



Case Study

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AYURVEDIC MANAGEMENT OF DIPLOPIA DUE TO SUPERIOR OBLIQUE PALSY OF UNKNOWN AETIOLOGY: A CASE STUDY

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ABSTRACT

Diplopia is a distressing symptom that can greatly compromise a patient's quality of life. Acquired diplopia of unknown etiology may be resolved in 3-6 months. If unresolved in 6 months, patient may require correction surgery. This case study throws light on Ayurvedic management of diplopia due to superior oblique palsy of unknown aetiology. This study explains a case of 37 year old patient having diplopia due to superior oblique palsy which was successfully treated by comprehensive Ayurvedic management. Diplopia is treated in lines of treatment of Timira after assessing the dosha predominance based on signs and symptoms. The case result confirms that superior oblique palsy of unknown etiology can be managed effectively with Ayurvedic treatment in a short duration of time.

Keywords: Ayurveda, Diplopia, Superior Oblique Palsy, Unknown etiology, double vision

INTRODUCTION

Diplopia, commonly known as double vision, is the simultaneous perception of two images of a single object that may be displaced horizontally, vertically, or diagonally (i.e. both vertically and horizontally) in relation to each other¹. Diplopia has a diverse range of ophthalmologic, infectious, autoimmune, neurological, and neoplastic causes². The various aetiologies of diplopia comprise one of the most sweeping differential diagnoses in all the cases of ophthalmology. The patient who complains of double vision can have something like benign as dry eye or as life-threatening as an intracranial tumour. The cause may be as rare as Wernicke encephalopathy or as common as convergence insufficiency³. But it is usually the result of impaired function of the extra ocular muscles (EOM's), where both eyes are still functional but they cannot converge the desired object to target. Problems with EOM's may be due to mechanical problems, disorders of the neuromuscular junction, disorders of the cranial nerves (III, IV, and VI) that stimulate the muscles and occasionally disorders involving the supra nuclear oculomotor pathways or ingestion of toxins. Acquired diplopia of unknown aetiology may be resolved in 3-6 months. If unresolved in 6 months patient may require correction surgery⁴. An accurate, clear description of the symptoms (e.g. constant or intermittent; variable or unchanging; at near or at far; with one eye [monocular] or with both eyes [binocular]; horizontal, vertical or oblique) is critical to appropriate the diagnosis and management⁵. Diplopia is a distressing symptom that can greatly compromise a patient's quality of life as it may disrupt a person's balance, movement and reading ability⁶. When a person is in a more demanding situation (e.g., driving) or moving around objects in an unfamiliar situation, the second image, especially at distance fixation, may produce a great deal of consternation, uncertainty, and even danger. An individual with double vision also loses the more subtle

but definite advantage of stereoscopic depth perception when dealing with near objects. From the standpoint of comfortable, effective vision and personal safety, diplopia can play an important role in visual and personal health⁷. Hence Diplopia needs to be viewed seriously and management should be done at the earliest. In Ayurveda diplopia is mentioned in the lakshanans of samanya timira⁸. Timira is a disease that encompasses all kinds of visual disturbances like micropsia, macropsia, diplopia, polyopia etc. Timira is a sadhya vyadhi according to acharyas⁹.

Case Report

A 37 year old female presented to OPD of Government Ayurveda College, Kannur, India on August 24th 2012 with double vision since 1 month. Patient was apparently normal before 2 months. 2 months back she developed running nose and heaviness of head. She took allopathic medication. She was relieved of running nose but her heaviness of head persisted. 2 weeks later on waking up in the morning, she noticed pain inside right eyeball (upper side). Pain increased on looking upwards. She also had disturbance in vision (b/e) (non specific nature). Vision was normal half hour after washing eye. But pain persists. (No pain in left eye). Next day the same episode repeats. After 3-4 days pain continues in same intensity. Disturbance in vision was seen each time when she wakes from sleep, (Even after short nap during afternoon) which clears off on washing the eyes. After 1 week defective vision increases, pain in right eye persists. She underwent detailed check up at local eye hospital. An allopathic drop was given for 1 week. 2 days later she started having double vision. She continued with medication for 1 week. Diplopia increased and gap between images increased. There was also increase in heaviness of left eye and decreased movements. She consulted doctor. Doctor notices downward displacement of left eyeball. MRI of brain and orbit was normal. VEP study was also normal. She was given steroids for left eye. She was also advised

