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AYURVEDIC MANAGEMENT OF PTOSIS, A CLINICAL STUDY

[1]Dr Annapurna Behera, [2]Dr Veerayya Hiremath, [3]Dr Shashikala D K, [4]Dr Gururaj N
[1]PG scholar, [2]HOD & Professor, [3]Associate Prof, [4]Assistant Prof
Department of Shalakya tantra
Shree Jagadguru Gavisiddeshwara Ayurvedic Medical College, Koppal Karnataka

ABSTRACT

Ptosis is a condition characterised by drooping of upper eye lid below its normal position. It can be congenital or acquired. Depending upon its cause, it can be neurogenic, myogenic, aponeurotic and mechanical. Ptosis can be associated with facial paralysis. By signs and symptoms, ptosis can be taken as *Vartma Sankocha*, a *Vataja Nanamtaja Vyadhi*, in which the patient is unable to open the eyelids completely. The only modern management of ptosis is surgery, which has complication like corneal abrasion, asymmetrical skin crease, under correction, over correction, corneal exposure, sling granuloma and notching of eyelid etc. *Vartma Sankocha* is *Vata dosha* predominant disease, So *Vatahara*line of management can be adopted for *Vartma Sankocha*. *Acharya Charaka* has mentioned *Nasya* and *Swedana* in *Vatavikara Samanya Chikitsha*.

KEYWORDS*:* *- Ptosis, Vartma Sankocha, Karpasasthyadi taila, Panasa patra swedana, Sasthika salika anna lepa.*

INTRODUCTION

Abnormal drooping of the upper eyelid is called ptosis.[1] Normally, upper lid covers about upper one sixth of the cornea i.e. 2 mm. Therefore, in ptosis covers more than 2 mm.[1] It can be congenital or acquired. Depending upon its cause, it can be neurogenic, myogenic and aponeurotic & mechanical.[1] Loss of function of either the LPS muscle or superior tarsal muscle results in ptosis or drooping of eyelid.[2]

This case was diagnosed as Neurological type of acquired ptosis.

Acquired Ptosis[3]-Acquired ptosis is usually unilateral and its cause needs to be identified so that appropriate therapy can be instituted.

Neurogenic ptosis[3]: It may be part of the symptom complex involving the entire third nerve at any point in its path, or rarely it may be due to affection of the branch supplying the levator. Isolated ptosis without other signs of oculomotor paralysis may result from disease of the supranuclear pathways. In cases of paralysis, treatment must be directed at first to the cause. In all neurogenic ptosis, the patient should be reviewed periodically on conservative management to allow for any spontaneous recovery and for the deficit to stabilize. In complete paralysis of the third nerve, surgery is usually contraindicated till strabismus has been corrected, since if the lid is raised in these cases diplopia becomes manifest. Crutch spectacles may be used in the presence of levator paralysis.

Measurements for degree of ptosis[4]

1.Pf height (Palpebral fissure height)

The distance between the upper and lower lid margins, measured in the pupillary plane. The upper lid margin normally rests about 2 mm below the upper limbus and the lower 1 mm above the lower limbus. This measurement is shorter in males (7-10 mm) than in females (8-12 mm). Unilateral ptosis can be quantified by comparison with the contra lateral side. Ptosis may be graded as mild (up to 2 mm), moderate (3 mm) and severe (4 mm or more).

2. MRD(Margin-reflex distance)

The distance between the upper lid margin and the corneal reflection of a pen torch held by the examiner, at which the patient is directly looking. Normal is 4-4.5 mm.

3. Levator function (upper lid excursion)

It is measured by placing a thumb firmly against the patient's brow to negate the action of the frontalis muscle, with the eyes in down gaze. The patient then looks up as far as possible and the amount of excursion is measured with a rule. Levator function is graded as normal (15 mm or more), good (12-14 mm), fair (5-11 mm) and poor (4 mm or less).

Treatment for Neurogenic Ptosis[3]

Surgery for neurogenic ptosis seldom gives perfect results. Two techniques may be applied: (i) if the levator is not completely paralysed this muscle may be resected

(ii) if the levator is paralysed, the action of the frontalis muscle may be utilized in raising the lid.

