



Effective Role of Ayurvedic Management in Left Eye Blepharospasm and Hemifacial Spasm W.S.R. to Nimesha: A Case Study

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Article History	Abstract
Received: 06 June 2022 Revised: 15 Sept 2023 Accepted: 21 Sept 2023	<p><i>Blepharospasm is an act of involuntary blinking. In few cases, disease become chronic with symptoms of persistent blinking and the person will be able to open his eyes only with a great effort which could eventually lead to a functional blindness. Most of the times it is associated with ALO (Apraxia of lid opening). ALO is an inability to initiate voluntary eyelid opening following a period of eyelid closure. Manual lifting of the eyelid often resolves the problem and lid is able to stay open for a while there after. Botulinum toxin injections are the treatment of choice for both Blepharospasm and ALO, which is too expensive and at the same time have only a temporary improvement. In Ayurveda such condition is comparable with Nimesha which is postulated to be resultant of Vata vitiation. Vata Shamana aushadhi and beside in Netra Tarpan, Shashtika Pinda Sweda therapy of choice to treat above conditions. A single case study done at our department has shown significant improvement both in Continuous spasm of left eye, twitching of left eye (LPS) Photophobia, Stiffness in left side of face associated with heaviness around the eye after the patient was subjected to vata Shamana aushadhi.</i></p>
CC License CC-BY-NC-SA 4.0	<p>Keywords: Akshinimesha, Blepharospasm, Vata, Aushdhi, Shamana, Netra Tarpan, Shashitika Pinda Sweda</p>

1. Introduction

The eyes are our body's highly developed and most important sensory organ. Mostly our eye's structure is similar to that of camera, if the shutter of camera did not work properly then we cannot

click a perfect picture similarly if eye lids are not healthy then normal functioning of an eye cannot be carried out. This same thing happens in *Nimesha* i.e., eye lids are not working properly (Ambikadutta, 2019). *Nimesha vyadhi* is classified under the category of *vartmagat rogas*. The entire motion of the of the eyelid is controlled by vyana vayu and the vartma is a muscular and vascular structure that suggests predominance of *pitta* and *kapha dosha* as well as pruthvi and vayu mahabhootas (Santhakumari, 2009). Acharya Sushruta discussed about the samprapti of vartmagat roga as a result of nidana sevana vata dosha becoming worse, it reaches the nimesani sira which was located in Netra sandhi amplifying the motion of the eyelid (Ambikadutta, 2019). In terms of modern medicine, it can be linked to involuntary blinking of the eyelids. