



Ayurvedic Management of Central Serous Retinopathy–A Case Report

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Abstract:

Background: Central Serous Retinopathy (CSR) causes serous detachment of the neurosensory retina and may lead to permanent vision loss if chronic or recurrent. **Patient Concerns:** A 40-year-old man experienced recurring black spots and metamorphopsia in the left eye for three years.

Diagnoses: Optical coherence tomography confirmed CSR with central macular thickness (CMT) 465 μm (OS).

Interventions: An individualized Ayurvedic regimen consisting of internal medicines (Manjishtadi & Punarnavadi Kashayam, Chandraprabha Vati, etc.), Panchakarma (virechana, snehapana), and ocular kriyākālpa (anjana, tarpana, putapāka) was administered over 30 days.

Outcomes: Visual acuity improved from 6/9 to 6/6; CMT reduced to 253 μm with complete fluid resolution.

Conclusion: Personalized Ayurvedic therapy may accelerate anatomical and functional recovery in CSR; further controlled studies are warranted.

KEY WORDS: Central Serous Retinopathy, Ayurveda, Panchakarma, Kriyakalpa, Case report

INTRODUCTION:

CSR predominantly affects young–middle-aged males and is associated with stress, glucocorticoid exposure, and hypertension. Conventional management is largely expectant, with invasive options reserved for persistent cases. This report is unique because it documents rapid, OCT-confirmed recovery after a comprehensive Ayurvedic protocol, adding evidence for integrative retinal care.

Table 1 PATIENT INFORMATION

Item	Details
Age/Sex	40 years / Male
Presenting Symptoms	Black spot and distorted central vision OS (3 years)
Medical History	Well-controlled hypertension (5 years)
Family / Genetic History	Non-contributory
Psychosocial	High occupational stress (IT professional)
Previous Interventions	Nepafenac eye drops (temporary relief); intravitreal injection advised but declined

CLINICAL FINDINGS

General examination:

- Bowel- regular
- Appetite – good

- Micturition- within normal limits
- Sleep-reduced.
- The review of other symptoms and vitals were within normal limits.

Ocular examination:

- The Best corrected visual acuity (BCVA)
 - OD-6/6 ,PH-6/6
 - OS- 6/9 ,PH-6/9
- Dilated Fundus examination showed
 - OD- within normal limit
 - OS-mild peri papillary atrophy in optic disc, cdr ratio ~0.3,mild elevation on the macula.
- Optical coherence tomography (OCT) -OS- confirmed CSR, with average thickness of 465 micrometers.

Timeline:

Table 2 Showing The Timeline

Date	Event
3 year back	Onset of black spot OS
18 month back	Metamorphopsia noticed; CSR diagnosed (OCT)
1 month back	Presented for Ayurvedic care; baseline OCT CMT 465 µm
Day 0–7	Rukṣaṇa: Kashaya Dhara (Varanadi + Guluchyadi), Takra-dhāra, Takra pana (Ashtachornam)
Day 8–10	Snehapana with Tiktaka Ghrita
Day 11	Virechana (Trivrit + Ela + Sarkara + Madhu)
Day 12–30	Nasya(Durva ghritham), Anjana(suvarna gairika anjana), Ksheeradhara(varanadi + guluchyadi), Tarpana(durva ghritham), Putapāka; internal medicines continued
Day 30	Follow-up OCT: CMT 253 µm; VA OS 6/6
Day 60	Vision maintained 6/6; no recurrence

Diagnostic Assessment:

- **Methods:** Visual acuity testing dilated funduscopy, OCT.
- **Challenges:** Relapsing symptoms despite conservative allopathic care; patient reluctance for invasive therapy.
- **Differential:** CSR vs. inflammatory or neovascular maculopathy (ruled out by OCT/clinical exam).
- **Prognosis:** Good, provided fluid re-absorption and risk-factor control.

