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### **Panchkarma Approach in the Management of Traumatic Optic Neuropathy (TON) : A Case Report.**

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#### **Abstract**

Traumatic Optic Neuropathy (TON) is a challenging condition resulting from cranial or orbital trauma, often leading to significant visual impairment. Early therapeutic intervention is vital to prevent permanent damage to the optic nerve. This case report presents the Ayurvedic management of TON, correlated with Abhighatajanya Vataprakopaj Drishtinash, a condition described in classical texts where trauma leads to Vata aggravation and vision loss.

The treatment was based on Yuktivyapashray Chikitsa, integrating Shaman (palliative) and Shodhan (purificatory) approaches to pacify Vata Dosha and support neural recovery. The use of Chakshushya Basti was aimed at restoring normal function of optic nerve by virtue of its action on Apana and Vyana Vata, reducing stress, and improving corneal and optic nerve integrity. Additionally,

Netratarpan with Jeevantiyadi Ghrita was employed to nourish ocular tissues, leveraging its lipophilic nature for better absorption and tissue contact.

Subjective improvement in vision was observed, and objective progress was monitored through regular assessment of distant vision and visual acuity. The outcomes indicate that Ayurvedic interventions, when initiated early, can support neural healing and prevent further degeneration in TON. This case emphasizes the potential of Ayurveda in managing neuro-ophthalmic conditions. However, further clinical research with larger sample sizes is needed to validate these findings and establish standardized protocols for Ayurvedic management of TON.

**Key words** – Traumatic optic neuropathy, abhighaatjanya vaatprakopaj drustinash ,

chakshusya basti , netra tarpan, jeevantyadi ghrut

## Introduction

Traumatic optic neuropathy (TON) is a condition characterized by acute injury to the optic nerve following head or orbital trauma, leading to partial or complete loss of vision. It may result from direct trauma, such as penetrating injuries or fractures involving the optic canal, or indirect mechanisms like sudden acceleration-deceleration forces that disrupts the optic nerve fibers.

Traumatic optic neuropathy occurs in approximately 0.5-5% of closed head injury and 2.25% of patient with maxillofacial trauma and mid face fractures [1]. Loss of consciousness is associated with TON in 20-75% cases[2][3]. Forehead and supraorbital injuries are main contributing factors in causing blindness in closed head injuries while temporal region injuries are less common. TON often presents with sudden visual impairment, a relative afferent pupillary defect and a normal fundus in the initial stages, making diagnosis challenging.

The prognosis of TON varies and is often poor, with limited consensus on the optimal treatment approach. Conventional management includes high dose corticosteroid, optic canal decompression surgery, but the outcomes remain unpredictable. [4]

Ayurveda, the traditional medical system of India, emphasizes a holistic view of health and is grounded in deep philosophical concepts and empirical knowledge. Despite its broad principles, Ayurveda is generally recognized for its contributions to the management of chronic conditions and

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lifestyle-related disorders. Nevertheless, its foundational theories suggest significant potential in addressing eye-related ailments. Traumatic Optic Neuropathy (TON), however, remains a relatively untouched subject in Ayurvedic research. From an Ayurvedic perspective, TON may be understood as Abhighatajanya Vataprakopaj Drishtinash, which denotes vision loss due to trauma-induced aggravation of Vata dosha [5]. The integrative potential of Ayurveda, particularly through panchkarma therapies, offers a promising holistic approach aimed at improving neurological function and enhancing visual recovery. This report highlights the role of panchkarma in recovery of patient who met with road traffic accident and as a result developed optic nerve contusion which leads to visual disturbance. An improvement was observed in vision from no PL to perception of light after conventional corticosteroid treatment and further improvement of vision but after a period of time the results became stagnant. To which ayurvedic panchkarma therapies helped in improving the visual acuity of patient. The main purpose of this case presentation is to report the impact of Ayurveda treatment in improving visual function.

## Patient Information

A 16 year old student visited to Shalakya OPD of our institute with complaints of left eye diminished eyesight since 6 months after a motor cycle accident on 25<sup>th</sup> august 2024.

Patient visited to OPD for ayurvedic treatment on 27<sup>th</sup> march 2025.

