

AN AYURVEDIC MANAGEMENT OF IDIOPATHIC 6TH NERVE (ABDUCENCE NERVE) PALSY – A CASE REPORT

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ABSTRACT

Background: Idiopathic 6th nerve palsy involves paralysis of lateral rectus muscle leading to unilateral uncrossed horizontal diplopia and convergent squint. In *Ayurveda* exact correlation is not there so we can correlate it with symptoms of *Dwitiya patalagata timira* according *Vagbhata* and *Tritiya patalagata timira* according to *Sushruta*. Conventional management involves “watchful waiting” for 6 months and Eye patching, Eye exercises. **Case Report:** A 55 years old female patient presented with double vision and inward deviation of left eye since 1 month. Based on detail history and examination of the eye it was diagnosed as Idiopathic 6th nerve palsy and treated.

Intervention: *Deepana pachana* followed by *Nasya* with *Anutaila*, *Tarpana* with *Jeevantyadi Gritha*, *Annalepa* and along with some internal medications were given. **Outcome:** After *Nasya* treatment significant improvement was appreciated

by the patient. After 24 days of treatment patient experienced reduction in signs & symptoms.

Conclusion: This case highlights Ayurvedic treatment speeding up of the spontaneous resolution of the of idiopathic 6th nerve palsy. Which helped the patient to carry out daily activities.

KEYWORDS: *Annalepa*, *Dwitiya patalagata timira*, *Nasya*, 6th nerve palsy, *Tarpana*, *Tritiya patalagata timira*.

INTRODUCTION

The abducens nerve which supply to ipsilateral lateral rectus muscle is responsible for abduction. Dysfunction of the 6th cranial nerve can occur at any point of its transit from the pons to the lateral rectus muscles. Incidence of idiopathic sixth nerve palsy is 26%.^[1] Sixth cranial nerve palsy is most common isolated palsy in adults and the second most common cranial nerve palsy in children. Common causes for the 6th nerve palsy are microvascular ischaemia, trauma, idiopathic causes, post viral causes and increased intracranial pressure.^[2] The symptoms include uncrossed horizontal diplopia, limited outward movement of eye, eye misalignment(esotropia), Head turning and eye pain and headache. Detail clinical evaluation like history, vision test, ocular motility test, cover uncover test, diplopia charting, Hess screen testing, force duction test to rule out mechanical obstruction. Neuroimaging and systemic examination are done to avoid the underlying cause. Idiopathic 6th cranial nerve palsy often resolves spontaneously within 3-6 months. Initial treatment focuses on relieving symptomatic double vision using patching, prisms, or botulinum toxins. If no improvement occurs after 6 months, strabismus surgery is considered to realign the eye and eliminate diplopia. There is no exact correlation but symptoms of 6th nerve palsy like diplopia can be correlated to *Dwitiya Patalagata Timira* according to *Acharya Vagbhata*^[3] and *Tritiya Patalagata Timira* according to *Sushruta*.^[4] Esotropia can be correlated to *Akshihundana* as ocular manifestation of *Vatavyadhi*.^[5] So the main *dosha* involved is *Vata*. Ayurveda treatment includes *vatahara chikitsa*.

MATERIALS AND METHODS

This is a case report of 55 years old female patient who approached outpatient department of Shalakya Tantra, GAMC, Bengaluru.

Chief Complaints

The patient complaints of double vision, inward deviation of left eye, tilting of head towards left associated with blurring of vision since 1 month.

History of Present illness

A-55-years old female, not known case of diabetes mellitus and hypertension was apparently normal 1 month back then she suddenly developed double vision, inward deviation of left eye after getting up from the bed and then gradually developed tilting of head towards left side. Associated with blurring of vision since 1 month. For these complaints she consulted near by hospital, where all necessary investigations were carried out, and they prescribed some oral

medication and left eye patching was advised. And she was informed to the condition resolve spontaneously within 6 months, and was advised to wait and observe but she was facing difficulty to do daily activities because of double vision. So for further management she came to our hospital.