Table 3 Showing List of Internal Medicine

SL NO	MEDICINE	DOSE	TIME OF ADMINISTRATION	DURATION
1	Manjishyadi kashayam	90ml	6am,6pm	1 month
2	Punarnavadi kashayam	90ml	6am,6pm	1 month

3	Vaiswanara choornam	1 tsp		1 month
4	Gokshura choornam	1 tsp		1 month
5	Chandraprabha vati	1 nos	8am,7pm	1 month
6	Aswagandha choornam	1 tsp	Bed time with milk	1 month

Follow up and outcomes

Table 4 Showing Follow-up and Outcomes

Parameter	Baseline	Day 30
Visual Acuity (OS)	6/9	6/6
OCT CMT (µm)	465	253
Subjective Symptoms	Persistent scotoma & distortion	Resolved
Adherence	100 % (verified via medicine log)	
Adverse Events	None reported	

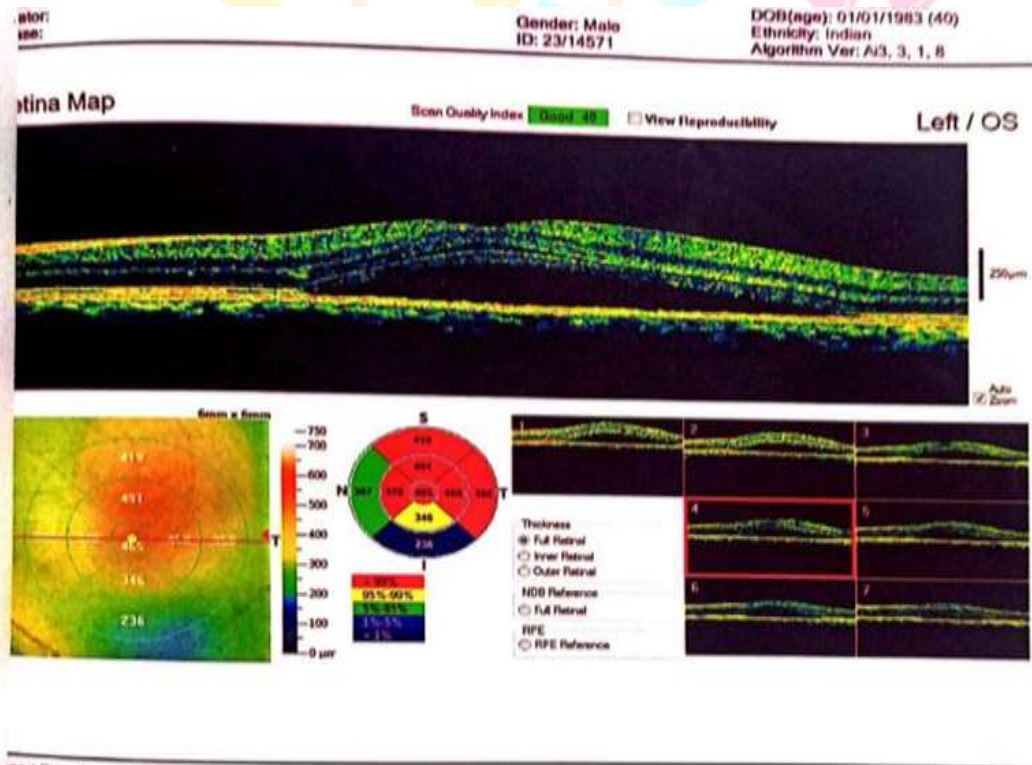


Figure 1. OCT Macula – Before Treatment

Research Through Innovation

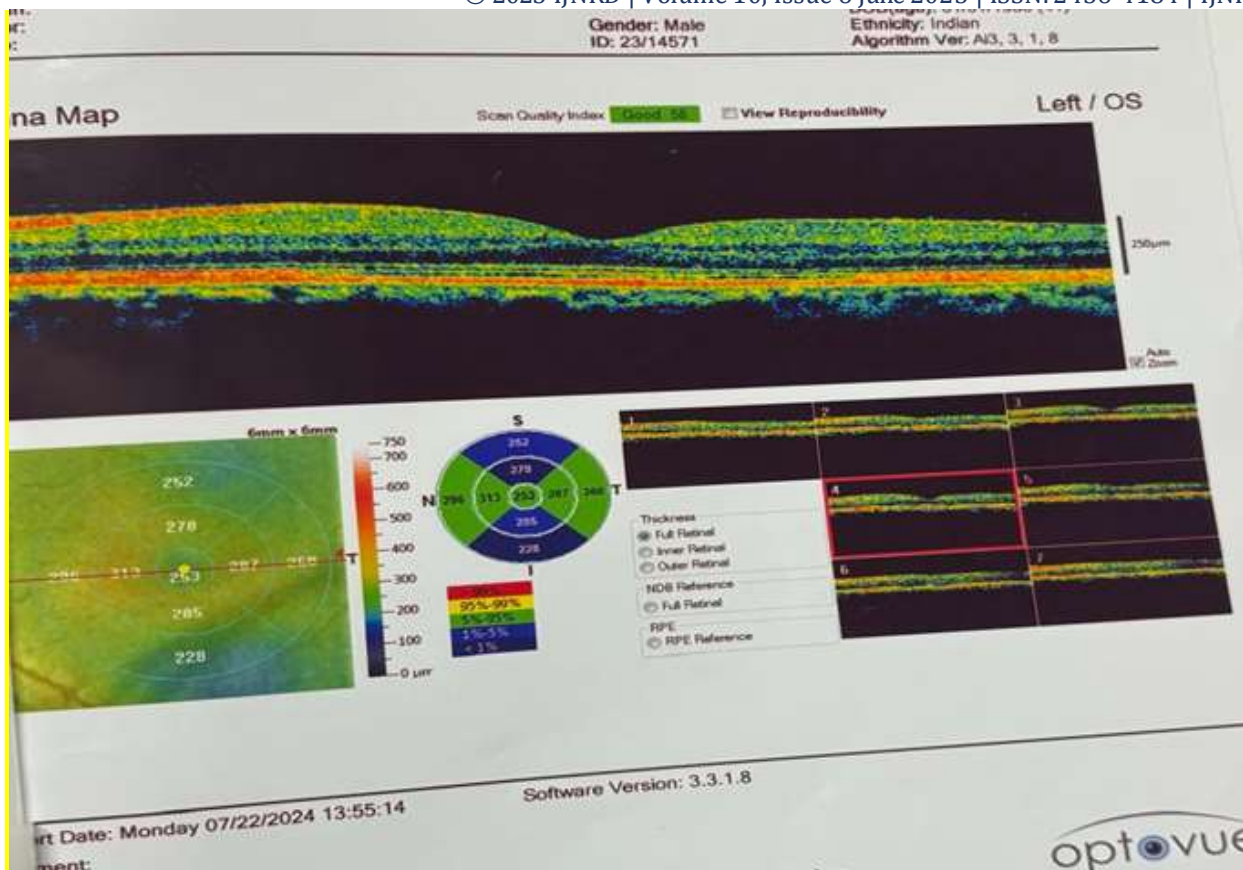


Figure 2. OCT Macula – After Treatment

Discussion:

Central Serous Retinopathy (CSR) is characterized pathophysiologically by choroidal thickening, vascular congestion, altered choroidal blood flow, and hyperpermeability. These alterations result in retinal pigment epithelium (RPE) decompensation, ultimately causing neurosensory retinal detachment. From an Ayurvedic perspective, this can be interpreted as the vitiation and localization of Kapha and Pitta doshas in the Rasa and Rakta dhatus of Netra, leading to srothorodha, sira dushti, and drishti dushti.

1. Internal Medications

- Manjishtadi Kashayam(2)**
