

Case Report



Ayurvedic Management of Lamellar Macular Hole: A Case Report

¹Narayanan Nelliakkattu, ²Sreekala Nelliakattu N P, ³Sreekanth N Parameswaran,

⁴Amala Varghese, ⁵Sumesh Soman, ⁶Krishnendu Sukumaran, ⁷Subha P K

ABSTRACT:

Background Lamellar Macular Hole (LMH) is a retinal disorder affecting partial-thickness in the macula characterized by an irregular foveal contour. Ayurveda correlates LMH to *Dwitiya Patalagata Timira*, a disorder where vitiated *Vata dosha* enters the *Dwitiya patala* (second layer of eyeball), resulting in scotoma, floaters and flashes. **Case Description:** A 60-year-old male presented with central scotoma, distortion, floaters, and photopsia in the left eye (LE). Unaided Distant Visual acuity (DVA) was LogMAR 0.477, and Optical Coherence Tomography (OCT) confirmed Vitreomacular Traction (VMT) with LMH in LE. **Intervention:** The patient received one course of Inpatient *Ayurvedic* treatments including internal medications along with *Sadyo Virechana* (medicated purgation) and external therapies like *Seka* (ocular douche), *Ascyotanam* (eye drops), *Vidalaka* (application of medicated paste on outer part of eye), *Shirodhara* (streaming of decoction on forehead), *Nasya* (nasal medication) and *Tarpana* (retention of medicated ghee over eyes). The protocol included external treatments and internal medications aiming at *Shodhana* (cleansing) and *Samana* (pacification). The patient underwent one IP and two follow-ups over 12-months. **Outcome:** The DVA improved 0.477→0.176 LogMAR, and the symptoms of central scotoma, distortion, floaters and flashes reduced considerably. The OCT showed complete closure of LMH with normal foveal contour. **Conclusion:** This case report shows the effect of *Ayurvedic* interventions in LMH in maintaining normal contour in the fovea.

KEYWORDS: Case Report, *Dwitiya Patalagata Timira*, *Kriyakalpa*, Lamellar macular hole, Vitreomacular Traction

RECEIVED ON:

02-04-2026

REVISED ON:

11-04-2026; 02-05-2026

ACCEPTED ON:

19-05-2026

Access This Article Online:

Quick Response Code:



Website Link:

<https://jahm.co.in>

DOI Link:

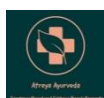
<https://doi.org/10.70066/jahm.v14i4.2693>

Corresponding Author Email:

dramalavarghese@gmail.com

CITE THIS ARTICLE AS

Narayanan Nelliakkattu, Sreekala Nelliakattu N P, Sreekanth N Parameswaran, Amala Varghese, Sumesh Soman, Krishnendu Sukumaran, Subha P K. Ayurvedic Management of Lamellar Macular Hole: A Case Report. Journal of Ayurveda and Holistic Medicine (JAHM) 2026; 14(4):114-122.



1. INTRODUCTION

Lamellar Macular Hole (LMH) is a vitreoretinal disorder characterized by a defect or split in the partial thickness of retinal layers in the macula, which is responsible for sharp and clear central vision. [1] The foveal contour abnormalities seen are discontinuities in the inner neuroepithelial layers, but outer photoreceptor layers often remain intact. Epidemiological studies indicate LMH prevalence to be 3.6% with the left eye (LE) affected in about 1.9% of cases. [2] Individuals in the age group of 63-74 exhibit a prevalence of around 2.9%. There is no significant difference in LMH prevalence between males and females. Age-related vitreous changes can lead to Posterior Vitreous Detachment (PVD), which may cause anatomical distortion of the fovea, resulting in macular edema and pseudo cyst formation. [3] During PVD, spontaneous dehiscence of internal foveal tissue may result in partial adhesion and traction at the fovea, contributing to the development of LMH. [4] Vitreomacular traction (VMT) is considered as the first stage of a Full-Thickness Macular hole (FTMH). In LMH, the VMT induced splitting appears to start from the inner wall of the neurosensory retina at fovea and can progress to a FTMH if the outer cystic layer is deranged. [5] *Dwitiya Patalagata Timira*, by *Acharya Vagbhata* was identified as the *Ayurvedic* correlate of LMH. [6] The patient's symptoms of photopsia and central scotoma directly mirror the structural "split" (distortion) observed in LMH corresponds to the *Viparyasena Manyate* (impaired vision). The use of Ayurvedic interventions such as *Sadhyo Virechana* (medicated purgation), *Nasya* (nasal medication), and *Kriyakalpa* (ocular therapeutic procedure) including *Ascyotanam* (eye drops), *Seka* (ocular douche), *Vidalaka* (application of medicated paste over closed eyes), and *Tarpana* (retention of medicated ghee over eyes) along with internal medications, may offer a holistic and integrative management to LMH, probably reducing the need for invasive treatments. This report presents a case of VMT-associated

LMH managed with an Ayurvedic therapeutic protocol and documents longitudinal visual and Optical Coherence Tomography (OCT) changes over a 12-month follow-up

2. PATIENT INFORMATION

In 2024, a 60-year-old male presented with central scotoma in LE for one month. He also experienced occasional flashes of light and photosensitivity in the LE. The patient had an occasional headache and left-sided ocular pain while straining his LE. He had been using power glasses for hypermetropia since he was 35 years old. The patient denies any history of diabetes, hypertension, dyslipidemia, or any systemic illness.

