

A CASE STUDY OF *JALAUKAVCHARAN* WITH AYURVEDIC AND MODERN
TREATMENT IN *NAYANABHGHATA* WITH SPECIAL REFERENCE TO TRAUMATIC
CENTRAL SEROUS CHORIORETINOPATHY¹*Dr. Pournima S. Sawale, ²Dr. Nisar Ali Khan¹M.S. Shalakyatantra, Assistant Professor, Shalakyatantra Department, Government Ayurved College, Nanded-431601.²M.S. Shalakyatantra, Professor & HOD Shalakyatantra Department, Government Ayurved College, Nanded- 431601.***Corresponding Author: Dr. Pournima S. Sawale**M.S. Shalakyatantra, Assistant Professor, Shalakyatantra Department, Government Ayurved college, Nanded-431601. DOI: <https://doi.org/10.5281/zenodo.17893224>**How to cite this Article:** 1*Dr. Pournima S. Sawale, 2Dr. Nisar Ali Khan (2025). A Case Study Of Jalaukavcharan With Ayurvedic And Modern Treatment In Nayanabhighata With Special Reference To Traumatic Central Serous Chorioretinopathy. European Journal of Pharmaceutical and Medical Research, 12(12), 429–434.

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ABSTRACT

This study reveals the efficacy of *Jalaukavcharan* with adjunctive ayurvedic treatment in the management of Traumatic CSR. Traumatic CSR can be co relate with *Dandadi Nayanabhighatjanya Shotha*, which should be treated as per treatment indicated in *Shotha* and *Pittaja* as well as *Raktaja Abhishyanda*. This study shows visual improvement in patient with Traumatic CSR following adjunctive ayurvedic treatment with its conventional treatment in short period of time.

KEYWORDS: *Jalaukavcharan*, *Nayanabhighata*, *Punarnavadi Kashaya*, Traumatic CSR.**INTRODUCTION**

Traumatic central serous chorioretinopathy refers to CSR occurring after blunt trauma to eye where fluid accumulates under the retina causing visual distortion.^[1] Usually CSR caused due to stress or prolonged use of steroids. The trauma can damage the choroidal vasculature causing inflammation, congestion and increased permeability of the choriocapillaries which increase hydrostatic pressure within the choroidal space which over powers the RPEs pumping mechanism and damages its barrier function. Unlike most idiopathic CSR cases which are triggered by systemic factors, traumatic CSR is the direct result of physical insult, while many cases resolve spontaneously within few months but chronic fluid accumulation can also increases the risk of complications like persistent visual decline, choroidal neovascularisation, macular hole or macular atrophy.

Dandadi Abhighatajanya Nayanabhighat shows symptoms like *Shotha*, *Netralalima*, *Vedana*, *Drishtimandya* which should be treated as per treatment indicated in *Pittaja* as well as *Raktaja Abhishyanda*. In which *Pittashamka*, *Raktashodhan Chikitsa* and *Jalaukavcharan* is advocated.^[2]

The part of body having *Utsedha* and collection of fluid termed as *Shotha*^[3], which can be correlated with traumatic CSR in case of retinal swelling. In *Shotha* mostly *Kledahara* and *Mutravirechaniya Dravyas* are indicated which helps to reduce the *Shotha*.^[4]

Usually CSR resolve within 3-6 months with modern line of treatment or take more time to recover and leads to further macular complications which can deteriorate the central vision. Hence, this patient with Traumatic CSR was treated with *Jalaukavcharan* and *Punarnavdi Kashay* with conventional treatment to enhance the recovery process and to avoid further vision threatening complications.

OBJECTIVES

- To validate efficacy of *Jalaukavcharana* in Traumatic central serous chorioretinopathy.
- To validate efficacy of adjunctive Ayurvedic treatment in Traumatic central serous chorioretinopathy.

STUDY DESIGN

Simple Clinical Trial was carried out in ophthalmology OPD, Shalakyatantra Department, Government Ayurved College and Hospital, Nanded.

MATERIALS AND METHODS**CASE REPORT**

A 40 yrs old male patient, visited to Ophthalmology OPD of Shalakyatantra Department, Government Ayurveda College and Hospital Nanded, on 21/06/2025

having complaint of Redness, pain and blurring of vision in RE since 2 days. He had H/O blunt trauma of helmet to head and right periorbital area past 2 days.

Personal History

Diet – Vegetarian

Addiction- No History of any addiction

No H/o emotional stress

No H/o systemic illness and any medication

Ocular examination	OD	OS
Eyelids	Ecchymosis, Abrasion	NAD
Conjunctiva	Subconjunctival haemorrhage	NAD
Cornea	clear	Clear
Pupil	Traumatic mydriasis, sluggish reactive to light	Normal size, reactive to light
Ac	Normal depth	Normal depth
Iris	Normal colour pattern	Normal colour pattern
Lens	Clear	Clear
Media	Clear	Clear
Optic disc	WNL, 0.4 CDR	WNL, 0.4 CDR
BVS	2:3	2:3
Macula	FR- Absent, subretinal fluid present with few exudates	FR- Present
Periphery	WNL	WNL
Unaided V/A	6/18p	6/6
Pin hole	Not improved	6/6
IOP	18mmHg	18mmHg

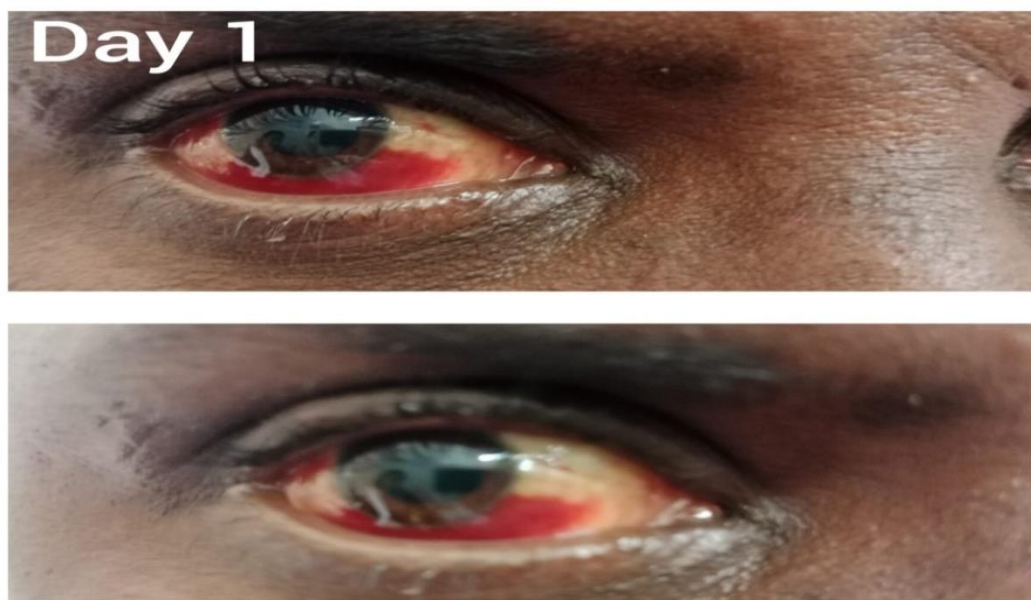


Figure 1.