Vartma sankocha[5]is one among 80 types of *vataja Nanamtaja vyadhi* listed by *Acharya Charaka*. Line of treatment of *vataja Nanamtaja vyadhi* includes *Snehana, Swedana, Asthapana, Anuvasana, Nasya, Abhyanga, utshadana* & *Bhojana* with drugs having *madhura, amla, lavana ras*a and *Snigdha guna* & *ushna virya.*[6]

CASE DETAILS

Patient was said to be apparently normal before 15 days. Gradually he felt that his right eye lid is not opening completely as like before. When he visited his regular doctor for general check-up, he came to know that he had a mild facial paralytic attack. He is k/c/o HTN. His doctor referred him to our SJGAMC, KOPPAL Shalakya OPD for further evaluations.

EXAMINATIONS

EXAMINATIONS	RIGHT	LEFT
FOREHEAD:-	Increased wrinkling	Normal
EYEBROWS:-	Elevation due to over action of frontalis.	Normal
EYELIDS:-	Right upper lid covers >than 2mm of cornea	Normal
PALPEBRAL FISSURE HEIGHT: -	4 mm	10mm
MRD1 :-	-1mm	4.5mm
MRD2 :-	5 mm	5.5mm
LPS FUNCTION :-	6 mm	16mm
ICE PACK TEST :-	Negative	Negative
Visual examination:		
Distant vision :-	6/24	6/9
Near vision :-	N24	N12

DIAGNOSIS: - Neurogenic ptosis by 3rd nerve palsy.

INTERVENTIONS

1. Abhyanga & *Nasya* with *Karpasasthyadi taila* for 7 days 2 sittings of same treatment on gap of 7 days.

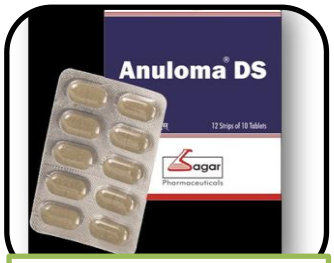
2. Panasa patra swedana for 7 days 2 sittings of same treatment on gap of 7 days.

3. Sashthika-Sali Anna Lepa for 7 days2 sittings of same treatment on gap of 7 days.

4. Tab Anuloma-Ds given him 1tab at night after food for 3 days

5. Cap Palsinuron given 2tab BD after food for 30 days.

6. The eye exercise like continuously staring at one point in extremely up gaze was also advised to do twice in a day.



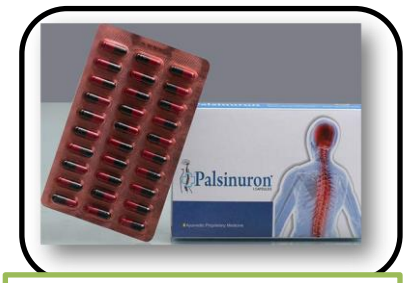
Deepana & Pachana with Tab Anuloma DS

Abhyanga with Karpasasthyadi taila

Nasya with Karpasasthyadi taila

Swedana with Panasa patra

Sashthika -sali Anna lepa



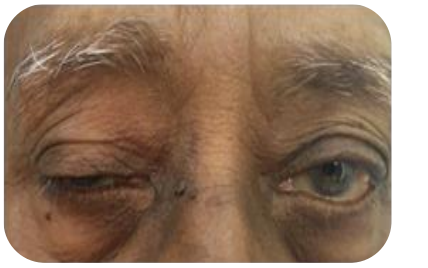
Oral medication Cap palsinuron

Purva karma	• *Mukha Abhyanga* with indirectly heated Luke warm *Karpasasthyadi taila* for 10 mins in medium pressure & circular motions. • *Swedana* with *Panasa patra*. freshly plucked 4-5 leaves of *Panasa* taken & applied little bit oil over it & heated. After that placed over the affected closed eye for 15 mins alternatively.
Pradhana karma	• *Nasya* with *Karpasasthyadi taila*. 8 drops of luke warm indirectly heated taila installed in each nostril. • *Shasthika-Sali anna lepa*. 1 tea spoon of overnight soaked *Sashthika-Sali anna* was cooked & made a smooth paste of it. Then applied over the affected closed eye in *pradeha* form.

