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Case Report

Ayurvedic Management of Idiopathic Full-Thickness Macular Hole with Anatomical Closure on OCT: A Case Report

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ABSTRACT:

Background: Macular hole (MH) is a vitreoretinal disease characterized by a full-thickness neurosensory retinal defect in the center of the macula. Although there is no direct correlation, based on the symptomatic presentation of the patient, Full-Thickness Macular Hole (FTMH) can be correlated to *Vataja Kacha*. **Case Presentation:** A 61-year-old male presented with a four-month history of blurred vision in the right eye (RE), especially with difficulty in reading small letters, central scotoma (blurry spot in the center of the visual field), but with no significant distortion of lines. Optical Coherence Tomography (OCT) confirmed the diagnosis of FTMH. **Intervention:** The patient underwent a structured *Ayurvedic* treatment protocol, focusing on *Ama Pachana, Samana* (palliative), *Snehana* (unctuous therapy), *Brmhana* (nourishing), and *Vatahara* line of treatment. **Outcome:** After five months, the patient reported progressive improvement in visual clarity of the RE with the absence of central scotoma. Visual acuity improved to 6/9 (logMAR 0.176) in the RE from baseline 6/24 (logMAR 0.602), while near vision in RE improved to N12 from baseline N24 and OCT shows complete closure of the hole. **Conclusion:** This case highlights the potential efficacy of *Ayurvedic* therapies in the management of a FTMH, necessitating further larger-scale trials and research in this field for validation.

KEYWORDS: Case Report, Full-thickness macular hole, *Samana, Shodhana, Vataja Kacha*

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1. INTRODUCTION

Full Thickness Macular hole (FTMH) is a vitreoretinal disease characterized by a full-thickness neurosensory retinal defect in the center of the macula. The etiology is mostly idiopathic or results from other conditions like ocular injuries, with age and as a sequel to intraocular inflammation. Pathophysiology of idiopathic Macular Hole (MH) is believed to be due to the presence of anteroposterior and tangential vitreous traction on the fovea. Alternatively, it may be associated with various macular pathologies, including but not limited to complications from intraocular surgical intervention, hypertensive retinopathy and diabetic retinopathy. [1] Idiopathic MH is the most common type, specifically in the sixth to seventh decade of life. [2] A population-based cross-sectional study conducted in rural India for people aged 30 years or older showed a prevalence of 2.7 per 1000 people having MH in this age range. [3] The early symptoms of MH include blurred vision, distorted vision and difficulty in reading small letters. The gold standard imaging technique is Optical Coherence Tomography (OCT). The main treatment for MH, especially for FTMH is surgical management, primarily pars plana vitrectomy where the vitreous gel is removed to prevent it from pulling on the retina. Cataract is a frequent complication of vitrectomy surgery for MH. [3] Prognosis for untreated FTMH is generally poor. If untreated, it can lead to further deterioration of vision. Over time, persistent mechanical stresses contribute to progressive thinning and structural disruption of the neurosensory retina at the macula. The chance of hole closing on its own is extremely low-only 4%-11.5%. [4] This case report addresses the gap existing *Ayurvedic* literature, which mostly focuses on partial thickness or traumatic cases, by documenting a non- surgical anatomical closure of an idiopathic FTMH offering an alternative approach to retinal restoration. From an *Ayurvedic* perspective, the aggravation of *Vata Dosha* is closely associated with structural integrity of tissues. This case report presents clinical recovery of FTMH using *Ayurvedic* interventions. The uniqueness of this case lies in the OCT confirmed full-thickness restoration, a rare outcome for a condition with poor prognosis if left uncorrected surgically, highlighting the potential of *Ayurvedic* intervention.

2. CASE PRESENTATION

Patient Information

A 61-year-old male presented to the *Ayurvedic* outpatient department in November 2024 with a four-month history of blurred vision in the right eye (RE), especially with difficulty in reading small letters, along with central scotoma (blurry spot in the center of the visual field), with no marked distortion of lines. The patient had been diagnosed with a FTMH from our hospital based on clinical examination and OCT findings. He had no prior ocular surgeries or eye trauma, no known family history of diabetes mellitus or hypertension and led a moderately active lifestyle.