Cataract surgery was done in RE (2009) and LE (2014). His vision remained stable post-surgery until 2014. He started noticing occasional flashes, floaters, distortion, and a left-sided headache radiating to the nape of neck along with ocular pain while straining his LE. The symptoms aggravated over time and were prescribed prednisolone acetate 1% (Pred Forte) and dorzolamide 2% (Dorzox) eye drops for symptomatic relief. However, as symptoms did not reduce, he discontinued the medications after 10 days. He was subsequently diagnosed with a lamellar hole based on OCT.

The patient was moderately built with a height of 164 cm and weight of 53 kg. At the time of IP consultation, his body temperature was 97.3°F and blood pressure 130/80 mmHg. The patient had no systemic illness on examination. The ophthalmic examination revealed that both eyelids were normal with slight congestion in sclera both eye (BE), and the cornea was normal with arcus senilis. Pupils were reactive to light and pseudophakia was noted (BE). His Unaided Distant Visual Acuity (DVA) was LogMAR 0 (RE) and LogMAR 0.477 (LE). The Best Corrected Visual Acuity (BCVA) and Pinhole examination showed no improvement in LE. Near vision was N18 in BE. Intraocular Pressure (IOP) measured on RE 12 mm of hg and LE 15mm of hg. OCT of the RE showed an epiretinal membrane (ERM), while the LE revealed VMT with an LMH.

Ayurvedic examination:

The patient exhibited a *Vata-Pitta* constitution (*Prakriti*), while current imbalance (*Vikriti*) was dominated by *Pitta-Kapha* features and *Ahara Shakti* (Digestive capacity) and *Vyayama Shakthi* (exercise capacity) *Madhyama* (moderate). He is non-vegetarian and *Mridhu Koshta* (soft bowels). In *Ashta-sthana Pariksha* (Eight-fold Ayurvedic Examinations), *Sthira Nadi* (regular pulse), *Visada Moothram* (clear urine),

Ushna Sparsa (warm touch), *Sthira Shabda* (regular voice), *Anupaliptha Jihva* (clear tongue), and normal *Mala* (excreta) were noted. Overall, vitiation of *Vata* and *Pitta doshas* was identified.

Timeline

The progression of symptoms, visits, clinical measures, medications, and treatments is given in [Table 1](#)

Table1: Dates, Patient care, Internal, external medication and clinical measures

Date/Phase	Clinical symptoms	Internal medications	External therapies
March 2024/ initial OP	Central scotoma, flashes, distortion and photosensitivity	<i>Patoladi ghrita</i> <i>Sapthamruthaloha</i>	<i>Sunetra senior</i> /both eyes
05/04/2024- 26/04/2024	Central scotoma, flashes, distortion and photosensitivity, left sided headache, pain in eye on strain	<i>Sameerapanchakam</i> <i>kashaya</i> <i>Triphala guggulu</i> <i>Patoladi ghrita</i> <i>Sapthamruthaloha</i> <i>Avipathy Choorna</i>	<i>Seka/Triphala Yashti Kashaya</i> <i>Ascyotanam/Sunetra senior</i> <i>Vidalaka/Mukkadi Gulika</i> <i>Nasya/Anu thaila</i> <i>Shirodhara/Kashayam of Vasa, Yashti, Lodra, Triphala</i> <i>Tarpana/Vinayakanjanam</i>
12/11/2024/ Initial follow-up	Symptomatic relief in distortion, flashes, photosensitivity, and scotoma in the left eye.	<i>Patoladi ghrita</i> <i>Sapthamruthaloha</i>	-
26/05/2025/seco nd follow-up	Complete closure of the lamellar macular hole and visual acuity improved	<i>Patoladi ghrita</i>	-

Diagnostic assessment

Diagnostic challenges: LMH with VMT overlaps with similar symptoms of different vitreoretinal disorders makes the diagnosis challenging. Macular pseudo hole, FTMH, and degenerative LMH constitute the differential diagnosis for

Lamellar Macular Hole. The presence of partial split in fovea along with intact retinal tissue confirmed diagnosing LMH. The tables providing the differential diagnosis are given in [Table 2](#).

Table 2: Differential Diagnosis, Differential features and finding opposing the diagnosis

Condition	Key differential features	Findings opposing the diagnosis
Macular pseudo hole	Steep foveal contour Absence in loss of retinal tissue	Absence of a steep foveal contour slightly increased central and paracentral thickness, Actual loss of retinal tissue
Full-thickness Macular Hole	Loss of neuro-retinal tissue in macula and the fovea	Presence of the intact neuro-retinal tissue in macula and the fovea
Degenerative LMH	Tissue loss in middle layers and fovea	Presence of tractional pull and absence of degenerative changes in retina

While considering the patient's clinical history, central scotoma, flashes, distortion, and photosensitivity, along with reduced visual acuity and OCT findings are suggestive of LMH.

