

A Case Study on Optic Neuritis with Ayurvedic Management

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Submitted: 20-08-2023

Accepted: 31-08-2023

ABSTRACT

Optic neuritis, an acute inflammatory disorder of the optic nerve, typically presents with sudden monocular vision loss and eye pain in young adults.^[1] Optic nerve involvement with variable visual impairment has been associated with a wide variety of infectious disorders.^[2-4] Direct involvement of the optic nerve by a pathogen and indirect involvement with inflammatory, degenerative, or vascular mechanisms might contribute to the development of optic nerve involvement.^[2-4] It may be present as anterior optic neuritis (swollen optic disc), retrobulbar optic neuritis (normal optic disc), neuroretinitis (optic disc edema with macular star), anterior ischemic optic neuropathy, or as another form of optic neuropathy.^[5] There is no direct reference in our classics regarding optic neuritis but can be correlated to Parimlayi Timira. Here one such case study of optic neuritis is discussed where in significant improvement was seen in the patients condition with right treatment modalities (Shodana, Shamana, and Kriyakalpas).

KEYWORDS: optic neuritis, Parimlayi Timira, kriyakalpas

I. INTRODUCTION

Optic neuritis is an acute demyelinating disease of the optic nerve. It may occur in a patient with confirmed multiple sclerosis or as an isolated neurologic finding, in which case it may represent a form of multiple sclerosis.^[6] The typical clinical profile consists of sudden loss of vision, which can vary in severity from a slight deficit in the field of vision to complete loss of light perception, followed by spontaneous improvement over several months. Most patients have lasting symptoms of visual impairment, and even when visual acuity returns to normal, abnormalities are common in other aspects of visual function, such as the visual field, color vision, and contrast sensitivity.^[7,8] The efficacy of corticosteroids and

corticotrophin as treatments for optic neuritis has been debated since these drugs were introduced into clinical practice in the 1950s. Numerous anecdotal reports have suggested that they are effective, but randomized trials have not demonstrated a benefit.

There is no direct reference in our classics regarding optic neuritis but can be correlated to Parimlayi Timira. One such interesting case study on optic neuritis is elaborated here where in specific Ayurvedic treatment modalities have been administered to the patient and significant improvement has been reported. Here the patient was given first shodana, later on he was advised with kriyakalpa and other oral medicines.

CASE PRESENTATION

A male patient aged 31 years came to the shalaky tantra opd of Government Ayurveda College Bangalore with chief complaints of pain around the eyes (bilateral) associated with left eye blurred vision for distant objects since 1 month.

Complaint history

Patient with no known comorbidities, presented with complaints of left eye blurred vision for distance objects since 1 month. Associated with pain around the eyes and headache. He had the history of fever 2 months back. At that time he consulted a private ophthalmologist and was advised for MRI of Brain for the same. The report showed presence of bilateral ethmoidal sinusitis and left optic neuritis. Fundoscopy showed disc edema in left eye. He was prescribed with Methylprednisolone 1gm inj in 100ml NS for 3 days and orally tab. wyslone 10mg and neurobion forte for 30 days. Patient was symptomatically better after the treatment. But he still had diminished vision in the left eye associated with pain around eye. Thus came to our opd for the treatment of the same.

Clinical Findings

BCVA(before treatment)

	Distant vision
OD	6/6
OS	6/18

Fundus photography- left papilledema

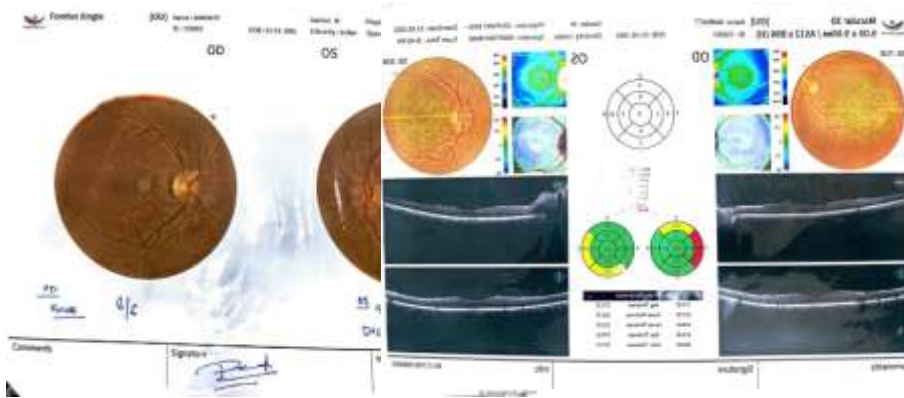


Figure 1&2: shows fundus photography and OCT of macula

Investigations done

Biochemistry

Serum creatinine -0.70mg/dl

Random blood sugar -118mg/dl

MRI Brain impression

- Thickening and enhancement of the left optic nerve with adjacent fat stranding- suggestive of optic neuritis

- T2/FLAIR hyper intensity without diffusion restriction or contrast enhancement involving the left anterior cingulate gyrus.
- Bilateral ethmoidal sinusitis noted.