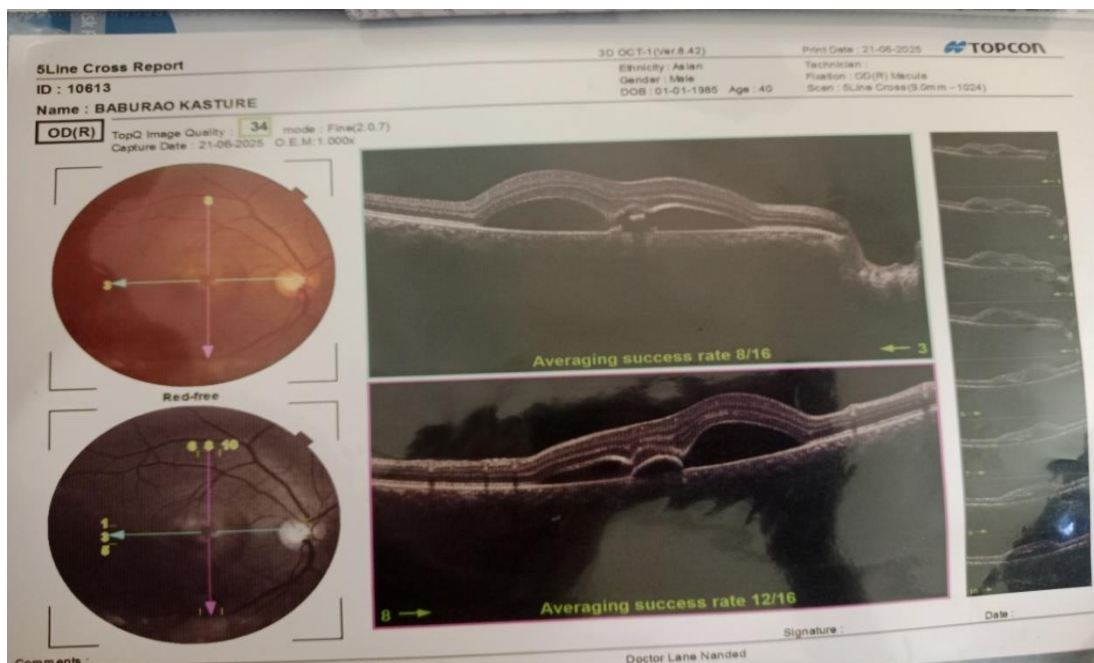


Figure 2.

TREATMENT

- 1) Nepatop Eyedrop- 1 Drop TDS- 1 Month -RE
- 2) Tab Limcee 500mg – 1 OD – 1 Week
- 3) Jalaaukavacharana- 2 settings (Day 3 & Day 6)
- 4) Punarnavadi Kashaya – 4 Tsp –BD – 2 Weeks



Figure 3.

V/A on 1 ST follow up on Day3	OD	OS
Unaided	6/18p	6/6
Pin Hole	6/18	6/6
Near V/A	N36	N6

2nd setting of *Jalaukavcharana* was done on Day 3



Figure 4.

V/A on 2 nd follow up on Day6	OD	OS
Unaided	6/12	6/6
Pin Hole	Not improved	6/6
Near V/A	N8	N6

V/A on 3 rd follow up on Day9	OD	OS
Unaided	6/9p	6/6
Pin Hole	6/9	6/6
Near V/A	N8	N6



Figure 5.

