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AYURVEDA MANAGEMENT OF DIPLOPIA: A CASE REPORT

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ABSTRACT

Diplopia is a distressing symptom that can greatly compromise a patient's quality of life. It can have both ocular and neurological causes. As per Ayurveda, it can be correlated with dwandwa drusti (diplopia) as one of the symptoms of dwitiya patalagata timira when doshas lodges in dwitiya patala. This case study throws light on Ayurvedic management of diplopia [Dwandwa drusti] where a male patient of 59 years visited OPD with complaints of double vision associated with watering of eye for 2 months was successfully treated by comprehensive ayurvedic management. Initially the patient was treated with amapachana chikitsa followed by bruhmana and vata shamana chikitsa along with eye exercise of ocular muscles.

KEYWORDS- Diplopia, Dwandwa drushti, eye-exercise

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 botheyes 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 etiology 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 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 andreading ability⁶. When a person is in a more demanding situation (e.g., driving) or moving around objects in an

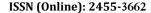
unfamiliar situation, the second image, especially at distance fixation, may produce a great deal of consternation, uncertainty, and even danger. An individual with double vision also loses the more subtle but definite advantage of stereoscopic depth perception when dealing with near objects. From the standpoint of comfortable, effective vision and personal safety, diplopiacan play an important role in visual and personal health⁷. Hence diplopia needs to be viewed seriously andmanagement should be done at the earliest. In Ayurveda diplopia is mentioned in the lakshanas 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.

Though diplopia is not described as independent diseases entity in Ayurveda, some terms can be co-related with diplopia. Acharya Susrutha have mentioned that when doshas enter in tritiya patala there will be timira vyadhi. In this condition when doshas lodges in Madhya bhaga of drusti then there will be dwandwa drusti i.e.Double vision¹⁰.Vagbata too has described dwandwa drusti (diplopia) as one of the symptoms of dwitiya patalagata timira when doshas lodges in dwitiya patala¹¹.

CASE REPORT

A 59-year-old male patient came to Shalakya OPD, SDM College of Ayurveda & Hospital, Hassan, Karnataka, India with a complaint of Double vision associated with watering of left eye in the morning for 2 months.

On examination of individual eye, the visual acuity was normal, IOP was within normal limits.





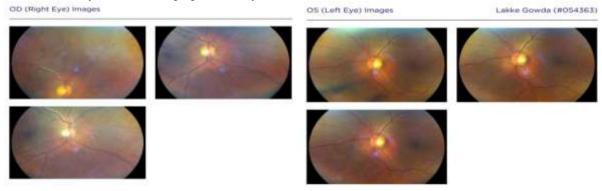
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	Distant vision	Near vision
Right eye	6/6	N6
Left eye	6/6	N6

Table 1 – Showing Visual Acuity of both eyes

The vision was normal when viewed from individual eye but when viewed from both eyes there was diplopia in left eye. On Fundoscopy:



Right Eye: Left Eye:

Pupil- Gray white Pupil – Gray white

Reactive normally Reactive normally

Optic Disc – Within normal limits Optic Disc – Within normal limits

Before planning the treatment, the patient was screened for diabetes mellitus, thyroid disorder, hypertension and hyper cholestremia and found all the blood investigations were found to be within normal limits. MRI of brain and orbit was normal. VEP study was also normal

TREATMENT ADOPTED

- Amapachana with chitrakadi vati 1 tablet thrice daily before food for 2 days
- 2) Avipattikara choorna 1 teaspoon before food with hot water before food for 7 days
- Sarvanga abhyanga with ksheerabala taila followed by Bashpa sweda
- 4) Mukhabhyanga with ksheerabala taila
- Nasya karma with shadbindu taila 6 drops to each nostril
- 6) Seka with Triphala choorna, Bala choorna, Yashtimadhu choorna Kashaya twice daily
- 7) Netra Abhyanga with Ksheerabala taila twice daily
- 8) Shashtika shaali pinda sweda twice daily
- Tarpana with Triphala Ghrita 10 drops each eye twice daily
- 10) Jati pushpa bandhana for 20 mins twice daily
- 11) Shirothalam with Rasna Choorna, Amalaki choorna with Ksheerabala taila for 2 hours once a day.
- 12) Padabhaynga with Ksheerabala taila once a day
- 13) Eye exercises once a day.

Internal oral administration:

- 1) Cap Ksheeerabala 2 tablets twice daily after food
- 2) Dashamoola Kashaya 4 teaspoon twice daily with 8 teaspoons of water before food
- Laghu sutasekhara rasa 2 tablets thrice a day before food

Patient was asked to attend Shalakya OPD for routine follow up eye check-up for assessing the improvement.

The same treatment protocol was adopted for the next 3 months with intervals of 15 days. By the end of 3 months the patient was relieved of double vision.

DISCUSSION

Diplopia is a double vision and a very annoying symptoms as it disturbs the routine work of the patient. To relive diplopia all the 6 extra ocular muscles & their nerve supply should become normal so that the movement of eyeball in all 6 directions becomes easy and the co-ordination between the eyes can be achieved. Dysfunction of the extra ocular muscles may be the result of an abnormality of the muscle itself oran abnormality of the motor nerve to the muscle¹².

In this case diplopia was due to the paralysis of lateral rectus muscle of left eye where the lateral rotation of the eye was restricted, and the 6th cranial nerve was inactive. The aim of the treatment is to activate this nerve and normalize the lateral rectus muscle movement. Nasya may interfere with the neurological dysfunction of 6th cranial nerve i.e., abducent nerve and activates the lateral rectus muscle. Hence in this case nasya is a Vyadhipratyanika Chikitsa. Tarpana helps to nourish the eyeball as well as the extra ocular muscles. Sthanika Abyanga & Sweda helps to rejuvenate the nerves and muscles. Eye exercise helps to improve the tonicity of the muscles and there by helps to relive diplopia.

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