 Possessing Kapha-Pitta samana, Rakta prasadana, pachana, and deepana properties, this formulation acts through lekhana karma. Predominantly tikta-kashaya rasa, it is slightly laghu and ruksha with sitoshna virya. Its pharmacological activities include anti-inflammatory, anti-infective, antioxidant, and wound-healing actions. It targets twak, rakta, and mamsa dhatus, making it ideal for pathological conditions involving Rasa-Rakta dushti.
- Punarnavadi Kashayam(2)**
 With Kapha-Pitta samana, deepana, pachana, mutrala, and malaanulomana actions, this tikta-kashaya rasa dominant formulation with katu vipaka and ushna virya supports Rasa-Rakta prasadana and reduces oedema, especially when combined with Chandraprabha Vati.
- Vaiswanara Choornam**
 Indicated for Kapha-Vata samana and Vata anulomana, this deepana choorna with katu-kashaya-lavana rasa, ushna virya, and lekhana karma acts as a samprapti vighatana, especially useful in ama and srotorodha conditions.
- Gokshura Choornam**
 Known for Vata-Pitta samana, mutrala, and rasayana actions, it is madhura rasa pradhana with sita virya and supports hepatoprotection, a relevant systemic co-factor in CSR.
- Chandraprabha Vati(4)**
 A potent formulation with tridosha hara, balya, rasayana, medohara, mutrala, and lekhana actions. Its broad-spectrum antimicrobial, immunomodulatory, and neurotonic properties enhance oculoneural function and boost systemic immunity.
- Ashwagandha Choornam**
 Acts as a Vatahara, medhya, rasayana and Its pharmacodynamic effects include adaptogenic and anxiolytic action.