These symptoms correspond with *Dwitiya Patalagata Timira*, like *Mandalaniva Pasyathy* (floaters), *Gochara Vibrama* (flashes), *Viparyasena Manyate* (distortion), and central vision

defects, aligning with the patient's complaints. OCT revealed a partial-thickness LMH with features such as anteroposterior traction release, irregular foveal contour, inner retinal defect, and preservation of outer retinal layers, confirming the diagnosis of LMH [7].

Prognosis: LMH being a slow- progressing ocular condition. The treatment along with proper follow up was helpful in resolving distortion, central vision defects and improving the structural regain. However the complete regain in DVA is guarded.

Treatment Plan and Rationale

Considering the *Doshic* imbalance in *Dwitiya Patalagata Timira*, treatment was planned. Initially, *Deepana* (metabolic stimulator), and *Amapachana* (detoxifier) were used to eliminate the morbid *doshas* in the body, both internally and externally, along with symptomatic treatments for pain and photosensitivity, which were also given. The patient had undergone one inpatient treatment with the *Shodhana*

Table 4: External treatments during inpatient visit

Treatments	Medicine/Batch no/Dose/Frequency/Technique/Time of administration	Duration/Days
<i>Seka</i>	<i>Triphala Yashti Kashaya</i> /freshly prepared/100ml/instilled in eyes from a height of 2 <i>Angula</i> (the breadth of one's own finger) at inner canthus and collected at outer canthus*7reps/BD	7
<i>Ascyotanam</i>	<i>Sunetra senior</i> /Sreedhareeyam/SSYS-11/1 drop/both eyes/BD/drops at inner canthus/AM	7
<i>Vidalaka</i>	<i>Mukkadi gulika</i> /MIYS-6/+ <i>Karuthavattu Gulika</i> /Sreedhareeyam/KVYS-10/2+3 tablet /paste applied over eyelid, avoiding the lashes/PM	12
<i>Nasya</i>	<i>Anu thaila</i> /Sreedhareeyam/ANYS-1/2+2 drops/morning/both nostrils/AM	5
<i>Shirodhara</i>	Freshly prepared <i>Kashayam</i> of <i>Vasa, Yashti, Lodra, Triphala</i> /2 litre/ morning/pouring on forehead at a height of 4 <i>angulas</i> /AM	7
<i>Tarpana</i>	<i>Vinayakanjanam</i> /Sreedhareeyam/ANVAYS-2/35 ml each eye/AM	7

3. OUTCOME AND FOLLOW-UP

Over a period of one year, the patient underwent one course of inpatient *Ayurvedic* treatment and two follow-up visits. There was progressive improvement in vision in the patient's LE, with DVA LogMAR 0.477→0.176. Follow-up OCT demonstrated anatomical closure of the lamellar macular hole with restoration of normal foveal contour ([Figure 1](#) and

(cleansing) and *Samana* (pacification) line of management and *Netra Kriyakalpas* for 21 days. Internal and external treatment are detailed in [Tables 3](#) and [4](#). IOP and anterior segment examination were monitored weekly. No signs of ocular surface infection or inflammation were observed.

Treatment:

Medications are mainly aimed at anti-inflammatory, detoxifying, channel-cleansing, and antioxidant effects.

Table 3: Internal medication during inpatient visit

Medication/Company name/Batch	Dose/Duration(Days)
<i>Sameerapanchakam</i> <i>kashaya</i> /freshly prepared	15 ml BD after food/15
<i>Triphala guggulu</i> /Sreedhareeyam/TGYS-6	1 BD after food/15
<i>Patoladi ghrita</i> /Sreedhareeyam/PDYS-4	1 teaspoon after breakfast/15
<i>Sapthamruthaloha</i> /Sreedhareeyam/SLYS-4	1 BD after food/15
<i>Avipathy</i> <i>Choorna</i> /Sreedhareeyam/ <i>CHAVYS-2</i>	20gm empty stomach/1

[2](#)). These objective findings correlated with symptomatic improvements in central scotoma ([Figure 3](#)), photopsia, and photosensitivity. The patient also reported relief from ocular discomfort and a left-sided headache

Adherence: The patient was completely convinced about the treatments and remained strictly adherent throughout the course of treatment with timely follow up. Adherence to diet

and regiments along with the medications and treatments were observed through the medication and diet log record.

