Case Report

The Effect of Meru Chikitsa (Therapeutic touch therapy) on Visual Recovery in Traumatic Optic Neuropathy: A Case report

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ABSTRACT

Traumatic optic neuropathy is a devastating cause of sudden loss of vision following trauma to the head or face, with 60-80% reported to have permanent or near-permanent vision loss. Management is individual-based, and there are no clear guidelines for this condition, with visual regain being unpredictable and frequently delayed. Meru chikitsa (MC) is an ancient ayurvedic touch therapy that is beneficial in conditions such as anxiety, cognitive disorders, and chronic back pain. It is based on therapeutic touches to specific areas of the spine where there may be energy blocks. The normalised energy flow and breathing patterns promote wellness and healing. The present study describes the beneficial effect of MC on a patient of Traumatic optic neuropathy who received six sessions of therapy after sub-optimal response to conventional therapy, which included mega-dose steroids and a neuroprotective regimen.

Key words : Meru Chikitsa, Touch Therapy, Traumatic Optic Neuropathy, Visual Loss.

Traumatic optic neuropathy is a cause of devastating visual loss following injury to the head and face, often involving young and economically active individuals, resulting in profound consequences both medically and socio-economically. There are no guidelines or protocols for treatment, and the current recommendation is individualised therapy following counselling [1]. The management of traumatic optic neuropathy includes high-dose steroids and surgery. However, despite efforts, the visual results and improvement may be sub-optimal and variable [1,2,3].

Meru Chikitsa (MC) is a unique Ayurvedic therapy that focuses on healing through the spine (Meru). According to Ayurveda, the spine is not just a physical structure but also an energy channel that connects the mind and the body. The vital energy or prana flows through these channels with several intervening nodes or chakras acting as focal energy spaces. When the flow is blocked, it can lead to various disorders. In addition, the relief of pre-existing blocks may restore health and promote healing in various illnesses [4,5,6].

The present case report demonstrates the efficacy of the use of touch therapy, MC, in a patient with traumatic optic neuropathy.

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CASE REPORT

A 23-year-old man suffered a head injury following a roadside accident while riding a two-wheeler. There was a history of loss of consciousness for a duration of an hour, and the patient reported loss of all vision upon recovery of consciousness. Emergency treatment and first aid were given to him, after which he was referred to a higher neurological centre. He was diagnosed with traumatic optic neuropathy in the centre and received treatment for the same, which included mega-dose steroids and a neuroprotective regimen. However, there was no recovery, and vision remained counting fingers close to the face. The patient was extremely anxious and showed signs of post-traumatic stress disorder. Counselling sessions were started, and the patient was informed of the benefits of MC as a supplementary therapy to conventional psychological modalities.

After taking informed consent, MC sessions were started. Therapy was given by practitioners on a specially designed table (Figure 1). The patient was made to lie prone with the forearm and hand supported and relaxed on the specially designed armrest in the table. During therapy, light finger touch was made along the spine of the patient because of the position of the respiratory wave in the body.

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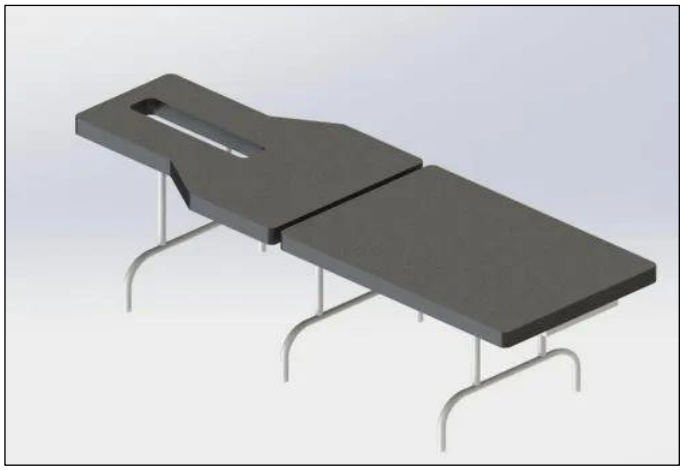


Figure 1. Table for MC sessions

The sessions were preceded by leg checks for cervical, sacral, and coccyx patterns. Touches were administered according to the pattern detected in the cervical and sacral regions of the spine. The different touches used were the light touch, the sustained touch, and the roll for altering the wave patterns and energy flows. The touches were varied depending on the presenting pattern noted before each session. Add-ons were also administered as required in each session. Longer and deeper respiratory waves were noted with the progression of Meru sessions (Figure 2).

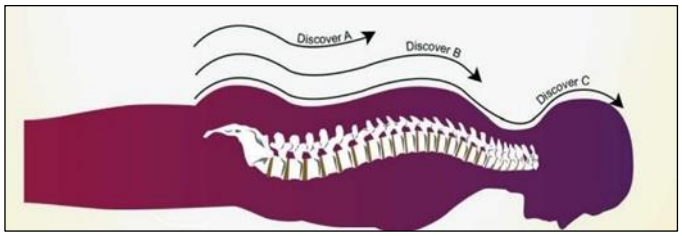


Figure 2. Respiratory waves noted with MC sessions

The duration of each session ranged from 15 to 30 minutes, given on alternate days for a total of six sessions. Visual acuity and the visual function were assessed at regular intervals for a period of six months. Visual acuity improved to 6/18 at the end of the session, further improving to 6/12 at the end of the follow-up. Subjective improvement and a feeling of well-being were reported by the patient after each session. The patient also reported intermittent tingling in various parts of the body during the session. The tingling corresponded to the respiratory wave patterns and energy flows seen and corroborated the examiner's evaluation of the flow pattern.

DISCUSSION

MC is an ancient Ayurvedic technique involving gentle touches along the spine. It is believed that attention to these points engages special energy vortices that reveal blockages of normal energy flow. Touching and bringing attention to these blocked areas relieves the blocks and facilitates normal energy flow, enhancing the normal healing of the body.

A study by Jagetia et al. using MC for lower back pain showed a significant reduction in perceived pain [4]. MC has been shown to cause vagal stimulation and shift body responses to a slower, more relaxed state, reducing chronic stress levels. The alterations in the respiratory wave and energy flows are associated with deep diaphragmatic breathing, which enhances vagal tone [7]. This, in turn, has been shown to reduce cortisol levels and injury-associated inflammatory responses, which may reduce tissue-directed secondary damage to the optic nerve [8].

Vagal stimulation has been shown to influence plasticity and neuromodulation after a variety of disorders, including trauma and ischemic damage [9]. Brief bursts of neurotransmitter release, including acetylcholine and norepinephrine, trigger normalisation of aberrant neuronal circuits and induce a specific and long-term neuroplasticity. This may enhance the visual function after traumatic optic neuropathy, as seen in the above case. Mindfulness-based interventions and deep breathing associated with vagal stimulation techniques have been shown to increase levels of brain-derived growth factor, which is responsible for neuromodulation, neuroplasticity, and neuroprotection [10]. These may translate clinically to enhanced visual function in cases of optic nerve damage, such as traumatic optic neuropathy.

The present study showed the beneficial effect of MC in a patient of traumatic optic neuropathy who had not shown any improvement despite the institution of conventional therapy. A larger study comprising more patients is required to confirm the effects of this mode of treatment and look at the underlying patterns and mechanisms of the improvement, if any.

CONCLUSION

The present case report demonstrates the recovery of vision following MC in a patient who had no demonstrable improvement despite a conventional steroid andneuroprotective regimen. A larger study with a larger number of patients needs to be evaluated to establish the effectiveness of MC for traumatic optic neuropathy.

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