IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

ACQUIRED OCULOMOTOR PALSY MANAGED BY AYURVEDA- A CASE STUDY.

Corresponding Author- Dr. Pranav Bhagwat. M.D. (Ayu.); PGDHM (MOHFW)

Designation- Professor and Head of Department- Shalakyatantra.

ABSTRACT- Isolated acquired oculomotor palsy (cranial IIIrd nerve palsy) is most common neurological disorder found in clinical practice. It usually is a result of Diabetes Mellitus, Hypertension, and other disorders. In this paper, I have presented a case of a middle-aged nondiabetic, normotensive man suffering from IIIrd N. palsy and was treated with the help of ayurvedic medicines. The man presented to thr author's clinic with diplopia and ptosis. After proper evaluation of *hetus* (etiological factors in patient) and *laxanas* (clinical features), *samprapti* (disease process) was plotted and the diagnosis of *netragata Pakshaghata* was made. The treatment prescribed was *vataghna* and *raktaprasaadaka* medicines such as such as *mahalaxmivilaasa, sameerapannaga, yogaraja guggulu, kaapasasthsdi taila ,pratimarsha* and lifestyle changes. The photographs and ocular movements were taken before and after treatment. After ten days of treatment, he was completely recovered.

KEY WORDS – Oculomotor Palsy, Diplopia, *Ayurveda, Jimha Netra, Mahalaxmivilaasa.*

INTRODUCTION –Acquired oculomotor nerve palsy (OMP) is an ocular pathology resulting from damage to third cranial nerve. It can present in different ways causing somatic extraocular muscle dysfunction due to involvement of inner somatic fibres (superior, inferior, and medial recti; inferior oblique; and levator palpebrae superioris) and autonomic (pupillary sphincter and ciliary) muscles due to involvement of Outer parasympathetic fibres. [(1)] and cause diplopia, pupil mydriasis, and/or upper eyelid ptosis. The inner somatic fibres are supplied by vasa vasorum and outer parasympathetic fibres by pial vessels. Ischemic stroke selectively affects somatic fibres over parasympathetic fibres. Hence, sparing of pupil suggests ischemic pathology rather than external pressures requiring surgical management.

Table- 1. The causes of acquired oculomotor palsy

Ischaemic
Space occupying lesions or tumours, ,.
Inflammation and infection
Trauma
Demyelinating disease,
Post-operatively,
Autoimmune disorders such as myasthenia gravis,
Cavernous sinus thrombosis.

Identifying 3rd nerve palsy , when complete , is easy as one gets complete mydriasis, complete ptosis and complete external and inferior position . However, third cranial nerve palsies are often incomplete and result in partial deficits.

CASE HISTORY-

Name	XYZ
Age	56 years
Sex	Male
Occupation	Driver – usually late nights, improper food timings, frequent eye strain due to long journeys, also working in hot weathers with sometimes alternate exposure to internal cooled environment over outer hot weather.
Weight	75 kgs. Medium built,
Address	Goa. (*Anup deshha)*
Birth place	Born and brought up at goa. (*Anupa desha*)

Chief complaints

Blurred vision- 2 days,

Diplopia- 2 days.

Unable to open the right eye completely- 02 days.

Present history-

A 56-year-old male patient, working as a taxi driver came with binocular diplopia, right sided ptosis, improper position of right eyeball and blurred vision. He had developed these symptoms in the last two days and visited our OPD.

History of previous illness- Typhoid fever at the age of 22 years.

Family history- Father- No major illness.

Mother- hypertension.

Sister- no major illness.

Personal history- Non-smoker. Non-alcoholic.

On examination-

Atura pareeksha-

Prakrititaha	*pitta-vata.*
Vikrititah	*Kafa- vata, madhyabala vyadhi*
Saratah	*Mamsasaara. Asthisara.*
Samhanantah	*Susamhata*
Pramaanatah	*Hraswa,madhyama.*
Saatmyatah	*Pravara.*
Satwatah	*Madhyasatwa*
Aaharashaktitah	*Uttama.*
Vyayamashaktitaha	*Uttama.*
Vayatah	*Madhyam*

Vikruti pareeksha.

Hetu	Driving job (*yAnayAna*), *JAgaraNa*, bread, pickles, chillies, *methi*, spicy food, hotel food, *visHamashana* (irregular food timings). *katu*, (pungent food) *paryusHita*(stale food), *snigdha- picchila* (oily, unctuous)*ahara like khaari* biscuits, buns, *(abhishyandhi, achakshushya aahara and vihara)*
Doshha	*Katu, ruksha gunayukta vAta prakopa.* *Snigdha, picchila,abhisyandi gunayukta kafa prakopa.*
Dushya	*Rakta (vidaahi ahara, jagarana)* *Prana vaha (roukshya due to jaagarana)* *Anna vaha (akaalabhojana)*
Prakriti	*Saadhya*
Deshha	*SaadhaaraNa*
Kaala	*Sheeta.*
Bala.	*Uttama.*
Agni	*Mandagni doshha.*
Sweda	*Madhayma vyaayaamaat.*
Pureeshha	*Niraama.mrudu.*
Mutra	*Normal.*
Jivha	*Saama on the posterior side.*