Date	Event	Remark
25/8/2024	RTA	Loss of consciousness for 27 hours MRI s/o- focal left optic nerve compression at distal intracanalicular and proximal intracranial course. Undisplaced fracture of left posterior ethmoid sinus roof reaching upto optic nerve canal.
28/8/2024	Local examination Vision (unaided) RE 6/6 LE PLPR -ve Slit lamp examination: normal LE pupil : normal size, no reaction Swinging flash light +ve Fundus – normal CDR: 0.4ou OCT RNFL : normal Macula : normal	Treatment: Tab Neurobion forte OD for 20 days Iv methyl prednisolone 1000mg for 2 days Followed by Tab wysolone 80mg OD for 14 days 0.5% iobet eye drop BO for 30 days. Avanep eyedrop TDS for 30 days.
10/9/2024	Vision (unaided ) RE 6/6 LE 1/60 LE Pupil : sluggish reaction LE CDR – 0.5, min pallor	Tab neurobion forte OD Tab Wysolone was given in tapering dose till 10 <sup>th</sup> oct.
27/3/2025	Visited Shalakyta tantra OPD Vision (unaided ) RE – 6/6 LE – 6/36 Bp – 100/60	Started with Medicine Laghu malini vasant 250mg BD

	PR – 70/min Mala – samyak Mutra – samyak Jivha – saam Nadi – kaphaj	Jeevantadi ghrit paan 20ml OD Snehan with dhanvantari oil Swedan with dasmool Basti – chakshushya basti Netra tarpan with jeevantyadi ghrut Pada-abhyanga with jeevantyadi ghrit
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### Diagnostic Assessment

Diagnosis was done on the basis of MRI report and clinical examination as patient experienced deminished vision after trauma. According to Ayurveda patient was diagnosed as Abhighatajanya Vataprakopaj Drishinash and given treatment protocol of

vataprakopaj vyadhi including snehan , swedan , basti<sup>[6]</sup>.

Dosha : Vata

Dushya : Asthi,majja.

### Therapeutic Interventions

Internal medicine – table 2

Panchkarma procedure and localized treatment – table 3

Table 2.

Medicine	Dose	Anupan and kaal	Rational of formulation
Laghu malini vasant	250mg BD	Koshna jala , vyanodan kaal (after meal)	Santarpan and rasayan for netra roga
Jeevantyadi ghrit	20ml OD	Koshna jala , nishal kaal (at night before sleep)	Bruhan , vaat shaman, rasayan.

Table 3

Sr.no	Procedure administered	Medicine used	Timing and duration
1	Snehan (sarvanga)	Dhanvantari taila	Daily morning for 20 min
2	Swedan (sarvanga)	Bhashpa sweda	For 15 min

3	Basti	Anuvasan – yamak snehan Dhanvantari taila 30ml + triphala ghrut 30ml  Niruha – chakshushya basti	D1- anuvasan D2,D3,D4 – niruha D5 -anuvasan D6,D7,D8 – niruha D9- anuvasan.
4	Netra tarpan	Jeevantyadi ghrit	10 min daily .
5	Padabhyanga	Jeevantyadi ghrit	10 min at night before sleep.

### Chakshushya basti [7]

Acharya Vagbhatta has mentioned about Chakshushya Basti, which is type of Siddhabastihaving all contents of Madhutailikbasti along with Yashtimadhu Kalka acts as Rasayana, Pramehahar, Chakshushya and has Raktapittahara effect.

Contents Of Chakshushya Basti (Ingredientsof Madhutailika Basti + Yastimadhu Kalka):

1. Erandmoola Kwath: 4 prasrita (380ml)  
Madhu: 2 prasrita (190 ml)
2. Taila: 2 prasrita (190 ml)
3. Kalka (Shatpushpa+Yashtimadhu): 1 prasrita (96gm)
4. Saindhav: 1 karsha (10gm)

Chakshushya Basti is a type of Yapana Basti it can be given at any time and is indicated in all seasons. The total duration of Basti can be planned as Kala or Karama Basti, so that desired results can be seen.

### Outcome

After 9 days treatment including panchkarma procedure and ayurvedic medicine patients visual acuity increased

27/3/25 vision unaided : LE 6/36

5/4/25 vision unaided : LE 6/24

### Discussion

Traumatic optic neuropathy is a clinical diagnosis which usually occurs after head trauma with or without loss of consciousness, decreased visual acuity and a relative afferent pupillary pathway defect.

Acharya Sushruta described trauma-induced vision loss under Drishtigata Vyadhi [8]. In cases of Traumatic Optic Neuropathy (TON), the shearing forces involved in trauma vitiate Vata Dosha, leading to impaired or lost vision. Though the term TON is not explicitly found in classical texts, it can be conceptually linked to Abhighatajanya Vataprakopaj Drishtinash, based on its etiology and Vata aggravation. Vata vitiation from head trauma can damage ocular structures, including the optic nerve, resulting in irreversible vision loss. These conditions are often difficult to treat.