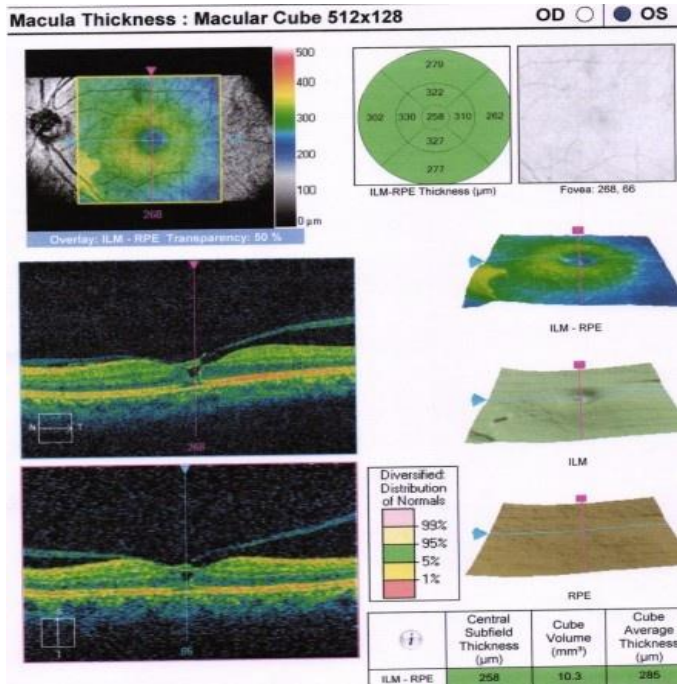


Figure 1: OCT showing lamellar macular hole dated on 27-03-2024

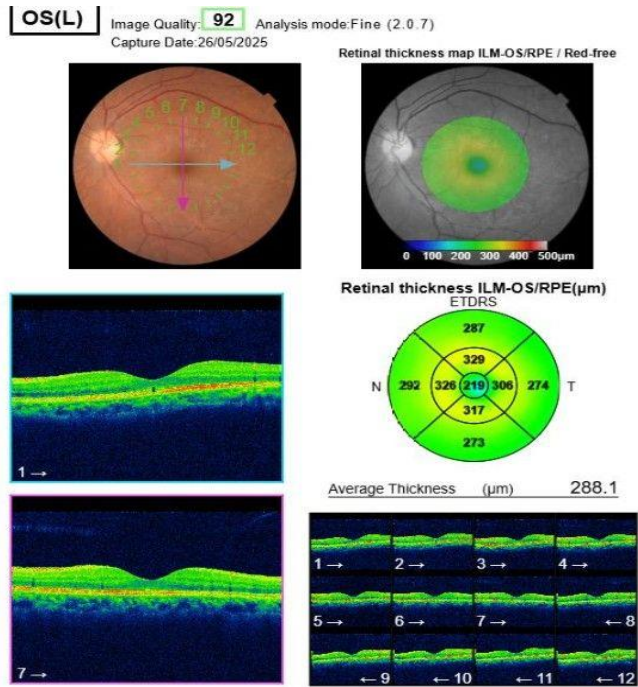


Figure 2: OCT showing complete closure and normal foveal contour dated 26/05/2025

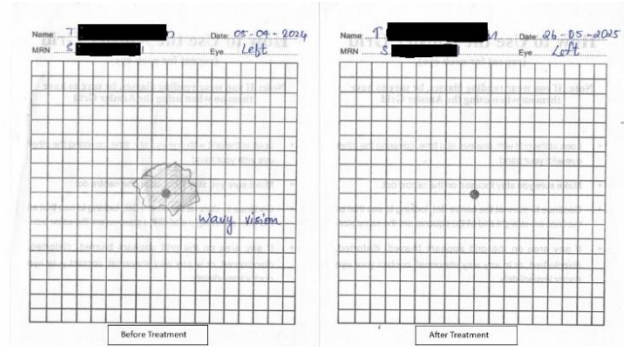


Figure 3: Amsler Grid showing central scotoma and distortion before and after treatment.

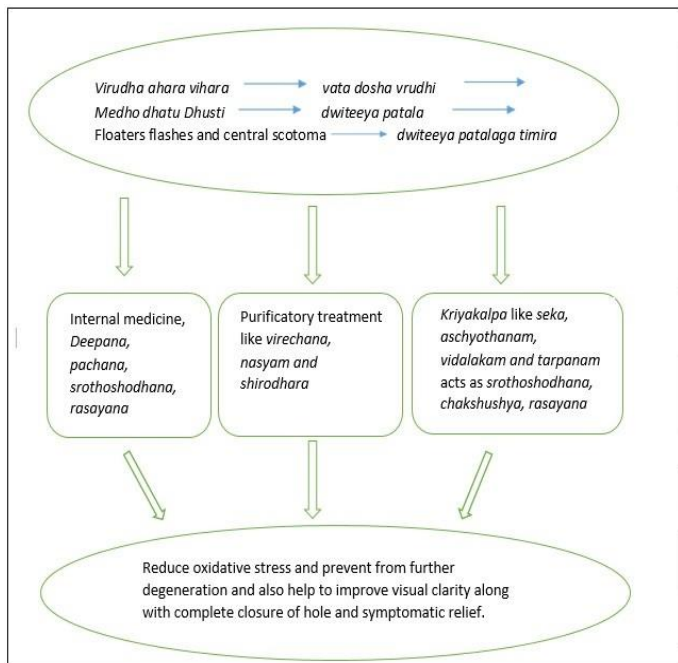
Tolerance: The treatments were well tolerated during the entire treatment schedule. Tolerability was assessed by monitoring the patient during and after the treatment.

