

CASE STUDY

Ayurvedic Management of CSCR- A single case study

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ABSTRACT

According to Ayurveda, Dhoomdarshi, a Pittaja Drishtigata Vyadhi, corresponds with Central Serous Chorioretinopathy (CSCR), a retinal disease characterised by serous detachment of the sensory retina and mostly caused by Pitta vitiation. The 48-year-old woman in this case study struggles to distinguish objects because she has had growing smoky vision in her right eye for a year. Ayurvedic principles influenced the diagnosis and treatment, emphasising Raktaprasadhaka, Pittahara, Shotohara, and Chakshushya therapies. The treatment plan included both Shamana and Shodhana chikitsa. Pathya Punarnavadi Kashayam and Triphala Guggulu were utilised to reduce Kapha-Vata and avoid fluid accumulation. While Nasya with Anutailam was used to eliminate aggravated Pitta-Kapha Doshas, Shiroabhyanga with Asana Eladi Tailam feeds the tissues of the eyes. Alongside Lodhra and Triphala Churnam, Aschyotana portrayed Raktaprasadhaka and Chakshushya. Following three months of treatment, the patient's vision improved from 6/36(P) to 6/9(P), and OCT results confirmed that the retinal detachment had healed. This research shows how effectively CSCR can be managed with Ayurvedic medicines for Pitta Prakopa, choroidal blood flow stability, and inflammation reduction. The holistic treatment of Ayurveda, which includes eye cleansing and rejuvenation, offers a long-term, non-invasive alternative to treating CSCR.

Keywords- CSCR, Dhoomdarshi, Ayurveda, Retinal disorder, Kriyakalpa, holistic treatment, Pathya punarnavadi kashayam

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INTRODUCTION

A retinal condition known as central serous chorioretinopathy (CSCR) is typified by a localised serous detachment of the macula's sensory retina. Its symptoms, which include central vision loss, unilateral blurring, central scotoma, micropsia, metamorphopsia, and impaired colour vision and contrast sensitivity, are more common in young and middle-aged men. The yearly incidence of the condition is approximately 10 per 100,000 people.[1] Corticosteroid use, emotional stress, Type A personality, and systemic diseases like lupus, sleep apnea, and Cushing syndrome are risk factors. Although the majority of CSCR cases go away on their own in three to six months, up to 50% of cases return. Retinal pigment epithelium (RPE) and photoreceptor degradation brought on by prolonged bouts might cause irreversible vision loss. [2] Imaging methods such as optical coherence tomography (OCT) aid in diagnosis, and treatments include observation, laser therapy, photodynamic therapy, and anti-VEGF medications, however these can be costly and risky.[3] Dhoomdarshi, a condition included under Drishtigata Vyadhi (eye disorders which influence vision), is comparable to CSCR in Ayurveda. Dhoomdarshi is characterised as a Pittaja Vyadhi brought on by physical strain, systemic imbalances like fever or extreme exhaustion, and psychological stressors like sadness and sorrow.[4] It presents as hazy or smoky vision, which is quite similar to CSCR symptoms.[5] The goal of Ayurvedic treatment regimens for Dhoomdarshi is to balance Pitta dosha using treatments such as Sheeta Pradeha (cold applications), Nasya (nasal therapy), Snigdha Virechana (therapeutic purgation), and Ghritapana (medicated ghee).[6] Raktapitta Nashaka Chikitsa, or blood-purifying treatments, are also used to treat related issues.[7] The symptoms and underlying causes of CSCR can be addressed holistically by combining contemporary diagnostics with Ayurvedic care, providing a supplementary viewpoint to treatment.

CASE REPORT-

Case History- At our outpatient clinic, a 48-year-old woman complained of blurred vision and difficulty seeing larger objects in her right eye. She stated that she has been steadily losing her vision over the past year; it began as distorted vision and progressively worsened. Since the patient has no history of diabetes or hypertension, two common systemic causes of vision impairment, these conditions are ruled out. Given the chronic nature of her symptoms and the absence of systemic risk factors, which suggest a potential retinal or choroidal illness, a comprehensive eye examination and advanced imaging tests are required in order to determine a diagnosis and create a treatment plan.