Past History

No history of Diabetes, hypertension, trauma, infection.

Family History

Nothing Significant

Personal history: Bowel: Regular, Appetite: Reduced, Micturition: Regular, Sleep: Sound
Addiction: Nothing, Diet: Veg, Stress: Absent.

Ashta sthana Pareeksha

*Nadi: Vata-kaphaja, Mootra: Prakrita, Mala: Prakrit, Jiwha: Alpalipta, Shabda: Prakrita
Sparsha: Prakrita, Drik: vikruta, Akriti: Prakrita.*

General and Systemic examination

No abnormality detected

Ocular examination

Head posture – Turned towards left side

Facial asymmetry – Absent

Table No. 1: Visual Acuity Assessment.

Visual acuity	DV	NV
Right eye	6/9P	N8
Left eye	6/12P	N8

Table N0: 2: Examination Of Eye.

	Right eye	Left eye
Appendages	Normal	Normal
Eye ball	Normal	Esotropia
Conjunctiva	Normal	Normal
Sclera	Normal	Normal
Cornea	Normal	Normal
Anterior Chamber	Normal depth	Normal depth
-within normal limits Pupil	Round shape, Normal direct & Consensual reflex	Round shape, Normal direct & Consensual reflex

Iris	Within normal limit	Within normal limit
Lens	Clear, Crystalline, Central	Clear, Crystalline, Central
Extraocular Movements	Uniocular movements - Within normal limits Binocular movements – within normal limits.	Uniocular movements – Abduction – not possible, Adduction- Normal Binocular Movements – Levo version, Levo elevation & Levo depression – -4 Remaining all movements – within normal limit
IOP	19mmHg	19mmHg
Fundus	Media -clear, CupRatio-0.3, PVD-Absent, Optic Disc size-Medium, Optic Disc-Healthy, Blood vessel-normal, Macula-Foveal Reflex present, Fundus-within normal limit	Media-clear, Cup Ratio- 0.3, PVD-Absent, Optic Disc size-Medium, Optic Disc- Healthy, Blood vessel-normal, Macula-Foveal Reflex present, Fundus-within normal limit

Cranial Nerve examination – restricted eye extraocular movements in left eye indicates 6th nerve palsy.

Other cranial nerves - Within Normal limit.

Squint evaluation

a) Cover test

After covering right eye left moves outward to take fixation.

b) Uncover test

After removing cover from right eye, left eye takes the refixation.

c) Hirschberg test (HCRT)

30 degree esotropia for distance – left eye.

Laboratory investigations

all parameters found to within normal limit.

