up with past and family history. Detail examination was done on slit lamp and dilated fundscopy with dilated pupil was done.

INVESTIGATION:

CT scan (Brain) and pathological investigations were already done.

TREATMENT & METHODOLOGY SCHEDULE:

Dose and duration of Thearpy

1. *Saptamrut Loh* – 2 tab twice daily for 15 days
2. *Mahamanjishtadi kadha* and *Punarnavasav*: 20 ml twice daily with equal amount of luke warm water for 2 months
3. *Cap. Palsineuron* – 1 capsule three times daily for 1 months.

Anupan: Luke warm water.

Duration of therapy: two months.

Netra-Tarpan:

Precaution for Procedure of Netra-Tarpan:

- *Triphala ghrit* used for *Netra-tarpan* was sterile to avoid infection and inflammation to eye.
- *Udad Pali* was used for *Netra-tarpan*.
- Flour of *Udad dal* (black lentils) was used for preparation of dough for *pali* around eye. Fresh preparation was used for *Netra-tarpan* each time.
- Proper sterilization precautions were taken using autoclave method to avoid infection and contamination.

Procedure of Netra-Tarpan:

- *Snehan* with *til tail* and *aardra swed* was given at *mukh* and *manya pradesh* to patient before *Netra-tarpan*.
- Dough was prepared using flour of *Udad dal*, which was used to prepare *Pali* around eye for *Netra-tarpan*.
- *Triphala Ghrit* was made luke warm in steel container with the help of hot

water. Then it was gently poured with spoon in the *Netra pali* from *apang* or *kaninika sandhi* (lateral canthus or medial canthus). Pouring of *Triphala Ghrit* directly on *karnika* (cornea) was strictly avoided.

- *Triphala ghrit* was poured till eye lash merge in *Ghrit*.
- Patient was asked to blink gently so that *Triphala-ghrit* should reach every part of eye.
- Luke warmness of *Triphala-ghrit* was maintained by removing old and adding fresh luke warm *Triphala-ghrit* time to time as per season.
- The procedure of *Netra-Tarpan* was carried for 10 to 15 minutes.
- After that *Triphala-ghrit* was removed from *netra pali* and *pali* was also removed and patient was asked to wash eyes with luke warm water.^{1,2,3,4}.

Duration of therapy:

- Two months.

OBSERVATION & RESULTS:

Treatment and examination chart of follow-up:

Assessment Visit No.	Date	Visual acuity		Treatment schedule advised
		Right Eye	Left Eye	
1	25.02.2006	Hand movement + ve	6/9 (Partial)	First Visit
2	27.02.2006	Hand movement + ve	6/9 (Partial)	Fundus Examination A + B
	17.03.2006	Finger counting 1 meter	6/9 (Partial)	A + C
3	17.04.2006	Finger counting 2 meter	6/9	A + C
4	21.04.2006	Finger counting 2.5mts	6/9	A + C
5	28.04.2006	Finger counting 3 meter	6/9	-
6	07.08.2006 Follow up after 3 months	Finger counting 3 meter	6/9	-

- 10 to 15 minutes duration *Netra-tarpan* daily for subsequent 3 days each week for two month duration.

Case study center: The patient of case study was from OPD of Netra Vibhag, Shalakya Tantra department, Seth Sakharan Nemchand Jain Ayurved Hospital, Solapur.

MATERIAL & METHODS:

Selection of drug: Trial drug was *Netra-Tarpan* with *Triphala Ghrit*, *Punarnavasav*, *Mahamanjishtadi kadha*, *Saptamrut Loh*, and *Cap. Palsineuron* (*Abhyantarpan*).

Ingredients:⁵

TriphalaGhrit,² *Punarnavasav*, *Mahamanjishtadi kadha*, *Saptamrut Loh*, *Cap. Palsineuron*

Market preparations of all drugs were preferred for treatment.

ASSESSMENT CRITERIA:

Assessment was improvement in visual acuity (standard method).

Treatment Scheduler:

A: 1. **Netra-Tarpan with Triphala Ghrit** - 10 to 15 minutes duration *Netra-tarpan* daily for subsequent 3 days each week for two month duration.
2. **Mahamanjishtadi kadha, Punarnavasav and (Abhyantarpan)** - 20 ml twice daily with equal amount of luke warm water for 2 months

B: **Saptamrut Loh** – Two tablet twice daily for 15 days.

C: **Cap. Palsineuron.** One Capsule thrice daily for 1 months.

From this case study *Ayurvedic* treatment has given improvement in visual acuity in patient of *Gambhirika* (Primary optic atrophy). His visual acuity improved from Hand movement positive to finger counting three meters in right eye and 6/9 (Partial) to 6/9 in left eye.

