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An ayurvedic polyherbal formulation (Mahagni wati) in the management of non proliferative diabetic retinopathy (NPDR): A preliminary study

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Diabetic Retinopathy is the most dreaded complication of ocular manifestation of Diabetes. Its prevalence is 3.5% in general population while this figure goes to 18% in diabetic patients in India. It is characterised by progressive development of well defined morphological abnormalities in the retinal microvasculature that can remain relatively stable i.e., NPDR or progressive diabetic macular oedema and /or proliferative diabetic retinopathy. In spite of significant development in pharmacotherapy of Diabetic Retinopathy, Plant based drugs have shown promising results in experimental studies for prevention and/or progression of Diabetic Retinopathy. The advantage of herbal drugs over current therapies is that these drugs are safe; having hypoglycaemic activity and retino protective effect. Ayurveda has mentioned many medicinal plants which are effective in treatment of Diabetic retinopathy. A Polyherbal Formulation, "Mahagni Wati" is made from such plants for treatment of NPDR.

Aim & Objectives: To observe the effect of "Mahagni Wati" as compared to Antioxidents (Retinox) in the management of NPDR.

Methodology: An open labelled randomized controlled clinical trial was conducted on 60 patients divided in 2 groups (30 in each group). Gr. A (Tab. Retinox 1 OD), Gr.B (Mahagnivati Wati, 500mg BD) daily for 6 months in addition to OHA as advised by Physician. Changes were observed at 6 months compared with baseline in functional factors like dark adaption test, Visual acuity, quality of Life, Intra Ocular Pressure (IOP), and Fundus photographs. Assessment of degree of severity of NPDR was done as per -SCI-027 Guidelines for DR Royal College of Ophthalmology 2005.

Observation and Results: Wilcoxon- sign rank test, & Manwhitney U test was applied to evaluate micro-aneurysm, Dot & blot haemorrhage, soft exudates, Cotton Wool Patches for intra group and inter group. T test for Best corrected visual acuity.

Conclusion: Both groups exert significant effect on mild to moderate NPDR."Mahagniwati" was more effective in mild to moderate NPDR.

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