



ISSN 2456-3110

Vol 3 · Issue 5

Sep-Oct 2018

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



Charaka
Publications

Indexed

Management of Optic Neuritis in Ayurveda - A Special Case Report

Dr. Harsha S.¹ Dr. Mamatha KV.²

¹Post Graduate Scholar, ²Reader & Guide, Department of Post Graduate Studies in Shalaky Tantra, Sri Kalabyraveshwara Swamy Ayurvedic Medical College Hospital and Research centre, Bangalore, Karnataka, INDIA.

ABSTRACT

The optic nerve carries visual information from your eye to your brain. Optic neuritis is when your optic nerve becomes inflamed. Optic neuritis can flare up suddenly from an infection or nerve disease. The inflammation usually causes temporary vision loss that typically happens in only one eye. Those with Optic neuritis sometimes experience pain. As you recover and the inflammation goes away, your vision will likely return. There are no direct references in our classics regarding optic neuritis but can be contemplated as a condition by name *Parimlayi Timira*. The specific management as such is not cited but a transcendence approach can be done with adopting the treatment which has the ability to pacify the already occurred pathology and prevent the further development of the disease. One such interesting case study on Optic neuritis is elaborated here where in specific treatment modalities (*Shodana, Shamana* and *Kriyakalpas*) played role in pacifying the condition.

Key words: Optic Neuritis, Papillitis, Parimlayi Timira, Kriyakalpa.

INTRODUCTION

Optic neuritis is an inflammation that damages the optic nerve. Optic neuritis includes not only inflammatory but also demyelinating disorders of Optic nerve and for clinical convenience it is usually divided into Papillitis / Neuroretinitis (affecting the part of nerve, visible at disc on ophthalmoscopic examination) and Retrobulbar neuritis (those which attack nerve proximal end with no ophthalmoscopic findings).^[1] The disease may be idiopathic or may be associated with local and other systemic disorders.

Address for correspondence:

Dr. Harsha S.

Post Graduate Scholar, Department of Post Graduate Studies in Shalaky Tantra, Sri Kalabyraveshwara Swamy Ayurvedic Medical College Hospital and Research centre, Bangalore, Karnataka, India.
E-mail: hskarthu@gmail.com

Submission Date: 09/09/2018

Accepted Date: 17/10/2018

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.v3i5.13847

The commonest associating cause of Optic neuritis is a demyelinating disorder of the nerve as occurs in other tracts of white matter of the central nervous system (multiple sclerosis).^[2] There are no direct references in our classics regarding optic neuritis but can be contemplated as a condition by name *Parimlayi Timira*. The specific management as such is not cited but a transcendence approach can be done with adopting the treatment which has the ability to pacify the already occurred pathology and prevent the further development of the disease.

One such interesting case study on Optic neuritis is elaborated here where in specific treatment modalities (*Shodana, Shamana* and *Kriyakalpas*) played role in pacifying the condition.

CASE PRESENTATION

A moderately built female patient aged about 34 years came to Shalaky Tantra OPD of SKAMCH & RC with chief complaints of pain around the eyes (bilateral) and head ache especially in the temporal sides (bilateral) on and off since 3 months.

Complaint History

The patient is said to have no specific complaints pertaining to her eyes till the month of November 2017. Later she had complaints of on and off head ache (temporals) and pain around the eyes (bilateral) for which she did not take any medication. After 2 months (February 2018), she developed mild head ache and she took Calpol tablet. The pain got reduced after 4-5 hours of intake of medicine. Since she had episodic attacks of head ache and pain around the eyes on movement very often from the past 3 months she consulted an Ophthalmologist in a private clinic (details of which are not known). There she was diagnosed as a case of Migraine and prescribed two days medications for the same (details not known). Three days later she started noticing blurriness of vision of left eye and intense head ache with sensation of glow worms moving in front of her eyes (bilateral) for which she again consulted another physician where she was given an antibiotic and painkillers for seven days (details unknown). After taking those medications she got relieved from the pain. Again day by day she noticed increase in the blurriness of vision in the left eye and the sensation of glow worms still persisted in her. So she consulted the same ophthalmologist and she was referred to a neurologist. Then she consulted a neurologist and was advised to take MRI Scan. The report showed presence of Left maxillary sinusitis. The doctor prescribed her medicines for a week (details unknown).