DISCUSSION: This case study shows that the unique *Ayurved* Medicine and therapy can be used in specific conditions which are described *Asadhyas* also there is no treatment in other pathies. In this present case with this *Ayurvedic* therapy we have avoided blindness up to some extent. With such *Ayurvedic regime* and unique therapies we can improve the health status as well as quality of life which give confidence for better life.

PROBABLE MODE OF

ACTION: *Ayurvada* has described *Triphala* as *Chakshushya*, *Manjishta* as *Rakta-prasadak*, and *Punarnava* as *Mutral* and *Shothahar dravya*.⁵ *Cap. Palsineuron* (market preparation) is useful in *majja-sansthan vikar* (as company data). These drug have anti-inflammatory, anti-oxidant and regeneration property. This helps synergistically in reducing inflammation and regeneration by stimulation of *majja-santha* resulting in improvement in visual acuity of patient.^{1,2,3,4,5}

CONCLUSION:

From this case study it can be concluded that *Ayurvedic* treatment which include *Netra-Tarpan* with *Triphala Ghrit*, *Saptamrut Loh*, *Mahamanjishtadi kadha*, *Punarnavasav* and *Cap. Palsineuron (Abhyantarpan)* is useful in patient of *Gambhirika* (Primary optic atrophy).

REFERENCES:

- 1) Sushrut Samhita (Uttartantra) by Kaviraj Ambikadutta Shastri, Edition 2008, published by Chaukhamba Sanskrit Prakashan Sansthan, Post box No. 1139, K 37/119, Gopal Mandir Lane, Golghar Near Maidagan, Varanasi- 3257859. Page No. 36, 61,71-73.
- 2) Yogratnakar by Vaidya Laksmipati Shastri, Edition 2008, Chaukhamba Prakashan, Post Box No. 1150 K 37/116, Gopal Mandir Lane, Varanasi. Purvardha - Page no. 105, 113; Uttarardha – Page No.348, 373,386.
- 3) Sharangdhar Sanhita by Dr Brahmanand Tripathi , Edition Reprint 2006, published by Chaukhamba Surbharti Prakashan, K 37/117, Gopal Mandir lane, Post box No. 1129, Varanasi 221001, Page No. 429-431
- 4) Ashtang Hridhya, by Kaviraj Atrideva Gupta, Fourteenth Edition 2003, published by Chaukhamba Sanskrit Prakashan Sansthan, Post box No. 1139, K 37/119, Gopal Mandir Lane, Golghar Near Maidagan,Varanasi-3257859. Page No. 491.
- 5) Drvyagunavidhnyan, by Dr. A. P. Deshpande, Dr. R. R. Javalgekar, Dr. Subhash Ranade, First Edition, reprinted in May 2011. Published by Mr. A. R. Nandurkar, Anamol Proficient Publishing House, 535, Shaniwar Peth, Pune -411 030. Page No. 229, 231, 232.
- 6) Modern Ophthalmology by L. C. Datta, Third Edition 2005, published by Jaypee brothers Medical publishers (P)

Ltd. EMCA House 23/23B Ansari Road, Daryaganj, New Delhi- 110 002, India Voume 1 Chapter 127 Page No. 971-979.

7) Clinical Ophthalmology by Jack J Kanski, seventh edition (international), published by Elsevier Ltd. www.elsevierhealth.com. Chapter 19 Page No. 790-800.

8) Ophthalmology by A. K. Khurana Third Edition 2003, reprint in 2005, published by New Age International (P) limited, Publishers, 4835/24, Ansari Road, Daryaganj, New Delhi – 110 002. www.newagepublishers.com. Chapter 12 Page no. 286-288.

9) Essentials of Ophthalmology by Samar K. Basak, second edition April 1999, published by Current Books International, 60, Lenin Saranee, Calcutta – 700 013. Chapter 18 Page No. 249-250.

10) Human Physiology Volume II by Dr C. C. Chatterjee, 10th edition reprint in April 2004 published by Klyani Mukherjee, for and behalf of Medical

Allied Agency, 13/1B, Old Ballygunge 2nd lane, Kolkata -700 019. Chapter 6, Page No. 42 – 57.

11) Netra-Rog Vighyan by Dr. Ramesh Padmawar, sixth edition 1999, published by Shri Baidyanath Ayurved Bahvan limited, Great Nag Road, Nagpur.9 Page No. 121

12) Sachitra Shalakya Vighyan by Dr. Ravindra Chandra Choudhari, sixteenth edition 2002, published by Chaukhamba Orientalia, Post Office – Chaukhamba, Post Box No. 1032, Gokul Bhawan, K,37/109, Gopal Mandir Lane, Varanasi 221 001 (India).

Corresponding Author: Dr.Milind Amarchand Gore,Assistant Professor, Shalakya Tantra Department, Seth Govindji Raoji Ayurved College, Solapur. Email:drmilindgore@gmail.com

Source of support: Nil

Conflict of interest: None

Declared

Photos of Case Study – Gambhirika (Primary optic atrophy).