Adverse events: No adverse events or complications such as, excessive redness, itching or watering in eyes during the treatment period were reported.

4. DISCUSSION:

LMH suits *Dwitiya Patalagata Timira* a subtype of *Drishtigata Roga* (eye sight disorders) described by *Acharya Vagbhata* in *Uttara Tantra* 15th chapter, *Drishtitarogavignjaneeya Adhyaya*. [6] The treatment aims at the *Doshaharatva* (alleviates the *Dosha*), *Shrotoshodhana* (cleanses the channels), *Chakshushya* (vision enhancer), and *Rasayana* (immune modulator) effects. The presumed effects of the treatments are shown in ([Flowchart 1](#)).

While previous specific case reports showing *Ayurvedic* clinical evidence for LMH are limited. A case report on a partial thickness macular hole suggests that Ayurvedic management offers a non-surgical alternative for improvement in visual acuity and subjective parameters. [8] Recent research indicates that the *Balya* (strengthening) line of management with treatments like *Virechana*, *Nasya*, *Seka* and *Aschyothana* in Macular Hole is effective in arresting the visual deterioration. [9]



Flowchart 1: Mode of action of treatment

Sameerapanchaka Kashaya an Ayurvedic proprietary medicine, acts as *Sroto Shodhana*, *Deepana*, and *Amapachana* (Table 5). Ingredients like *Haritaki* (*Terminalia chebula* Retz.), *Sunti* (*Zingiber officinale* Roscoe.), *Guduchi* (*Tinospora cordifolia* (Willd.) Miers.) helps to pacify the *Vata Dosha* and *Triphala*, *Patola* (*Trichosanthes dioica* Roxb.) acts as *Chakshushya*. [10] [11] [12] *Triphala Guggulu* with ingredients like *Triphala*, *Pippali* (*Piper longum* L.), and *Guggulu* (*Commiphora mukul* Hook. Ex Stocks) acts as *Deepana*, *Vatahara*, *Rechana* (cleansing), *Rasayana* [13]. The *Patoladi Ghrita* was given for the patient to pacify *Tridosha*, facilitate *Rasayana* and *Chakshushya* effect. [14] *Sapthamruthaloha*, with ingredients like *Madhuka* (*Glycyrrhiza glabra* L.), *Triphala*, *Madhuka* (*Madhuka longifolia* (J.Koenig) J.F.Macbr.), *Twak* (*Cinnamomum zeylanicum* J. Presl.), *Loha Bhasma* (Ferroso-ferric oxide) targets its effect on *Timira*, and acts as *Rasayana*. [15] *Sarvadaihika shodhana* is to be performed prior to *Kriyakalpa*. Considering the age and *Mridu Koshta* of patient, *Sadhya Virechana* was given with *Avipathy choorna*. [16]

Table 5: Sameerapanchakam Kashaya (Each 10 ml prepared out of)

Sanskrit Name	Botanical/ English Name	Part Used	Quantity
<i>Vasa</i>	<i>Justicia adhatoda</i> L.	Root	266.67 mg
<i>Mustha</i>	<i>Cyperus rotundus</i> L.	Rhizome	266.67 mg
<i>Nimba</i>	<i>Azadirachta indica</i> A.Juss	Stem Bark	266.67 mg
<i>Daruharidra</i>	<i>Berberis aristata</i> DC.	Stem Bark	266.67 mg
<i>Sunti</i>	<i>Zingiber officinale</i> Roscoe.	Rhizome	266.67 mg
<i>Guduchi</i>	<i>Tinospora cordifolia</i> (Willd.) Miers.	Stem	266.67 mg
<i>Brihati</i>	<i>Solanum indicum</i> L.	Plant	266.67 mg
<i>Chitraka</i>	<i>Plumbago zeylanica</i> L.	Root	266.67 mg
<i>Kutaja</i>	<i>Holarrhena antidysenterica</i> (L.) Wall. ex A. DC.	Shoot	266.67 mg
<i>Katuki</i>	<i>Picrorhiza kurroa</i> Royle ex Benth.	Rhizome	266.67 mg
<i>Sweta agaru</i>	<i>Dysoxylum malabaricum</i> Bedd. ex C.DC.	Hardwood	266.67 mg
<i>Patola</i>	<i>Trichosanthes dioica</i> Roxb.	Plant	266.67 mg
<i>Vibhitaki</i>	<i>Terminalia bellerica</i> (Gaertn.) Roxb.	Fruit rind	266.67 mg
<i>Haritaki</i>	<i>Terminalia chebula</i> Retz.	Fruit rind	266.67 mg
<i>Amalaki</i>	<i>Emblica officinalis</i> Gaertn.	Fruit rind	266.67 mg
<i>Yava</i>	<i>Hordeum vulgare</i> L.	Fruit	266.67 mg

