

## A MUTLI-DIMENSIONAL APPROACH TO PAPILLEDEMA BY ADOPTING SHOTHA CHIKITSA - A SINGLE CASE STUDY

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## ABSTRACT

**Introduction:** *Shotha*<sup>1</sup> is the generic name told by *Ayurveda Acharyas* correlating to inflammation or oedema affecting in any part of the body. Detailed description of anti-inflammatory measures is available in *Ayurveda* classics to handle such ailments. *Ekanga Shophya* is explained in *Ayurveda Bruhathrayees*, as an inflammation in any particular part of the body or organ, Papilledema is also such local inflammation which we can take into consideration as *Ekanga Sophera*. Papilledema is defined as passive oedema of optic disc in the eyes, secondary to raised intracranial pressure. Its incidence is getting increased day by day due to defective lifestyle and other aetiologies. **Objectives:** The objectives of this study are to evaluate the efficacy of *Shodha Chikitsa* in the management of papilledema. **Methodology:** A 64-year-old female patient having symptoms of papilledema selected for the study. By considering the papilledema as *Drushti Anthara Sophera* or *Drishhti Nadishotha* and adopted the *Shobha Chikitsa*. The patient underwent with *Nasya*, *Seka*, and *Thakradhara* for 14 days. *Punarnavashtaka kashaya*, *Navayasa choorna*, *Chandraprabha vati*, *Sapthamrutha loha* given as internal medicine for 2 months. **Results:** The papilledema got regressed after 2 months of treatments and the patient got continuously monitored for one year and no reoccurrence found. **Conclusion:** Papilledema is a serious eye ailment which is not having permanent solution in other medical science but can be easily managed with *Ayurvedic* medicaments. It is the *Yukthi* of the

Vaidya to adopt the treatments like *Sothahara Chikitsa* etc. to make the patients get recover from ailments like optic disc oedema or Papilledema.

**Keywords:** *Papilledema, Shotha, Nasya Seka Takradhara, Punarnavashtaka kashaya, Navayasa choorna, Saphamrutha loha*

## INTRODUCTION

The term *Shotha* told in *Ayurveda* classics have synonyms like *Shopha, Swayathu, Uthswedha, Samhana*<sup>1</sup> but it literally means a swelling because of inflammatory process in any part of the body or may be general oedema. *Shotha* affecting body may occur as either *Swatantra Vyadhi* (primary) or *Paratantra*<sup>7</sup> (secondary) *Vyadhi*. There are various aetiologies are explaining in the occurrence of *Sopha*, some might be occurring due to *Dosha* vitiation or some might be due to *Abhighata* or trauma. It may also occur as a symptom of other diseases. Keeping this concept of *Shotha* in view, papilledema can be considered as *Drishti Anthara Shodha/ Drishti Nadi Shodha* [as optic nerve is associated] which may be primary or secondary. However, exactly the term papilledema has been referred for the passive disc swelling associated with increased intracranial pressure, which is almost always bilateral. Sometimes, it may be asymmetrical in both eyes. Symptoms can include visual disturbances, headache and nausea. If not treated in time, this condition can lead to optic atrophy and total loss of vision. In the early stages, Papilledema may be asymptomatic or present with mild symptoms like headache. It can progress to enlargement of the blind spot, blurring of vision, visual obscuration (inability to see a particular part of the visual field for a period of time) ultimately, total loss of vision can occur. The main pathology behind this ailment is raised intracranial pressure happens due to any trauma and transient loss of vision occurs gradually. By considering trauma as *Shiroabhithapa*<sup>2</sup>, *Shotha Chikitsa* is taken into consideration. After getting *Abhithapa*, *Dosha* vitiation happens which is *Moolakarana* of *Shodha*. In this case study, a female patient of papilledema presented with *Kapha-Pitta* predominant *Shodha* symptoms in eye was selected. She was having symptoms like blurring of vision, headache, Mild nausea, heaviness of both

eyes, mild pain in left eye. Headache was getting severe in morning hours. Patient was diagnosed as bilateral Papilledema and signs elicited more in the right eye than the left. In ayurvedic view, this case had been diagnosed as *Drishti Nadi Shotha or Drishti Anthara Sodha*.

### Case Report:

A female patient aged 64 years visited OPD in Department of *Shalakya Tantra*, Govt Ayurveda Medical college, Bengaluru. She was presenting with complaints of blurring of vision, double vision occasionally, head ache felt severe in morning hours, Mild nausea, heaviness in both eyes, mild pain in left eye, For these complaints, patient had undergone treatment by an Ophthalmologist and was provisionally diagnosed as Bilateral Papilledema with benign intracranial hypertension (comparatively more in the left than right eye). Patient was on tablet Diamox 250 mg (Acetazolamide twice a day for Intracranial hypertension), but was complained of dizziness, ringing sounds in ears, generalized weakness after taking this tablet. Even after taking medication for 4 months, patient had persistent heaviness in head and headache. Hence, patient wanted to discontinue it and thus, came for Ayurvedic treatment. In the past history, she is a known case of hypertension since 11 years on antihypertensive (tablet Ramipril 50 mg once a day), and blood pressure was under control. She is suffering from Diabetes mellitus since 7 years and on Oral Antihyperglycemic agent (tablet Glimipiride 500 mg), blood sugar level was - fasting 134 mg% and postprandial 162 mg%.

