

Therapeutic Efficacy Of Vatahara Chikitsa In Ptosis (Vatahata Vartma): A Case-Based Evaluation

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Abstract

Ptosis is drooping of the upper lid to a level that covers more than 2 mm of the superior cornea, sometimes known as "lazy eye". Ptosis is generally unilateral in over 70% of individuals. This may be due to a hypoplasia or dystrophy or paralysis of the levator palpebrae superioris. It may be congenital or acquired. Depending upon the cause acquired ptosis can be neurogenic, myogenic, aponeurotic or mechanical. Ptosis may be the presenting sign or symptom of a serious neurologic disease. Regardless of the etiology, when ptosis obstructs vision, it is disabling. This condition can be either unioocular 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. The appropriate management requires recognition of the underlying cause. Depending upon the sign and symptoms, Ptosis can be compared with *Vatahata Vartma*, is a painful or painless condition of *Vartma* where in the *Vartma-Shuklagata Sandhi* is afflicted by vitiated *Vata* dosha leading to *Vimukta Sandhi* (functional deterioration of the *Vartmashuklagata Sandhi* in which palpebral fissure remains open), *Nischeshta* (lids loose the power of mobility, i.e., lid lag), *Nimilayati* (inability to close the eyelids). A 55-year-old diabetic and hypertensive female patient presenting with sign and symptoms of Ptosis (bilateral) since past 05 years, also taken Injection botox 08 times in the past, was treated with a combination of Ayurvedic oral medication and external therapies for a duration of 08 days like *Nasya*, *Shirodhara*, *Shiropichu*, *Padabhyanga* and *Shiroabhyanga*. After completion of the treatment, significant improvement was recorded.

Keywords: *Vatahata Vartma*, *Ptosis*, *Nasya*, *Shirodhara*, *Shiropichu*, *Padabhyanga*, *Shiroabhyanga*.

Introduction:

Abnormal drooping of the upper eyelid is called ptosis. Normally, upper lid covers about upper one sixth of the cornea, i.e., about 2 mm. Therefore, in ptosis it covers more than 2 mm¹. A purely mechanical ptosis may also occur due to deformity and increased weight of

the lid brought about by trachoma or tumour. An apparent drooping of the lid—pseudoptosis—may occur due to lack of support as in phthisis bulbi or anophthalmos. The condition may be unilateral or bilateral, partial or complete² and if left untreated, it can lead to complications.

Its prevalence increases among the elderly as the function of muscles of eyelids begin to deteriorate. Ptosis may be classified as Congenital and acquired.

Congenital ptosis is of two types : 1. Simple and 2. Complicated-associated with ocular motor anomalies, blepharophimosis syndrome and Marcus Gunn ptosis.

Acquired ptosis is of four types 1. Neurogenic, 2. Myogenic, 3. Aponeurotic, and 4. Mechanical³

1. Neurogenic ptosis : 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. It is caused by an innervational defects such as third nerve palsy, Horner's syndrome, Ophthalmoplegic migraine, and Multiple sclerosis⁴. Myogenic ptosis develops gradually over years and is caused by a myopathy of the levator muscle itself, or by impairment of transmission of impulses at the neuromuscular junction (neuromyopathic). Acquired myogenic ptosis occurs in myasthenia gravis, myotonic dystrophy and progressive external ophthalmoplegia⁵.
2. Aponeurotic or involutional ptosis It develops due to defects of the levator aponeurosis in the presence of a normal functioning muscle⁶.
3. Mechanical ptosis may result due to excessive weight on the upper lid as seen in patients with lid tumours, multiple chalazia and lid oedema or by scarring⁷.

Measurements for (amount) degree of ptosis

1. Margin reflex distance (MRD) Margin-

The reflex distance is the distance between the upper lid margin and the corneal reflection of a pen torch held by the examiner on which the patient fixates; the normal measurement is 4–5 mm.

2. 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 contralateral side. Ptosis may be graded as mild (up to 2 mm), moderate (3 mm) and severe (4 mm or more).

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 downgaze. 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)⁸.

Vatahataavartma is the one among the *Vartmaagata rogas* as described by different Acharyas. It is defined as painful or painless condition in which the palpebral fissure remains open, the lids lose the power of mobility and cannot be closed⁹.

Its *Nidana* (*Su. U.* 1/16-17) are as under:

1. *Aharaja- Shukti-Aranala-Amla-Kulathya-Masha Sevana*
2. *Viharaja- Ushna Abhitaptasya Jala Pravasha* (immersing in cold immediately after exposed to heat), *Dura Ikshnata* (looking at very distant objects regularly), *Swapna Viparyaya* (abnormal sleeping habits), *Abhighata* (trauma), *Maithuna* (excessive sex), *Veganigrahana* (suppression of natural urges), *Dhuma Nishevana* (excessive exposure to smoke), *Chardhi Vighatat* (suppressing the urge of vomiting), *Bhashpa Nigrahana* (suppressing tear during grief)
3. *Manasika- Kopa* (excessive anger), *Shoka* (grief), *Klesha* (stress) This article will present the Ayurvedic management of *Vatahatavartma*.

