INTERNATIONAL JOURNAL OF CURRENT MEDICAL AND PHARMACEUTICAL RESEARCH

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CASE REPORT

EMERGENCY MANAGEMENT OF ACCUTE EYE PAIN: CASE REPORT

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ARTICLE INFO

Article History:

Received 19th September, 2016
Received in revised form 8th October, 2016
Accepted 4th November, 2016
Published online 28th December, 2016

Key words:

Bell's palsy, Ardhita vata, Abyanga, Kili.

ABSTRACT

Bell's palsy is defined as the facial paralysis of acute onset developed due to inflammation of the facial nerve. The clinical features include face becomes asymmetric, inability to close one eye, flattening of the nasolabial fold, drooping of the mouth, dribbling of saliva, hyperacusis, pain and numbness on the affected side of the face etc. Facial paralysis can be correlated with an ayurvedic disease Ardhita vata. A 72 year old male patient has arrived with complaint of severe pain in his right eye and slight pain present in right ear, teeth, right side of forehead and neck. Past history reveals that 1 week history of Bell's palsy. We started local abyanga and netra kili. Shiroabyanga done with lukewarm bala taila. Netra kili did with Apamarga, Guduchi, Bunimbha. He felt better relief from the pain with in 5 min of procedure and advised oral medication for stop further progression of disease.

INTRODUCTION

Case Details

A 72 year old male patient has arrived with complaint of severe pain in his right eye and slight pain present in right ear, teeth, right side of forehead and neck. Past history reveals 1 week back patient was diagnosed with Bell's palsy and put under medication for 2days. On examination, inability to close right eye completely, watering, lower lid was averted, conjunctiva muddy in appearance, red streaks present, Visual acuities show the right vision to be 6/9 and the left 6/12. The pupils show no relative afferent pupillary defect (RAPD) and are round and reactive. Both eyes anterior segment examination was essentially unremarkable. Intraocular pressure of both eyes is fine. Optic disc is slightly waxy. Rest of the fundus examination was essentially within normal limits in both eyes.

Image 1 Case of Facial palsy with acute eye pain

Other manifestations shown slurred speech and altered path of mouth opening and deviation of mandible towards left side, he was not able to hold air in mouth on right side. He suffers from hypertension and arthritis. There was no history of steroid and other systemic medicine use.

DISCUSSION

Facial paralysis is a inflammatory condition occurs due to the lesion of the pyramidal tract between the cortex and the middle of the Pons, the nucleus and the seventh cranial nerve. Facial paralysis can manifest by two kinds of lesions. A supra-nuclear lesion in the cerebrum or upper brain stem called as Central facial palsy (Upper motor neuron lesion- UMN) A lesion involving either the nucleus or the facial nerve peripheral to the nucleus termed as Peripheral facial palsy (Lower motor neuron lesion-LMN). In Central facial palsy - Paralysis of all muscles of face present on the involved side, so patient unable to frown, close the eye, purse the lips, whistle etc. In Peripheral facial palsy – lower part of face only affected, because upper half of face is controlled by pathways from both sides of cortex (bilateral representation). The term Bell's palsy is used to describe an acute-onset, idiopathic facial paralysis resulting from a dysfunction anywhere along the peripheral part of the facial nerve from the level of the Pons distally. (Martha Ann Keels et.al., 1987) There are many theories about the cause of Bell's palsy but the etiology is still unknown. The most common etiological factor is that it is caused by a virus similar to Herpes simplex or zoster. Other proposed etiologies include physiologic compression of the nerve due to

arteriospasm, venous congestion or ischemia, and narrowing of the bony canal.

The clinical signs of Bell's palsy include widening of the palpebral fissure, flattening of the nasolabial fold, and drooping of one corner of the mouth when smiling. These signs occur on the same side of the face as the lesion. There may be an inability to wrinkle half of the fore-head, to close one eye completely, and to purse the lips. Facial appearance becomes asymmetric, and saliva dribbles down the angle of the mouth. (Praveen Kumar Bali et.al., 1965) The symptoms of Bell's palsy include pain and numbness on the affected side of the face, especially in the temple, mastoid area, and along the angle of the mandible. The mouth may be dry due to decreased salivary secretion and there may be loss of taste on the anterior part of the tongue as well as hyperacusis on the affected side. (Martha Ann Keels et.al., 1987) The main goal of treatment is to improve the function of the facial nerve and reduce neuronal damage. In most of the cases, no treatment is required as it can spontaneously recover by itself. Most of the patients were treated with tapering dose of Prednisolone along with the antiviral drugs depending on the cause of onset of the Bells palsy. [2]

Eye pain can be including pain in eye, retro orbital pain, headache, facial pain etc. With history and detailed examination only we can diagnose the correct reason for pain.