MRI REPORT- BRAIN WITH CISS 3D – images

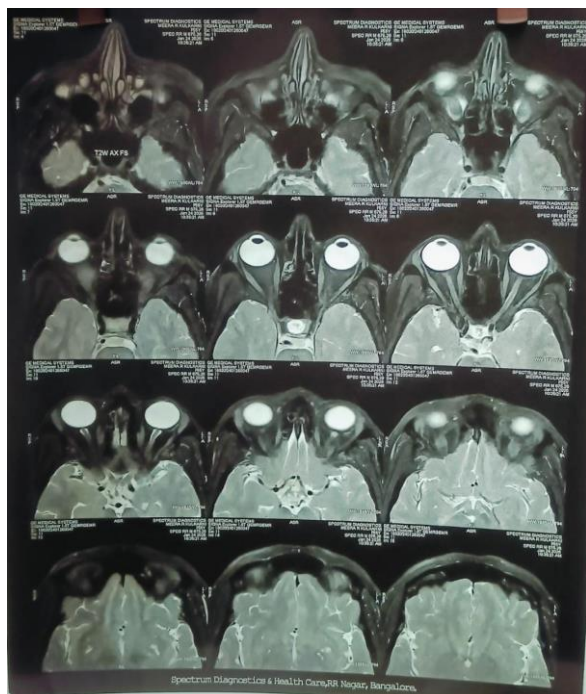


Image 1 - MRI of Brain

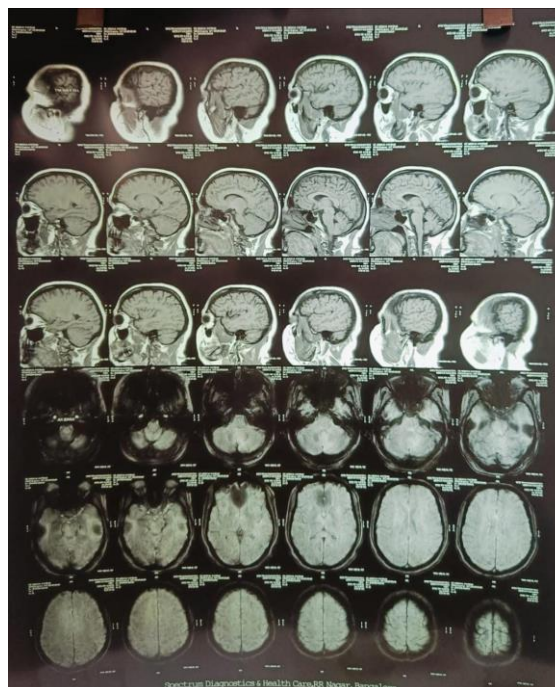


Image 2 – MRI of Orbit screening

Impression

Image 1 - No evidence of acute infarct, hemorrhage or space occupying lesion.

Partial Empty sella noted.

Image 2 - MRI imaging reveals no significant intraorbital abnormality.

Differential diagnosis

- 1) Myasthenia gravis – diplopia is present which increases as day progresses and also associated with the ptosis. Hence excluded, as diplopia is not increase as day progress and also ptosis is absent in this condition.
- 2) Monocular astigmatism – Monocular diplopia, blurriness of vision is present. Restricted eye movements and esotropia presentation is not there, hence excluded.

Table N0: 3- Treatment Protocol.

Date	Internal medication	Dose/ <i>Anupana</i>	Local treatment	Results observed
1/2/2026 – 3/2/2026	<i>Chitrakadi vati</i>	2 BD with warm water Before food	-	Improved digestion and appetite was improved
4/2/2026- 10/2/2026			<i>Nasya</i> with <i>Anutaila</i> 12 drops to each nostrils for 7 days	Significant reduction in the double vision
11/2/2026 – 17/2/2026	<i>Ekangaveera rasa.</i> <i>Lashuna ksheerapaka</i>	1 TID with warm water after food 15ml BD Before food	<i>Tarpana</i> with <i>Jeevantyadi gritha</i> for 7 days	Further improvement of symptoms like double vision and also
18/2/2026 – 24/2/2026	<i>Ekangaveera rasa.</i> <i>Lashuna ksheerapaka</i>	1 TID with warm water after food 15ml BD Before food	<i>Annalepa</i> with <i>shashtika shali</i> and <i>balamoola quatha choorna</i>	Almost all symptoms reduced and improvement in the restricted movement

Intervention SOP

1. Nasya – The patient is made to lie in a supine position with the head slightly lowered using a pillow placed under the neck. *Mukha Abhyanga* is performed using ksheerabaal taila. The patient is then advised to take steam inhalation. After this, *Anutaila* is warmed indirectly, and 12 drops are instilled into each nostrils. The patient is instructed to spit out when it reaches the throat. This is followed by gargling with *Triphala kashaya*. Medicated fumes of *Haridradi varti* are then inhaled. The same procedure is followed for 7 days.

2. Tarpana – Patient is made to lie supine in room devoid of dust and smoke. The wall of 2 angula is built around eyes with masha flour. The patient is asked to close the eyes, the liquified *jeevantyadi gritha* which is made warm indirectly and poured very slowly till the eyelashes are under the liquified *gritha*. The patient is asked to open and close the eyes. After stipulated time *gritha* is removed, and asked to take steam. The same procedure is followed for 7 days.

