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## REVIEW ARTICLE

### DIABETIC RETINOPATHY – AN UNDERSTANDING

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#### Abstract

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**Key Word-** Diabetic, retinopathy, Hypertension, Homoeopathy etc

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This article is an attempt of explaining the diabetic retinopathy is complication of diabetes and it may cause blindness, it may prevent by homoeopathy. Diabetic Retinopathy is one of the common complications in diabetic patient and remains leading cause of blindness in uncontrolled blood sugar level and increased risk of life threatening systemic vascular complications like stroke, Hypertension. Early screening of blood sugar level may reduce the complications of diabetes and prevent blindness due to controlled sugar level in blood. The incidence and prevalence of Diabetic Retinopathy is being increasing in years. Homoeopathy had proved in its there is wide range of treatment through selection of appropriate remedy by repertorization and prevent the complications of diabetes like diabetic retinopathy.

## INTRODUCTION

Diabetic retinopathy is a major micro vascular complication of diabetes mellitus and it has a marked impact on worldwide health. It is mostly seen in persons who have history of diabetes > 10 years. It involves retinal precapillary arterioles and venules. It may cause macular edema and formation of new blood vessels. It is classified into two stages – non-proliferative and proliferative. Non-proliferative retinopathy is mostly seen in individuals who had diabetes mellitus for > 20 years.



Fig

## CLASSIFICATION

It is classified in two categories -

1. Non proliferative diabetic retinopathy
2. Proliferative diabetic retinopathy.

The **non- proliferative diabetic** retinopathy is the commonest and more severe type of diabetic retinopathy, in this type there is formation of micro aneurysm

and retinal hemorrhage, cotton wool spots and the progression of the disease is characterized by the ratio 4:2:1 rule that indicates retinal hemorrhage and micro vascular aneurysm in four retinal quadrants, in two quadrants venous beading and intra-retinal micro vascular abnormalities present in one quadrant of retina. In this type alteration in retinal blood flow due to increased retinal vascular permeability and abnormal retinal microvasculature, all of which can lead to retinal ischemia.

The **proliferative diabetic retinopathy** is less common than non-proliferative diabetic retinopathy. In Proliferative Diabetic Retinopathy there is change seen on the surface of the retina, there if proliferation of fibro-vascular tissue. The newly formed vessels appear near the optic nerve or macula and rupture easily, leading to vitreous hemorrhage, fibrosis and ultimately retinal detachment, clinically significant macular edema, which is associated with 25% chance of moderate visual loss over the next 3 years. Fluorescein angiography and optical coherence tomography are useful to detect macular edema.

## RISK FACTORS

The most common risk factors to develop the DR are duration of the diabetes mellitus, poorly control of blood sugar level, increased HBA1C level,

poorly controlled diet and history of diabetes in family.

DR is directly proportional to diabetes, presence of cytokines which are increased in diabetic patient (type-2 diabetes).

### Prevalence of Diabetic Retinopathy in India

In year 2000, 31.7 million people were affected in India according to the WHO. It is expected it may rise to approx. 79.4 million by the year 2030. Studies have been done in different part of country reveal a high and increasing prevalence in both urban and rural areas.

In India in earlier time (1970-1975) diabetic retinopathy was the rarer cause of the blindness and now days it is the most common cause of blindness due to life style changes.

### MANAGEMENT

Screening for DR should be done for the people with the history of diabetes mellitus >5 years, by a single record of random blood sugar >200 mg/dL, HBA1C>6.5 or higher gestational diabetes. Minimum two lab test should be performed to screen for the diabetes and urgent need to treat the patient to prevent diabetic retinopathy and blindness due to diabetes.

The Diabetic retinal complications are typically insidious and patient remains generally asymptomatic and not aware

about the disease in early stages when treatment and medical management are most effective.

The rate of diabetic retinopathy progression may be rapid and therapy can be beneficial for both symptoms amelioration and reduction in the rate of disease progression.

### Repertorial Approach

- Constitutions - OCCUPATIONS, general - foundry men, diseases of optic nerve and retina *Merc.*
- Diseases - BRIGHT'S disease, kidneys – retinitis *Crot-h.*
- Diseases - RETINITIS, eyes, retina *Apis Ars. asaf. aur. Calc. crot-h. Gels. Kalm. Lach. Merc. Merc-c. Phos., Plb., Prun., puls., ruta, sal-ac., sec., Sulph.*
- Eyes - ANEMIA, conjunctiva, of - anemia, retina *agar. chin. dig. lith-c.*
- Eyes - ANESTHESIA of retina from looking at eclipse *hep. Sol*
- Eyes - ATROPHY, optic nerve - atrophy, retina, of *nux-v.*
- Eyes - BLEEDING, from eyes – retina *acon. Apis arn. Bell. both. croc. Crot-h. dub. Gels. glon. ham. LACH. led. Merc-c. PHOS. Prun. Sul-ac. Sulph. symph.*
- Eyes - DEGENERATION, cornea – retina *ham. phos.*