After taking the medicines her headache was reduced but complaints pertaining to the eyes still persisted and also started developing blurriness in the right eye. For the same she went to another ophthalmologist, where she was diagnosed as a case of Pappiledema and advised admission. For a second opinion she consulted at a multispeciality hospital and was prescribed medicines for two days and then got admitted at 25th of February. There she was put under medications and undergone MRI venogram, VEP (Visual Evoked Potential) and Lumbar puncture and was diagnosed as a case of NMO (Neuro Myelitis

Optica). After two days of admission she found vision loss again and was unable to recognise even faces of her relatives, she was put under medications and felt better after taking those medications.

Clinical findings

During this period her vision in both the eyes was 6/12P partial and pin hole vision was 6/6.

Fundus photography - Bilateral papilledema

Perimetry

- **Right eye** - Outside normal limits (more visual field defects found in the temporal part)
- **Left eye** - Outside normal limits (Visual field defects in temporal and superior part)

Investigations done

VEP showed bilateral optic nerve dysfunction right > left

Cranial MR Venography showed bilateral optic neuritis

Biochemistry

- Vitamin B12 : 123 pg/ml.
- CSF Protein : 26.28mg/dl.
- CSF Glucose : 50.60mg/dl.
- CSF Chloride : 124.84gm/dl

MRI Brain impression

- Intraorbital segments of bilateral optic nerves appear thickened and appear hyperintense on FLAIR.
- Mild prominence of bilateral peri optic CSF space with mild kinking of bilateral orbital nerve.
- On post contrast scan, enhancement of the optic nerve sheaths noted, with subtle neural enhancement.
- Mild mucosal thickening in the left maxillary sinus.

Treatment History

| Type | Drug | Strength | Dose | Time | Days/week |
|------|-------------|------------------------------|-------|-------------|------------------------------------|
| Inj | Solumedrol | 1 gm in 100 ml NS over 2 hrs | 1-0-0 | | 1 dose followed by oral medication |
| Inj | Pantop | 40mg | 1-0-0 | | 1 dose followed by oral medication |
| Tab | Predmet | 16mg | 1-0-1 | After food | 1 week |
| Tab | Pantop | 40 mg | 1-0-1 | Before food | 1 week |
| Tab | Rejunex CD3 | | 0-1-0 | After food | 1 week |
| Tab | Dolo | 650 mg | Sos | After food | |

At the time of Discharge, her BCVA was 6/9^p, intensity of headache had reduced but still persisted without complete relief and was advised to continue the steroids for 1 month. As per the advice she had continued steroidal oral medication for 2 weeks. She did not find any significant change after taking the medications. As she was looking for an alternative approach she visited us for further management.

Examinations done in SKAMCH & RC**Distant visual acuity**

| | Distant vision | Near vision | Pin hole |
|-----------|----------------|-------------|----------|
| Both eye | 6/9p | N6 | 6/6 |
| Right eye | 6/9p | N6 | 6/6 |
| Left eye | 6/9p | N6 | 6/6 |

Confrontation test

| | Superior | Nasal | Inferior | Temporal |
|--------|----------|-------|----------|----------|
| Normal | 50° | 60° | 70° | 90° |

| | | | | |
|-----------|-----|-----|-----|----|
| Right eye | 50° | 40° | 70° | 70 |
| Left eye | 50° | 20° | 70° | 70 |

External ocular examination

| | Right eye | Left eye |
|-------------|-------------|-------------|
| Conjunctiva | Clear | Clear |
| Cornea | Transparent | Transparent |
| Lens | Transparent | Transparent |
| Pupil | Reactive | Reactive |

Fundoscopy Examination

| | Right eye | Left eye |
|-------------------|--|---|
| Media | Clear | Clear |
| Fundus | Normal | Normal |
| Macula | Reflex present | Reflex present |
| Optic disc | Edematous, hyperamia present with blurred margins. | Edematous, hyperamia present with blurred margins, obliteration of physiological cup, congested and tortuous vessels within the disc. |

Probable Nidana

- *Ati Sevana of Katu and Amla Aharas.*
- *Nidra Vega Dharana.*

Probable Samprapti

Due to the intake of *Achakshushya Aharas* 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* (*Pittam Raktha Prasadana Moorchayitva*) and *Vata* produces *Samsargaja Timira / Parimlayi Timira*.