3. Annalepa – Milk and *balamoola quatha choorna* are boiled together and filtered, to that fine powder of *shashtika shali* added and paste is made. First *abhyanga* with *shashtika shali* paste is done around eyes for 5 minutes. Then same luke warm *shashtika shali* paste is applied over the eyes leaving the eye lashes, and leave it for 25 minutes and then remove it with wet cotton.

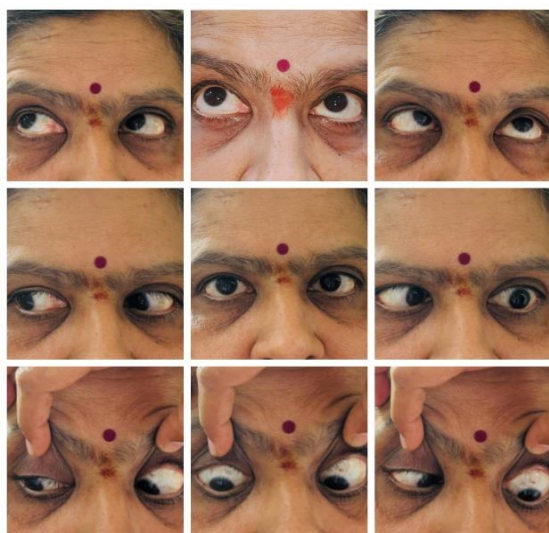


Image 3 – Extraocular muscles movement before treatment

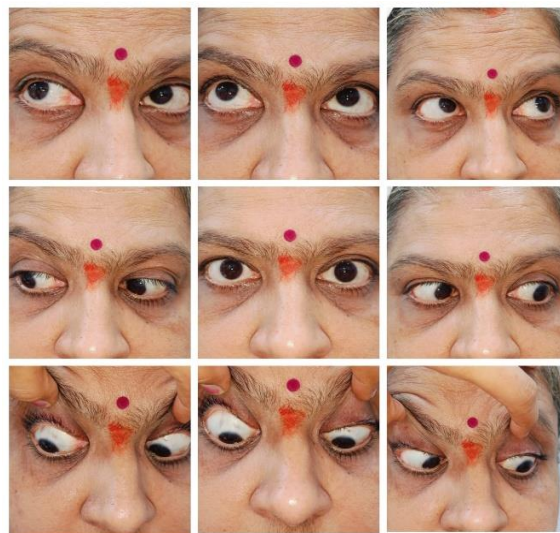


Image 4 – Extraocular muscles movements After treatment

Follow up and Outcome

Grading of extraocular muscle movements i.e levoversion, levelevation and levodepression before treatment was -4 on 1/2/2026 (Image 3). Gradings of levoversion, levelevation and levodepression after *Nasya*, *Tarpana*, *Annalepa* and internal medication, is -1 on 24/2/2026 (Image 4).

DISCUSSION

Chitrakadi vati^[6]

Chitrakadi vati is potent digestive stimulant. It enhances Agni (digestive fire), helps to digest accumulated ama (toxins), and prepares the body especially the head region for the therapies like *nasya* by reducing obstruction and improving bioavailability.

