A case study of CRAO Sequel-Macular Oedema with ERM: an integrative treatment approach

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Abstract

A female patient, 43, non-diabetic, non-hypertensive experienced RE-sudden loss of vision in May 2016. Her vision at that time was found to be RE-counting fingers, LE-6/5p, near vision with presbiopic correction +1.50D for RE-N36p, LE-N6. On examination, the patient was diagnosed as RE-Central retinal arterial occlusion with cherry red macular hemorrhage and retinal oedema. She was referred to vitreoretinal surgeon and on his recommendation, she was given LASER treatment after 2 days. She also underwent intravitreal [IV] injectables twice to reduce retinal oedema. With this treatment, her vision was improved to 6/12p, N10. But she had RE-floaters in vision as a new symptom; on examination RE fundus showed macular oedema and epiretinal membrane [ERM] involving partial macular area. The patient underwent OCT to determine severity of macular oedema and other structural pathology. As there was limited relief with IV injectables, she was advised to take Ayurvedic treatment for further improvement in vision and to get rid of other symptoms as an alternative and complementary treatment. The patient was advised only systemic Ayurvedic Shaman treatment and no local treatment was given. She was advised to take Ayurvedic medicines which included Chandraprabha Vati 250mg 2 tabs twice a day, Manjisthadi Vati 750mg 1 tab twice a day, Nimbamrutadi Vati 750mg 1 tab in the morning and 2 tabs at bed time, Amalaki Ghana Vati 250mg 1tab in the morning and 2 tabs at bed time, Gomootra Haritaki 150mg 2 tabs twice a day (All tabs with lukewarm water as Anupana) and Timir Ghrita 10ml bed time with lukewarm milk. This treatment continued from October 2016 to April 2017. With this treatment, her vision improved to 6/6p, N8 in March 2017. She was advised to continue same medicines along with addition of tab Vasanta Kusumakar 40mg at bed time and tab Yashtimadhu Ghana 250mg twice a day. Follow up was done in April 2017, where she had vision in RE 6/6, N6. Her fundus showed regression of ERM with decrease in macular oedema which was confirmed on OCT.

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