



AYURVEDIC MANAGEMENT OF VATAHATHA VARTHMA (PTOSIS) ; A CASE REPORT

Mira Krishnan. M¹, Tosmy Tomy Koovackal², Yadukrishnan.S³

^{1,2,3} Assistant professor, Department of Shalakya tantra, Ahalia Ayurveda Medical College. Palakkad, Kerala

Corresponding Author: dryadukrishnans@gmail.com

<https://doi.org/10.46607/iamj3311092023>

(Published Online: September 2023)

Open Access

© International Ayurvedic Medical Journal, India 2023

Article Received: 08/08/2023 - Peer Reviewed: 25/08/2023 - Accepted for Publication: 10/09/2023.



ABSTRACT

Ptosis is an abnormally low positioned upper eyelid which can decrease or even occlude the vision completely. In most of the cases, Ophthalmologists recommend surgery to treat Ptosis. But there are severe complications associated with surgery which include exposure keratopathy, recurrence of Ptosis and irregular contour of lid. According to Acharya Vagbhat it can be correlated to *Vatahatha varthma* which is an *Asadhya vataja Varthma roga*. Though *Asadhya*, conservative treatment can be done in Ptosis especially for tomophobians. A 66-year-old man presented 4 years history of acute onset painless right eye Ptosis. The treatment started with *Nasya* followed by *Bruhmana* and *Vata shamana chikitsa*. After 45 days of treatment, there was an improvement in grade of Ptosis.

Keywords: Ptosis, *Vatahatha Varthma*, *Nasya*

INTRODUCTION

Blepharoptosis is the most common upper lid disorder. Ptosis denotes lowering of any organ from its normal position. Normally the upper eye lid covers about one-sixth of cornea, i.e, about 2mm¹. The

range of presentation in Ptosis can be small and may go unnoticed if it is symmetrical and equal in both eyes or it may be severe enough to cover the pupil and cause diminished vision or else diplopia.

Diplopia is not seen if upper lid covers the pupil and manifest when lid is lifted. Not only a cosmetic blemish, but Ptosis also affects different aspects of patient's daily routine like hindering job opportunities, impaired mobility and regressing the visual and psychosocial development. The prevalence of Ptosis is found relatively high in general rural population and increases with age. Previous cataract or Lasik surgeries, excessive eye rubbing, and high body mass index can act as a risk factor of drooping eyelids. Various surgical procedures are available for Ptosis treatment which includes frontalis sling, levator advancement, Whitnall sling, frontalis muscle flap and Mullerectomy. But there are severe complications associated with surgery which include exposure keratopathy, recurrence of Ptosis and irregular contour of lid². As per ayurveda classics, *Vatahatha varthma* explained in *Netra roga* is a condition in which *vayu* prevents the opening of the eyes, whereas closing of the eye is not affected. The present case report shows the significance of conservative management of Ptosis in ayurveda.

OBJECTIVES To analyse the effect of ayurvedic treatment in Ptosis with levator function assessment.

MATERIALS AND METHODS

Clinical evaluations were done on the patient, diagnosed for Ptosis using levator function assessment. Pre and post photographs were taken.

CASE REPORT

A 66-year-old male patient, native of Palakkad, visited the OPD of Ahalia Ayurveda Medical College and Hospital on 13th September 2021. He presented with complaints of drooping of right upper eyelid for 4 years. He had no known case of any metabolic disorders. He also felt heaviness over right upper eyelid and difficulty in opening the eye lid associated with headache. He neglected this for 1 week and later took modern medicine treatment for 9 months and got slight relief. After that he consulted an Ayurvedic physician and started ayurvedic medication along with allopathic medication. After getting some relief he discontinued the medication.

CLINICAL FINDINGS

Head posture: Was kept in straight, erect position without any tilt.

Facial symmetry: both eyebrows were at the same level. The deviation of the angle of mouth was normal.

Ocular posture: visual axes of two eyes were parallel to each other in primary position and were maintained in all positions of gaze.

The visual acuity:

Both eye without power glass - 6/9, Right eye - 6/9, Left eye - 6/9

Near vision without power glass - N12 (Both eye)

The eyebrows were placed on either side of the face above eyelids, curved with their convexity upwards.

Eyelid examination: Unilateral Ptosis was present in the right upper eyelid; The levator function was also poor (7 mm) in the Right eye (Burke's method) and lower lid touched the limbus. After the treatment it was improved to 16mm. The upper eyelashes of the affected and non-affected eye were directed forwards, upwards and backwards. Similarly, the lower eye lashes were directed forwards downwards and backwards. There were no visible trichiasis and poliosis.