Probable Samprapti Ghatakas

| | |
|------------------|-----------------------------------|
| Dosha | Vata, Pitta, Raktha |
| Dushya | Rasa, Rakta, Mamsa, Meda |
| Agni | Jataragni, Dhatwagni Mandya Janya |
| Srotas | Rasavaha, Raktavaha |
| Sroto Dusti | Sanga |
| Udbhava Sthana | Amashaya |
| Vyaktha Sthana | Netra |
| Adhistana | Drusti Mandala |
| Sanchara Sthana | Roopavaha Siras |
| Sadhya Asadhyata | Sadya |

Treatment course at SKAMCH & RC

The patient was admitted in the hospital for about 8 days for *Shodhana* and further the treatment was continued on OPD basis.

Shodhana Chikitsa

- **Snehapana** : Patoladi Ghruta + Pancha Tikta Ghruta with Ushnajala Anupana for 4 days.
- **Sarvanga Abhyanga** with Chandana Balalakshadi Taila followed by Baspa Sweda for 4 days
- **Virechana Karma** with Trivruth Lehya (70gms) with Triphala Phanta and Ushna Jala Anupana (total of 12 Vegas passed).
- **Samsarjana Krama** was advised for 3 days.

Sthanika Chikitsa

- **Pratimarsha Nasya** with Yastimadhu Ksheerapaka 4 drops to each nostril for 7 days.
- **Tarpana** with Patoladi Ghruta for 7 days.

Shamana Oushadis**After Shodhana**

- **Pathyadi Kwatha** 4 tsp once daily with 8 tsp warm water before food for 15 days.
- **Maha Manjistadi Kwatha** 3 tsp once with 6 tsp warm water for 15 days.
- **Patoladi Ghruta + Panchatikta Ghruta** 2 tsp night at bed time.
- Tab Neuron 1 tablet twice daily after food for 15 days.

At first follow-up (After 15 days)

- **Pathyadi Kwatha** 4 tsp once daily with 8 tsp warm water before food for 15 days
- **Maha Manjistadi Kwatha** 3tsp once with 6tsp warm water for 15 days
- **Patoladi Ghruta + Panchatikta Ghruta** 2 tsp night at bed time
- Tab Neuron 1 tablet twice daily after food for 15 days

At second follow-up (After 30 days)

- **Pittarechaka Kwatha** 20 ml twice daily with equal quantity of water before food for 15 days
- Tab Neuron 1 tablet twice daily after food for 15 days
- **Avipattikara Choorna** 0-0-1 tsp with warm water at night.

At third follow-up (After 45days)

- **Pittarechaka Kwatha** 20 ml twice daily with equal quantity of water before food for 15 days
- **Haritaki Choorna** ½ tsp + **Gandharva Hastadi Taila** 1/2 tsp once at night for 15 days
- Tab Neuron 1 tablet twice daily after food for 15 days
- Tab **Lagusooshashekarasa** 2 tablets twice daily after food for 15 days.
- **Isotene eye drops** 2 drops each eye twice daily for 15 days.

At fourth follow-up (After 60 days)

- *Pathyadi Kwatha* 4 tsp once daily with 8 tsp warm water before food for 15 days
- *Bhadradarvyadi Kwatha* 3tsp once daily with 6 tsp warm water for 15 days
- Cap Palsineuron 1 tablet twice daily after food for 15 days
- *Darvyadi Anjana* for application once daily in the morning.