The External treatments like *Seka* with *Triphala Yashti* (*Glycyrrhiza glabra* L.) *Kashaya* [14] *Pitta-Kaphara* facilitates antioxidant, beneficial for eyes in their properties. *Aschyodana* with *Sunetra Senior* a proprietary medicine (see Table 6) *Madhu* (honey), *Triphala*, *Padmaka* (*Caesalpinia sappan* L.), *Karthika* (*Strychnos potatorum* L.f), *Yashtimadhu* (*Glycyrrhiza glabra* L.) *Saindhava lavana* (rock salt), *Karpura* (*Cinnamomum camphora* L.) as ingredients facilitates the cooling effect, improves brightness and are *Daha Shamaka* (reduce the soreness in eyes). *Vidalaka* [17] a local ocular

procedure applies paste made with *Mukkadi* and *Karuthavattu* enabling the ophthalmic health, *Netrarogahara* (eye disease alleviating) and *Shoolahara* (alleviates pain). The patient was subjected to *Shiroshodhana* with *Nasya* using *Anu Thaila* as a preparatory procedure before *Tarpana*. [16] It helps to eliminate the accumulated *Doshas* from head and may help to enhance the absorption and effect of *Tarpana*. *Shirodhara* (therapeutic streaming of decoction over-head) [18] as a *Shodhana* treatment in cleansing the channels the *Kashaya of Yashti, Lodra vasa, Triphala* acts as *Tridosha hara* (alleviates all three morbid doshas) *Chakshushya*, and *Shodhahara* (anti-inflammatory). *Tarpana* [19] is a treatment modality beneficial for overall eye health. As shown in (Table 7) *Vinayakanjam*, a proprietary medicine were used for *Tarpana*. The medicines in the *Vinayakanjanam* strive to help the degenerative changes in the eyes. The medicine will deeply penetrate the eyes and act as a curative and preventive care for the condition. The consolidated *Ayurveda* treatments result in a remarkable improvement in LMH and regain of normal foveal contour. VA and ocular symptoms have also shown significant changes.

Table 6: Sunetra Senior Eye Drops (Each 10 ml prepared out of)

Sanskrit Name	Botanical/English Name	Part Used	Quantity
<i>Madhu</i>	Honey		43.5%
<i>Padmaka</i>	<i>Caesalpinia sappan</i> L.	Hard wood	11.0%
<i>Kathaka</i>	<i>Strychnos potatorum</i> L.f.	Seed	11.0%
<i>Yashtimadhu</i>	<i>Glycyrrhiza glabra</i> L.	Stem	11.0%
<i>Haritaki</i>	<i>Terminalia chebula</i> Retz.	Fruit rind	11.0%
<i>Vibhitaki</i>	<i>Terminalia bellerica</i> (Gaertn.) Roxb.	Fruit rind	11.0%
<i>Saindhava lavana</i>	Rock Salt	Mineral	1.0%
<i>Karpura</i>	<i>Cinnamomum camphora</i> L.	Plant extract	0.5%

Table 7: Vinayakanjanam (Each 10 ml Prepared out of)

Sanskrit Name	Botanical / English Name	Part Used	Quantity
<i>Aja Kshira</i>	Goat's milk	-	400.00 g
<i>Nalikera jala</i>	Coconut water	-	20.00 ml
<i>Durva</i>	<i>Cynodon dactylon</i> L.	Plant	20.00 g
<i>Ketakimoola</i>	<i>Pandanus odorattisimmus</i> L.f.	Root	10.00 g
<i>Parariti</i>	<i>Ixora coccinea</i> L.	Root	10.00 g
<i>Go ghritha</i>	Cow's ghee	-	10.00 g
<i>Bhumicampaka</i>	<i>Kaempferia rotunda</i> L.	Rhizome	1.80 g
<i>Kamala</i>	<i>Nelumbium speciosum</i> Gaertn.	Flower	1.80 g
<i>Elam</i>	<i>Elettaria cardamomum</i> (L.) Maton	Seed	1.80 g
<i>Mustha</i>	<i>Cyperus rotundus</i> L.	Rhizome	1.80 g
<i>Sweta agaru</i>	<i>Dysoxylum malabaricum</i> Bedd. ex C.DC.	Hardwood	1.80 g
<i>Pattanga</i>	<i>Caesalpinia sappan</i> L.	Hardwood	1.80 g
<i>Ushira</i>	<i>Vetiveria zizanioides</i> L.	Root	1.80 g

Line of treatment for *Dwitiya Patalagata Timira* told in *Timiraprathisheda Adyaya* is *Shodhana, Samana, Nasya, Shirodhara* and *Kriyakalpas* like *Seka, Aschyodana, Vidalaka, Tarpana*. [20] For ocular health, antioxidants were also provided as a preventive aspect. This case report highlights the effect of *Ayurvedic* medication and treatments on degenerative ocular diseases, to arrest further progression and degenerations. Whereas, a large study is necessary to validate the role of *Ayurveda* in *Dwitiya Patalagata Timira* over invasive treatments.

