Chakshumehari Gutika: A critical review article

Dr. Ashlekha Sharma

DOI: https://doi.org/10.33545/2616454X.2023.v7.i1a.231

Abstract
A recent pooled analysis from 35 population-based studies estimated 93 million people worldwide have diabetic retinopathy of whom 17 million (~18%) have proliferative diabetic retinopathy, 21 million (~23%) have diabetic macular edema (DME) and 28 million (~20%) have sight threatening diabetic retinopathy. So, it is the leading cause of blindness. Therefore, it is a worthwhile topic for all medical students to conduct a research in diabetic retinopathy.

Background Diabetic retinopathy include micro aneurysms and hemorrhages in retina together with exudates. Visual acuity may be normal or reduced. Risk factors are chronicity, hypertension, genetic susceptibility, dyslipidemia etc. Essentially it is a microangiopathy of retinal precapillary arterioles, capillaries and venules. The endothelial cell damage, thickening of capillary basement membrane, changes in RBCs, increased stickiness of platelets, loss of capillary pericytes etc. are the vascular changes seen in retinopathy. This will finally cause occlusion of capillaries, retinal ischemia and other Intra Retinal Micro abnormalities. As a compensatory mechanism, neovascularization develops finally leading to hemorrhages and edema in the retina. This hampers the vision and finally cause irreversible blindness.

Keywords: Ayurveda, DR, Life style modification, Netra vyadhi, prevention

Introduction
In our ancient literature “chakshu” (faculty of vision) is considered as prime sense organ out of all senses. It enlightens the body like sun to the universe. So, the organs of this faculty i.e. eyes are of great importance. Eyes are said to be the windows of the soul. Diabetes mellitus is a group of metabolic diseases characterized by hyperglycemia resulting from defects in insulin secretion, insulin action or both. Accordingly, it is divided into Type 1 and Type 2. Genetic, autoimmune, dietetic and environmental factors work in its pathogenesis. It gradually produces a broad range of complications including metabolic and non-metabolic, micro and macrovascular changes etc. It is associated with long term complications involving eyes, kidneys, nerves and blood vessels. Eyes are specially subjected to diabetic disturbances because of their peculiar structure and metabolism. Diabetic Retinopathy in the eyes is one of the major vascular complications of diabetes.

Aims and Objectives
To understand chakshumehari gutika in different diseases.

Drug Review
Drugs are the tools of a Physician. According to Ayurveda, the success of treatment depends upon the Chikitsa Chatushpada. Dravya/Drug is the part of this quadruped of treatment, which is next to the physician in importance. Thus, the selection of proper drug in the management of disease is very important. W.H.O. defines drug as a substance or product that is used or intended to be used to modify or explore physiological system or pathological status for the benefit of the recipient. Ayurveda was the first to give an elaborate description of various therapeutic measures not merely for radical removal of the causative factors but also to restore homeostasis. Drug combinations are envisaged to serve synergistic action, combined action, toxicity neutralizing action and specific action. For the present study two groups were planned.
**Chakshumehari Gutika**

Chakshumehari Gutika is an anubhoot yog prepared in the pharmacy of our hospital and is being used on the patients of diabetic retinopathy since few years. The reference of the drugs used in this formulation is given in Sushrut Samhita almost everywhere in the treatment of prameh and Madhumeh.

The contents of Chakshumehari Gutika are as follows:

1. Amlaki
2. Haritaki
3. Vibhitiki
4. Daruharidra
5. Haridra
6. Guduchi
7. Yashad bhasam

Having Bhavna Of

1. Vasa yavkoot
2. Triphala
3. Musta
4. Patol

Qwath of all the following drugs is used for the bhavna.

**Pharmaceutical aspect of the drugs used in chakshumehari gutika**

<table>
<thead>
<tr>
<th>S.no.</th>
<th>Drug name</th>
<th>Latin name</th>
<th>Parts used</th>
<th>Karma</th>
</tr>
</thead>
</table>
| 1.    | Triphala  | *Emblica officinalis*  
*Terminalia chebula*  
*Terminalia bellerica* | Phala | Tridoshagan |
| 2.    | Daruharidra | *Berberis aristata*  
*Carica longa* | Twak | Kaphapitthaghan |
| 3.    | Haridra   | *Tinospora cordifolia* | Kanda | Tridoshagan |
| 4.    | Guduchi   | *Adhatoda vasia*  
*Tricosanthes dicoca* | Patra | Kaphapitthaghan |
| 5.    | Vasa      | *Cyperus rotundus*  
*Mool* | Patra | Vatpitghan |
| 6.    | Musta     | *Tricosanthes dicoca*  
*Tricosanthes dicoca* | Patra | Vatpitghan |

**Preparation of the drug**

The raw drugs ie triphala, Daruharidra, Haridra and Guduchi are taken in equal quantity each. Yashad bhasam is taken half of the above drugs each. For example if we take 100gms each of triphala, guduchi, darvi and haridra then yashad bhasam is taken in the quantity of 50 grams. Afterwards qwath is prepared with the following raw drugs; vasa yavkoot, triphala, musta and patol. Single bhavna is given with the following qwath. Each vati weighs 250mg in weight.

**Conclusion**

- Administration of chakshumehari Gutika and Lycotaj is easy and involves no cumbersome procedure.
- It is also concluded that there is stabilization in the symptoms of intra retinal hemorrhages with the intake of Chakshumehari gutika though the disease is progressive in nature.

**References**

2. Astanga Sangraha with Shashilekha commentary by Indu, Edited by Dr. Shivaprasad Sharma, Varanasi: Chaukhamba Sanskrit series office; c2006.
7. Sahasra Yogam,by Dr Rammivas Sharma & Dr Surendra Sharma, Reprint 2009, Chaukhamba Publication.