Case Report: Cystoid Macular Edema

Effects of Eye Yogic Exercise & Alternative Medicine Therapies in Cystoid Macular Edema Patient

Kailash Mehra

MA Yoga, PG Diploma Naturopathy & Yoga, Fellowship In Pediatric Optometry, Director Preksha Eye Yoga a center for Vision Improvement, New Delhi.

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Abstract- A 37 year old patient having gradual decrease in vision in left eye over six weeks with best corrected VA of 6/36 and 6/6. With and without pinhole glasses in left and right eye respectively. his peripheral vision was normal, edema and elevation of the macular area is seen on dilated fundus examination. OCT examination shows retinal elevation with multiple cystic spaces within the retinal layer. Flower petals appearance was clearly demonstrated under OCT with the average central foveal thickness measuring 295μm & 380.9μm, left and right eye, (see Figure 1) respectively, and his visual acuity was recorded 6/6 and 6/36 respectively (See figure 1). His right eye remain normal. A clinical diagnosis of CME on left eye was made. There is no history of other systemic illness. He was advised topical corticosteroids and non-steroidal anti-inflammatory, eye drops, and was suggested for left eye Intravitreal Ozurdex Implant. on his follow up after six weeks there were no significant improvement in his vision, and his average macular thickness worsen. (see Figure 2) then he was advised for alternative therapies. Later a dilated ocular examination was performed and started alternative therapies which includes, Eye yoga Exercise, Yoga, Shatkarma, Moxibustion and antioxidant diet rich in Vitamin A,C & E.

Index Terms- Cystoid macular edema, alternative therapy, reversal of eye disease, natural vision improvement program, eye exercise, alternative treatment for cystoid macular edema, preksha eye yoga

I. INTRODUCTION

Cystoid Macular Edema (CME) is a leading cause of central vision loss in the world.1 the disruption of the blood retinal barrier makes the retinal macula thicken. This causes leakage of fluid from perifoveal retinal capillaries and spread within the intracellular spaces of the retina, mainly in the outer plexiform layer visual loss from the retinal thickening and stored fluid distorts the architecture & shapes of photoreceptors. The reported prevalence of DR in India ranges from 17.6% to 28.2% With this prevalence, and the number of cases increasing day by day.2 The economic and social burden of the disease demands a better way of effective screening strategies, accuracy in detection, and effective treatment for the same. Although There is not sufficient data available on the prevalence of management of CME separately.

In spite of advanced medical treatments in cataract surgery, cystoid macular edema is still one of the most common causes of poor visual acuity. topical non-steroidal, anti-inflammatory drugs, vascular endothelial growth factor (VEGF), and eye drops have been used since 1970 to prevent and reduce the CME3 in many studies investigation found that this medication can improve CME gradually but it comes with the associated risk of developing a cataract. There are many risk factors which may affect the retinal environment.

India have 65 million diabetic adults, which is likely to increase to over 130 million by 2045. Vision impairment and blindness from diabetic retinopathy (DR), Cystoid macular edema and diabetic macular edema (DME) will increase unless systems and services are put in place to prevent & reduce the incidence of DR, CME and DME, and to increase access to diagnosis and effective treatment4. The potential economic and social burden of DM and DR demands definite needs for an effective screening strategy, accurate case detection, and treatment effective for both CME & retinopathy.

II. CASE PRESENTATION

A 37-year-old man was suffering from a gradual decrease in vision in left eye over 6 months at the presentation. The best-corrected VA (visual acuity) was 6/36 with and without Pinhole glasses and 6/6 in the right eye. His peripheral vision was normal. Excessive fluid accumulated within the macular retina so, he visited the doctor and found CME on angiography measuring 295 5μm and 380μm thickness by optical coherence tomography. OCT reports can be seen clearly abnormal fluid accumulated within the retina accompanied by retinal thickness (figure 1).

He was following the treatment with eye drops, topical corticosteroids and non-steroidal anti-inflammatory drugs. After
following the treatment for more than 6 weeks his vision and thickness did not improve and he was advised for left eye Intravitreal Ozurdex Implant. One of his friends and our old patient told him about the Center for Vision Improvement.

Then, he visited Preksha Eye Yoga, a Center for vision improvement. After examined his reports and visual acuity, we designed alternative medicine therapy treatments which combine types of eye yogic exercises, acupressure therapy, hydrotherapy (Eyewash, steam, cold pack), moxibustion, & nutritional advice.

III. DETAILED TREATMENT

The patient primarily receives honey eye detox then different types of eye yogic exercises are done with an Oculus Rotator, an innovative eye exercise device. It includes shoulder, neck & eye exercise so, we can reduce the stiffness of shoulder and neck muscles and stress from the optic nerve. Then in order to promote blood circulation and release muscle tension acupressure was given (Zan Zhu Point (UB-2), Si Zhu Kong Point (SJ-23), Cheng Qi Point (ST-1), Yang Bai Point (GB-14), Yu Yao Point (Ex-HN4) ) which is followed by Moxibustion in the end. All this treatment was continued daily upto 4 weeks. Moxibustion is a form of stimulation (heat therapy) in which dried plants material called moksha are burned very near the surface of the skin in order to increase blood circulation and improve the flow of Qi in the body. Moxa stick made of mugwort, stinkweed, calotropis gigantea. These herbs are used because of their acrid, spicy odor which makes it travel through all of the meridians, regulate qi and blood, and expel cold by stimulation. It Stimulates circulation around the eye muscles. Moxa Expelled cold and dampness from the body by warming the meridians to relieve stress and strain from the optic nerve. after practicing for 4 weeks then OCT report shows improvement in visual acuity and decrease in Macular thickness. (see figure 3)

IV. PRE-POST RESULTS

The subject was suffering from low (decreased) visual acuity and blurred vision in his left eye. his best visual acuity 6/36 with and without pinhole glasses (LE). Then he started practicing Preksha eye yoga treatment. After continuous practice for 4 weeks his vision shows Improvement in visual acuity and decrease in macular thickness measuring 295μm and 380.9μm
V. OUTCOME AND FOLLOW-UP

At a review of his progress 3 weeks later, the patient reported a significant improvement in vision. His best corrected

VA becomes 6/6 (LE). Macular OCT showed a reduction in the intraretinal edema of the left eye, and a significant reduction in the Central foveal thicknesses measured almost normal (figure 3). Systemically, the patient did not develop any new symptoms as a result of stopping exercises.
VI. DISCUSSION

To the best of our knowledge, this is the first reported case of cystoid macular edema patients at Preksha Eye yoga, center for vision improvement. And we got the best results through Eye yogic exercise and alternative therapy. The alternative therapy approach heals the problem in a scientific manner. Shatkarma\(^7\) and Jalneti\(^8\) (neti) remove mucus and pollutants from the nasal passage and sinuses, allowing air to flow without obstruction. This helps relieve allergies, colds and sinusitis. Previous studies support the role of neti in treating in improving vision. Acupressure therapy\(^9\) and diet\(^10\), management add to the results in management of eye related disorders. It can be a milestone in the field of alternative therapy options to improve vision naturally. As there are limited therapy options for CME\(^11\). It gives the patient hope that CME can be reversed naturally without any surgeries or side effects of the post-operative procedure. Further studies should be devoted to identifying the most effective strategy to prevent or reduce the CME and improvement in vision by alternative therapies. The efforts should include identifying the right nutrition, and a better alternative therapy management.

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AUTHORS

First Author – Kailash Mehra, MA Yoga, PG Diploma Naturopathy & Yoga, Fellowship In Pediatric Optometry, Director Preksha Eye Yoga a center for Vision Improvement, New Delhi.