Family History- No associated family history.

Eye Examination: Table No. 1

On Direct Ophthalmoscopy (Right Eye): Table No. 2

On Oct Examination (Right Eye): Figure 1

- Fluid filled spaces beneath the neurosensory retina
- Serous detachment with retinal elevation

FA (Right Eye):

- Smoky stack pattern haemorrhage
- Ink blot haemorrhage

Diagnosis: *Dhumadarshi* (Central serous chorioretinopathy)- *Pittaja Sadhya Dristigata Vyadhi*- affecting 1st and 2nd *Patala*.

TREATMENT PROTOCOL

The treatment is initiated with *shamana aushadhi* (Table No.3) and continued with *shodhana* procedure (Table No. 4) and guna karma of the medicine is explained in Table No.5.

OCT findings on Fourth visit (Right Eye): Figure 2

On Oct Examination:

- Fluid accumulation reduced
- Serous detachment with retinal elevation reduced in comparison with previous OCT

FA (Right Eye):

- Plan after 3 months of treatment

OCT findings on Final visit (Right Eye): Detached area was resolved. Figure 3

On Oct Examination:

- No fluid accumulation
- Retinal elevation almost normal

FA (Right Eye):

- Haemorrhage not seen

OUTCOME

The patient's DVA before treatment was 6/36(P); after treatment, it improved to 6/9(P) on the right side.

- This demonstrates a drastic improvement in vision.
- The smoky vision was also significantly reduced.

Findings of Before and After Treatment shown in Table No. 6

DISCUSSION

CSCR is primarily caused by *pitta prakopa*, associated with *vata* and *kapha* which can be correlated with the hyperpermeability of choroidal blood vessels. The *vata* vitiation is manifested as irregular circulation and improper drainage of accumulated fluid, while fluid buildup indicates *kapha* vitiation. Hence, the chikitsa focuses on *pittahara*, *shotohara*, *chakshushya*, *rakta prasadhaka*, *vrana ropana*, and *chakshushya karma*. To reduce fluid accumulation and disperse swelling, *Pathya Punarnavadi Kashayam* is used, as it is *kapha vatahara* in nature. *Triphala Guggulu* acts as *kapha vatahara* and *shotohara*. *Nasya* is employed to eliminate all doshas involved in the pathogenesis, primarily *kapha* and *pitta*. *Lodhra* used in *aschyotana* is *pittahara*, *rakta prasadhaka*, and *chakshushya*. *Triphala* is *tridosahara*, *vrana ropana*, and *chakshushya*.

The following active compounds further aid in treating CSCR:

Tetrandine, quercetin, palmatine, and berberine in *pathya* exhibit anti-inflammatory, antioxidant, and *vasoprotective* properties. Tetrandine stabilizes calcium influx, reducing vascular leakage and choroidal hyperpermeability. *Punarnavine* and saponin exhibit diuretic actions, reducing fluid accumulation. *Boeravinones* and lignans possess anti-inflammatory and antioxidant properties, decreasing further retinal damage. Vitamin C (*Amalaki*), chebulinic acid and chebulagic acid (*Haritaki*), and gallic acid and ellagic acid (*Bibhitaki*) address oxidative stress, inflammation, and vascular hyperpermeability. The astringent actions of symplocosides and tannins tighten the choroidal blood vessels, reducing

permeability and preventing fluid leakage. Additionally, *Nasya* improves lymphatic drainage in the head and neck region, including the eyes. This promotes toxin removal, reduces inflammation, and supports healing. It also influences the autonomic nervous system, particularly the parasympathetic system, which helps regulate vascular tone.

