

A CASE STUDY ON AYURVEDIC MANAGEMENT OF VATAHATA VARTMA (PTOSIS)

Sangeeta Neelannavar¹, Vijayamahantesh Hugar², Varsha Kulkarni³

¹Post Graduate Scholar, Dept of PG studies in Panchakarma.

²Associate Professor, Dept of PG studies in Panchakarma.

³HOD and Professor, Dept of PG studies in Panchakarma.

Government Ayurveda Medical College and Hospital Mysuru, Karnataka, India

Corresponding Author: sneelannavar@gmail.com

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ABSTRACT

Vatahata Vartma is a condition of *Vartma* where in the *Vartma-Shuklagata Sandhi* is afflicted by vitiated *Vata* leading to *Vimukta Sandhi* (functional deterioration of the *Shuklavartmagata Sandhi* which facilitates the movement of eyelids), *Nischeshta* (no or reduced eyelids activity), *Nimilayati* (unable to close the eyelids). The signs and symptoms of *Vatahata Vartma* can be correlated to Ptosis in modern medical science. Ptosis is a medical condition in which there will be drooping or falling of upper eyelid. The condition worsens when there is exhaustion of the extra ocular muscles. This condition can be either uni-ocular or binocular. If the condition is left untreated, it can lead to complications. Surgical intervention is the only line of treatment mentioned for ptosis in contemporary science. *Ayurveda* has mentioned different treatment modalities for similar conditions. This paper highlights a case study of *Vatahata Vartma* (ptosis) managed with *Ayurvedic* line of treatment with *Mukhabhyanga*, *Sweda*, *Nasya*, *Akshipindi* and *Akshi Tarpana*.

Keywords: *Vatahata Vartma*, Ptosis, *Nasya*, *Akshitarpana*, *Akshipindi*

INTRODUCTION

Eyes are important sense organ. They are protected by appendages of eye namely eyelids, eyebrows, conjunctiva and lacrimal apparatus. Eyelids cover a major part of eye where the upper eyelid covers about upper 1/6th of the cornea on opening of eyes. i.e. approximately 2 mm. Ptosis is a medical condition in which there will be drooping or falling of upper eyelid. In ptosis patients the upper eyelid will cover more than 2mm of

cornea. It occurs due to the dysfunction in the muscles that raise the eyelids and due to dysfunction of superior rectus and levator palpebrae superiorii muscles. They are supplied by the oculomotor nerve. This condition can be either uni-ocular or binocular. Its prevalence increases among the elderly as the function of muscles of eyelids begin to deteriorate. It can be congenital or acquired.

Acquired ptosis is of 4 types^[1]:

Neurogenic	Myogenic	Aponeurotic	Mechanical
Caused by innervation defects like 3 rd nerve palsy, Horner's syndrome, ophthalmoplegic migraine and multiple sclerosis.	Caused by acquired disorders of levator palpebrae superioris or of the myoneural junction	Caused by the defects of levator aponeurosis in the presence of a normal functioning muscle	Caused by the excessive weight on the upper lid as in patients with lid tumors, multiple chalazia and lid edema

As per modern sciences, surgical intervention is the mode of treatment mentioned for patient with ptosis. Though it is said as *Asadhya Vyadhi* as per *Ayurveda*^[2], still an attempt has been made to treat this case by adopting the following treatment modalities:

Mukhabhyanga, Swedana, Nasya, Akshitarpana and *Akshipindi*.

Consent

An informed written consent was taken from the patient for publication in academic journal.

Case Report

Nidana

In classics	In patient
<p>Aharaja- <i>Shukti-Aranala-Amla-Kulathya-Masha Sevana</i> (Alcoholic beverages)</p> <p>Viharaja- <i>Ushna Abhitaptasya Jala Pravesha</i> (immersing in cold immediately after exposed to heat), <i>Dura Ikshnata</i> (looking at very distant objects regularly), <i>Swapna Viparyaya</i> (abnormal sleeping habits), <i>Abhighata</i>(trauma), <i>Maithuna</i> (excessive sex), <i>Veganigrahana</i> (suppression of natural urges), <i>Dhuma Nishevana</i> (excessive exposure to smoke), <i>Chardhi Vighatat</i> (suppressing the urge of vomiting), <i>Bhashpa Nigrahana</i> (suppressing tear during grief)^[3]</p> <p>Manasika- <i>Kopa</i> (excessive anger), <i>Shoka</i> (grief), <i>Klesha</i> (stress)</p>	<p>Growth in both eyelids (<i>Abhighata</i>)</p> <p>Aggravating factor- spicy foods, non-veg, brinjal, pumpkin</p> <p><i>Swapna Viparyaya</i>,</p>

Lakshana:

Vatahatavartma	Ptosis
<i>Vimukta sandhim, Nischestam, Nimilayati</i> ^[4] .	Drooping or falling of upper eyelid. Unable to close completely.

Brief History:

A 21-year-old female patient came with a complaint of drooping of both eyelids since 18 years. When she was 3 years old she developed a red color papule in left upper eyelid first after 2 months she developed in right upper eyelid also. Then the papule gradually became enlarged, along with this she developed blackish discoloration over both eyelids, which is associated with itching, burning, pricking sensation, feeling of stretching in the eyes and lacrimation from both eyes. The symptoms aggravate by eating spicy foods, non-veg and relieves by taking butter milk. For these complaints' patient underwent surgery of both eye lids 13 years back, and symptoms relieved for 6 months. After that again the eyelids started growing gradually which is followed by drooping of eyelids. Because of this the patient again underwent surgery 3 years back for the 2nd time. The same complaints reoccurred after 5 months. For these complaints' patient got admitted in this hospital for further management.