Examination done in GAMC

Visual acuity

	Distant vision	Near vision	Pin hole
Both eyes	6/6	N6	6/6
OD	6/6	N6	6/6
OS	6/18	N6	6/9

External ocular examination

	OD	OS
Conjunctiva	Normal	Normal
Cornea	Transparent	Transparent
Lens	Clear	Clear
Pupil	3mm , RRR +	3mm, RRR+

Fundoscopic Examination

	OD	OS
Media	Clear	Clear
Fundus	Normal	Normal
Macula	Reflex present	Reflex present
Optic disc	Normal	Edematous ,hyperemia present with blurred out margins ,congested and tortous vessels

Probable Nidana

Atisevana of katu and amla rasa

Jwara

Rathrijagarana

Probable samprapti

Due to the intake of Achakshushya Ahara and Viharas, there occurs Agnimandya. Hence it will lead to vitiation of Doshas. Once there

will be vitiation of Doshas, Urdhwagamana of Doshas through Siras will occur and will get Adhistana in Netra Abhyantara Patala. In the Netra Abhyantara Patala the combination of Pitta supported by the essence of Rakta (Pitta Raktha Prasadena Moorchayitva) and Vata produces Samsargaja Timira / Parimlayi Timira.

TREATMENT PROTOCOL

TREATMENT	DOSE	DURATION
First visit		
1.Sadhyovirechana with	60gm	
trivruthlehya		
2.Nasya with Anutaila	10 drops	7days
3.Vasaguluchyadi kashaya	15ml BD	15 Days
4.Sapthamrutha loha	2 OD	15Days
Second followup		
1.Sekawithyashti,punarnava and triphalachurna		7 days
2.Bidalaka with triphala ,yashti and amalakichurna		5 days
3. Sapthamruthaloha	2 OD	42Days
4.Drakshadi kashaya	15ml BD	42 Days
5.Patoladi ghrita	1 tsp OD	21 Days
Third visit		
1.triphalachurna+yashti churna	1tsp BD With honey +ghee	21 Days
2.jeevanthyadi ghrita	1tsp OD	21 Days

II. DISCUSSION

The plan of treatment in this case is based on Yuktivyapashray Chikitsa (rational therapy i.e. pharmacological) which mainly includes the Shaman (palliative care) and Shodhan (purificatory procedure). These are important in pacifying and eliminating the vitiated Dosha with medicine and balancing procedures. Shamana Chikitsa is intended to decrease, suppress and eliminate the disease. It pacifies and balance the body humor i.e. Vata, Pitta and Kapha and stops the aggravation of symptoms. Shaman Chikitsa is preferable when

the patient is in physically or mentally unable to bear the intensity of Shodhan.^[9] Since the patient had symptoms of optic neuritis (Papilledema), Shodhana (Sadhyo Virechana) was the first line of management as Pitta was dominant Dosha in Samprapti. All the Shamana Oushadis were administered owing to pacify the Doshas and hence forth to arrest the further development of pathology. Nasya with Anutaila helps to relieve the sangapresent .vasaguluchyadikashaya is thiktha rasa pradana and helps in amapachana.

During the second visit kriyakalpas like seka and bidalaka was planned for 5 days with

drugs which are vata pitha shamaka. Seka the medicine is absorbed through the skin of eye lids. The active principle is aqueous extract so tissue contact time is very less as it gets diluted with tears and drained to nasolacrimal duct.^[10] Acharya Charaka says, drava sweda is best in relieving the pitta samsrta vyadhi (vyadhi predominant of pitta guna) which is indirectly called as Seka. Sushruta says it is the virya (potency), Karma (Action) and Prabhava (special therapeutic action) of the drugs which acts, when it comes in to contact with the Skin (netra vartma), and siras of netra and bhrajaka pitta over vartma. By these quality of the drugs Pachana and Shamana (subsiding) of netra gata dosa can be attained.^[11] Presence of carrier mediated mechanisms in the conjunctival epithelium has also been suggested to play an important role in transferring drug molecules to the interior of eye. Depending upon drug used in Seka the local tissue pathology will be modified by virtue (desirable quality) of its attributes and mobilize the inflammatory cells and are eliminated from the affected tissue. There by it reduces inflammatory signs.

Tiryak dhamanis (vessels) which are present in skin of lids, when the medicine comes in contact with it and brajaka pitta present in skin of lids does pachana (absorption) through veerya (potency) of drugs.^[12] The skin present over the lids is extremely thin and the subcutaneous fat is absent, so the medicine is absorbed easily into the ocular tissue. As there is no subcutaneous fat in the skin of eyelids the drug applied penetrates and reaches conjunctiva and cornea. Since the tissue contact time is more helps in easier absorption therefore bioavailability will be enhanced. There by it reduces the inflammation and orally drakshadi kashaya and patoladi ghrita were given since its pitha raktha prasadaka, balya .

During the third visit orally triphala with yasti churna was given for improving the vision after the acute phase of the disease has been come down. Jeevanthyadi ghrita was chosen because of its vata pacifying property which gives Santarpana (nourishment) to the body tissue by virtue of its action. Prasadana (nourishing effect) of Rasa and Rakta Dhatu which in turns nourishes the tissue of eyes. Ghruthapana with jeevaneyaganadravyas has been told in the treatment of pitharakthajati mira. Chakshyushya property (beneficial for eyes as a sense organ) which also nourishes the vision through Netratarpan (eye satiation)^[13]

III. CONCLUSION

As per Acharya Susruta, Parimlayi Timira is a Samsargaja Timira where in the combination of Pitta (supported by the essence of Rakta) and Vata produces Timira.^[14] The spontaneous depletion of doshas either by karma kshaya or dosha kshaya will result in complete recovery of the vision. In this case study patient has been followed up for 6 months and there was no symptoms of recurrence has been found .

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