Physical Examination and Clinical Findings

In November 2024, the patient was in good general health, with no evidence of systemic diseases or abnormalities. Vital signs were within normal limits. During the ocular examination, the unaided visual acuity (VA) of RE was 6/24 (logMAR 0.602) with no improvement in pinhole correction, whereas the left eye (LE) showed an unaided VA of 6/12 (logMAR 0.301) with an improvement to 6/9 (logMAR 0.176) with pinhole correction while the near vision was recorded as N24 in BE. In refraction, RE showed a cylindrical value of -1.00 at 90°, yielding a best corrected visual acuity (BCVA) of 6/18 (logMAR 0.477), whereas LE had a cylindrical value of +0.75 at 30° with BCVA of 6/6 (logMAR 0). Lids, lashes and conjunctiva were unremarkable with full ocular motility in BE. Slit lamp examination revealed a clear sclera, a normal lens and pupil, whereas the cornea exhibited bilateral arcus senile.

Routine laboratory investigations were all within normal limits. OCT done on RE on November 26, 2024 showed a deformity at the fovea centralis that extended through all

histological layers of the retina. (Figures 2 and 3) The Amsler grid test demonstrated patient had difficulty in seeing the central viewing point of the RE. (Figure 1) *Ayurvedic* clinical assessment reveals the patient's *Prakruthi* (constitution of body) as *Vata Pitta*, with a *Vikruthi* (morbidity) of *Vata*, exhibiting *Madhyama* (moderate) qualities in terms of *Sara* (tissue strength), *Samhanana* (physical strength), *Sathmya* (adaptability), *Pramana* (measurement), *Ahara Shakthi* (digestive power) and *Vyayama Shakthi* (exercise capacity) where the *Satwa* (mental strength) being *Avara.*

Diagnostic Criteria

The diagnosis of FTMH in this patient was based on established ophthalmic examination protocols. He had a symptomatic presentation including blurred vision with difficulty in reading small letters and central scotoma. Consistent with the classical presentation of an FTMH, these symptoms are further supported by OCT and Amsler grid test, revealing a FTMH in the RE.

Table 1: Differential Diagnosis

Differential Diagnosis	Common Features	Distinguishing factors	Clinical Decision
Cystoid Macular Edema	Blurred and distorted vision, typically in the center of the visual field	FTMH presents with a distinct central shadow (scotoma) rather than just swelling. OCT in this case showed a defect, not fluid-filled cystoid spaces	Excluded: OCT confirmed a structural gap rather than intraretinal fluid
Lamellar Hole	Symptoms of blurred vision and foveal contour changes	FTMH involves a full-thickness defect of all neurosensory layers. In this patient, OCT showed the deformity extending through all histological layers.	Excluded: The defect was not partial thickness as seen in Lamellar hole
Epiretinal Membrane	Blurred or distorted vision caused by pathology at the macular surface	FTMH involves an actual tear or hole in the macula, leading to more rapid and significant vision loss. This patient had a clear hole on OCT	Excluded: No thin cellular membrane was identified on the retinal surface
Full-Thickness Macular Hole (FTMH)	Blurred vision, central scotoma and difficulty reading small letters	Confirmed by OCT showing complete foveal deformity through all layers and an Amsler grid showing central viewing difficulty	Confirmed Diagnosis: Idiopathic FTMH

Table 2: Timeline of the Event

Date	Events
July 2024	Patient had blurred vision, especially difficulty in reading small letters, with a blurry spot in the center of the visual field. The patient did not seek any medical care.
November 26, 2024	The patient presented to the *Ayurvedic* outpatient department with all the symptoms. OCT revealed an FTMH in RE. Amsler grid test revealed a central scotoma. Advised oral medicines.
December 11, 2024	Patient had a slight improvement in his unaided VA from 6/24 to 6/18 in RE whereas near vision remains stable at N24. Advised for inpatient admission
December 27, 2024	Discharged after 16 days of inpatient treatment. Patient shows improvement in his refraction, whereas the cylindrical power of -1 at 90° during admission had improved to -0.75 at 70°with BCVA of 6/12 in RE with a near vision of N24 in RE and N18 in LE
April 29, 2025	A follow-up OCT revealed complete closure of the MH with improved VA. Shows an unaided VA of 6/9. Refraction showed a cylindrical power of -0.75 at 90°with BCVA of 6/6 in RE. Near vision of RE improved to N12 from N24 and LE improved to N18 from the baseline N24. Central scotoma resolved completely.