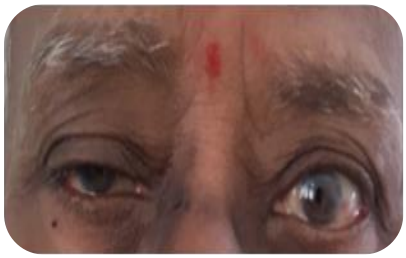
Paschat karma	• After cooling down of the *Anna lepa*, cleaned with warm water & cotton. • Luke warm water given for gargling. • *Dhoompana* given with *Dhooma Varti* made with *Haridra, Triphala, Trikatu & Karpasasthyadi tail.*

RESULTS & OBSERVATIONS

BEFORE TREATMENT	AFTER TREATMENT
Pf height – 4mm	Pf height- 6mm
Mrd I- 0	Mrd I- 2 mm
Mrd II- 4 mm	Mrd II- 4 mm
Lps function – 6mm	Lps function – 6mm



Before treatment



After treatment

Pf height before treatment

Pf height after treatment

DISCUSSION

The function of opening & closing of the eyelids is carried out by *Vyana Vayu* and the main seat of *Vyana vayu* is *Hridaya*. So, in the diseases where *Vyana vayu* is involved the functions of eye lids will also be impaired like in *Sarvanga vata*.[7] *Pranavayu*, though situated in the *Murdha*, controls the functions of the *Indriyas*. It has an indirect action on the lids also. Diseases confined to the head region in which *Pranavayu* is involved manifest signs and symptoms in eye lids also like *Ardita*. The structural stability of eye lids is maintained by *Kapha*. When *Kapha* is decreased in eye lids, *Vata* gets vitiated causing disturbance in its function.[8] *Vartma sankocha* listed by *Acharya Charaka* in *Vataja Nanamtaja Vyadhi* means unable to open the eye lid completely, which can be taken as ptosis. The line of management was planned like *Deepan & Pachan* → *Sthanika Vata shaman* → *Rasayana*.

Every disease starts from Agnimandhya & the first line of treatment should be Deepan & Pachan.

→Tab Anuloma-ds contains *Ajamoda, Jeeraka, Haritaki, Yashtimadhu, Shunthi, Saindhava lavana, Sonamukhi* does the *Deepan of Kosthagni, Vata Anulomana* & *Pachan* of *Vata* situated in *Pakvasaya*.

→*Karpasasthyadi taila*[9] components are *karpasa, Bala, Kulitha, Masa, Rasna, Punarnava and Shigru* which is *Balya* & *Vata shamaka*. *Abhyanga* with *Karpasasthyadi taila* will dose *sthanika Vata shamana* absorbed by the eye lid skin. It will reach to the orbicularis oculi & LPS muscles then the 3rd cranial nerve & also facial nerve & gives nourishment to them.

→*Nasya* with *Karpasasthyadi taila* will also strengthen & nourishes the eye lid muscles & nerves. It will be absorbed by nasal mucosa reaches to cavernous sinus which is interconnected to the trigeminal nerve ophthalmic branch, will strengthen them & dose the sthanika Vata shamana over eye lid.

→*Panasa patra* also has the *Vata shamaka* properties, so *swedana* with *Panasa patra* does the *Sthanika Vata shamana* from *Srotas*.

→*Lepa* with *Shasthika-Sali Anna* will dose the *Bruhamana karma* gives strength to the eye lid muscles & nerve fibers.

→Capsule Palsineuron containing *Mahavata Vidhvamsa Rasa, Ekangaveer rasa, Sameera Pannaga* chiefly does *Sarvanga Vata shamana, Rasayana karma.*

Vata shamaka Ahara advised to the patient to take Luke warm Go- ksheera with Go-ghreeta which has Snigdha property, as well as in vihara covering ear with ear buds eye exercise was advised. Patient was advised to avoid *Vata Vardhak Ahara* & *Vihara* like Ratrijagaran, cold breeze, cold beverages, cold water bath & head bath. After 15days of completion of treatment follow up of the patient was taken & the Palpebral fissure height was remain same as after treatment.

CONCLUSION

Ptosis can be taken as Vartma sankocha. This *Vatahara* line of management i.e. *Abhyanga* & *Nasya* with *Karpasasthyadi taila, Swedana* with *Panasa patra* & *Sashthika-Sali Anna lepa* for this neurogenic type of ptosis was effective & can avoid the surgical corrections of eye lids. In case of chronic disease history & old aged patient this line of treatment may require repeatedly.

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CORRESPONDING AUTHOR
Dr Annapurna Behera
PG Scholar, Department of Shalakya tantra
Shree Jagadguru Gavisiddeshwara Ayurvedic Medical College, Koppal Karnataka
Email: dr.annapurnabehera123@gmail.com

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