2. Rukshana and Snehana

- Rukshana Karma** Both abhyantara with Takrapana and Ashta Choornam, and bahya with Varanadi(3) and Guluchyadi Kashaya(3) Dhara, are employed to remove excess kleda and sneha prior to snehapana. Varanadi has shoola prasamana and anti-inflammatory actions; Guluchyadi is Pittakapha samana and cooling.

- **Shirodhara with Takra**
Offers psychological calm, reduces sympathetic overactivity, and alleviates Kaphapitta aggravation affecting the higher sense organs. It supports mental clarity, crucial in dosha samana of Uttamanga.
- **Snehapana with Thikthakam Ghrita**
Given in mridu koshta patients for 3 days, This ghrita possesses deepana and chakshushya properties and Pittakapha samana. Its psychotropic and anti-inflammatory properties make it apt for ocular rasayana.
- **Bahya Snehana with Dhanwantaram Taila(3)**
Enhances systemic circulation, facilitates neuromuscular relaxation, and supports transdermal absorption via srotas. It also reduces sympathetic overdrive through trigeminal nerve stimulation.

3. Sodhana

- **Virechana Karma**
Using Trivrit, Ela, Sarkara, and Madhu, virechana eliminates vitiated Pitta and Kapha from the GI tract and deeper tissues. It purifies rasa-rakta, enhances agni, and corrects lymphatic congestion.
- **Pratimarsha Nasya with Durva Ghrita(2)**
Offers targeted delivery to uttamanga, pacifying Pitta and Rakta doshas. Rapid mucosal absorption supports ocular and systemic rejuvenation.

4. Netra Kriya Kalpa

- **Anjana (Lekhana)**
With Saribhadi anjana, rich in katu-tikta rasa and ushna virya, this therapy eliminates Kapha dosha, liquefies morbid secretions, and clears ocular srotas. It acts through the **Sringataka Marma** and surrounding tissues.
- **Tarpanam with Durva Ghrita**
Improves intraocular drug availability via the lipophilic epithelium of cornea and conjunctiva. The molecule having both hydrophilic and hydrophobic nature of ghee facilitates deeper ocular penetration, reducing inflammation and aiding repair.
- **Putapaka**
Following tarpana, this technique facilitates the deeper absorption of drug potency through thermal diffusion, enhances cellular regeneration, and clears srotas. It balances the nourishment level of ocular tissues and restores homeostasis.

5. External Therapies

These target the mechanical, vascular, and cellular degeneration contributing to CSR. Ayurvedic therapies regulate inflammatory cytokines (e.g., TNF- α , IL-1 β), improve circulation, and modulate neuro-immuno-ocular pathways(5).

Conclusion

This Ayurvedic approach offers an individualized CSR management strategy. Timely intervention with precise dosha-dhatu targeting can prevent disease progression and preserve vision. Further clinical studies with well-defined protocols are warranted to validate these traditional strategies with modern scientific methods. This case supports the integration of Ayurvedic ocular therapies in managing CSR and highlights the scope of Panchakarma and kriyakalpa procedures in retinal disorders and this case encourages further research into integrative management of retinal disorders using Ayurveda

Patient Perspective

“I was anxious about injections in the eye. The Ayurvedic treatments were comfortable, and my vision cleared within a month. I feel more relaxed and sleep better now.”

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images.

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