



AYURVEDIC MANAGEMENT OF TOLOSA HUNT SYNDROME : A RARE CASE STUDY

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ABSTRACT Tolosa-Hunt syndrome (THS) is a painful ophthalmoplegia caused by non-specific inflammation of the cavernous sinus or superior orbital fissure. THS describes episodic retro-orbital pain with unilateral periorbital headaches associated with paralysis of one or more of the third, fourth and/or sixth cranial nerves which usually resolves spontaneously but can relapse and remit. It was first described by Tolosa in 1954 and was explored further by Hunt when he published 6 cases of remittent unilateral retro-orbital pain accompanied by extraocular nerve palsies. It is idiopathic in origin and might be associated with previous viral infection. Use of oral steroids is the main treatment of THS. As steroids need to be given for longer duration, side effects of steroid treatment is the main drawback of this regimen. The symptoms of THS can be correlated to those of *Anantvaat* (a type of headache described in *shiroroga* by *Acharya Sushrut*). It occurs due to vitiation of three doshas and is characterised by pain in craniocervical region, eyes, temple region along with eye diseases. *Siravedh*, *nasya*, *lepa*, *parisheka kawal* and *shirobasti* are indicated in treatment of *Anantvata* so treatment of *anantvaat* given in this case.

KEYWORDS :

INTRODUCTION

Tolosa-Hunt syndrome (TSH) describes episodic orbital pain with unilateral periorbital headaches associated with paralysis of one or more of the third, fourth and/or sixth cranial nerves which usually resolve spontaneously but can relapse and remit. It was first described by Tolosa in 1954 and was explored further by Hunt when he published 6 cases of remittent unilateral retro-orbital pain accompanied by extraocular nerve palsies. It is idiopathic in origin and might be associated with previous viral infection. Use of oral steroids is the main treatment of TSH. As steroids need to be given for longer duration, side effects of steroid treatment is the main drawback of this regimen.

The symptoms of THS can be correlated to those of *Anantvaat* (a type of headache described in *shiroroga* by *Acharya Sushrut*). It occurs due to vitiation of three doshas and is characterised by pain in craniocervical region, eyes, temple region along with eye diseases. *Siravedh*, *nasya*, *lepa*, *parisheka kawal* and *shirobasti* are indicated in treatment of *Anantvata*.

Case history :



A 38-year-old male with repeated attacks of THS with severe left-sided retro-orbital pain with left-sided ptosis, diplopia and headache. Patient had previously visited to well known hospital and taken treatment for it.

On examination patient was having left eye almost completely closed (ptosis), left eye oedema and painful movement of eye. His visual acuity of right eye was 6/6 and of left eye was 6/18. Adduction of the left eye past midline was limited to 25% of normal, and upward gaze was limited to 70% of normal. However, abduction, downward gaze, Right eye parameters within normal limit. Fundus findings were within normal limit. Neurological examination was unremarkable.

Naadiparikshan vaatpitta prominence

MRI of head was suggestive of left oculomotor neuritis with a decrease in size of the left oculomotor nerve, increased surrounding fluid, and mildly increased contrast enhancement. MRI of the orbit showed mild focal asymmetric enhancement along the lateral wall of the left cavernous sinus just posterior to the orbital apex in the expected location of the left oculomotor nerve.

Previous treatment : After every onset, patient was treated with oral steroids and got relieved from the symptoms. But patient was facing side effects of steroid like weight gain, osteoporosis. Hence he came to our hospital for Ayurvedic treatment.

- Oral steroid
- Tab methylprednisolone 10 mg TDS for 1 wk
- Tab serratio peptides with diclofenac sodium BD for 1 wk
- Tab Multi vitamin OD
- After starting ayurvedic medicine steroids were taper down and stopped
- Tab Emanzen-D-SOS was advised for 2wk

Diagnosis : the group of symptoms showed by the patient was comparable to the symptoms of *Anantvata* i.e. Acute pain in region of craniocervical junction, pain in eye and eyebrows, pain in temples, pain and flicker in lateral areas of chick, stiffness in the jaw, eye diseases, sudden relief in symptoms.

Concept of Anant vata

- Tridoshaja
- Severe pain at neck, eyes, frontal region, root of the nose, temporal region
- Lockjaw
- It occurs due to vitiation of three doshas and is characterised by pain in craniocervical region, eyes, temple region along with eye diseases.

दोषास्तु दुष्टास्त्रय एव मन्यां सम्पीड्य घाटासु रुजां सुतीव्राम् ॥१३॥
कुर्वन्ति साक्षिभ्रुवि शङ्खदेशे स्थितिं करोत्याशु विशेषतस्तु ।
गण्डस्य पार्श्वे तु करोति कर्म्म हनुग्रहं लोचनजांश्च रोगान् ॥१४॥
अनन्तवातं तमुदाहरन्ति दोषत्रयोत्थं शिरसो विकारम् ॥१५॥

Hence the line of treatment of *anantvata* was chosen to treat this case. *Jalaukavacharan* instead of *siravedhan*, *Nasya*, *Lepa* in form of *bidalaka* were used. As the *vata* and *pittaprakop* was significant in the patient, adjuvant therapy of *virechan* and *matra basti* were used in treatment. Though *anantvat* is a *tridoshaj vyadhi*, local examination, symptoms and *nadiparikshan* of the patient revealed prominence of *vitiated vaata* and *pitta*. Hence treatment was planned by focusing on these two doshas.