Treatment Protocol

| | Medicines | Duration | Justification |
|--|---|----------|---|
| <i>Deepa na Pachana</i> | <i>Chitrakadi Vati</i> | 3 days | Enhancing Agni and for attaining <i>Kosta Lagutha</i> |
| <i>Snehapana</i> | <i>Patoladi Ghruta + Panchatiktaka Ghruta with Ushna Jala Anupana</i> | 4 days | <i>Tridoshahara</i> and <i>Chakshushya</i> |
| <i>Sarvanga Abhyanga</i> followed by <i>Bhaspa Sweda</i> | <i>Chandana Bala Lakshadi Taila</i> | 4 days | <i>Balya, Vatahara, Pittanashaka</i> |
| <i>Virechana</i> | <i>Trivruth Lehya (70gms)</i> | 1 day | <i>Adhobhaga Nirharana</i> of <i>Pitta Dosh</i> , <i>Srotoshodhaka</i> , <i>Drustiprasadana</i> |
| | <i>Nasya</i> with <i>Yastimadhu Ksheerapaka</i> 6° to each nostril | 7 days | Alleviates <i>Vata</i> and <i>Pitta</i> , <i>Srotoshodhaka</i> . |
| | <i>Tarpana</i> with <i>Patoladi Ghrutha</i> | 7 days | <i>Tridoshahara</i> , <i>Drustiprasadana</i> , <i>Timira Nashaka</i> . |
| | <i>Darvyadi Anjana</i> | 15 days | <i>Rakthapittahara</i> , <i>Chakshushya</i> |

| | | | |
|--------------------------|--|---------|---|
| <i>Shama na Aushadis</i> | <i>Pathyadi Kwatha</i> | 45 days | <i>Vatahara, Shirashoolahara</i> |
| | <i>Pittarechaka Kwatha</i> | 30 days | <i>Pittarakthahara, Rechaka</i> |
| | <i>Mahamanjistadi Kwatha</i> | 45 Days | <i>Pittarakthahara, Chakshushya</i> |
| | <i>Badradarvyadhi Kashaya</i> | 15 days | <i>Vatahara, Shoolahara, Shothahara</i> |
| | <i>Haritaki Choorna</i> ½ tsp + <i>Gandharva Hastadi Taila</i> ½ tsp | 15 days | <i>Vatanulomana, Rechaka</i> |
| | Tab Neuron | 60 days | <i>Vatahara, Shoolahara</i> |
| | Tab <i>Lagusooshtashekar Rasa</i> | 15 days | <i>Vatahara, Shoolahara, Shothahara</i> |
| | Cap Palsineuron | 15 days | <i>Vatahara, Shoolahara</i> |

Prospectus of the patient during the course of treatment**Symptoms**

| SN | Phase | Symptoms |
|----|---------------------------------|---|
| 1. | After <i>Shodhana</i> | Head ache reduced, mild pain around the eyes and sensation of glow worms persisted. Improvement in the clarity of vision. |
| 2. | After <i>Sthanika Upakramas</i> | Intensity of head ache reduced, pain around the eyes and sensation of glow worms decreased. Improvement in clarity of vision. |
| 3. | At first follow-up | No continuous head ache, pain around the eyes and sensation of glow worms relieved completely. |
| 4. | At second follow-up | Sensation of glow worms, pain around the eyes completely relieved, but occasional mild head ache present. |

| | | |
|----|---------------------|---|
| 5. | At third follow-up | Mild head ache during travelling long distance and reduced sleep. |
| 6. | At fourth follow-up | No any further complaints with better clarity of vision. Occasional head ache once a week or 2 weeks. |

Visual acuity

| SN | Phase | Symptoms |
|----|---------------------------------|--------------------------------|
| 1. | After <i>Shodhana</i> | BCVA of 6/9p for both the eyes |
| 2. | After <i>Sthanika Upakramas</i> | BCVA of 6/9 for both the eyes |
| 3. | At first follow-up | BCVA of 6/6p for both the eyes |
| 4. | At second follow-up | BCVA of 6/6p for both the eyes |
| 5. | At third follow-up | BCVA of 6/6 for both the eyes |
| 6. | At fourth follow-up | BCVA of 6/6 for both the eyes |

Confrontation Test

| SN | Phase | Symptoms | | | | |
|----|---------------------------------|----------|-----|-----|-----|------|
| 1. | After <i>Shodhana</i> | | Sup | Inf | Nas | Temp |
| | | RE | 50° | 70° | 50° | 80° |
| | | LE | 50° | 70° | 30° | 80° |
| 2. | After <i>Sthanika Upakramas</i> | | Sup | Inf | Nas | Temp |
| | | RE | 50° | 70° | 60° | 90° |
| | | LE | 50° | 70° | 40° | 90° |
| 3. | At first follow-up | | Sup | Inf | Nas | Temp |
| | | RE | 50° | 70° | 60° | 90° |
| | | LE | 50° | 70° | 60° | 90° |
| 4. | At second follow-up | | Sup | Inf | Nas | Temp |
| | | RE | 50° | 70° | 60° | 90° |
| | | LE | 50° | 70° | 60° | 90° |
| 5. | At third follow-up | | Sup | Inf | Nas | Temp |

| | | | | | | |
|----|---------------------|----|-----|-----|-----|------|
| | | RE | 50° | 70° | 60° | 90° |
| | | LE | 50° | 70° | 60° | 90° |
| 6. | At fourth follow-up | | Sup | Inf | Nas | Temp |
| | | RE | 50° | 70° | 60° | 90° |
| | | LE | 50° | 70° | 60° | 90° |

