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A HOLISTIC APPROACH TO DIABETIC RETINOPATHY: FOCUS ON *ICHHABHEDI RASA VIRECHANA* – A CASE REPORT

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Abstract:
Diabetic Retinopathy (DR) is a leading cause of vision loss globally, characterized by microvascular damage to the retina due to prolonged hyperglycemia. In Ayurveda, this condition is often correlated with Prameha Upadrava (complications of diabetes) and Raktapitta or Timira.
A 54-year-old male patient diagnosed with Non-Proliferative Diabetic Retinopathy (NPDR) presented with blurred vision and floaters. Despite controlled blood sugar levels, retinal hemorrhages persisted. The patient was treated with *Shodhana* therapy, specifically *Virechana* using Ichhabhedi Rasa. Post-treatment observations showed significant reduction in macular edema and improved visual acuity, suggesting that *Virechana* helps in clearing *Srotorodha* (micro-circulatory channels) and balancing *Pitta-Rakta* [1].

Introduction
Diabetic Retinopathy is a microangiopathy where high glucose levels lead to capillary occlusion and increased permeability. In Ayurveda, the pathogenesis involves *Saptadhatu* (seven tissues), particularly *Rakta* (blood) and *Mamsa* (muscle). *Virechana* is the line of treatment for *Pitta* and *Rakta* disorders [2]. Ichhabhedi Rasa is a potent *Teekshna* (strong) purgative containing *Shuddha Parad*, *Gandhak*, *Tankana*, *Sunthi*, *Maricha*, and *Jaiphal* (Croton tiglium), making it effective in clearing deep-seated toxins in chronic metabolic conditions [3].

Disease Description: The Convergence of Two Sciences
Ayurvedic Perspective: Madhumehajanya Timira
In Ayurveda, DR is categorized under **Drishtigata Roga** (Visual disorders) as a complication of **Prameha** (Diabetes).
- **Dosha:** *Pitta* (specifically *Alochaka Pitta*) and *Kapha* are primary.
- **Dushya:** *Rakta* (Blood), *Mamsa* (Muscle), and *Meda* (Fat).

Pathogenesis: High sugar (*Madhurya*) in the blood leads to *Srotas-Sangha* (obstruction in micro-channels). The *Pitta* becomes "Vidagdha" (corrupted/inflamed), leading to the rupture of small vessels (*Raktapitta*) [4].

Modern Perspective: Diabetic Retinopathy (DR)
Diabetic Retinopathy is a microvascular complication of Diabetes Mellitus. Chronic hyperglycemia leads to:
- **Capillary Damage:** Loss of pericytes and thickening of the basement membrane.
- **Hypoxia:** Reduced oxygen delivery to the retina.
- **Microaneurysms:** Small bulges in blood vessels that leak fluid (Edema) or blood (Hemorrhage).
- **Neovascularization:** In advanced stages (PDR), the body grows fragile new vessels that bleed easily, leading to retinal detachment.

The condition is predominantly associated with Pitta–Kapha Dosha vitiation and Rakta Dushti, leading to impaired ocular nourishment and visual disturbances. Classical Ayurvedic texts advocate Panchakarma therapies for such conditions, with Virechana Karma being especially beneficial for the elimination of vitiated Pitta and Kapha doshas and purification of blood (Raktashuddhi).
Ichhabhedi Rasa, a classical herbo-mineral formulation, is described as a potent
Virechaka Dravya. This case study aims to evaluate the clinical efficacy of Ichhabhedi Rasa Virechana in managing Diabetic Retinopathy using both Ayurvedic principles and modern diagnostic parameters.

Actions of Ichhabhedi Rasa
Rasa (Taste): Kashaya (astringent), Tikta (bitter)
Guna (Qualities): Laghu (light), Ruksha (dry)
Virya (Potency): Ushna (hot)
Vipaka (Post-digestive effect): Madhura (sweet)
Dosha Effect: Pacifies Kapha–Pitta Dosha

Main Actions
- Acts as a strong Virechaka for the elimination of vitiated Pitta and Kapha
- Performs Raktashuddhi by removing toxins from blood
- Improves ocular microcirculation and reduces retinal edema
- Enhances digestion and metabolism (Agni Deepana)
- Supports systemic detoxification and alleviates symptoms of Madhumehajanya Timira

Objectives
1. To evaluate the therapeutic effect of Ichhabhedi Rasa Virechana in the management of Madhumehajanya Timira (Diabetic Retinopathy).
2. To assess improvement in ocular symptoms and visual functions following Ayurvedic intervention.
3. To analyze changes in systemic parameters such as blood glucose levels, HbA1c, and lipid profile after treatment.
4. To explore the role of Virechana Karma in correcting Pitta–Kapha Dushti and improving ocular microcirculation in patients with DR.

Methodology
Case Report
- **Patient Age/Sex :** 54 / Male
- **Chief Complaints:** Gradual Diminution of Vision (DV), floaters, and occasional headaches for 6 months. His HbA1c was 7.8%.
- **Medical History:** Type 2 Diabetes Mellitus for 12 years (on oral hypoglycemics).