General Examination-

General condition	Good
Pulse	78 per minute
Blood pressure	138/84 mm Hg.
Cardiovascular system	S1S2 – normal. No added sounds.
Respiratory system-	Within normal limits.
Nervous system (except III cranial nerve)	Within normal limits

Netra pareekshana-

Head posture	Normal bilaterally (bil.)
Eye brows	Right sided elevated
Pakshma mandala (eye lashes)	Normal. (bil.)
Vartmamandala (eye lids)	Right eyelid Drooping, lid margin covering half of the pupil which is downward, hence severe ptosis.No discoloration/edema.
Shuklamandala (conjunctiva, sclera)	No discoloration, no adhesions, no congestion (bil.)
Krishnamandala (iris and cornea)	Transparent, sensitive, regular cornea. Non muddy iris. (bil.)
Drishtimandala (pupil)	Central, circular, eccentric, normally reaction to light. (bil.)
Best corrected visual acuity	6/12 in right eye, 6/9 in left eye
Visual field	Normal

Eyeball movements (Fig.1)	Right eye shows outward and downward position of eyeball with inability to turn eyeball internally.
Fundus photo	Not taken

fig.1

Investigations-

Since the person is nondiabetic, normotensive, and looking at the pupil sparing palsy, MRI of the brain was suggested but patient refused due to financial reasons. And since there were no other symptoms or history suggesting intracranial space occupying lesions or haemorrhage, the diagnosis of medical oculomotor palsy was made and hence MRI was not insisted. Complete hemogram with lipid profile was investigated for and showed dyslipidaemia.

Samprapti -From the above history, it was clear patient was having *Vaataprakopa due to jAgarana, yAnayAnasevana, katu Ahara and Rasa, Rakta Dushti* dye to Vidahi Ahara. Due to *achakshushya sevana* like *durekshana* due to continuous driving, *ushnabhitaptasya sheetapravesha*, *Swapna viparyaya*, the *doshhas* were pulled towards eye and cranium. which do poshana of indriya and snayu which ho;d the akshi at ots place were disrupted. Akshibandhanas were weakended and hence jimha netra wasmanifested. Diagnosis of jimha netra *due to dhatukshayajany vaataprakopa* was made.

Treatment –

a)*Aahara-* He was advised to avoid *Abhishandhi, katu and ruksha Aahara* and increase *snigdha ahara like rice, pure ghee,milk was advised*

b) *Vihara-* Patient was advised not to drive vehicles and take rest for couple of weeks.

c) Medications-

Tab. *Mahalaxmivilasa rasa*	125 mg.	TDS	After food.
Sameerapannaga, yogaraja guggulu,	75 mg +250 mg	TDS	After food.
Abhyanga around right eye and on lids with karpasasthadi taila	5 ml	BID	For 05 minutes.
Kshavathuhara taila pratimarsha nasya	2 drops	BID	Morning and evening
Trikatu Kashaya gandusha	20 ml	Bid	Morning and evening
Cap castrolax	1 gm	At bedtime	Once

The treatment was given for 10 days.

After treatment the visual examinations show following changes-

Best corrected visual acuity	6/6 in right eye, 6/6 in left eye
Position of right eyeball	Central
Movements of the right eyeball and right lid	Normal and present in all quadrants.
photo (Fig.2.)	Minimal ptosis.