Following treatment was given to the patient :

Systemic medication

1. Tab. *Sutshekhar ras* 125 mg thrice daily
2. Tab. *Arogyavardhini* 250 mg twice daily

Both the medicines were administered for two months

रसगन्धकलोहाभ्रशुल्बभस्मसमांशकम् ।
त्रिफला द्विगुणा योज्या त्रिगुणं तु शिलाजतु ॥१॥
चतुर्गुणं पुरं शुद्धं चित्रमूलं च तत्समम् ।
तिक्ता सर्वं समाज्ञेया सर्वं संचूर्ण्य यत्नतः ॥२॥
निम्बवृक्षदलाभोर्भिर्मदपेनुद्विदिनावधि ।
ततश्च वटिकाः कार्या राजकोलफलोपमाः ॥३॥

Panchakarma and kriyalkalpa:



Jaloukacharan near left apanga pradesh twice with a gap of 5 days in 1st week Bidalaka with triphala and yashtimadhu was done daily for 1st and second week Virechan by abhayadi modak (with 5 days snehapan of tiktak ghrita) was given after jaloukacharan in 2nd week Matra Basti with sahachar tail (60ml) once a week from 4th week to 8th week of treatment Nasya with anu tail 6-6 drops for 7 days was done in 4th week, 6th week and 8th week Tarpan with yashtimadhu ghrita was done for 5 days was done in 5th & 7th week

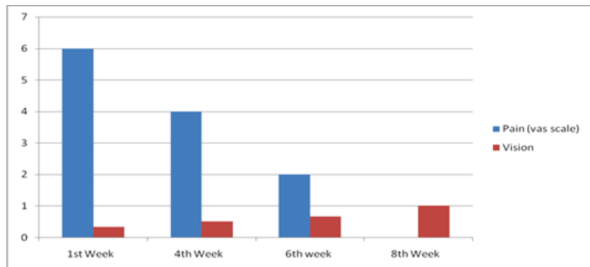
Treatment plan:

Week	Panchkarma	Kriya kalpa
1	Jaloukacharan	Bidalak
2	Snehapan for virechana	Bidalaka
3	Virechana	
4	Matrabasti once a week	Nasya for 7 days
5	Matrabasti once a week	Tarpan for 5 days
6	Matrabasti once a week	Nasya for 7 days
7	Matrabasti once a week	Tarpan for 5 days
8	Matrabasti once a week	Nasya for 7 days

Observation /Result :

After the treatment the patients visual acuity improved to 6/6. His periorbital pain was relieved along with ocular movements.

Grade	1 st Week	4 th Week	6 th Week	8 th Week
Pain (Vas scale)	6	4	2	0
Vision	6/18	6/12	6/9	6/6



DISCUSSION :

Though anantvat is a tridoshaj vyadhi, local examination, symptoms and nadiparikshan of the patient revealed prominence of vitiated vaata and pitta. Hence treatment was planned by focusing on these two doshas.

Sutshekhar rasa is mainly a vatapittaghna medicine. This drug is specifically used for all types of headaches.

Arogyavardhini has tridoshaghna and shothaghna properties.

Jalaukacharan was done to remove the tridosh dushit rakta from the affected area i.e. periorbital region. The saliva of the leeches has vasodilators and analgesics which helps in pain management and enhances the blood supply.

Bidalaka helps to relieve symptoms in initial stages of disease & alleviates local doshaprakop. Hence it was used in first two weeks For shodhan of pittadosha and anuloman of vata virechan was given. Tiktak ghrita which has tridoshaghna action was used for snehapan.

Matra basti was used to control the vata prakop and its snigdha guna was helpful to maintain the functions of prakrut kapha. It was administered once a week after virechan.

Nasya helped in alleviating the prakopa of three doshas in the head. It

helped to reduce pain and to improve the movements of eye through vata dosha.

Tarpan helps in subsiding netragat vata and pitta prakop and establishing functions of prakrut kapha. It also helps to bring kriyalaaghav (ease in movement) of eyes. It acted as an apunarbha chikitsa.



Preventive measures

- Trifala ghrita –orally
- Tarpan – every month
- Eye exercises- rolling of eyeball, tratak
- Satvik ahar
- Restricted outside food
- Minimal use of screen

CONCLUSION

Tolosa-Hunt syndrome (TSH) describes episodic orbital pain with unilateral periorbital headaches with ocular paralysis. It can be correlated to Anantavata shirorog mentioned in sushrut samhita. The treatment indicated in anantvata was useful in treating TSH.

Patient got symptomatic relief along with improvement in vision. patient also became independent of oral steroids without any recurrence of the symptoms.

Pharmacodynamics of the drugs and panchakarma used in this case needs to be studied further.

One can conclude from this case that ayurvedic approach towards certain diseases described by modern science can help to treat these diseases.

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