Table 1- Eye Examination

	OD	OS
Pupil	Normal reaction	Normal reaction
Eyelids, eyelashes	Normal	Normal
Cornea	Normal	Normal
Conjunctiva	Normal	Normal
A.C., iris	Normal	Normal
Lens	No significant changes	No significant changes
IOP	15.9	14.6

Table 2: On Direct Ophthalmoscopy (Right Eye)

	R.E (Before Treatment)	L.E (Before Treatment)
MEDIA	Clear	Clear
DISC		
Size	Normal	Normal
Shape	Circular	Circular
Colour	Pinkish yellow Well defined	Pinkish yellow Well defined
Margin		
C:D Ratio	0.4	0.3
A/V	No A/V Crossing, hemorrhages	No A/V Crossing, no hemorrhages
Macula		
Fundus Reflex	Cystic swelling	Present
Ring Reflex	Absent	present
Fixation	Present	Normal
	Normal	

Table 3: Treatment protocol adopted in the case

S.no.	Medicine	Dose	Durations
1.	Pathya punarnavadhi kashayam [8]	40 ml bid/BF	3 months
2.	Triphala guggulu [9]	1-1-1/AF	3 months

Table 4: Treatment protocol adopted in the case

S.no.	Procedure	Medicine	Dose and duration
1.	Nasya [10]	Anutailam [11]	16 drops in each nostril for 7 days, each month. (3 months)
2.	Shiroabhyanga [12]	Asana eladi tailam	Once in 3 days for 3 months
3.	Aschyotana	Sheetha Kashaya with lodhra and triphala churna[13]	1 drop per 1 hour for 3 months

Table 5: Guna Karma of the medicine

S.no.	Medicine	Guna Karma
1.	Pathya punarnavadhi kashayam	Kaphavatahara
2.	Triphala guggulu	Kaphavatahara
3.	Anutailam	Tridosahara
4.	Asana eladi tailam	pitakaphahar
5.	Lodhra churana	Pitahara
6.	Triphala churana	Kaphapittahara

Table 6: Findings of Before and After Treatment

DATE	Visual Acuity		Oct findings(od) Subjective symptoms	
	RE	LE		
On First visit (30-10-2024)	6/36(P)	6/9	Serous detachment of 607µm in the macular area, ring reflex present, Foveal reflex present. [Fig.1]	Blurred vision
On Fourth visit (16-12-2024)	6/24(P)	6/9	Reduction in thickness of detached are 337µm [Fig.2]	Blurring reduced
On final visit (30-01-2025)	6/12(P)	6/9	No detached area seen, normal macula, normal foveal depression [Fig.3]	Almost normal vision

Ass Map Change Report OU, Recent Follow-Up
ALIS® Tracking Laser Tomography

NAME: [REDACTED]

DOB: [REDACTED]

OPD NO: P46495

REPORT : CSCR

Comments

Date: 30/10/2024

OD

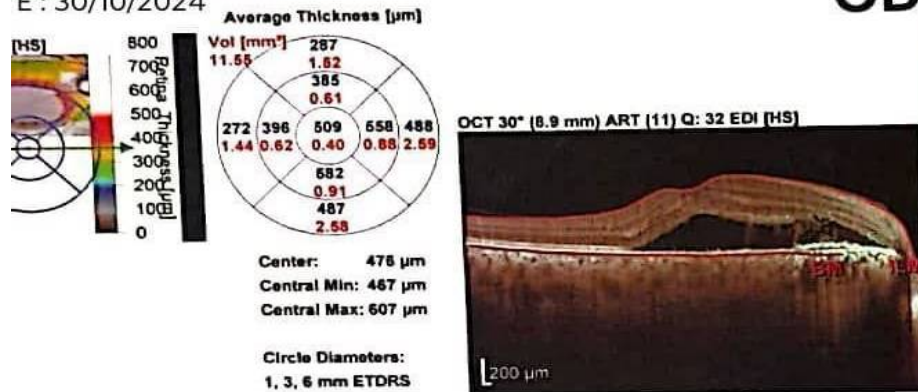


Figure 1: Before treatment optical coherence tomography scan of right eye(30-10-2024)

