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MANAGEMENT OF OPTIC NEURITIS- A CASE STUDY

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Abstract: Background- Ischemic optic neuropathy (ION) is sight threatning condition resulting from inadequate blood supply to the optic nerve. In Ayurveda, this condition can be correlated to Parimlayi Timira, caused by vitiation of vata and pitta dosha due to head trauma. The present case highlights the successful Ayurvedic management of ION through Jalaukavacharan, internal ayurvedic medications and Padaabhyanga. Aim- To evaluate the effectiveness of Ayurvedic interventions in case of post traumatic ION (Parimlayi Timira). Materials & Methods- A 23 year old female presented with complaints of headache, ocular pain in left eye, diminished vision of left eye and colour confusion following head trauma. Based on clinical presentation, the case was diagnosed as ION (Parimlayi Timira). Management included local therapy, Jalaukavacharan for dushta pitta shaman and pain relief as mentioned in Sushruta Samhita uttartantra and padabhyanga to improve drushti to promote vata anulomana. Internal medications including ayurvedic formulation for vata pitta shaman and rakta prasadana. Treatment was administered for 30 days with regular follow-up. Results- The patient showed significant improvement in visual acuity and complete relief in ocular pain, headache and colour confusion. No recurrence of symptoms was observed during follow up. Conclusion- The combination of Jalaukavachrana , internal ayurvedic medications and padabhyanga proved effective in restoring visual function and alleviating associated symptoms in case of ION (Parimlayi Timira).

Keywords- Parimlayi Timira, - Ischemic optic neuropathy, Abhighataja Linganash, Jalaukavacharana, Padabhyanga

I. INTRODUCTION

Optic neuritis is an inflammatory disorder of the optic nerve characterized by sudden or subacute loss of vision, impaired colour vision, and ocular pain, often aggravated by eye movements. It commonly affects young adults and may occur following trauma, infections or autoimmune inflammatory processes. Pathologically, optic neuritis involves demyelination and inflammation of the optic nerve, leading to defective transmission of visual impulses and consequent visual impairment.

In Ayurveda, similar clinical features can be correlated with Parimlayi Timira, a type of Drishti gata roga described under Timira. Parimlayi Timira is characterized by diminution of vision, disturbed colour perception, ocular discomfort and heaviness of the head which closely resemble the symptomatology of the optic neuritis.

In cases of trauma, Vata prakopa along with Rakta dushti plays a significant role in pathogenesis while factors such as previous intake of Ushna and Tikshna drugs, may act as agantuja and nija hetu, leading to further aggravating pitta dosha. The involvement of Raktavaha and Majjavaha strotas leads to inflammatory changes affecting optic nerve.

II. Materials and Methods

Study Design- Single case study

III. Patient case report-

- Age: 23 years
- Gender: Female
- OPD No. 04 (Ophthalmology)- Dr. D. Y. Patil Ayurvedic Hospital, Nerul, Navi Mumbai

- **Chief Complaints-**

- Diminution of vision in the left eye, with gradual onset.
- Pain in left eye, particularly on eye movements
- Decreased colour vision in the affected eye
- Headache and neck pain.

- **History-**

- History of TB
- Known case of PCOD.
- Personal history- History of stress, obesity.

IV. Local Examination

Eye Examination Parameter	RT EYE	LT EYE
Lids	N	N
Conjunctiva	N	N
Sclera	N	N
Cornea	CLEAR	CLEAR
Anterior Chamber	N	N
Iris	N	N
Pupil	RRR	RRR
Lens	N	N
Vision (Visual Acuity)	6/60 PH 6/18	HM+VE

V. PARAMETERS

SUBJECTIVE PARAMETRS	OBJECTIVE PARAMETERS
Diminution of vision	Reduced visual acuity on the Snellen chart.
Mild Eye Pain, agrravated on eye movements.	Anterior segment examination is usually found to be within normal limits.
Difficulty in colour discrimination.	Fundus examination may reveal blurring of the optic disc margins, while the remaining fundus findings are within normal limits.
Headache	(MRI) of the brain and orbit may demonstrate inflammation of the optic nerve.
Neck Pain	Laboratory investigations are performed to rule out systemic diseases and other possible underlying causes of optic nerve inflammation.