5. CONCLUSION:

Generally Lamellar Macular Hole shows stability in both clinical and anatomical aspects, it also shows the ability for progression to a complete macular hole resulting in blindness. The exact mechanism by which the treatment affects LMH is not fully understood, large-scale studies are needed to support the effectiveness of *Ayurvedic* treatment in LMH. This case suggests that *Ayurvedic* intervention may support

structural and symptomatic improvement in LMH, offering a potential non-invasive approach.

In this case, the patient demonstrated notable improvement in DVA restoration of near-normal foveal contour, and resolution of symptoms such as central scotoma, image distortion, photopsia, and photosensitivity. Follow-up assessments confirmed sustained improvement, with the patient remaining symptom-free and reporting enhanced visual comfort and quality of life.

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 had taken eleven months of treatment for my lamellar hole in my left eye. Initially it started with a sudden black spot in front of my left eye, along with that I started to see images distorted, which I was worried about. After the initial IP treatment I started noticing changes in my black dark spot, distortion, flashes in my eyes, and light sensitivity. I had noticed a remarkable change in my vision.

Authors Details:

¹Chief Physician, Sreedhareeyam Ayurvedic Eye Hospital and Research Centre, Sreedhareeyam Ayurvedic Research and Development Institute, Nelliakkattumana, Kizhakombu PO, Koothattukulam-686662. Ernakulam, Kerala, India.

²Deputy Chief Physician, Sreedhareeyam Ayurvedic Eye Hospital and Research Centre, Sreedhareeyam Ayurvedic Research and Development Institute, Nelliakkattumana, Kizhakombu PO, Koothattukulam-686662. Ernakulam, Kerala, India.

³Chief Medical Officer, Sreedhareeyam Ayurvedic Eye Hospital and Research Centre, Sreedhareeyam Ayurvedic Research and Development Institute, Nelliakkattumana, Kizhakombu PO, Koothattukulam-686662. Ernakulam, Kerala, India.

⁴Research Officer, Sreedhareeyam Ayurvedic Research and Development Institute, Nelliakkattumana, Kizhakombu PO, Koothattukulam-686662. Ernakulam, Kerala, India.

^{5,6}Research Coordinator, Sreedhareeyam Ayurvedic Research and Development Institute, Nelliakkattumana, Kizhakombu PO, Koothattukulam-686662. Ernakulam, Kerala, India.

⁷Senior Medical Officer, Sreedhareeyam Ayurvedic Eye Hospital and Research Centre, Nelliakkattumana, Kizhakombu PO, Koothattukulam-686662. Ernakulam, Kerala, India.

Authors Contribution:

Conceptualization and clinical management: SKP, NN

Data collection and literature search: AV

Writing – original draft: AV, SS

Reviewing & Editing: SS, NN, SKL, SKP, KK

Approval of final manuscript: All authors

Acknowledgements: We authors are thankful to the esteemed Sreedhareeyam Ayurvedic Eye Hospital and Research Centre, for allowing us to write a case report. And we extend our sincere thanks to the patient for providing consent to publish this case

Declaration of Generative AI

The authors declare this manuscript was written without the use of generative artificial intelligence tools. All the content, including text generation, data analysis and references was developed and reviewed by the author without assistance from AI technologies.

Conflict of Interest – The authors declare no conflicts of interest.

Source of Support – The authors declare no source of support.

Additional Information:

Authors can order reprints (print copies) of their articles by visiting:

<https://www.akinik.com/products/2281/journal-of-ayurveda-and-holistic-medicine-jahm>

Publisher's Note:

Atreya Ayurveda Publications remains neutral with regard to jurisdictional claims in published maps, institutional affiliations, and territorial designations. The publisher does not take any position concerning legal status of countries, territories, or borders shown on maps or mentioned in institutional affiliations.

REFERENCES:

1. Frisina Rino, Pilotto Elisabetta, Midena Edoardo. Lamellar Macular Hole: State of the Art. *Ophthalmic Research*. 2019 Jan;61(2):70–76. Available from: <https://doi.org/10.1159/000494687>
2. Meuer Stacy M, Myers Chelsea E, Klein Barbara E.K, Pak Jeong W, Danis Ronald P, Klein Ronald, *et al* . The Epidemiology of Vitreoretinal Interface Abnormalities as Detected by Spectral-Domain Optical Coherence Tomography. *Ophthalmology*. 2015; Apr;122(4):787–95. Available from: <https://doi.org/10.1016/j.ophtha.2014.10.014>
3. Duker Jay S, Kaiser Peter K, Binder Sussanne, Smet Marc D de, Gaudric Alain, Reichel Elias, *et al* . The International Vitreomacular Traction Study Group classification of vitreomacular adhesion, traction, and macular hole. *Ophthalmology*. 2013;120(12):2611-9. Available from: <https://doi.org/10.1016/j.ophtha.2013.07.042>

