

A CASE STUDY – OCULAR HYPOTONY DUE TO BLUNT – TRAUMA AND ITS AYURVEDIC MANAGEMENT.

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ABSTRACT

Ocular Trauma is one of the most under recognized causes of vision loss in the developed world. Blunt injury to the eye can lead to various intrinsic eye injuries lead to vision loss. According to Ayurveda Ocular Trauma can be correlated to Nayan-Abhighataja – Akarmanyam (Non-functioning or loss of vision) In which vata is predominant dosha, rakta is Anubandhi dosha (According to Shushruta) hence – Nasya with Kheerbala taila, Tablet Ekangveer Rasa, Tablet Punnarnava Mandoor, Tablet Chandraprabha Vati, Were given for 2 month., The Patient was assessed clinically for visual symptoms, Intra Ocular – pressure and B - Scan report. B – Scan was repeated after treatment for evaluation of trauma. The results proved to be significant on the basis of clinical assessment, B – Scan and O.C.T.

INTRODUCTION

Ocular injuries through blunt trauma vary in severity, from a simple sub-conjunctival hemorrhage to rupture of the globe. Every part of the globe may be so injured by a contusion (blunt trauma), that may seriously in some cases diminished – vision, more over in the same cases the changes are progressive or delayed so in all cases of contusions a guarded prognosis should be given. In classic of Ayurveda like Sushruta Samhita – Acharya Videha explain in detailed about Nayan – Abhighataja diseases which produced Durbalata (Diminish Vision / loss of vision) Raga (Redness) Daha (Burning sensation) Tod (Pricking pain) Sopha (Swelling) Paka (Discharge) Gharsh (Foreign- body

sensation). In Nayan – Abhigataja Vata is the main dosha and rakta dosha also involved in which netravaha srotas is involved.

So Madhur, Shinigdh, Shopa hara, Balaya drugs and nasaya have been indicated as medication for treating Nayan – Abhigataja.

AIMS & OBJECTIVE

- 1) To explore pathogenesis of Nayan – Abhigataja in Ayurvedic term.
- 2) To evaluate the effect of drugs indicated for Nayan – Abhigataja.

MATERIALS & METHODS: Case History

A 24 year young male patient came to outpatient department to complain of diminished vision right eye – CF 4 feet – PH 6/12 (P) with IOP (AT) 4 mm Hg due to cracker injury. He had sudden onset due to cracker injury.

B- Scan RE shows diffuse anterior & posterior wall thickening in right orbital globe (Inflammatory). Previous Treatment: - Patient was treated with Topical anti-inflammatory eye drop, Topical & oral steroids for 7 days but no improvement in vision & hypotony condition. Patient then approached for Ayurvedic treatment.

EXAMINATION (TABLE – 1) RIGHT EYE.

| Sr. No. | Date | Acuity of vision | | IOP mm Hg (A.T) | Iris |
|---------|------------|------------------|----------|-----------------|-------------------|
| | | Vision | Pin hole | | |
| 1 | 17/11/2021 | CF 5 feet | 6/18 (P) | Hypotony < 4 | Sluggish Reacting |
| 2 | 19/11/2021 | 6/18 | 6/9 | 17.00 | Sluggish Reacting |
| 3 | 22/11/2021 | 6/12 (P) | 6/6 | 17.00 | Normal |
| 4 | 30/11/2021 | 6/9 | 6/6 | 20.00 | Normal |
| 5 | 17/12/2021 | 6/9 | 6/6 | 20.00 | Normal |
| 6 | 07/01/2022 | 6/6 | 6/6 | 19.00 | Normal |

Right eye –

S/L Examination - Cornea - WNL

Sclera – Normal

Anterior Chamber – maintain

Pupil – Sluggish Reacting & Blood clot to root of Iris at 6' O clock

Fundus - Normal

No RAPD, No Hyphema, Normal colour Vision.

PATHOGENESIS

| | |
|----------------|---|
| Hetu | – Abhighataja (Cracker – Injury) |
| Purvaroop | – Not significant |
| Rup | – Sluggish reacting pupil & Diminished vision. |
| Dosh & Dushya | – According to Su- vata – predominant with rakta dosha. |
| Sthan | – Right eye |
| Chikitsa sutra | – Madhur, Shinigdha Shophara & Balaya Chikitsa |

TREATMENT GIVEN

- 1) Marsh Nasaya with Kheerbala taila 6 drop each nostril.
- 2) Tablet Ekangveer Ras, 125 mg, 2 Tablet BD.
- 3) Tablet Punnarnava Mandoor 250 mg 2 Tablet BD.
- 4) Tablet Chandraprabha vati 500 mg 2 Tablet BD.