Diagnosis: Moderate NPDR with mild Macular Edema.

Clinical Examination:
- **Visual Acuity:** RE 6/18, LE 6/12 (Snellen's).
- **Funduscopy:** Revealed multiple dot-blot hemorrhages and hard exudates in the macular area.
- **Ayurvedic Examination:** *Madhumeha* history with *Pitta-Kapha Prakriti*.

Investigations
Fasting Blood Sugar (FBS): 176 mg/dl
Post-Prandial Blood Sugar (PPBS): 268 mg/dl HbA1c: 8.9%
Lipid Profile: Raised triglyceride levels

Ashtavidha Pariksha (Eight-fold Examination)
The following parameters were recorded prior to the administration of *Snehapana* and *Virechana*:

Examination	Observation
1. Nadi (Pulse)	*Pitta-Kapha*
2. Mutra (Urine)	*Pandu-Pita* (Pale Yellow)
3. Mala (Stool)	*Shtabdha/Sama* (Constipated/Sticky)
4. Jihwa (Tongue)	*Saam* (Coated)
5. Shabda (Speech)	*Spashta* (Clear)
6. Sparsha (Touch)	*Ushna* (Warm)
7. Drika (Vision)	*Timira / Dhundhla*
8. Akriti (Appearance)	*Madhyama* (Medium built)

Therapeutic Intervention (Virechana Protocol)
The selection of **Virechana** (Therapeutic Purgation) is based on the principle: *"Tatra pitte virechanam"* (For Pitta, Virechana is the best treatment) [5].
Step 1: Deepana-Pachana (3 Days) - Puravkarma
The patient was given *Chitrakadi Vati* (2 tabs twice daily) to improve *Agni* (digestive fire) and digest *Ama* (metabolic toxins).
Step 2: Snehapana (5 Days)
Graduated doses of **Mahatriphaladi Ghrita**. This medicated ghee is specifically formulated for ocular health (*Chakshushya*). It penetrates the blood-retinal barrier to lubricate and soften the "Doshas" lodged in the retinal tissues [6].
Step 3: Pradhana Karma (The Virechana Day)
The patient was administered **Ichhabhedi Rasa** (250 mg).
- **Composition:** Contains *Jaiphal* (Croton tiglium), which is a powerful hydro-purgative.
- **Action:** It creates an osmotic gradient that draws excess fluid (edema) from the peripheral tissues (including the retina) back into the gut to be expelled [7]

Step 4 : Paschatkarma (Post-treatment):
Samsarjana Krama (graduated diet) followed for 7 days.
- Dietary schedule: *Yavagu* (days 1-2), *Vilepi* (days 3-4), soft rice/khichadi (days 5-6), and normal light diet (day 7)

Discussion
The success of *Ichhabhedi Rasa* in this case can be analyzed through three physiological pathways:
A. Resolution of Macular Edema (Osmotic Action)
Ichhabhedi Rasa is a *Teekshna* (sharp/potent) purgative. In DR, vision loss is often due to Macular Edema (fluid accumulation). By inducing controlled, watery purgation, the drug creates a "dehydrating" effect on the extracellular fluids of the body. This helps in the reabsorption of retinal edema back into the circulatory system, thereby improving visual clarity [8].
B. Srotoshodhana (Clearing Micro-channels)

The retina has the highest metabolic rate in the body. In NPDR, the *Srotas* (capillaries) are blocked by *Kleda* (morbid moisture/sugar-byproducts). *Virechana* acts as a systemic "flushing" mechanism. It clears the *Srotas-Sangha* (obstruction), allowing for better oxygenation of the retinal layers [9].

C. Pitta-Rakta Samana

Ayurveda links the health of the eye directly to the liver and blood. Since *Virechana* expels excess *Pitta* from the *Amashaya* (stomach/small intestine), it reduces the "heat" or inflammatory pressure in the *Raktavaha Srotas*. This stabilizes the vascular walls and prevents fresh hemorrhages (dot-blot spots) [10].

D. The Role of Mahatriphaladi Ghrita

The use of this ghee during the preparatory phase ensures that while the toxins are being removed, the delicate nerves of the retina (*Vata* stabilization) are protected. This prevents the "dryness" that could otherwise follow a strong purgative like *Ichhabhedi Rasa*.

Results and Observations

The efficacy was measured using Snellen's Chart and Fundus Examination.

Parameter	Pre-Treatment	Post-Treatment (30 Days)
Visual Acuity (Right)	6/18	6/9
Visual Acuity (Left)	6/12	6/6
Fundus Findings	Microaneurysms, Dot-blot hemorrhages	Significant reduction in hemorrhages
Subjective Symptoms	Heavy floaters, blurred vision	Minimal floaters, improved clarity

Conclusion

Management of NPDR through *Ichhabhedi Rasa Virechana* offers a systemic approach to a localized problem. While modern laser treatments seal leaking vessels, *Virechana* changes the internal environment of the body to prevent the vessels from leaking in the first place. This case showed a two-line improvement on the Snellen's chart and a visible reduction in retinal hemorrhages.

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