to take steam inhalation and mild fomentation. Even after 10 days there was no improvement. Downward displacement of eyeball increased, diplopia increased and clarity of vision was reduced. She approached Govt. Ayurveda College for better management. She was consulted in Outpatient department on August 24th 2012. Her visual acuity was 6/18 right eye and 6/24 in left eye, and best corrected vision was 6/6. She was treated with rasnerandadi kashaya, avipatty choorna, seka with triphala, darvi, and dhanyamla, mukkadi bidalaka, thala with karuthavatt in shigru swarasa. She came for review on Sept 5th. She felt better but there was no significant change in symptoms. Continued Outpatient treatment till 25th Sept. Admitted in IPD on Sep 25th. She was treated for 7 days udwarthana with kolakulathadi and dhanyamladhara, 7 days takradhara with varanadhi gana kashaya and takra, Snehapana with guggulutiktaka ghrita for 7 days, Abyanga and ooshmasweda for 2 days, virechana with dashamoola ksheera and gandharvaeranda for 1 day, sirodhara with bala tila for 7 days, tarpana with shathawadi tharpana ghrita for 7 days, putapaka for 1 day. She was discharged on Nov 2nd. Course of disease at the time of admission was compared to first consultation and her clarity of vision was increased, there was slight change in position of eyes. After first day of takrapana diplopia was reduced considerably, she regained clarity. She showed gradual improvement of position of eyeball. During snehapana her diplopia is restricted to one gaze. During shirodhara she regained normal position of eyeball, Diplopia was completely absent after this treatment. At the time of discharge downward displacement was completely absent, Pain completely relieved and eyeball movements were normal. Her visual acuity was 6/12 right eye, 6/18 in the left eye and best corrected vision (BCBA) was 6/6. She was reviewed after 1 month. She was completely normal, there was improvement of vision. Her visual acuity was 6/9 (P) in right eye and 6/12 in left eye without glasses and best corrected vision 6/6 in both eye. Second review was done on Jan 2nd. She was normal, no distressing symptoms of eye and maintains the vision. Third review was done after 1 year on 23rd Dec 2013. She was perfectly normal. Her vision was 6/12(p) in right eye and 6/18 in left eye. Her BCVA was 6/6 on both eyes.



Figure 1: Before treatment

DISCUSSION

This case was diagnosed as diplopia due to superior oblique palsy. Dysfunction of the extra ocular muscles may be the result of an abnormality of the muscle itself or an abnormality of the motor nerve to the muscle¹⁰. Since VEP study was normal, no abnormal findings in MRI, neural involvement was ruled out. A probable inflammation Superior oblique or its related structure was thought to be the cause of diplopia. But the patient failed to respond to conventional allopathic management with steroids. From Ayurvedic point of view, diplopia is a samanya thimira lakshana. The patient had restricted movements (sthiratha) and heaviness (gaurava) of netra which are the signs of vitiated kapha¹¹, pain (ruk) and downward displacement (indriyabhramsha) which are signs of vitiated vatha¹²; so it was clear that kapha and vatha doshas were vitiated. Diagnosis made was Vatha Kapha Timira. Symptoms of Kapha vitiation were more predominant and hence it was decided to give kaphahara treatment in the beginning. Initially it was decided to give OP treatment to observe upashayanupashaya of disease. Rasneranadadi kashaya, avipatty choorna was given for reducing the shopha. In addition, to attain local rookshana seka was advised with triphala, darvi and dhanyamla. Mukkadi bidalaka was given to protect the sthanika pitha dosha. When the patient came for review after 1 week, her clarity of vision had improved, and there was slight change in position of eyeball. She was asked to continue outpatient treatment as she had inconvenience to get admitted. At the time of Inpatient admission, even though there was slight relief, heaviness, restricted movements persisted. Hence she was given udwarthana and dhanyamladhara for 7 days, and takradhara for 7 days. Her diplopia reduced after 2 days of thakradhara. By the end of takradhara, heaviness was absent, restriction of movement was relieved. It was decided to start snehapana with gulguluthiktha ghrita. After snehapana abyanga and ooshma sweda followed by virechana was done. By then there was gradual decrease of diplopia. Pain was absent. To pacify vatha sirodhara, was done and after 7 days of shirodhara diplopia was completely relieved. To strengthen the eye, tarpana was done for 7 days followed by putapaka.



Figure 2: After treatment

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