

A case of elderly amblyopia treated with a combination of Chinese and Western medicine

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Amblyopia is a common eye disease in children in clinic, with a domestic incidence rate of 3-5%. A 14-year-old patient with severe anisometropic amblyopia was admitted to the outpatient department, and a combination of covering and moxibustion therapy was used. After three months, the patient's corrected visual acuity improved to 1.0, achieving good clinical results. The following is a report.

Case presentation

1. General Information

The patient is a 14-year-old male who sought medical attention for 3 months due to unclear vision in his left eye.

2. Examination Information

Naked eye far vision: OD 0.8, OS 0.05; Naked eye near vision: OD 0.8, OS 0.1. Computer optometry: OD+4.00, OS+6.00/+1.00 * 110. Saifeijie dilated pupil optometry: OD+4.50, OS+6.50/+1.25 * 110. The dominant eye is the right eye. Focus on the center of both eyes, with the cornea reflecting light in an upright position, and no abnormalities observed in the anterior segment and fundus. Electrophysiological examination size checkerboard: P100 peak in the left eye is delayed compared to the right eye. Eye axis: OD 21.07mm, OS 20.62mm.

3. Diagnosis

Severe anisometropic amblyopia.

4. Treatment outcomes, follow-up, and outcomes

1. Lens correction: The patient is given a right eyeglass foggy method with a prescription of OD+4.00=-0.7 and OS+5.00/+1.25 * 110=0.1.

2. Amblyopia training

The first training program adopts covering therapy, covering the healthy eyes for 15 days and opening them for 1 day. Come to our hospital every day for right eye covering training, including 23 red light, co vision machine red light afterimage, helium neon laser, and fine eye training. Follow up after 2 weeks, with glasses on: OD 1.0, OS 0.4; Naked eye vision OD 1.0, OS 0.2; 33cm OD 1.0, OS 0.2.

The second training program adds visual function training and moxibustion treatment on the basis of the first training program. Moxibustion treatment adopts the Moxibustion Amblyopia and Myopia Treatment Instrument, model GMJ-D, with a duration of 30 minutes, conducted daily. After one month, the visual acuity with glasses was rechecked with OD 1.0 and OS 0.6; Naked eye vision OD 1.0, OS 0.4; 33cm OD 1.0, OS 0.4.

The third course of training program showed good improvement in the patient's vision, and the training program was adjusted. In this stage, the coverage treatment was adjusted to cover the healthy eyes for 15 days and open for 1 day. Come to our

hospital every day for right eye covering training, using red light, same vision machine training for disinhibition, monocular adjustment, and moxibustion treatment. After 3 months, the visual acuity with glasses was rechecked with OD 1.0 and OS 0.8; 33cm OD 1.0, OS 0.6. The patient examined two points at a distance of 3 meters using a four hole lamp, with severe suppression in the left eye and stereoscopic vision for 100 seconds.

The fourth training program covers the right eye and adds a three-level visual function training. Other remains unchanged. Follow up after 6 months, with glasses on: OD 1.0, OS 1.0; Naked eye vision OD 1.0, OS 0.7; 33cm OD 1.0, OS 0.6.

Discussion

Amblyopia is a common eye disease in children. Due to the limitations of children's developmental abilities and the negligence of parents, many patients with amblyopia may miss the optimal treatment period of 3-7 years old and develop into older amblyopia patients. The use of traditional treatment methods for older children with amblyopia generally takes two to three years, which is long and has poor therapeutic effects. In a large number of clinical trials, it has been found that simple short-term covering therapy, due to long-term wearing of eye masks affecting appearance, can have a psychological impact on children, and is likely to lead to treatment resistance, causing difficulty in covering. In addition, patients with young age have poor compliance, resulting in ineffective treatment [1].

Moxibustion is widely used in clinical practice, and has the function of regulating and supplementing qi and blood, balancing yin and yang, for diseases such as cold, heat, deficiency, and excess that have blocked meridians and obstructed qi and blood flow [2]. Aizhu releases a mixture of near-infrared and far-infrared energy through combustion, mainly composed of special infrared energy, which is highly permeable and easily absorbed by human tissues and cells. The infrared energy generated during the operation of the moxibustion therapy device is converted into unique therapeutic energy, thereby activating visual cells. At the same time, it can effectively affect the bidirectional regulation of blood vessels and nerves in the eyes, reduce lipid peroxidation, and allow energy to penetrate through the acupoint skin and enter the acupoint. It is transmitted along the meridians and has a deep effect. In the treatment of this patient, the therapeutic effect of moxibustion is very obvious.

This article adopts a combination of traditional Chinese and Western medicine with moxibustion to treat anisometric amblyopia in older children. The children's vision improves significantly and the time is short, breaking away from outdated treatment concepts and greatly shortening the treatment time of amblyopia. It can be promoted and used in clinical practice, providing new ideas for the treatment of older amblyopia.

References

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