Therapeutic Intervention

The patient underwent a structured *Ayurvedic* treatment protocol combining *Ama pachana, Samana* (palliative), *Snehana* (unctuous therapy), *Brmhana* (nourishing), and *Vatahara* line of treatment. The internal medicines administered during inpatient admission are given in Table 3. Prior to the inpatient admission and during discharge, medicines administered are mentioned in Table 4. External therapies administered during inpatient admission are given in Table 5. Vital parameters were monitored daily during inpatient therapy. No adverse gastrointestinal, ocular, or systemic events were observed. Intraocular pressure remained stable.

Table 3: Internal medicines administered during inpatient admission

Date	Medicine/Dose/frequency / Batch/Manufacturer	Main ingredients	Anupana/ Sahapana
11/12/24→ 13/12/24	*Panchakolam Kashayam*/ 60ml/BD/Freshly prepared	*Pippali (Piper longum* Linn.*), Pippalimoola, Chavya (Piper chaba* Hunter*), Chitraka (Plumbago zeylanica* Linn.*), Nagara (Zingiber officinale* Roscoe*)*	Warm water
14/12/24→ 27/12/24	*Sameerapanchakam Kashayam**/60ml/BD/Freshly prepared	*Vasa (Adhatoda vasica* Nees*), Mustha (Cyperus rotundus* L.*), Nimba (Azadirachta indica* A.Juss.*), Sunti (Zingiber officinale* Roscoe*), Brihati (Solanum indicum* L.*), Guduchi (Tinospora cordifolia* Willd.Miers*), Chitraka (Plumbago zeylanica* Linn.*), Katuki (Picrorhiza kurroa* Royle ex Benth*), Patola (Trichosanthes dioica* Roxb.*), Vibhitaki (Terminalia bellerica* Gaertn. Roxb.*), Haritaki (Terminalia chebula* Retz.*), Amalaki (Emblica officinalis* Gaertn.*)*	*Pathyapunarnavadi churnam*
14/12/24→ 27/12/24	*Pathyapunarnavadi churnam*/5gm/BD/PTZS-2/ Sreedhareeyam	*Pathya(Terminalia chebula* Retz.*), Punarnava(Boerhavia diffusa* L.*), Sunti (Zingiber officinale* Roscoe*), Chitraka (Plumbago zeylanica* Linn.*), Kitta churnam* (iron ore)	*Sameerapanchakam kashayam*

***Proprietary Medicine**

Table 4: Medicines administered prior to inpatient admission and after discharge

Sl No	Medicine/Dose/Batch/Manufacturer	Anupana/Sahapana
1.	*Jeevanthi Choornam*/5 gram/CHJVZS-2/Sreedhareeyam	Luke warm water
2.	*Sapthamrutha loham*/1/SLZS-3/Sreedhareeyam	Luke warm water
3.	*Triphala Ghritam*/5 gram/TMZS-1/Sreedhareeyam	*Vara Churna*
4.	*Vara Churna*/5 gram/CHVAZS-4/ Sreedhareeyam	*Triphala Ghritam*

Table 5: External therapies done during inpatient admission

Therapy	Date	Medicine /Batch/Manufacturer	Procedure/ Duration
Nethraseka	12/12/24→ 18/12/24	*Kasyapam Kashaya*- Amalaki(Emblica officinalis* Gaertn.*), Vibhitaki(Terminalia bellerica* Gaertn.*), Haritaki(Terminalia chebula* Retz.*), Yashtimadhu(Glycyrrhiza glabra* L.*)*/Freshly prepared	A decoction is prepared with the ingredients is poured in a thin stream over the closed RE/twice/day
Aschotana	12/12/24→ 19/12/24	*Anjana grtha*- Jeevanthi (Holostemma ada-kodein* Schult.*), Saindhava* (rock salt), *Yashtimadhu (Glycyrrhiza glabra* L.*), Ikshu (Saccharum officinarum* L.*), Haritaki (Terminalia chebula* Retz.*),*	3 drops instilled in both eyes twice/day