Fundoscopy

| SN | Phase | Symptoms |
|----|---------------------------------|---|
| 1. | After <i>Shodhana</i> | RE - Edematous, hyperamia present with blurred margins LE - Obliteration of cup with congested vessels, Edematous and hyperamia. |
| 2. | After <i>Sthanika Upakramas</i> | RE - Reduced hyperamia LE - Reduced congestion of vessels |
| 3. | At first follow-up | RE - Reduced hyperamia and edema LE - Reduced congestion of vessels |
| 4. | At second follow-up | RE - Resolving sign of optic neuritis with hypopigmented disc LE - Resolving sign of optic neuritis with hypopigmented disc |
| 5. | At third follow-up | RE - Hypopigmented disc with appreciable margins LE - Hypopigmented disc with appreciable margins |
| 6. | At fourth follow-up | RE - Hypopigmented disc LE - Hypopigmented disc |

DISCUSSION

Acharya Charaka in the context of *Anukta Vyadhi* had stated, for the diseases which are not directly mentioned in the classics, the physician should inculcate his knowledge, intelligence and try to comprehend the vitiated *Doshas* and treat it accordingly.^[3]

In this particular clinical trial the treatment protocol was outlined by understanding the proper *Swabava* of disease as symptoms elicited were found similar to

the condition of *Parimlayi Timira*^[4] and also to address the non steroidal non availability of appropriate treatment in the contemporary science.

Hence an attempt was made such that it hampers the further progress of the condition. Since the patient had early symptoms of Optic neuritis (Pappiledema), *Shodhana (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.

The visual acuity of the patient started improving after the *Snehapana*. Other complains of head ache, pain around ocular region and the sensation of glow worms were subsided during the subsequent follow ups. After the second follow up the patient was referred to Retina Institute of Karnataka for a second opinion and the reports were suggestive of Resolved optic neuritis. The patient was advised to continue the treatment in our hospital.

CONCLUSION

Restoration of functional and structural integrity in the *Drusti Patala* caused due to the disease was the objective of the treatment. 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*.^[5] The spontaneous depletion of *Doshas* either by *Karma Kshaya* or *Dosha Kshaya*, will result in complete recovery of the vision. Apart from the treatments of *Shodhana* and *Shamana*, prophylactic treatment by proper screening

of patients by *Chakhshu Visharadas* at regular intervals with proper intervention of *Kriyakalpa*, life style modification, *Pathya* along with oral medications will definitely retard the progression of the disease and inturn maintains the anatomical and functional entities.

REFERENCES

1. Parson, Parsons diseases of th eye, Diseases of optic nerve, Elsevier India Private limited, 2015,pp 629,pg 358.
2. Parson, Parsons diseases of th eye, Diseases of optic nerve, Elsevier India Private limited, 2015,pp 629,pg 358.
3. Agnivesha, Charaka Samhitha, Vimanasthana, Chapter 4, verse 6, Chakambha sanskrit series Varanasi, Reprint 2013,pg 248.
4. Susrutha, Susrutha Samhitha, Uttarasthana, chapter7, verse 25, Chakambha sanskrit series, Varanasi, Reprint 2015,pg 608.
5. Susrutha, Susrutha Samhitha, Uttarasthana, chapter7, verse 25, Chakambha sanskrit series, Varanasi, Reprint 2015,pg 608.

How to cite this article: Dr. Harsha S., Dr. Mamatha KV. Management of Optic Neuritis in Ayurveda - A Special Case Report. J Ayurveda Integr Med Sci 2018;5:215-221.

<http://dx.doi.org/10.21760/jajims.v3i5.13847>

Source of Support: Nil, **Conflict of Interest:** None declared.