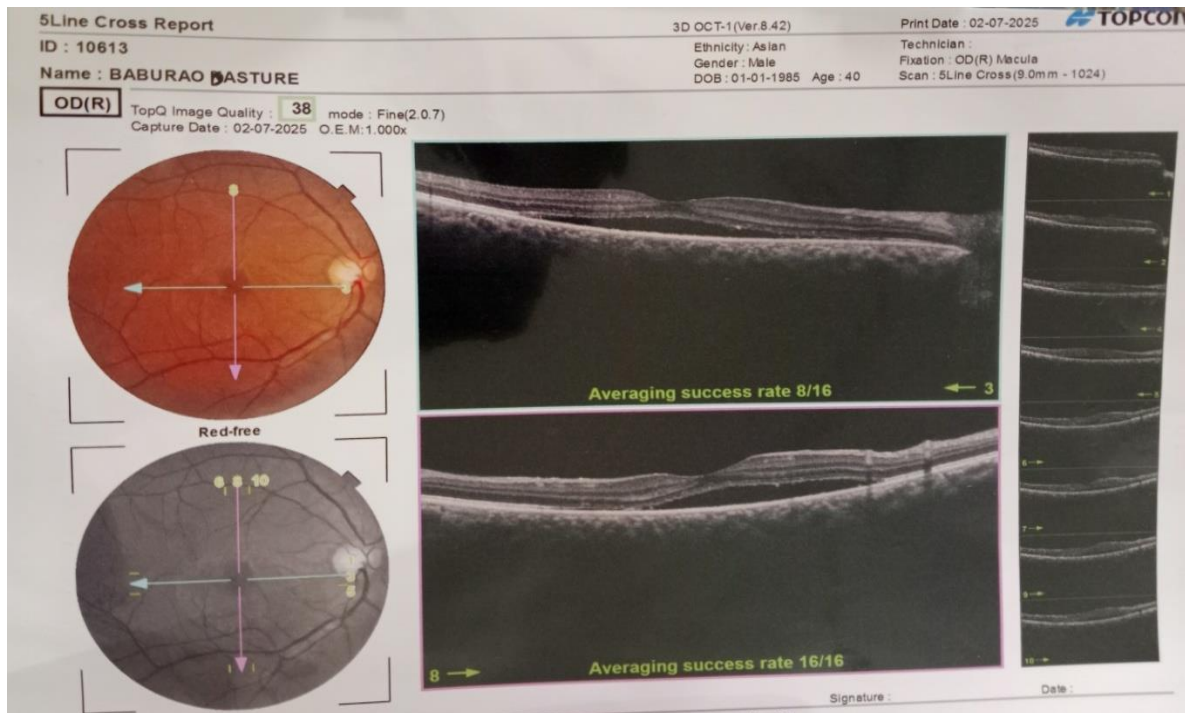


Figure 6.
Within 10 days - markedly reduced CSR with visual improvement

DAY WISE EVALUATION OF VISION

V/A	DAY 1	1 st F/U – DAY 3	2 nd F/U- DAY 6	3 rd F/U – DAY 9	4 th F/U – DAY 17
Unaided V/A	6/18p	6/18p	6/12	6/9p	6/9
Pin Hole	Not improved	6/18	Not improved	6/9	6/9
Near Vision	N36	N36	N8	N8	N8

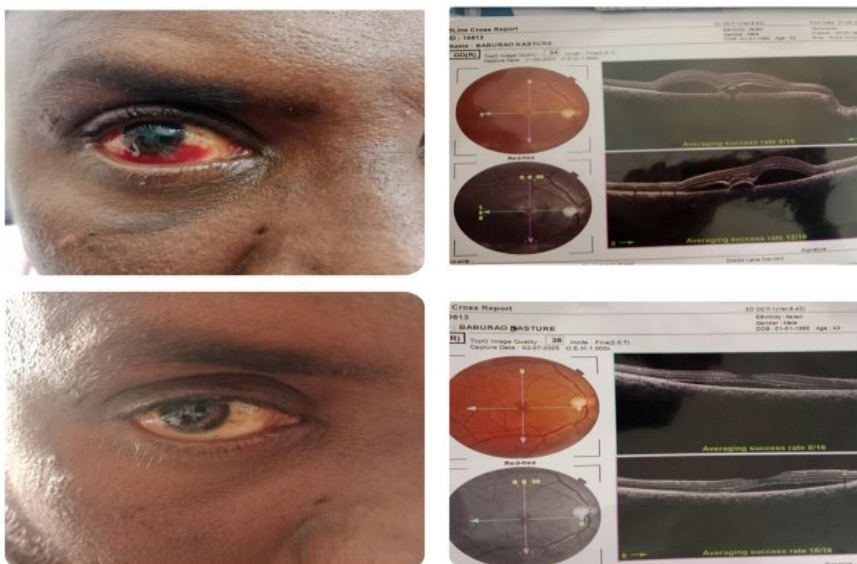


Figure 7.

RESULT

Jalaukavcharan and *Punarnavadi Kashaya* along with Nepafenac eyedrop is found to be effective integrated treatment in reducing sub retinal fluid accumulation in case of Traumatic CSR with visual improvement in short period of time.

BEFORE TREATMENT



AFTER TREATMENT

DISCUSSION

Traumatic CSR is considered as a *Nayanabhigatjanya Shotha*, hence *Jalaukavcharan*, *Pittashamak*, *Shothahara Chikitsa* with modern treatment was given to the patient.

In cases of traumatic CSR the choroidal vessels become hyperpermeable due to traumatic inflammation. *Jalaukavcharan* is used to remove toxins, improve circulation and reduce inflammation. *Jalaukavchran* works by extracting blood and secretions from the affected area, releasing bioactive substances that reduce inflammation and promote local circulation which helps in reducing fluid retention in the retinal space.

Trauma to the eye can results in an imbalance of *Pitta Dosha*, leading to inflammation, *Jalaukavcharan* is believed to balance *Pitta Dosha* which is beneficial to reduce the inflammation.

Punarnavadi Kashaya contains *Punarnava*, *Haritaki*, *Guduchi*, *Shunthi*, *Patola* etc *Dravyas*. Among these *Punarnava*, *Guduchi* and *Shunthi* exhibit an anti inflammatory and circulation modulating effect.^[5] Due to these *Mutravirechaniya* and *Shothahara Dravyas* *Shotha* decreases.

CONCLUSION

Jalaukavchran, *Punarnavadi Kashay* and Nepafenac eye drops in combination can help to improve visual acuity and reduce symptoms of blurred vision. It can serve as an effective combination of integrated treatment to enhance the recovery process in the case of Traumatic CSR.

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