		Amalaki (Emblica officinalis Gaertn.*), Vibhitaki (Terminalia bellerica* Gaertn.*), Go Ghrita* (cow's ghee), *Go Dugdha* (cow's milk)/AAZS-2/Sreedhareeyam	
Shiroveshtanam	13/12/24→ 19/12/24	*Bala (Sida cordifolia* L.*), Vidari (Pueraria tuberosa* Roxb. ex Willd.*), Kachura (Curcuma zedoaria* Rosc.*), Haritaki (Terminalia chebula* Retz.*)*/Freshly prepared	Ingredients are made into paste with *Dhanyamla* and *Nimbamruthadi Eranda Taila* where the herbal paste was smeared over a Cora cloth and was bandaged over the head/ morning/1 hour
Bidalaka	18/12/24→ 25/12/24	*Mukkadi gulika/*MIZS-4/Sreedhareeyam	Application of medicated paste to the outer surface of the eyelid/Morning/30 minutes
Snehapana	13/12/24→ 17/12/24	*Patoladi gritham/*PDAS-3/Sreedhareeyam	30gm of *gritham* is administered in the empty stomach every day morning-empty stomach
Virechana	18/12/24	*Avipathi churnam/*CHAVZS-2/Sreedhareeyam	20 gm of *churnam* is administered in the morning in empty stomach
Shirolepa	20/12/24→ 26/12/24	*Bala (Sida cordifolia* L.*), Vidari (Pueraria tuberosa* Roxb. ex Willd.*), Kachura (Curcuma zedoaria* Rosc.*)*/Freshly prepared	Paste prepared from the ingredients with *Balaswagandhadi tailam* is applied over the right side of forehead/ Morning/30 minutes
Tarpana	19/12/24→ 27/12/24	*Kasyapa gritham*- Bringaraja (Eclipta alba* L. Hussk.*), Haritaki (Terminalia chebula* Retz.*), Amalaki (Emblica officinalis* Gaertn.*), Vibhitaki (Terminalia bellerica* Gaertn.*), Bala (Sida cordifolia* L.*), Bakuchi (Psoralea corylifolia* L.*), Maricha (Piper nigrum* L.*), Sunti (Zingiber officinalis* Roscoe*), Ikshu (Saccharum officinarum* L.*), Punarnava (Boerhavia diffusa* L.*), Yashtimadhu (Glycyrrhiza glabra* L.*), Sita* (Sugar), *Go Dugdha* (Cow's milk), *Go Ghrita* (Cow's ghee), *Nalikeraksheera (Cocus nucifera* L.*)*/GHKPZS-3/Sreedhareeyam	Procedure where the medicated ghee is taken and is filled in the closed eyes/Evening/15 minutes

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3. FOLLOW UP AND OUTCOME

The patient was followed over a period of five months with regular outpatient reviews and an inpatient admission. Symptomatically, he reported progressive improvement in visual clarity in the RE with the central scotoma no longer present in Amsler grid testing. (Figure 1) Objectively, his unaided VA in the RE improved from a baseline of 6/24 (logMAR 0.602) to 6/9 (logMAR 0.176) with pinhole improvement of 6/6 (logMAR 0) at the fifth-month follow-up, while the LE improved from 6/12 (logMAR 0.301) to 6/9 (logMAR 0.176). His near vision in RE improved to N12 from baseline N24, while LE improved from N24 to N18. OCT taken on November 26, 2024 shows deformity at the fovea centralis that extended through all histological layers of the retina, indicating FTMH of RE with a minimum linear diameter measuring 183 µm. A subsequent OCT taken in April 2025 confirmed the complete resolution of the hole. (Figure 2 and 3). High treatment adherence was achieved through a supervised inpatient protocol. For outpatient phases, adherence was verified by regular follow ups. The patient showed good tolerance to all internal medications and

external therapies. No adverse events were observed throughout the treatment period.