### Ocular Examination:

- Visual acuity • Distance vision acuity (DV) - 6/9 Rt 6/24 Lt,
- Near Vision (NV) - N/8 BE

- Intraocular pressure (IOP) – 18 mm Hg Rt /22. mmHg Lt
  - Third, fourth, and sixth cranial nerve in BEs were normal. Normal ocular movements, No evidence of Ptosis etc
  - Corneal reflex is normal.
  - Slit lamp examination - Normal AC, Non Chemosed Conjunctiva, no keratitis found, no Iritis found, anterior uveal tract appears normal
  - Pupil- - no afferent pupillary defect., RRR-BEs. 3mm in diameter
  - **Fundoscopy disc**
    - Right eye - mild papilledema
    - Left eye - moderate papilledema.
- Retinal haemorrhage - elicited  
Retinal exudates – nil  
Hypertensive retinopathy changes- mildly appreciated with flame shaped haemorrhages in inferio-nasal part of left eye.  
Considering above criteria, patient had been diagnosed as Benign raised intracranial hypertension leading to Papilledema, which is painless swelling of the optic disc with hyperemia of the disc with engorged retinal vessels. From ayurvedic point of view, it was diagnosed as *Kapha-Pittaja Shotha* happened to the *Netra Nadi* or optic disc and treated on the line of *Shotha Chikitsa*.

#### Line of Management:

The following treatment was administered: (Table 1)

- ❖ *Dipana Pachana – Chithrakadi Vati* – 2 tablets twice daily before meals for 3 days
- ❖ *Koshta Shuddhi – Trivruth lehya* 30 gm with lukewarm water at empty stomach morning on 4<sup>th</sup> day
- ❖ *Dosha Pratyanka Chikitsa: Kriyakalpa & Abhyanthara prayoga*  
*Kriyakalpa – Nasya with Anutailam* 7 days  
*NethraSeka with Guduchi, lodra, Punarnava, Daruharidra* for 7 days  
*Thakra dhara [Takram mixed with Vaasakadhi Kashayam + Musta Amalaki kashayam used for Shirodhara]* for 7 days.  
*Abhyanthara Prayoga - Punarnavashtaka Kashaya* each 10 ml twice daily orally with 20 ml lukewarm

water on empty stomach. *Navayasa Choorna* 5gm twice daily with *Takra. Chandraprabha Vati* one tablet twice daily before food. *Sapthamrutha Loha* two tablet bedtime with unequal quantity of honey and ghee.

Total duration of treatment was 2 months.

#### Observation and Results

The patient started feeling better in blurring of vision, double vision etc. after administering the treatment *Nasya* and *Nethra seka*. Slight heaviness in the left eye was still persisted. But during the treatment of *Takradhara* patient reported gradual improvement in the heaviness of the eyes and head. There was a massive reduction of episodes of headache also. After 1 month of treatment, a decrease in Papilledema was observed. Patient was getting monitored daily for the difference of intra ocular pressure. And it was found that the IOP was getting normal gradually during the treatment period. Blood sugar level was normal (within biological limit). On follow-up of more than 1 year, patient was asymptomatic on examination, Papilledema of both eyes had been completely regressed.

#### DISCUSSION

While explaining the *Pramana* to attain and implementing the knowledge, *Acharya Charaka* explained *Yukti Pramana*- it is the best intellectual ability of a physician and said to be permitted to modulate the disease management as per the wish of physician itself. As mentioned in *Vimana Sthana* in the context of *Anukta Vyadhi*, for the management of diseases which are not named in the text, the physician should use his knowledge, intelligence and try to comprehend the vitiated *Dosha* and treat it accordingly. Though there is no definite treatment protocol in the management of Benign raised intracranial pressure presenting with Papilledema, with the clinical experiences, an attempt was made to treat this clinical entity on lines of *Shotha Chikitsa*. Thus, the treatment aimed at reducing the *Shotha* by administering *Shothahara* preparations such as *Punarnavashtaka Kwatha*. etc along with other internal medication, the local procedure *Takradhara (Ruksha, Sheeta quality) seka* with *Shothahara* drugs and *Nasya* with *Anu Tailam* to pacify

*Kapha* and *Pitta Dosh*a were planned. At the same time by giving due consideration to control diabetes, *Chandraprabha* was administered. As *Sapthamrutha loha* yields best *Chakshusha* property, it was also administered. The patient responded well both subjectively and objectively to the treatment.