Case report:

A 55-year-old female patient reported to the *Shalakya* OPD, All India Institute of Ayurveda, Saritha Vihar, Delhi with a chief complaint of drooping of eyelids (bilateral), ocular pain and watery discharge from both eyes since last 5 years. She has taken Injection Botox 08 times in the past but after sometimes the symptoms reoccurred. The patient was known case of diabetes and hypertension since past 3 years and was on allopathic treatment for the same. No any relevant family history was reported.

Personal history revealed irregular food habits and bowel habits which are a cause for *Vata* vitiation. Her vitals were within normal limits.

On general examination there was no pallor, oedema, clubbed nails, cyanosis, icterus and lymphadenopathy.

On systemic examination there was impairment in the central nervous system.

On local examination

Head posture: Upright position without any tilt.

Facial 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.

The sclera was white in colour and covered by bulbar conjunctiva in both eyes.

On corneal examination, the size, shape, surface and transparency was normal.

Pupils round, regular and reactive to light.

Visual acuity of right eye for distant vision was 6/36 and of left eye was 6/24, and for near vision was N.12 of both eyes.

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:



Treatment Schedule – 08 days

Treatment	Medicine and dose
<i>Marsha Nasya</i>	<i>Ksheerbala Taila</i> 101
<i>Shiroabhyanga</i>	<i>Ksheerbala Taila</i> 101
<i>Shiropichu</i>	<i>Ksheerbala Taila</i> 101
<i>Padabhyanga</i>	<i>Ksheerbala Taila</i> 101
<i>Shirodhara</i>	<i>Dashmoola Kwatha</i>
<i>Sanshamanaushadhi</i>	
<i>Chitrakadi vati</i>	1 tab. BD B/F
Zandopa powder	1 tsf BD A/F
<i>Rasayana Churna vati</i>	2 tab. BD A/F
<i>Kampavatari Rasa</i>	1 tab. BD A/F

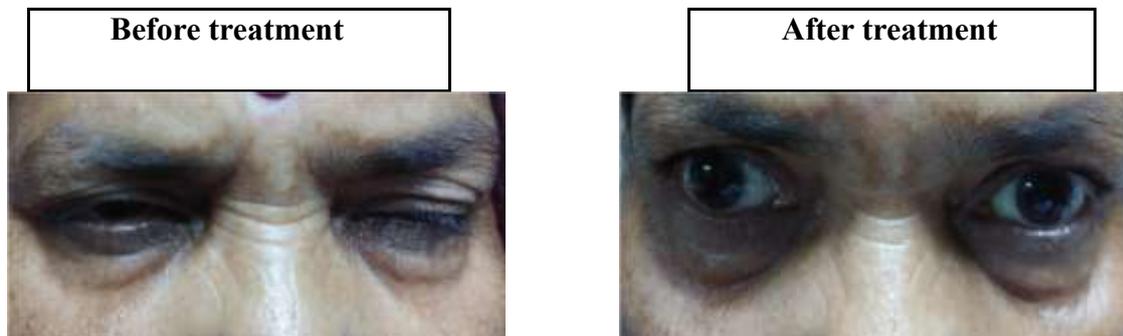
The eye exercise like continuously staring at one point in extremely up gaze was also advised to do twice in a day.

Pathya: Green leafy vegetables, *Amalaki*, *Jeevanti*, *Goghrita*, *Godugdha*, *Yusha*, *Jaangala mamsa*, *Daadima*, *Paadaabhyanaga*, *Manah shanti* etc.

Apathya: *Divashayana*, *Pravata*, *Sevana*, *Adhwa Shirasnana*, *Sheeta Ahara- Vihara*, *Urada*, *Kulattha*, *Vidhahi Anna*, *Vishtambhi Anna*, *Vallura Maansa*, *Sura* etc., Sleeping in a prone position. Consuming heavy (*Guru*), clogging (*Abhishyandi*), and *vata*-aggravating food items. Sleeping immediately after meals.

Observations:

Lakshanas	Before Treatment	After treatment
<i>Ashru Srava</i> (lacrimination)	+++	-
Ocular pain	+++	-
MRD	RE- 2 mm LE- 1 mm	RE- 4 mm LE- 4 mm



Discussion:

Ptosis is an abnormally low position of the upper lid¹⁰. It worsens when the extra ocular muscles get exhausted. *Vyana Vayu* is responsible for opening and closing the eyelids, while *Hridaya* serves as its primary seat. Therefore, just like in *Sarvanga Vata*, the functioning of the eyelids will be compromised in disorders where *Vyana Vayu* is involved. *Vartma sankocha* listed by *Acharya Charaka* in *Vataja Nanatmaja Vyadhi*¹¹ means unable to open the eye lid completely, which can be taken as ptosis. Such a state is categorised as *Asadhyavyadhi* in Ayurveda.

