



## LATERAL RECTUS PALSY, A CASE REPORT

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## ABSTRACT

Lateral rectus palsy due to VI cranial nerve palsy is usually seen in the middle-aged and elderly. This is a case report of lateral rectal palsy of the right eye reported after 2 months of onset. Chief complaints were restriction of lateral movement of the right eyeball with headache, diplopia, and tiresome eyes. A vatasamana Ayurvedic treatment protocol was administered after admitting the patient at Vaidyaratnam P.S. Varier Ayurveda College Hospital. The condition was completely cured after the treatment. This case report suggests that Ayurveda treatment protocol may be highly beneficial in such neurological conditions.

**Keywords:** Lateral rectus palsy, abducens nerve, *netratarpana* etc.

## INTRODUCTION

A male aged 55 years had sudden onset of diplopia and headache. The diplopia increased on lateral gaze. He experienced ocular pain during reading, driving, etc. The lateral movement of his right eyeball was restricted. He consulted an ophthalmologist and also a neurologist. He was diagnosed with lateral rectus palsy of the right eye and underwent treatment for two months and got no relief. The pa-

tient was admitted to Vaidyaratnam P S Varier Ayurveda College Hospital. The VI cranial nerve (abducens) is a somatic efferent nerve that innervates the ipsilateral lateral rectus muscle to elicit eye abduction. This nerve runs a long course from the brainstem to the lateral rectus muscle. The long course of the nerve makes it vulnerable to injury at many levels. This condition ( acquired type ) is usu-

ally seen after the age of 50. The common causes identified are idiopathic (26%), due to hypertension(19%), coexisting diabetes and hypertension(12%), and trauma(12%). The less common causes include multiple sclerosis, increased intracranial pressure, sarcoidotic, stroke, myasthenia gravis, and lumbar puncture. The visual acuity of the patient was normal. He was hypertensive and on anti-hypertensives. The patient had no facial palsy, ptosis, or lid retraction. The cover test confirmed the presence of esotropia. Hypertension was attributed to aetiology. No other investigations were carried out.

**Interventions:** The patient was administered *Vidaryadi ghritha* for 5 days at an increasing dose starting from 50 ml. The dose was gradually increased to 250 ml. After that mild *swedana karma* (oleation) was performed for a day. Then *virechana* (purgation) was done by administering 50 ml of *sukumara eranda* along with milk. *Nasya* (nasal drops) with *ksheerabala*(41) 1ml each nostril and Thalam (applying medicine on the vertex) with *Dhanwantharam thailam* and *Kachooradi choornam* was done for 7 days. At the same time, an external application of *Jeevantyadi ghritha* and gentle massage around the eyes was performed. *Sirodhara* (pouring medicine as a stream over the head)with *Dhanwantharam thailam* for 7 days followed by *netratarpana* (retaining medicine in the eye) with *Jeevantyadi ghritha* for 5 days were done. During *netratarpana*, complete rest for the eyes was advised. After *netratarpana*, *putapaka* (same procedure as *tarpana* done with *Putapaka swarasa*) was done for a day. The patient was discharged after 26 days of treatment. He was advised to take *Ksheerabala* 101 capsule as well as *Aswagandha choorna* for 2 weeks. Result: The patient came for a follow-up after 2 weeks to the OPD. Eye strain, diplopia, and headache were

completely relieved. The eye examination showed that the movement of the eyeball was restored, and the palsy was cured.

## DISCUSSION

Lateral rectus palsy due to palsy of the abducens nerve is more seen in middle-aged patients. Many a time, hypertension, coexisting diabetes, and trauma are the causative factors. But the most common type is idiopathic. Here the male patient aged 55 years, hypertensive for the past 5 years had a sudden onset of diplopia, headache, and eyestrain along with restricted mobility of the right eyeball. Vitiating factors were considered the prime cause. Hence the treatment protocol was designed accordingly. A course of inpatient procedures such as *snehapana*, *swedana*, *virechana*, *nasya*, *sirodhara*, *Netratarpana*, and *putapaka* was planned and executed in a systemic manner. The patient continued his medicines for two more weeks and reported to the OPD. Ayurveda treatment cures such neurological conditions very quickly if the treatment started in the acute stage itself. The prognosis is better with early intervention.

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