4. Rodríguez Alvaro, Rodríguez Francisco J, Valencia Marcela, Castaño Claudia. Late Development of a Lamellar Macular hole after the Spontaneous Separation of Vitreoretinal Traction: Case Report. *European Journal of Ophthalmology*. 2016 Apr 11;26(6):e168–70. Available from: <https://doi.org/10.5301/ejo.5000785>
5. Takahashi Hideto, Kishi Shoji. Tomographic features of a lamellar macular hole formation and a lamellar hole that progressed to a full-thickness macular hole. *American Journal of Ophthalmology*. 2000 Nov;130(5):677–9. Available from: [https://doi.org/10.1016/S0002-9394\(00\)00626-7](https://doi.org/10.1016/S0002-9394(00)00626-7)
6. Shivaprasad Sharma (editor). Commentary: Astangasamgraha of Vahata or Vrddha Vagbhata with the Sasilekha Sanskrit Commentary by Indu, Uttarantra, chapter 15, verse no.3. 3rd edition, Varanasi; Chowkhamba Sanskrit Series Office;2012;703
7. Haouchine Belkacem, Massin Pascale G, Tadayoni Ramin, Erginay Ali, Gaudric Alan. Diagnosis of macular pseudoholes and lamellar macular holes by optical coherence tomography. *American Journal of Ophthalmology*. 2004 Nov;138(5):732–9. Available from: [10.1016/j.ajo.2004.06.088](https://doi.org/10.1016/j.ajo.2004.06.088)
8. Rathi S. An Ayurvedic Approach to Partial Thickness Macular Hole -A Case Report. *International Journal of Ayurveda and Pharmaceutical Chemistry (IJAPC)*. 2020 Jan;12(1):124-9. Available from: <http://www.ijapc.com/upload/MNAPC-V-12-11-31-p-124-129.pdf>
9. Vidhyasri M, Sharada H, Ahalya S. An apprehensive analysis and management of macular hole – an observational case report. *International Journal of Applied Ayurveda Research (IIAAR)*. 2019 Sep-Oct;4(4):332-335. Available from: <https://www.ijaar.in/index.php/journal/article/view/688/645>
10. Hedge Prakash L, A Harini. A Textbook of Dravyaguna Vijnana (According to the Syllabus of Central Council of Indian Medicine); 1st edition, Choukhamabha Sanskrit Sansthan; Varanasi; 2019; 309,355,465
11. Hedge Prakash L, A Harini. A Textbook of Dravyaguna Vijnana (According to the Syllabus of Central Council of Indian Medicine); 1st edition, Choukhamabha Sanskrit Sansthan; Varanasi; 2019;355
12. Hedge Prakash L, A Harini. A Textbook of Dravyaguna Vijnana (According to the Syllabus of Central Council of Indian Medicine); 1st edition, Choukhamabha Sanskrit Sansthan; Varanasi; 2019;465
13. Rawat Neelam, Mitra Shuchi, Sharma Usha, Sharma Khem Chand. View of An Overview of Triphala Guggulu and its Ingredients. *Ayushdhara*. 2023 Jan-Feb;10(1):47-59. Available from: <https://doi.org/10.47070/ayushdhara.v10iSuppl1.1134>
14. Kumar K Pradeep, Ramesh B N. A comparative study on the efficiency of Patoladi Ghrita Pana and Punarnavadhi Anjana in Timira. *Journal of Ayurveda and Holistic Medicine (JAHM)*. 2019;7(2):13-25. Available from: <https://www.jahm.co.in/index.php/jahm/article/view/58/40>
15. K Aishwarya, D Sandhya Rani, Reddy Abhishek, S Swathy. Ayurvedic Management of Pediatric Axial Myopia – Case Report. *Journal of Chemical Health Risks*. 2025;15(5):3235-41 Available from: <https://jchr.org/index.php/JCHR/article/view/10566>
16. Maliye Manojna.S, G Prakruthi. Tarpana - A Novel Ocular Modality and its Unfathomable Potential. *Ayushdhara*. 2022 Sep;28;83–91. Available from: <https://doi.org/10.47070/ayushdhara.v9i4.1028>
17. Shameer Babu, Shamsa Fiaz, Gazala Hussain. A Case Report on the Management of Diabetic Retinopathy through Ayurveda. *Kerala Journal of Ayurveda*. 2022 Dec;6(1):114–120. Available from: <https://keralajournalofayurveda.org/index.php/kja/article/view/290>
18. Janagal Bhageshwary, Singh Chandan, Purvia Rajendra Prasad, Adlakhia Manoj. A Conceptual Study Of Shirodhara In The Management Of Shirahshoola. *Ayushdhara*. 2016 Jan;4(1):1045-50. Available from: <https://ayushdhara.in/index.php/ayushdhara/article/view/249/207>
19. G Prakruthi. View of A Case Series to Evaluate the Efficacy of Kriyakalpa in Different Netravikaras. *Ayushdhara*. 2025;12(2):102-110. Available from: <https://doi.org/10.47070/ayushdhara.v12i2.2056>
20. Vayaskara N S Moos(editor). *Ashtanga Hridaya of Vagbhata*, Uttarastana, chapter 13, verse no.47. 1st edition, Kottayam;Vaidyasarathy Series;1976;63