As it is a *Vatapradhana Vyadhi*, hence *Vatahara* line of treatment was adopted. They are *Nasya*, *Shirodhara*, *Shiropichu*, *Padabhyanga* and *Shiroabhyanga*. By these treatment modalities, there was significant reduction in cardinal symptoms. Patient was able to open the eyes without much strain.

Every disease starts from *Agnimandhya* & the first line of treatment should be *Deepana & Pachana*. *Deepana & Pachana* was done with *Chitrakadi Vati*¹² which contains *Chitrak moola*, *Pippali moola*, *Yava Kshara*, *Svarjika Kshara*, *Sauvarchala Lavana*, *Saindhava Lavana*, *Vida Lavana*, *Samudra Lavana*, *Audbhida Lavana*, *Shunthi*, *Maricha*, *Pippali*, *Hingu*, *Ajmoda*, *Chavya*, *Matulunga Swarasa*.

Deepana & Pachana was followed by nasal instillation of *Ksheerabala taila* 101¹³. *Ksheerabala taila* 101 is a preparation indicated in diseases of *Vata* origin. It contains *Balamoola*, *Taila* and *Ksheera*. The presence of these ingredients makes *Ksheerabala Taila* to pacify all the eighty chronic conditions of *Vata* origin (*Vata Nanatamaja Vikara*), nourishes and strengthens all *Dhatu* and checks *Dhatukshaya*. It acts as rejuvenator, 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. All the minute

channels which were closed which in turn incapacitated the nourishment of nerves supplying the extra ocular muscles were stimulated by this procedure.

After *Nasya*, *Shiroabhyanga* was done with *Ksheerabala taila* 101. This procedure also have the properties of *Vatashamana*, bestows comfort to the sense organs, enlivens and stoutens the body.

Shiroabhyanga was done followed by *Shirodhara* with *Dashamoola Kwatha*¹⁴. It controls, pacifies and expel the morbid *Vayu* and helps in relieving *Shirah Shoola*, *Shirah Toda* and ocular pain. Also it maintains the psychosomatic balance by improving the supply of blood and nutrition to the brain. *Apanga* and *Avarta Marmas* are related to the eye. *Shirodhara* makes a soothing impact on these *Marma's* and in return soothe the nervous system.

Following *Shirodhara*, *Shiropichu* and *Padabhyanga* were done with *Ksheerabala taila* 101. *Shiropichu* works through action on *Tarpaka Kapha*, *Sadhak Pitta* and *Prana Vayu*. Hence it improves the circulation there by correcting the brain circulation which is very important in stress. Symptoms like headache, ocular pain which are caused by extra cranial vasodilatation. The neurological symptoms which are produced by intra cranial vasoconstriction are also relieved by this procedure. It also possess *Bhrimhana*, *Balya*, *Vata Shamana*, *Medhya* properties and corrects all *Maanas vikaras*.

Padabhyanga improves eye sight, strengthens nerves, improves immunity and relieves vitiated *Vata*.

Zandopa powder contains seed powder of *Kapikacchu* (*Mucuna pruriens*). It is used in the treatment of chronic, degenerative disorder of the nervous system and strengthens immune system.

*Rasayana Churna vati*¹⁵ contains *Guduchi*, *Gokshur* and *Amalaki* in equal proportion. It is used to enhance general immunity and also possess anti-stress and adaptogenic properties. *Kampavartari Rasa*¹⁶ contains *Rasa Sindoor* and *Tamra Bhasma* in equal quantity. It possess *Vatashamaka* and *Rasayana* properties.

Conclusion:

The signs and symptoms of Ptosis can be compared with that of *Vatahata Vartma* explained by *Acharya Vagbhata* in *Ashtanga Hridaya*. It is a neuro-ophthalmologic disorder caused mainly due to the vitiation of *Vata dosha*, either *Dathu Kshaya* or *Avarana*. So the treatment focuses to maintain the normal state of *Vata dohsa* and can be adopted according to the pathogenesis and involvement of other *doshas*. The present case was diagnosed as *Vatahata Vartma*, a condition of *Vartma* wherein 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). As per Ayurveda *Vatahata Vartma* is said as *Asadhya Vyadhi*. As it is a *Vatapradhana Vyadhi*, hence *Vatahara* line of treatment like *Nasya*, *Shirodhara*, *Shiropichu*, *Padabhyanga* and *Shiroabhyanga* was adopted and symptomatic improvement was observed. Patient was able to open the eyes without much strain.

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