

**To study the effect of *Mahatriphaladi Ghrita* on *Drushtipatalgat Vyadhi* W. S. R. to age related macular degeneration**Sandeep K. Nimase¹, Sonali V. Khajekar*²

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Abstract: ARMD is a degenerative disorder changes occurred previously was not reversed by either treatments in particular time of span. After statistical analysis it was concluded that there is no difference between the applied two treatments. Mean was calculated and observed there was slightly more in control group but was negligible. Results were equally good with contemporary modern line of treatment, therefore can prescribed as alternative medication which will help patients suffering from ARMD.

Key Words: ARMD, Statistical analysis, *Mahatriphaladi Ghrita*.

Aims & Objectives:

Age related macular degeneration which is common problem of aging individuals. Serious vision threatening

problem which cause progressive irreversible loss of central functional vision. Considering this problem we intend to work on ARMD.

For various aspect of ARMD we tried to evolve a new concept of oral administration of *mahatriphaladi ghrit* for the treatment of dry type of ARMD. As considering pharmacodynamics of constituents of *mahatriphaladi ghrit* has vision improving properties, *dhatvagni vardhan properties*, *agnideepan properties*, *raktaprasadak properties*, *vatpitta shamak properties* & many ingredient of rasayana properties.

Risk factors for macular degeneration

- Smoking
- Family history of the disease
- Obesity



- High blood pressure
- Having a lighter eye color
- Possible side effect of some drugs

Materials & Methods:

Clinical trials of *Mahatriphaladi ghrita* in comparison with an antioxidant capsule Ocufree studied.

Study was done in two groups' trial group & control group. 60 patients (Trial Group=30 & Control Group=30) were selected after complete ocular examination & observations recorded before treatment. Treatment period for these was set for 3 months.

Doses

a. *Mahatriphaladi ghrita* was given in trial group as

- 5ml in morning with milk.
- 5ml mixed with food during lunch.
- 5ml before sleep.

b. For control group a capsule Ocufree containing above elements was given ones a day for three months, by considering nutritional dietary supplement of these antioxidants and rare elements.

Patient was examined in every follow-up i.e. 15th, 30th, 60th and 90th day.

Observations

Observations and interpretation of results according to improvement in assessment criteria after treatment as

stated previously in material and method.

Improvement in dimness of Distant vision (B.C.V.A.) Table-13

Out of 120 eyes, 21 eyes show improvement in visual acuity shows improvement in visual acuity by a line only within treatment period of 3 months.

In the study in both groups the patients having 6/9 vision not improved because of generalized aging and degeneration of ocular tissue. Patients having diminished vision more than 6/36 did not respond to treatment, as the disease was well advanced. But the patients having intermediate visual loss responded to

Improvement in dimness of Near vision (B.C.V.A.) Table-14

Out of 120 eyes, 25 eyes were showed improvement in near vision by one line within the stipulated period of three months. Improvement in both distant and near vision is only by one line. To say that vision is improved it should be improved by one line.

There is improvement in both visions by one line so we can assume that by prolonged period of treatment it may show significant improvement.

On seeing the percentage of relief by treatments in both groups we can say that both the drugs were unable to show improvement in these criteria. In case of



amsler grid 8.33% improvement was noted but it was not significant.

As ARMD is a degenerative disorder changes occurred previously were not reversed by either of the treatments in three months period.

Observing all considerations statistical analysis we can conclude that there is no difference between these two treatments. Mean of difference was slightly more in control group but it was negligible.

Discussion:

ARMD found to be equally in both sexes by our evident. This disease is more common in after age of sixty years. Patients were strictly prohibited for any type of addiction because of risk factor of ARMD & which was also accepted by modern science. We did *prakruti* wise distribution. Hypertension was also considered in our study. Observations & interpretations of *fundoscopic* findings were also studied with statistical analysis.

Conclusion:

We got satisfactory results that our treatment is equally good contemporary modern line of treatment. *Mahatriphaladi ghrut* which has many *rasayana* properties can be used as alternative medication for ARMD.

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