



MANAGEMENT OF LATERAL RECTUS PALSY WITH AYURVEDIC TREATMENT – CASE STUDY.

Dr Govind V Shinde

Professor & HOD, Dept Of Shalakyatantra, CSMSS Ayurved College, Aurangabad.

Dr Nimesh P Sangode

Assistant Professor, Dept of Rachana Sharir, CSMSS Ayurved College, Aurangabad.

ABSTRACT A male patient of around 52 years presented with diplopia & inward rotation of left eye, patient use to cover the left eye with cloth to avoid diplopia. He was diagnosed as left Abducent (VIth) nerve palsy. MRI & CT brain was done. MRI report- Chronic ischemia of bilateral periventricular white matter. Both orbits normal (Nonspecific infarct). He was treated with Panchaindriya vardhan taila nasya followed by local Snehan & Swedan supported by oral medicines. Yield convincing results with good compliance of the patients. The study needs to be further continued with larger samples to generalize the results.

KEYWORDS :

INTRODUCTION

Lateral rectus palsy is a rare disorder encountered in elderly persons. The etiology of VIth nerve palsy is a disease with few causes like trauma, aneurysm, ischemia, demyelination, etc & the inward rotation of eye disturbs the visual alignment of the eyes¹. It causes Diplopia which makes the patient's life miserable & patient use to cover the affected eye to avoid diplopia².

Epidemiology – VIth nerve palsy falls into the categories – Trauma – 03-30%, Aneurysm – 0.6%, Ischemic - 0 – 36%, Idiopathic – 08-30%, Demyelination – 10 – 30%. VIth cranial nerve is the most commonly affected of all cranial nerves. It is second most commonly affected after IVth nerve with an incidence of 2.5 cases per lakhs of the population. Who is at high risk for VIth nerve palsy? There is no specific Gender or Age group that is significantly more at risk.

Symptoms are double vision – diplopia, mild headache. Only treatment is Corticosteroids & masking of eye with dark goggles. Causes – most common in elderly is Stroke. It is commonly caused in children due to Trauma. Other causes are viral illness, Brain oedema, traumatic multiple sclerosis, Diabetic Neuropathy, Increased intracranial tension³.

Pathophysiology – VIth nerve palsy is frequently seen as a post viral syndrome in younger patients & as in Ischemic mononeuropathy in the adult population. Mononeuritis is caused either due to diabetes mellitus or as a result of ischemia, hypertension, and compression of nerve by lesion, head injury, meningitis, multiple sclerosis, stroke⁴.

Causes – most of all Lateral rectus palsy are acquired in later stage of life.

Poor blood supply to VIth nerve is caused by high BP, diabetes, smoking, i.e micro vascular diseases. Direct pressure on VIth nerve caused by tumors, middle ear infections, due to raised intra cranial tension, etc. Head injuries can cause lateral rectus palsy due to increase in intracranial pressure. Inflammation in the region of the nerve⁵.

Typical features of Lateral rectus palsy- Sudden onset of horizontal diplopia- double vision, worse when patient looks to the affected side. Limited or no outward movement of affected eye, patient compensate this by turning head to the affected side. A convergent squint or strabismus that is large when the patient tries to look an object in the distance.

Case Study: A male patient of around 52 years presented with diplopia & inward rotation of left eye, patient use to cover the left eye with cloth to avoid diplopia. He was diagnosed as left Abducent (VIth) nerve palsy. MRI & CT brain. MRI report- Chronic ischemia of bilateral periventricular white matter. Both orbits normal (Nonspecific infarct). No E/O DM, Hypertension; RBS level – 97 mg/dl; HIV – I & II – Negative.

Treatment: He was receiving treatment from Neurologist as well as Ophthalmologist with unsatisfactory results. He was diagnosed as in Urdhvajatrugat vyadhi & was treated by Panchaindriya vardhan taila Nasya along with internal medicine & eye exercises

- Mukha manya bhagi Snehan, swedan
- Followed by Panchaindriya Vardhan taila nasya.
- Cap Palsineuron - 1bid
- Brahmi vati - 2 tabs bid.
- Tab Neurobion forte- 1 od
- Ashwagandha, shatavari, shunthi, yashtimadhu siddha milk was given as balya.
- Nasya was given for 21 days consequently.

Drugs

1. Palsineuron – it's a proprietary formulation by Phytopharma.

Ingredients:

- a) Mahavata Vidhwams Ras – a traditional Ayurvedic Medicine with herbal and mineral ingredients – 60 mg.
- b) Sameer Pannag Ras – a traditional Ayurvedic Medicine with herbal and metallic ingredients – 60 mg.
- c) Ekangveer Ras – a traditional Ayurvedic Medicine with herbal and metal ingredients – 60 mg
- d) Sootshekhar Ras – a traditional Ayurvedic Medicine with herbal and metal ingredients – 60 mg
- e) Khurasani Ova – Hyoscyamus niger – 60 mg
- f) Lajjalu – Touch me not plant – Mimosa pudica – lajari – 60 mg.

2. Panchaindriya vardhan taila – it's a proprietary formulation by Rajsan⁶.

Ingredients:

Yashtimadhu, Pimpali, Vala, Manjishta, Punarnava, Vavding, Gokharu, Ringani, Tila oil.

3. Brahmi vati - it's a formulation by Baidyanath⁷ the bulk formulation is prepared with following Ingredients and the doses of 3 Ratti(375 mg)/ tablet. 2 tablets bid was given to the patient.

Ingredients:

- a) Brahmi – Bacopa monnieri – 20 g
- b) Shankhapushpi – Convolvulus pluricaulis – dried leaf – 20 g
- c) Vacha – Acorus calamus – 10 g
- d) Maricha – black pepper – 5 g
- e) Gavkava – 20 g
- f) Swarna Makshika Bhasma – Calx of Copper and Iron pyrite – 10 g
- g) Rasasindhur – a compound of purified Mercury and Sulphur – 10 g.

Conclusion

Lateral rectus palsy is a disease of diverse etiology. The inward rotation of eye ball creates visual problems like diplopia. The condition is worst for treatment with uncertain results. According to

ayurved it was taken as Urvdhava Jatrugata vyadhi with Vaat dosha predominance & was treated with Nasya supported by oral medicines. The patient was relieved completely within 03 months period, with good functioning of lateral rectus muscle & complete relief from diplopia. The results observed were convincing needs to be evaluated with larger samples.

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