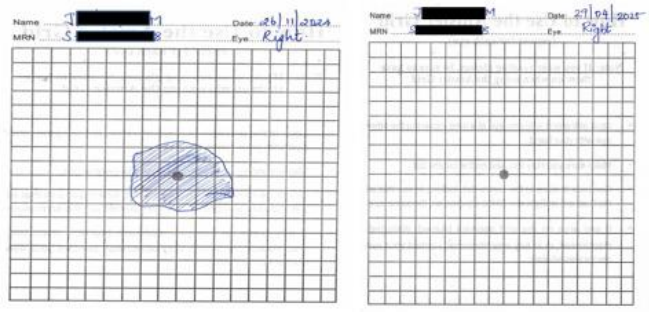

Figure 1: Amsler grid report of RE before and after treatment. Post treatment shows complete resolution of scotoma

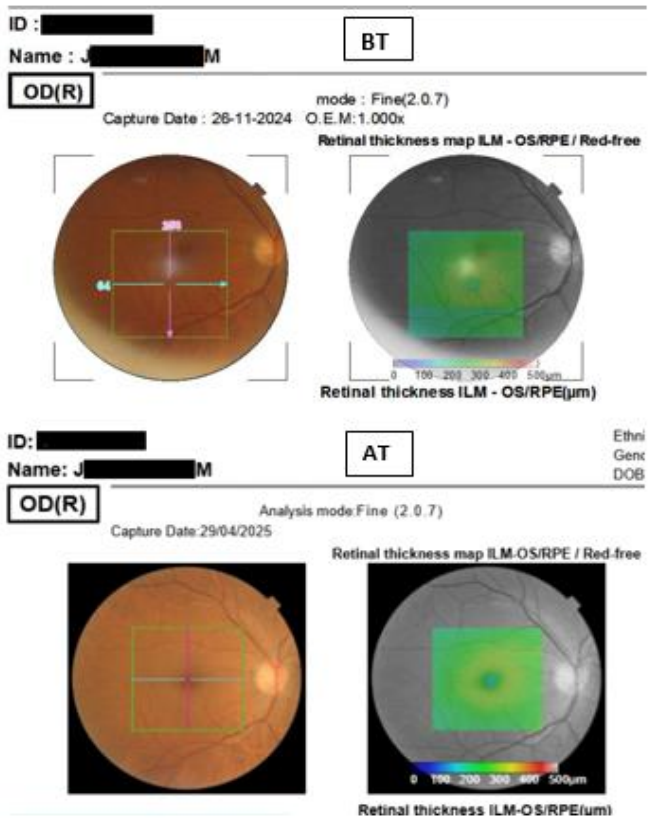

Figure 2: Fundus image of macular hole before and after treatment

4. DISCUSSION

The patient underwent treatment protocols that normalize *Vata Dosha* while carefully balancing *Pitta* and *Kapha Dosha.* The blurred vision in his RE, evidenced by his difficulty in reading small letters and central scotoma, can be correlated