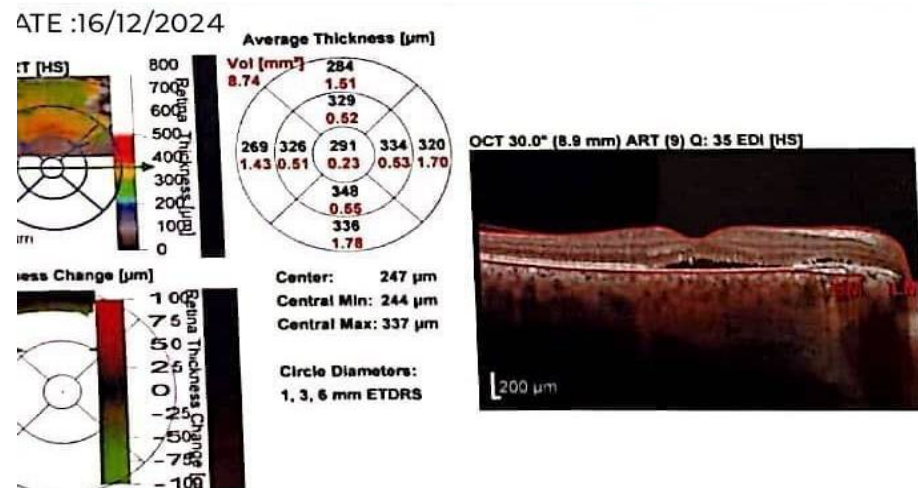


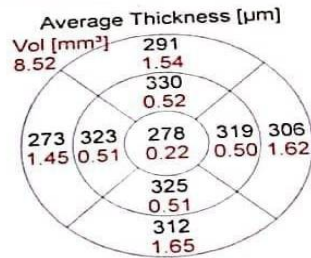
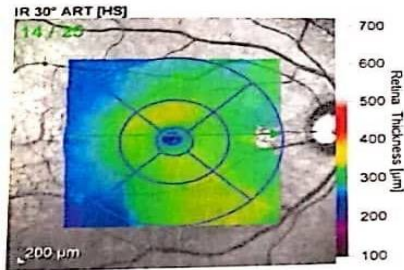
Figure 2: During treatment optical coherence tomography scan of right eye (16-12-2024)

Thickness Map Single Exam Report OU SPECTRALIS® Tracking Laser Tomography

NAME: [REDACTED]
OPD NO.: P46495
REPORT : CSCR

DATE: [REDACTED]
commen

OD



Center: 233 µm
Central Min: 222 µm
Central Max: 331 µm
Circle Diameters: 1, 3, 6 mm ETDRS

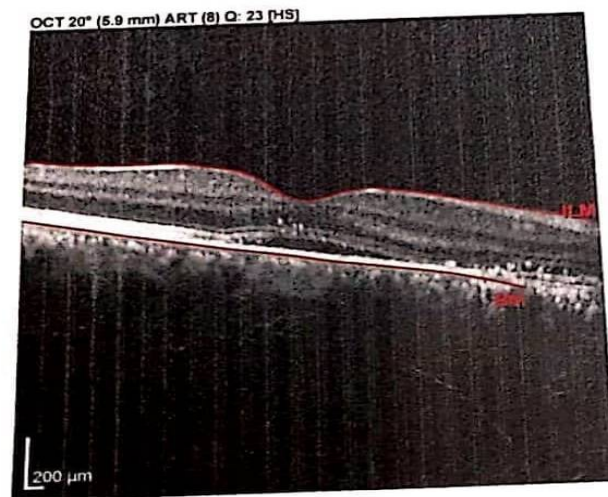


Figure 3: After treatment optical coherence tomography scan of right eye (30-01-2025)

CONCLUSION

The successful outcome of the case presented - where the patient showed significant improvement in both visual acuity and OCT findings - suggests that Ayurveda can play a vital role in managing CSCR, especially in preventing recurrence and promoting long-term healing. This integrative approach, which combines modern ophthalmology with Ayurvedic management, offers a comprehensive and cost-effective solution to CSCR, improving both the quality of life and ocular health for patients. In conclusion, integrating Ayurvedic principles with conventional treatment protocols for CSCR provides a promising and holistic framework for managing the disease, addressing both its immediate symptoms and its deeper, underlying causes. This approach not only offers symptom relief but also aims at restoring balance within the body, thus reducing the likelihood of recurrence and enhancing long-term visual outcomes.

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