Nasya with Anutaila^[7]

Acharya Vagbhata quoted “*Nasa hi shirasodwarma*” which states nose is the gate way for the head, and it is the easiest and closest opening for conveying the medicines to the cranial cavity. The *Nasya Dravya* acts by reaching *sringataka marma* from where it spreads into various *srotas* and brings out the vitiated dosha from head. In modern point of view vascular pathway –Medicated oil is absorbed through the nasal mucosa which is highly vascular and passes through the superior ophthalmic veins into the cavernous sinus (correlated to *shringataka marma*), allowing the drugs to directly affect the 6th nerve which passes through the cavernous sinus. Olfactory nerves have direct connection to limbic system, so *Nasya*

helps to calm the limbic system, which helps the bod to move from fight or flight state to rest and repair, which helps for the nerve regeneration.^[8]

Tarpana with Jeevantyadi gritha^[9]

As 6th nerve palsy is considered as *Vata Pradhana Vaydhi*, *Vatavyadhi treatment* protocol has to be followed. *Bahya snehana* which is mentioned under the *Vatavyadhi chikitsa*. Where *Tarpan chikitsa* act as *Bahya snehana*. *Jeevantyadi gritha* which is rich in *Snigdha* and *brahmana guna*, it provides lubrication and strengthening action to the ocular structures. Counter act with *Vata* and helps reduce the neuromuscular weakness. Due to thermal and pressure effect of the *Gritha* over ocular surface enhances blood supply to the extraocular muscles which helps to reduce the restriction of the extraocular muscles.

Annalepa^[10]

Annalepa belongs to the category of *Sagni Sweda* as well as *Snigdha Sankara Swedana* which falls under the category of *Saagni Sweda* with *Snigdha Dravya* like- *Ksheera* and *Shastika Shaali*. *Snigdha Swedana* is recommended in diseases where pain and associated symptoms are due to vitiation of *Vata*. Main properties of *Annalepa* main properties are *Guru*, *Snigdha*, *Sheeta*, *Sthira*, and Although it has a *Swedana Karma*, it has a *Brimhana* property. And also it has *Balya* and *Netra Prasadana* properties, so it nourishes the ocular and periocular structures and also strengthens the eye muscles.

Ekangaveera rasa^[11]

Ekangaveera rasa is formulation that acts therapeutically upon the nerve. It possesses the properties like *vataprashamana*, *Brihmana*, *Rasayana*. *Rasa Sindhoora* plays a vital role in controlling *vata*. *Tamra basma* has role in nerve repair, and also maintain the myelin sheath of the nerve. *Vanga Basma* has *Balya* action which strengthen the muscles and *Abhraka Basma* has antioxidant effect and protect nerve from oxidative stress. Almost all the *Dravya* are having *Vatashamana*, *Balya* and helps to reduce the fatigue of the eye.

Lashuna Ksheerapaka^[12]

Lashuna is having *Katu rasa*, *Ushna*, *Snigdha guna*, *Katu vipaka* and it has *Vatahara*, *Rasayana* and *brahmana* properties. *Ksheerapaka* is one unique liquid dosage forms mentioned in the *Ayurvedic* classics, where both water and milk soluble active principles of *Lashuna* are extracted and are absorbed easily. It has hypolipidemic, antioxidant,

neuroprotective and inflammatory action. Improves the nerve conduction, muscle function and helps to reduces diplopia and restricted eye movements.^[13]

Limitations: Idiopathic 6th nerve palsy cases which are labelled as *Vatavyadhi* in *ayurveda*. As the exact corelation in ayurveda is unclear so it becomes difficult to explain the therapeutic action of the medicines.

CONCLUSION

Idiopathic 6th nerve palsy which is corelated to *Vatavyadhi* in *ayurveda*. A female patient of age 55 years came with the complain of the double vision, inward deviation of left eye associated with blurring of vision since 1 month after all investigations and examination case was diagnosed as idiopathic 6th nerve palsy and treated with *Nasya*, *Tarpana*, *Annalepa* and internal medication and she got relief from the double vision and also improvement in the lateral movement of left eye was seen.

5. Patient Perspective: After *Nasya* patient felt relief from double vision. During *Tarpana* treatment patient flet little burning sensation and redness of both eye. During *Annalepa* treatment patient felt smoothening effect over eyes. Over all patient was satisfied with the treatment and got relief from the disease and was willing for the follow up.

6. Declaration of Patient Consent: The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Conflict of interest: The authors declare no conflict of interest.

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