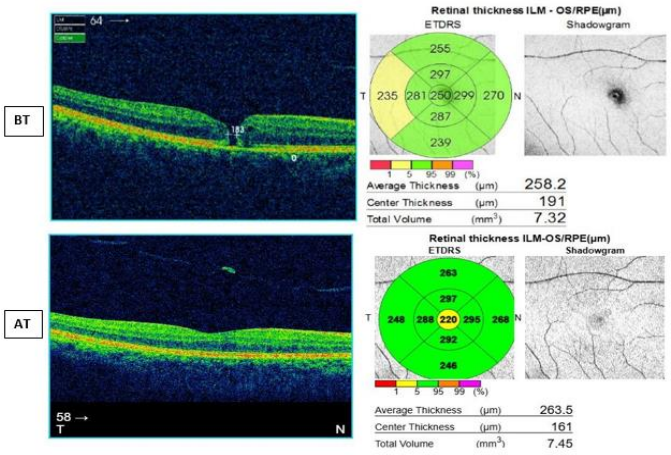

Figure 3: OCT and Shadowgram image of macular hole before and after treatment

with the features like *Anasikam Asyam* (the person having nose and mouth visualize as if is not having nose above his mouth - scotoma) and *Vakram rju api manyate* (distorted vision) as described in *Vataja Kacha* (defective vision caused when *Vataja timira* is not timely treated). [5] Analyzing the patient's symptoms, FTMH appears to align with *Vataja Kacha*. Treatment of *Kacha*, mentioned to be similar to *Sannipathaja Timira*, is determined based on the dominant *Dosha*. [6] Since *Vata* is the dominant *Dosha* in this case, *Vatahara* treatments like *Samana* (palliative), *Snehana* (unctuous therapy), *Brumhana* (nourishing), and *Rasayana* were executed with the oral medicines and external therapies.

The resolution of the macular hole was not a spontaneous healing event. Although the equation model predicts an estimated closure time of about 3.9 months for a hole of this size, [7] spontaneous closure of idiopathic macular hole is extremely rare, occurring in only 4% to 11.5% cases. [4] It also states that observation of self-sealing is only appropriate if early signs of natural recovery are present like pointing edge morphology or vitreomacular traction are clearly visible. [7] In the absence of these biomarkers, active intervention is needed for the closure of the hole.

Probable mode of action of internal medications

Internal medicines are administered with the view of controlling the *Vata* and healing, and for enhancing *Brumhana* properties. *Panchakola Kashayam* was given for the first three days to facilitate *Ama Pachanam*. Considering the ingredients of *Sameerapanchakam Kashayam*, an *Ayurvedic* proprietary medicine, help in *Srothoshodana* and are *Chakshushya*. *Pathya Punarnavadi Churnam* helps in normalizing the *Vata dosha* by promoting expulsion of *Mala* (waste) and movement of *Dosha* out of the body and eye.[8] *Jeevanthi Churnam* was advised prior to the inpatient admission and also upon discharge. It does the alleviation of *Vata* and *Pitta* and also possesses *Rasayana*, *Chakshushya, Balya,* and *Brumhana* properties. [9] *Sapthamrutha loha, Vara Churna* and *Triphala Ghrita* constitute *Shamana, Shodhana* and *Rasayana* properties thereby helping in promoting vision and efficiency of the sense organs. [10]

Probable mode of action of external therapies

Considering the patient's advanced age (*Vridhavastha*), where there is *Vata* predominance and the condition's resemblance to *Vataja Kacha*, it is likely that vitiated *Vata Dosha* plays a significant role in the pathogenesis. Thereby, treatment aims to normalize *Vata*, with careful consideration for *Pitta* and *Kapha Doshas.*

Netraseka was performed in the initial phase to facilitate *Amapacana. Triphala,* being a key ingredient, contains vitamin A, C, beta sitosterol, glycine, cysteine, and glutathione which help in reformation of cells. [11] As the *Aschotana* is the initial treatment approach in eye disease, *Snehana Aschotana* is administered to target *Vata Dosha*, allowing fat-soluble factors to penetrate the lipophilic properties of cornea for optimal absorption. [12] Considering the ingredients of *Anjana Grhita* for *Aschotana*, it alleviates *Vata* and possesses *Balya* and *Brumhana* properties. *Shiroveshtana* and *Shirolepa* exhibit similar action. The active principle of the drug is absorbed between cells of Stratum corneum and the intercellular lipid material made of ceramides, cholesterol, and fatty acids. So the oil-based *Lepa* can absorb more quickly than water-based *Lepa*. It reaches down fast from the upper layer of epidermis into dermis and enters into blood vessels, which circulate, thus helping in the nourishment and cell regeneration. During the first seven days of treatment, after the administration of *Netraseka, Aschotana* and *Shiroveshtana,* the patient reported a sense of lightness in the eye, indicating *Srotoshodhana* (clearing of channel obstructions). [13] *Virechana* facilitates *Adhobhaga nirharana* of *Pitta dosha*, *Srotoshodaka* (cleanses the channels) and also acts as *Drushtiprasadana* (enhancing vision). Prior to *Virechanam*, *Snehapanam* was given with *Patoladi gritham*, which has a direct indication in *Timira*. [14] While *Arohana Matra* is the classical standard for *Shodananga Snehapana*, a fixed dose of 30g was administered due to the patient's *Avara Satwa* to ensure better tolerence and treatment adherence. The administration of *Avipathi Churna* resulted in five *Vegas*, categorized as *Avara Shudhi*. *Samyak lakshana* was observed through *Vatanulomana* (downward movement of flatus), *Laghava* (lightness of body) and *Indriya Prasada* (clarity of vision). Following the purificatory therapy, there was a slight improvement in visual clarity subjectively. This changes indicates that the systemic purification helped to clear the metabolic pathways. The application of *Bidalaka* generates a counter pressure that helps restore the retina's normal position, supporting MH closure. [8] *Tarpanam* helps in the retention of lipids, allows for more absorption into the retina, nourishes the structure, reattaches the macula and improves vision. [15] *Samyak Tarpita Lakshana* (signs of proper *Tarpana*) were achieved, specifically *Vaishadyam* (clarity of the eyes), *Drishti Patavam* (keenness of vision) and *Kriya Laghavam* (lightness in eyelid movement). The reduction of the central scotoma was not immediate, the improvement happened gradually during the follow-up period. This suggests that the *Brumhana* (nourishing) and *Rasayana* (rejuvenating) treatments initiated a slow healing process,