- Eyes - DETACHMENT, choroid, of - detachment, retina, of *Apis* aur. *Aur-m.* dig. *Gels.* naphth. *Phos.* pilo. *Ruta*
- Eyes - EXUDATION of retina kali-m.
- Eyes - GLIOMA, retina cean.
- Eyes - HYPERSENSITIVE, retina *Bell.* cimic. *Con.* crot-h. *Ign.* lac-ac. lil-t. **NAT-M.** *Nux-v.* *Ox-ac.* phos. stry.
- Eyes - INFLAMMATION, eyes - inflammation, retina
- Eyes - INJURIES, eyes - retina, of acon. *Arn.* bell. *Ham.* lach. led. phos.
- Eyes - RETINITIS, inflammation, retina *apis* *Ars.* asaf. aur. *Calc.* crot-h. *Gels.* *Kalm.* *Lach.* *Merc.* *Merc-c.* *Phos.* *Plb.* *Prun.* puls. *ruta* sal-ac. sec. *Sulph.*
- Eyes - SWOLLEN - swollen, retina *apis* kali-i.
- Kidneys - BRIGHT'S disease - retinitis *Crot-h.*
- Pulse - IRREGULAR, pulse - retinitis albuminurica, in *Ars.*
- Urine - ALBUMINOUS, proteinuria - retinitis, with *Apis* *Ars.* colch. *gels.* *kalm.* *Merc-c.* phos. zinc.
- Vision - AMBLYOPIA - retinitis, apoplectica, in *chel.*
- Vision - ASTHENOPIA - accommodative - anemia of optic nerve, from excessive tea drinking, with neuralgia or slight retinitis *Spig.*
- Vision - BLINDNESS - bleeding, retinal, from both. *crot-h.* *Phos.*
- Vision - CLOUDY, vision - over outer half of field of vision of left eye, due to sub retinal effusion *Gels.*
- Vision - DIM, vision - outlines, can only distinguish, of distant objects - ill defined, in retinitis *Sulph.*
- Vision - DOUBLE, vision - retina, in hyperaemia of puls.
- Vision - HAZY, vision - bluish, in hyperaemia of optic nerve and retina *Bry.*
- Vision - OBJECTS, in vision - ill defined in retinitis *Sulph.*

#### HOMOEOPATHIC THERAPEUTICS

1. **Apis Mellifica** - Edematous swelling of the lids, and general dropsical condition; patient very drowsy, little thirst and scanty urine.
2. **Arsenicum album** - Restlessness, especially at night, after midnight; urine scanty and albuminous.
3. **Gelsemium Sempervirens** - Retinitis albuminurica during pregnancy; white patches and extravasation of blood in retina; dimness of vision appears suddenly; serous infiltration into the vitreous, making it hazy. No thirst, albumen in urine.
4. **Kalmia latifolia** - Nephritic retinitis accompanied by much pain in back, as if it would break.

5. **Mercurius corrosivus** - Nephritic retinitis during pregnancy; lids oedematous, edges swollen, burning, smarting, albumen in urine.
6. **Phosphorus**- When reading, letters run together and blur; eyes smart and burn; letters appear red when reading; vision greatly lessened.
7. **Phosphoricum acidum** - Eyes look glossy, lustreless, also with staring; pressing in eyes, as if eyeballs were too large; milky urine mixed with jellylike bloody pieces; drowsiness and apathy.
8. **Spigelia anthelmia** - Photophobia from slight retinitis; ciliary neuralgia; sharp, stabbing pains in eye, or radiating from eye; eyeball feels swollen, as if too large for orbit.

## CONCLUSION

The incidence and prevalence of Diabetic Retinopathy is getting increased every year. Diabetic Retinopathy remains a challenge for therapeutics. Homoeopathy with its novel approach in understanding the patient had established itself in its wide range of treatment through various modes of selection of indicated remedies, through the means of case taking, case processing and repertorization in inveterate cases like these, it offers best scope in cure. Proper understanding of the Pathology along with

miasmatic understanding of homoeopathic remedies goes a long way in unlocking the cure for the same and providing everlasting relief to the mankind.

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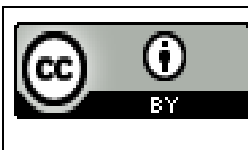
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