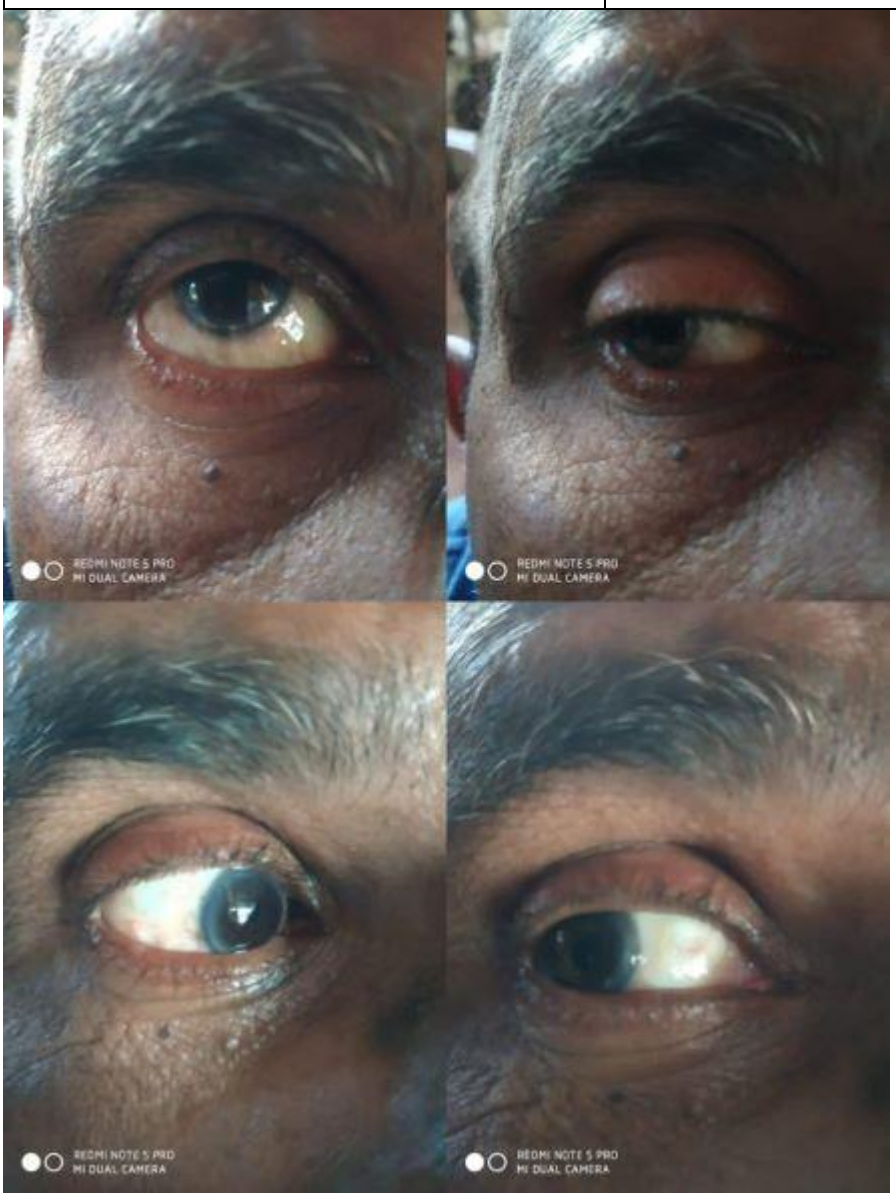

FIG.2

The patient's complaints were relieved completely with 6/6 vision bilaterally without diplopia.

DISCUSSION-

The line of treatment was to reduce *aama* in *shiras* and *netra,* do *doshapachana,* bring *doshaas* in *koshtha* and should be taken out in the natural ways and force , without external exertion. This patient is a driver and having a *VisHama* lifestyle has provoked *VAtadosHa* and hence *Vataanulomaka, balya chikitsa* is indicated.

Mahalaxmivilasa rasa [2]is *vataghna, balya* and *indriyaprasadka* medicine working to produce *prasadrupa kafa* for *tarpana of indriyas,* giving *bala* to *maamsa dhatu, medadhatu* and thus its *upadhatu- snayu*. Medicines like *Swarna bhasma, Abhraka bhasma, Tamra bhasma* are *tridoshaghna* whereas *karpoora, jatiphala,vruddhadaru* help *snayus* to tone.

Sameerapannaga[3] is *kaphavataghna*. The overall pharmacodynamics of *sameerapannaga* is Katu Rasa, Ushna Guna, Ushna Virya, Katu Vipaka. It helps to open blocked channels.

Yogaraj Guggulu [4]is a medicine having properties like Kafaghna, Vataghna and *Aamapachana*. Hence it is used in diseases where *vata sanga* is present. Basically, a tablet for aamvataroga Chikitsa, yogaraja Gugulu is also known to reduce *sandhigata vaata*. The main ingredients are Emblica officinalis, Terminalia bellirica, Terminalia chebula, Commiphora mukul, Zingiber Officinale, Piper Nigrum, piper longum, etc. there are 27 drugs in equal quantity and guggulu in 27 parts and it is quite evident that the properties of this drugs are mainly *Ushna*, *Kafaghna*. Some of them are *Lekhana* and others are *Sara*. So, it has a good combination to counteract blockage to *Vaata* by *Kafa* and since it has *sandhimajjagata* property, it has *Gaamitwa* to *sandhi and majjadhatu*, adding to the benefits and makes it possibly the best drug in this case.

Snehana with *karpasasthadi taila* [5] is useful to reduce *pakshaghaata*. The book named *sahasrayoga* describes this oil and the main ingradients are *cottonseeds, maashha and bala* .

Nasya with *kshavathuhara taila* [6] helps to reduce *kafa* and do *anulomana* of *vaata* in region of head. The main ingredients are sesame oil, *shunthi, kushtha, pippali, vidang, draksha* .

Gandushha with *trikatu Kashaya* is used to reduce *aama* in *shirastha srotas* and to reduce the accumulation of *kafa*.

CONCLUSION-

Acquired oculomotor nerve palsy evaluation depends on signs and symptoms, patient's age and systemic diseases. The majority of complete or incomplete CN III palsy without pupil involvement are secondary ischemic process. These patients observe an improvement after the first 4 weeks with full resolution in 12 weeks of the insult. [7]

This case was treated as *pakshaghata* in *netra* resulting into *jimhanetra* and hence *sameerapanaga, yogarja guggulu, mahalaxmivilasa rasa* were used internally with local treatment with *karpasasthyadi taila snehana, kshavathuhara taila nasya* and *kavala* with *trikatu*. The results were obtained within 10 days and hence further investigations were not needed. We must appreciate the role of ayurvedic treatments in early recovery of oculomotor palsies.

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