Medicine were given to the patient for 2 month and follow up taken & 3rd, 5th, 15th, 30th, 45th day.

OBSERVATIONS & RESULTS

Visual Activity : The Vision showed marked improvement in distance vision & IOP which shown in table – 1. The B- Scan shows anterior & posterior wall thickening in right orbital globe. The swelling resolved completely as evaluated by B-Scan which was done before and after treatment.



Before the Treatment



After the Treatment

Name : MR. RAJNISH
Referring Consultant : DR. R. P. MAURYA
Sex : M
Date : 08/11/2021

U.S.G. OF EYE

* **RIGHT EYE**

- * Diffuse anterior and posterior coat thickening noted in right orbital globe however no echogenic foci noted in vitreal space.
- * Right lens is normally visualised.
- * No evidence of vitreous haemorrhage or retinal detachment.
- * Optic nerve and retro orbital fat space is normally visualised.

* **LEFT EYE**

- * Left lens is normally visualised.
- * Vitreous space is normally visualised.
- * No evidence of vitreous haemorrhage or retinal detachment.
- * Optic nerve and retro orbital fat space is normally visualised.

IMPRESSION:

- * NORMAL LEFT EYE OPTHO SCAN.
- * DIFFUSE ANTERIOR AND POSTERIOR COAT THICKENING IN RIGHT ORBITAL GLOBE HOWEVER NO ECHOGENIC FOCI IN VITREAL SPACE(? INFLAMMATORY).

Dr. Sandeep Singh
MD(Radiology)

Before Treatment B-Scan Report.

Name : MR. RAJNISH MISHRA
Referring Consultant : DR. UMESH VERMA
Sex : M
Date : 11/12/2021

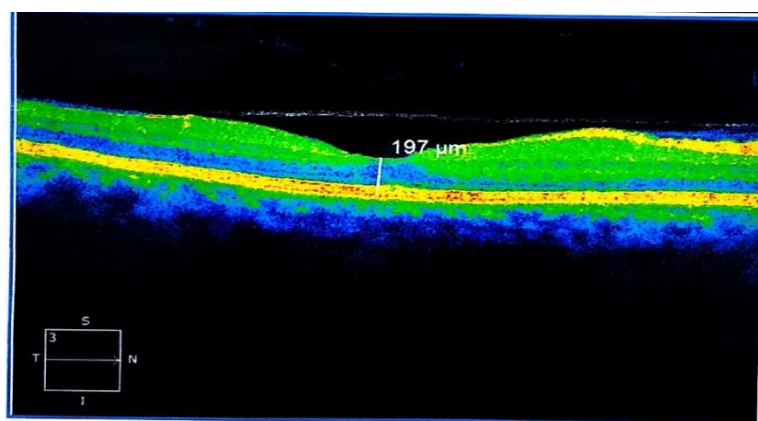
U.S.G. OF EYE

* Both lens are normally visualised.

- * Axial diameter of right eye: 23 mm.
- * Axial diameter of left eye: 22.8 mm.
- * Vitreous space is normally visualised.
- * No evidence of vitreous haemorrhage or retinal detachment.
- * Optic nerve and retro orbital fat space is normally visualised.

IMPRESSION:

- * NORMAL BOTH EYE OPTHO SCAN.
- * NO EVIDENCE OF VITREOUS HAEMORRHAGE OR RETINAL DETACHMENT.

After Treatment.**Before Treatment O.C.T Scan.**

DISCUSSION

Ocular Trauma is one of the most – recognized causes of vision loss. The Nayan – Abhigata is mainly vataja vyadhi where rakta dosha also involved. The patient sign & symptoms & clinical examination revealed prominence of vitiated vata and rakta dosha hence treatment was planned by focusing on these dosha.

- Ekangveer rasa is vatashamak, Brimhana, Jeevaniya, Rasayana & vishagnna Guna, specially use for vataja diseases.
- Punnarnava mandoor is best sothahara and rakta prasadan in nature mainly used in swelling disorders.
- Chandraprabha vati is balaya, rasayana & shamak guna help on vata nadi – strengthening and dhatu poshana.
- Nasaya with kheerabala taila helped in alleviating vata and rakta dhosha which reduced pain and improve eye condition.

CONCLUSION

The Ocular Trauma compared with Nayan – Abhigataja which lead to vision loss or one can become handicapped. Hypotony may lead to several distortions of the retina, lens and cornea that can degrade vision some condition like ciliochoroidal detachment, Hypotony maculopathy, papilledema, phthisis bulbi, retinal detachment etc. Patient got symptomatic relief along with improvement in vision, patient also become independent of topical & oral steroids without any recurrence of symptoms. The bird eye view of Ayurveda conclude from this case study ocular eye injury is preventable but need right treatment to the right patient at the right time.

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