Management is based on Yuktivyapashray Chikitsa, involving Shaman (palliative) and Shodhan (purificatory) therapies aimed at pacifying and eliminating vitiated Doshas, particularly Vata, to restore balance and improve outcomes.

For shaman chikitsa laghumalini vasant was used as it decreases the vitiated vaat , acts as santarpan and has vital role in netra gata roga as mentioned in the text<sup>[9]</sup>. And jeevantyadi ghrut being netrya rasayan and bruhan nourises the indriya<sup>[10]</sup>. The timing of internal medication (Bhaishajya Kala) plays a vital role in treatment. In this case, medicines were given Vyanodan Kala (after lunch/dinner) targeting Vyana and Udana Vata, which support tissue function and vitality. For disorders above the collarbone, Nishakala (nighttime) is considered ideal, and Chakshyushya (eye-beneficial) medicines are traditionally administered before sleep<sup>[11]</sup>.

Acharya Charaka emphasized Panchakarma for diseases involving bone tissues<sup>[12]</sup> , with Basti being the chief therapy for Vata disorders. In Vata-dominant conditions, Niruha or Yapana Basti is advised. In this case, 3 consecutive chakshushya basti was given along with 1 anuvasan basti with dhanvantari taila and triphala ghrut . As triphala ghrut has key role in netra roga and dhanvantari taila improves the vitiated vata.

### **Mode of Action of Chakshushya Basti**

Madhu, known for its Yogvahi, Raktapittahara, and healing (Sandhan) properties, is rapidly absorbed and utilized by the body <sup>[13]</sup>.Saindhava (rock salt), due to its Sukshma (penetrating), Tikshna (sharp), and Snigdha (unctuous) qualities, helps dissolve and mobilize accumulated Doshas and Malas <sup>[14]</sup>. Taila (oil) is the most effective substance for pacifying Vata Dosha, owing to its Vyavayi, Ushna, Guru, and Snigdha properties, which enhance cell membrane

permeability and promote efficient elimination of toxins<sup>[15]</sup>.

Kalka and Kwath Dravyas aid in mobilizing and pacifying Doshas <sup>[16]</sup>. Yashtimadhu, as per Acharya Charaka, is Rasayana, Chakshushya, and Ropana,<sup>[17]</sup> helping in tissue repair and reducing oxidative damage, particularly useful in corneal thinning. Shatpushpa improves Basti retention due to its eye-specific benefits (Akshiroghrit), <sup>[18]</sup>while Erandmool Kashaya, with its Vrishya and Vatahara qualities, helps balance Vata<sup>[19]</sup>.

Basti bypasses liver metabolism and is absorbed rectally, directly influencing the enteric nervous system (ENS), which shares neurotransmitters with the central nervous system (CNS). This suggests Basti may stimulate brain areas involved in vision via chemical and mechanical receptors <sup>[20]</sup>.

Abyanaga with dhanvantari taila and padabhyanga with jeevantyadi ghrut nourishes the dhristi and has vaat pacifying properties. Kriyakalpa Kriyakalpa is performed to address any remaining localized Dosha. Netratarpan with Jeevantyadi Ghrita helps nourish and rejuvenate internal ocular tissues <sup>[21]</sup>. Since Ghrita Kalpana involves medicated ghee, its lipid-soluble nature enhances absorption through the lipid-rich cell membranes of ocular tissues, improving drug delivery to target sites.

The suspended herbal particles in Jeevantyadi Ghrita increase contact time and bioavailability, making it effective in managing Vata-Pitta dominant eye disorders <sup>[22]</sup>. Acharya Sushruta advised that the medicated ghee should be applied in a way that immerses the eyelashes, with around 10

ml per eye, adjusted based on individual orbital capacity<sup>[14]</sup>.

## Conclusion

In recent times, neuroprotection has gained significant attention in the management of neurodegenerative conditions. In cases of Traumatic Optic Neuropathy (TON), early intervention through Ayurveda may enhance the potential for nerve fiber recovery. Applying classical Ayurvedic principles in combination with Panchakarma, localized therapies, and supportive care can help halt further degeneration of the optic nerve. While the results in this case are promising, further clinical studies are necessary to validate the role and efficacy of Ayurvedic management, particularly Panchakarma, in TON.

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