eventually leading to the complete anatomical closure of the macular hole. The probable mode of action is illustrated as a flowchart in Figure 4.

A review of existing literature reveals that only a few case reports have documented the *Ayurvedic* management of FTMH, with other studies focusing on partial thickness defects or traumatic cases. Notably a previous case reports have demonstrated that targeted *Vatahara* and *Balya* line of treatment can improve visual acuity and subjective symptoms. [16] Although complete anatomical closure was confirmed with OCT, this study is limited by the relatively short duration post treatment monitoring. A longer term follow-up period of twelve months or more is necessary to evaluate the permanent stability of the closure. Future controlled trials are also necessary to standardize this protocol.

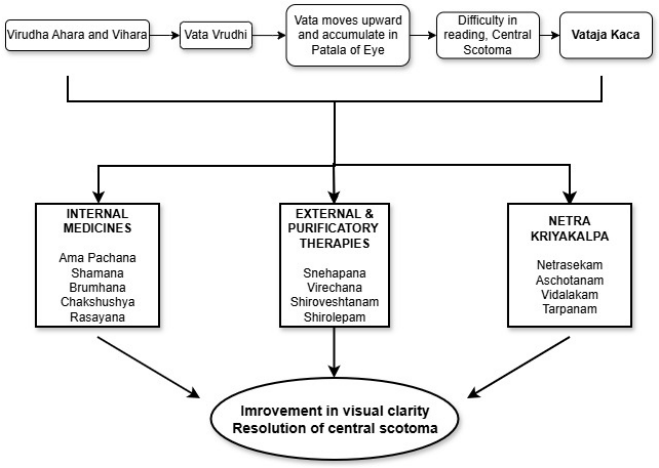

Figure 4: Flowchart illustrating probable mode of action

5. CONCLUSION

This case report highlights the potential effectiveness of a comprehensive *Ayurvedic* treatment protocol in managing FTMH. Formation of MH is considered due to improper functioning of *Vata*. Based on the findings, the condition can be correlated to *Vataja Kacha*. *Vatahara, Brumhana* and *Rasayana* lines of treatment seem more effective for the reconstruction of retina. Specifically, there is an improvement in vision, and there is resolution of central scotoma. OCT findings show the effect of treatment, demonstrating a considerable improvement. The total treatment course duration spanned five months, with a follow-up period confirming sustained recovery. No adverse effects were reported. The results obtained in this study provide a foundation for further, larger-scale trials and extensive research in this field.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient's Perspective: I first noticed my vision was getting blurred with a blank space in the center of my vision while watching TV. I was afraid of losing my sight entirely. After taking Ayurvedic treatment, I'm extremely happy and relieved. My vision has improved and black spot in the center has disappeared.

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Reviewing & Editing: NN, SKNP, SNP, SS, KS

Approval of final manuscript: All authors

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Declaration of Generative AI

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