Table 1 shows few other causes of eye pain

Condition	Presentation
Acute angle closer glaucoma	Reduced vision. The ocular signs include redness, orbital pain etc..
Conjunctivitis	Commonest cause for eye pain associated with red eye and watering
Foreign body	Watering, redness
Corneal ulcer , corneal abrasions	Causes severe pain
Iritis	Deep pain
Optic neuritis due to viral infection, bacterial infection, multiple sclerosis	Pressure behind the eye along with vision changes and eye pain
Sinusitis	Sensation of orbital pain
Migraine	Associated with other head pain etc
Odentalgia	Pain in the orbital region and below the eye
Traumatic cause	History of injury along with eye presentation
Stye/ chalazioin	Lump present in eye lids.
blepharitis	Eye pain, itching in lid margin an eye

Facial paralysis can be correlated with an ayurvedic disease Ardhita vata. The word Ardita is derived from the root word "Ardana" which means to pain or discomfort. Ardita is considered as one among the Vataja nanatmaja Vyadhi by Acharya charaka (Charaka Samhita Sutrastana, 17/12), It's considered as Asthi majjagata Vata in bhelasamhitha (Bhela Samhita Chikitsa, 24/44-99). According to Acharya Charaka (Charaka Samhita Chikitsa, 28/42) and Vagbhata, clinical features of ardhita includes loss of functions involving one half of the face alone or half of the face along with half of the body. But according to Acharya Susruta, disease developed in the half of the face.[7]

Nidana includes Excessive Speaking loudly, excessive eating hard food stuffs like peanuts etc, Excessive laughter, yawning and sneezing, Carrying over weight on head, Sudden movement of head and neck, Sleeping in an uncomfortable posture, Use of pillows in wrong posture either too high or too low etc.(Susruta Samhita, Nidana stana 1/69) (Charaka Samhita Sutra stana, 17/14). According to Yogaratnakara – Injury to head, Excessive day sleep, Excessive tongue cleaning, improper Siravyadhana, Injury to the Marma, Excessive rubbing of the eyes, ears and nose, Excessive consuming alcohol etc. Clinical features include Distortion of the affected side of the face, tremors of the head and shaking of tooth, incomplete closure of the eye, distortion of the nose, difficulty in speech and hoarseness of voice, hearing loss and impairment in smell sensation and pain in the ear, difficulty to mastication and swallowing of food, Sneeze gets suppressed, Severe pain in neck, chin, teeth on the affected side. Treatment of Ardhita vata includes Moordha taila, Nasya karma, Tarpana kriya with medicated oil to the eyes and ears, Nadisweda, Upanahasweda.

In present case, Past history reveals that 1 week history of Bell's palsy, it's diagnosed at one private hospital and put under medication for 2 days. Slight improvement got from clinical features and discontinued the medication. On examination, inability to close right eye completely, watering, lower lid was averted, conjunctiva muddy in appearance, red streaks present, Other manifestations shown slurred speech and altered path of mouth opening and deviation of mandible towards left side, he was not able to hold air in mouth on right side. Suddenly patient was developed acute unbearable pain in the right eye associated with mild pain present in right ear, teeth, right side of forehead and neck. We started local abyanga and netra kili. Shiroabyanga comes under murdha taila, done with lukewarm bala taila. Applied indirectly heated bala taila on forehead, cheeks, eyelid, around the ear and neck region. Netra kili is a procedure comes under swedakarma done with apamarga, guduchi, bunimbha. Fresh leaves of Apamarga, Guduchi, Bunimba are collected, made small pieces and fried with ghee. Its kept in cloth and made in to potali form. Luke worm state of this kili was applied on pain presented areas. He felt better relief from the pain with in 5 min of procedure and advised oral medication for stop further progression of disease.

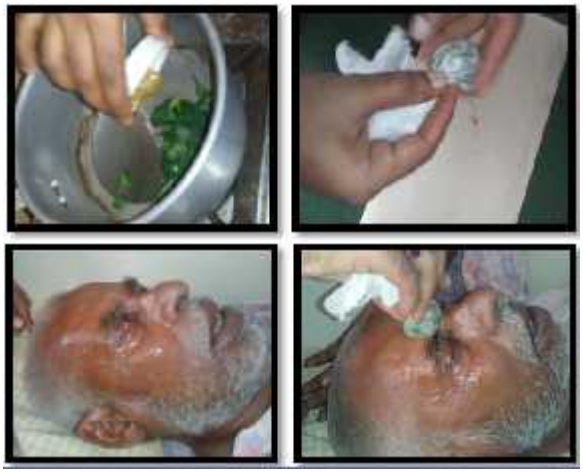

Image 2 Steps of procedure

We prescribed 2 tablets of Vatagajankus ras and 2 tablets of saptamrutha loha along with honey for 15 days. Vatagajankus ras and Saptamrutha loha procured from pharmacy. Vata gajankus ras contains parada, kuchala, gandaka, sunti, maricha, pippali, amalaki, hareetaki, vibeetaki and indicated in 80 types of vatavyadhi.(Basavarajeeya) Ingredients of Sapthamrutha loha are amalaki, hareetaki and vibeetaki, yastimadhi and loha basma. These all ingredients are done bhavana with honey and plain ghee (Baisajya ratnavali, Netra rogadhikara). There is no

reoccurrence of pain was found. We advised further treatment for facial palsy.

CONCLUSION

We observed very fast relief from the acute eye pain with these two external procedures (local abyanga and netra kili). Though a single case study may not be sufficient enough to prove significance of any treatment, but it gives us an idea for the line of treatment to be adopted in such case.

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