**Nasyam with Anutailam** – *Nasyam* explained as prime *Shodhana* procedure in *Urdhwajatru Vikaras* because this treatment procedure having direct impact on *Shringadaka* etc *Marma*. *Nasa* is the only gateway towards *Shiras* and *Nasyam* is the best treatment plan to be adopted. *Anutaila* clears the *Shirogata Srotas* and facilitates the body for further treatment modalities.

**Sekam** – *Netra Sekam* otherwise called *Netradhara* and drugs like *Punarnava*, *Lodra Guduchi* etc which are marked for their anti-inflammatory activities. These drugs will help to clear the media and improve transparency of humors inside and helps in clarity of vision.

**Special Takradhara** – *Takradhara* is *Rooksha KaphaPitha Hara* which will do its good impact on oedematous area. Usually, *Takra* is added with *Musta* and *Amalaki Kashayam* and *Takradhara dravya* is preparing by churning the contents. But here an alternate method of *Sthanika Sotha Chikista* was done with external application of *Vaasakadi Kashayam*. Instead of using orally, freshly prepared *Vaasakadi Kashayam* mixed with *Takram* used for *Takradhara*. The *Vaasakaadi Kwatha* contains ingredients like *Vasa*, *Nimba*, *Musta*, *Haritaki*, *Bibhitaki* & *Amalaki* which were taken in equal quantity and powdered separately. The *Kwatha* was prepared according to *Acharya Sharangadhara's* view of method of preparation of *Madhyama Kashaya Kalpana Vidhi*. Then mixed with *Takra* along with *Amalaki* and *Musta Kashaya*, churned well and used for *Takradhara*.

**Navayasa Choornam**: *Shunti* (*Zingiber officinalis*) *Pippali* (*Piper longum*) *Maricha* (*Piper nigrum*) *Haritaki* (*Terminalia chebula*) *Vibitaki* (*Terminalia bellirica*), *Amalaki* (*Embllica officinalis*), *Mustha* (*Cyperus rotundus*) *Vidanga* (*Embelia ribes*) *Chitraka* (*Plumbago zeylanicum*) *Ayoraja/loha bhasma* (Iron oxide) The Formulation is explained in *Pandu roga*

where *Sopha* is mentioned as a complication and are proven to be best for their anti-inflammatory activity.

**Punarnavashataka Kwatha**: *Punarnava* (*Boerhavia diffusa*), *Nimba* (*Azadirachta indica*), *Patola* (*Trichosanthes dioica*), *Shunthi* (*Zingiber officinalis*), *Kutki* (*Picrorrhiza kurroa*), *Guduchi* (*Tinospora cordifolia*), *Devdaru* (*Cedrus deodara*), *Haritaki* (*Terminalia chebula*) are having antioxidant, diuretic, anti-inflammatory as well as antimicrobial properties.

**Chandraprabha** –It is very commonly used drug for controlling blood sugar, having *Mutrala* property also. The Drugs like *Shilajathu*, *Guggulu* (*Commiphora mukul*) *Ativisha* (*Aconitum heterophyllum*) etc. in this formulation are having miraculous action in reducing fluid retention and thus causes marked reduction in edema inside the disc.

**Sapthamrutha loha Amalaki** (*Embllica officinalis*), *Haritaki* (*Terminalia Chebula*) *Vibhitaki* (*Terminalia bellirica*). *Yashti Madhu* (*Glycyrrhiza glabra*). This formulation is metabolism balancer and eye nutritive tonic also.

## CONCLUSION

New ocular disorders like Papilledema is not described in ancient texts. It is difficult to find out a perfect correlation from Ayurveda treatises for such eye diseases. But through analyzing the vitiated *Doshas* based on the signs and symptoms, the entity papilledema can be considered as *Kapha-Pitta* predominant *Drishti Nadi Shotha* or *Drishti Anthara Sotha* and managed by following the treatment prescribed for *Shotha*. The Pappilledema is the disc oedema and here taken into consideration as *Ekanga Sopha*, there by *Shopha Chikitsa* is administered which yielded better results within limited period of time.

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**Table 1:** Treatment Plan

Sl no	Treatment plan	Medicine	Duration
1.	<i>Dipana Pachana</i>	<i>Chithrakadi vati</i>	3 days
2	<i>Koshtasudhi / Virechana</i>	<i>Trivruth lehyam</i>	4 <sup>th</sup> day
3	<i>Nasyam</i>	<i>Anutailam</i>	6-12th day
4	<i>Netra Sekam</i>	<i>Guduchi, Lodra, Punarnava, Daruharidra</i>	12- 19th day
5	<i>Special Takradhara</i>	<i>Mixed with Vaasakadi Kashayam + Musta Amlaki kashayam</i>	12- 19th day
6	Internal medications	<i>Punarnavashtaka Kashaya Navayasa choorna Chandra prabha vati Sathamrutha loha</i>	2 months

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