Past history:

1. Repair of levator aponeurosis in 2008.
2. Retraction of levator palpebrae superior muscles of both the eyes in 2018.

Personal history:

Appetite – Good
Diet – Mixed
Bowel- regular, once a day
Micturition- 4-5 times a day
Sleep- Disturbed

Menstrual history: 4-5/28 days, regular

On local examination

Head posture: Upright position without any tilt.
Fascial symmetry: Bilateral eyebrows were at the same level, bilateral symmetrical nasolabial fold
Ocular posture: both eyes were equidistant to each other and were maintained in all position of gaze.
Eye-Brows: were placed on either side of the face above eyelid.
Eyelid: Brownish discoloration, skin was wrinkled, veins were visible. Bilateral ptosis was present. The eyelid covered more than 1/6th of cornea i.e. 5mm, epiphora was present
Eyelashes normal.
Eyeball movements were possible in both the eyes except upward movement.
On examination of the lacrimal apparatus, sclera and conjunctiva was normal. Cornea size, shape, surface and transparency was normal. Pupils round, regular and reactive to light. Vision of both eyes -6/6.

Samprapti Ghataka:

Dosha: Vatapradhana tridosha.

Dushya: Rasa, Rakta, Mamsa

Agni: Jataragni, Dhatwagni

Srotas: Rasa-Rakta-Mamsavaha Srotas

Srotodushti- Granthi-Atipravrutti

Udbhavasthana: Pakvashaya

Sancharasthana: Netra nadi

Adhishthana: Shareera

Vyaktasthana: Vartma

Sadhyasadhyata: Asadhya

Samprapti:

Nidana Sevana



Vitiating of Vatapradhana Tridosha



Leads to Agnimandya



Sthanasamshraya in Vartma (Kha Vaigunya)



Formation of Pidaka in Netra Vartma along with Daha, Kandu, Toda, Ashrusrava



Healing of Pidaka followed by growing of both eyelids-by drooping of both the eye lids, feeling of stretching in the eyes and with above mentioned symptoms (Daha, Kandu, Toda, Ashrusrava)



Vatahata Vartma

Materials and Methods

Treatment Schedule –

Amapachana- Chitrakadi vati (250mg) 2TID B/F (21/2/21- 23/2/21)

7 days (24/2/2021- 2/3/2021)

Treatment	Medicine and dose
Mukhabhyanga	Ksheerabala taila
Bashpa sweda	Vatahara Kashaya (Nirgundi, Karanja, Eranda Patra)
Nasyakarma	Ksheerabala 101 Avartini (4-4 Bindu in each nostril)
Akshitarpana	Triphala Ghruta
Akshipindi	Triphala+Chandana Churna
Shamanoushadhi	
Cap- Neuron	1tid a/f
Cap – KBT 101	1tid a/f

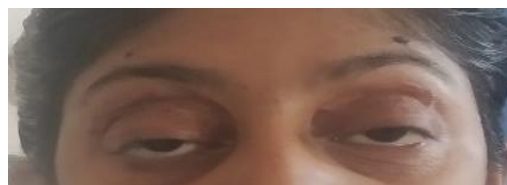
Pathya: Ksheera, Ghruta, Yusha, Amalaki, Garjara

Apathya: Sheeta Ahara- Vihara, Divashayana, Pravata, Yana, Adhwa, Shirasnana, Spicy food, non-veg, pumpkin, brinjal etc

Before Treatment



After Treatment



Observation

Lakshanas	Before treatment	After treatment
Daha (burning sensation)	+++	+
Kandu (itching sensation)	+++	-
Ashru Srava (lacrimation)	++	-
Drooping of eyelid	+++ (5mm)	++ (4mm)

DISCUSSION

Probable mode of action

- Deepana-Pachana -increases Agni and does the Amapachana.
- Mukhabhyanga with Ksheerabala Taila eliminates the vitiated Vatadosha by its Snigdha Guna, Drushtiprasadana, Pushti, Dardhya^[5].
- Nasya – Does the Prakopita Vatashamana, Karna, Nasa, Akshi, Shiragata -Sira, Snayu, Kandara Poshana. Skanda, Greeva, Mukha Dhrudata^[6].
- Akshitarpana – Vatashamana, increases Netra-bala^[7].
- Pindi- Mamsadhatu nourishment.

- Shamanoushadi: Ksheerabala 101 (Shatapaka) does Vatashamana, Rasayana, Indriya Prasada, Brumhana^[8]. Cap Neuron- does the Vatashamana and strengthens the nerves.

Symptoms of Vatahata Vartma are unable to close the eyes, reduced or no eyelid movement. This symptom can be correlated with ptosis. As per Ayurveda Vatahata Vartma is said as Asadhya Vyadhi. As it is a Vatapradhana Vyadhi, hence Vatahara line of treatment was adopted. They are Mukhaabhyanga, Swedana, Nasya, Akshitarpana and Akshipindi. By these treatment modalities, it is observed that there was significant reduction in discomfort, itching, burning sensation, redness of eyes and epiphora. Patient was

able to open the eyes without much strain. As the curability depends upon the cause and chronicity of the disease. In case of excessive heaviness on the upper eyelid as seen in tumor's, multiple chalazia and lid edema, in such conditions surgical correction could be the possible line of treatment.

CONCLUSION

In present case depending on Nidana and Lakshanas it was diagnosed as *Vatahata Vartma*. *Snehana* and *Swedana* are the main line of treatment to manage *Vata Dosh*. In present case the *Vata* has taken *Sthanasamsraya* in *Netra Vartma*, for which *Abhyanga*, *Swedana*, *Nasya*, *Akshitarpana*, *Pindi* along with *Shamana Oushadhi* helped in reducing the symptoms. The same treatment can be continued for 3-4 sitting for the better results.

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