Radiological Findings- Left Optic Nerve appeared odematous, showed hyperintense signal, and post contrast enhancement select changes of optic neuritis.

VI. Diagnosis- MODERN DIAGNOSIS- Optic Neuritis (Left Eye)
AYURVEDIC DIAGNOSIS- PARIMLAYI TIMIRA/ ABHIGHATAJA LINGANASH.

VII. Nidana Panchaka-

- **Hetu**- Abhighata (Trauma)
- **Purva Roopa**- Shirashoola, Manyashoola
- **Roopa**- a) Due to Pitta dushti- Inflammation, colour vision disturbance. b) Due to Vata dushti- Pain, degeneration, sudden diminution of vision. c) Due to Rakta dushti- Impaired nourishment of optic nerve.
- **Upshaya**- Shodhana & Shamana Chikitsa
- **Samprapti**- The patient has a history of prior intake of treatment for TB and PCOD, which acts as Gara Visha in the body. This led to Pitta Dosha Dushti, predominantly affecting Rasa and Rakta Dhatu. And due to head trauma, resulted in vata prapoka. The trauma also caused rakta dushti, leading to strotorodha in raktavaha and majjavaha strotas.

VIII. Management-

SHAMANA CHIKITSA-

Chakshushya	**Pitta Shamana & Grahani Protection Chikitsa**	**Shiro Abhighata & Shirashoola Chikitsa**	**Composite Formulation (Rakta–Majja–Ojas Support):**	**External Therapy**
Saptamrita Loha Vati is *Netra Rogaghna* and acts on Drishti Nadi Shotha. *Loha* supports Rakta Dhatu. Indu Vati is Chakshushya and Medhya.	Sutshekhar Rasa Vati is Shuddha Pitta Shamaka and prevents steroid-induced gastritis. Avipattikara Churna produces mild Virechana and corrects Urdhva Gata Pitta.	Pathyadi Guggulu is Tridoshaghna with emphasis on Pitta-Vata. It is indicated in Shirashoola, Netra Roga, and Abhighataja Vikara.	The formulation consisted of Abhaya + Jatamansi + Pittaja Grahani Churna + Suvarna Makshika Bhasma + Kaishora Guggulu + Godanti Bhasma + Praval Panchamruta.	Padatala Lepa was prepared using Yashtimadhu + Vacha + Jatamansi + Triphala and acts via Padatala Marma → Shira. Jalaukavacharana was performed in 3 sittings every alternate week.

LOCAL THERAPY-
[1] JALAUKAVACHARANA
Purva Karma
• Informed consent obtained
• Area cleaned with sterile water
• Patient positioned supine
• Healthy medicinal leech selected

Pradhan karma:

- Application of Jalauka- Jalauka applied on the apanga Pradesh.

IX. RESULTS-

At the end of the treatment period, the patient demonstrated **complete resolution of symptoms** with significant functional recovery.

Headache (Shirashoola): Completely resolved with no recurrence throughout the later course of treatment.

NeckPain (Manyashoola/Manyastambha): Fully relieved. Normal, painless range of neck movements was maintained.

Visual Acuity: Notable improvement observed. Vision improved by **2 meters** compared to baseline, indicating substantial reduction in **Drishti Nadi shotha** and restoration of optic nerve function.

Ocular Symptoms: Absence of ocular pain, strain, or visual discomfort. No progression of inflammatory signs noted.

General Health: Patient reported improved strength, comfort, and overall sense of well-being, suggesting effective **Pitta–Vata shamana**, **Rakta–Majja prasādana**, and recovery from **Agantuja factors**.

X. CONCLUSION-

Early intervention with ayurvedic management showed significant improvement in a case of optic neuritis.
Proper dosha assessment and individualized treatment helped in-
Reducing inflammation.
Improving visual function.
Preventing disease progression.
This case highlights the effective role of ayurveda in managing neuro-ophthalmic condition like optic neuritis.

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