THERAPEUTIC INTERVENTION

Patient underwent both internal and external treatments as outpatient from 13th September 2021. He was administered oral medicines such as *Danadanayanadi Kashaya*, *Maharasnadi Kashaya*, *Dhanwantaram gulika* and *Ekanga veera rasa*. (**Table 1**). External therapies administered were *Nasya* (nasal infiltration of medicine) with *Ksheerabala 101 avarthi*, *Sarvanga Abhyanga* (oil massage) with *Mahanarayana thaila*, *Bidalaka* (medicated herbal paste applied over the eye lids) with *Mukkadi purampada* and *Shashtika Shali avagundana* (sudation using bolus prepared out of milk and *Oriza sativa* Linn. around the eyes). (**Table 2**)

DISCUSSION

Based on clinical presentation, Ptosis can be correlated to *Vatahatha varthma* where drooping of the upper eye lid occurs due to vitiation of vata dosha. The disease is explained as *asadhya* by acharyas. In this case, conservative management was done. The patient was

given *Danadanayanadi kashaya*, *Maharasnadi kashaya*, *Dhanwantaram gulika* and *Ekanga veera rasa* as internal medications. These medicines were selected because of the *Vata shamana* property. *Danadanayanadi kashaya* is indicated in *Ardita* (facial paralysis), *Aakshepa* (convulsion) and *Vata roga*³. *Maharasnadi kashaya* is indicated in *Ardita* and has *Brumhana* (nutritive) property⁴. *Dhanwantharam gulika* is *Vata anulomana* in nature⁵. *Ekanga veera rasa* is *Sarva vatamayaghi* (pacifying Vata dosa) in nature⁶. *Bidalaka* was done with *Mukkadi purampada* which has *Ama nirharana* property. *Abhyanga* was done with *Mahanarayana taila* which is indicated in *Shirogata vata*, *Ekanga vata* and *Ksheendriya*⁷. *Shashtika shali avagundana* was done which helps in strengthening of muscles and aponeurosis surrounding the eye and also works as local sudation. *Prathimarsha nasya* was administered with *Ksheera-bala 101 avarthi* which has *Vatahara*, *Rasayana* (rejuvenating), *Indriya prasdana* (brings about clarity of senses), *Jeevana* (enlivening) and *Brumhana* properties⁸.

Internal medication and OPD level treatments were done for 45 days. By this treatment, the degree of Ptosis decreased significantly. Before the treatment, the levator function was poor (7 mm) in the right eye (Burke's method)(figure 1). After the treatment it improved to 16 mm (figure 2). The mode of action of each treatment is mainly alleviating the *Vata dosha*. The procedures such as *Abhyanga* and *Nasya* might have stimulated the oculomotor nerve which led to partial neuromuscular recovery. Local ocular procedures such as *Bidalaka* and *Avagundana* might have stimulated the levator palpebrae superioris muscle which resulted in the improvement of Ptosis.

CONCLUSION

Ptosis can be correlated to *Vatahatha varthma* where drooping of the upper eye lid occurs due to vitiation of *Vata dosha*. Though explained as *Asadhya*, when *Ama pachana* was done followed by *Vata shamana* along with *Brumhana* and *Rasayana chikitsa*, the drooping was reduced, and patient got significant improvement.

REFERENCES

1. Khurana A.K. Comprehensive ophthalmology. New Delhi; New age international,2007; 4th edition, pp.378
2. Ali Mokhtarzadeh, Andrew R Harrison, Controversies and advances in the management of congenital Ptosis, Expert Rev Ophthalmol.2015 Jan 2;10(1):59-63
3. K.V Krishnan vaidyan & S.Gopala pillai, Sahasrayogam, Vidyarambham publishers, 2012, kashaya yoga prakaranam, 31st edition,page no : 79
4. K.V Krishnan vaidyan & S.Gopala pillai, Sahasrayogam, Vidyarambham publishers, 2012, kashaya yoga prakaranam, 31st edition, page no : 81
5. K.V Krishnan vaidyan & S.Gopala pillai, Sahasrayogam, Vidyarambham publishers, 2012, kashaya yoga prakaranam, 31st edition, page no : 135
6. Pt. Dhattarama Choube, Brihat rasa raja sundara, choukambha orientalia Varanasi, Vata vyadhi chikitsa, 2000, 3rd edition, page no : 458.
7. Govinda das ji Bhisagratna, Bhaishajya ratnavali, Choukhamba Sanskrit sansthan, Varanasi, Vata vyadhi rogadohikara, chapter 26, edition: 2009, page no : 188-189.
8. Dr.Anna Moreswar Kunte, Krsna Ramachandra Sastri Navre, ashtanga hridaya Of Vagbhata, Chaukhamba Sanskrit sansthan, Varanasi, chapter 22, Vata sonitha chikitsa adhyaya, edition – 2012, page no : 732

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Mira Krishnan. M. et al: Ayurvedic management of vatahatha varthma (ptosis); a case report. International Ayurvedic Medical Journal {online} 2023 {cited September 2023} Available from: http://www.iamj.in/posts/images/upload/2375_2378.pdf



Table 1: Oral medicines

Medicine	Dosage	Time	Duration
<i>Danadanayanadi kashaya</i>	7.5 ml	6am and 6pm	13/9/2021 to 27/10/2021
<i>Maharasnadi kashaya</i>	7.5 ml	6am and 6pm	13/9/2021 to 27/10/2021
<i>Dhanwantaram gulika</i>	2 tablets	Twice a day before food	13/9/2021 to 27/10/2021
<i>Ekgavira rasa</i>	1 tablet	Twice a day after food	13/9/2021 to 27/10/2021

Table 2: External therapies

Treatment	Medicine	Duration
<i>Nasya</i>	<i>Ksheerabala 101 Avarthi</i>	13/9/2021 to 27/10/2021
<i>Sarvanga Abhyanga</i>	<i>Mahanarayana thaila</i>	13/9/2021 to 27/10/2021
<i>Bidalaka</i>	<i>Mukkadi purampada</i>	13/9/2021 to 27/9/2021
<i>Avagundana</i>	<i>Shashtika Sali</i>	28/9/2021 to 27/10/2021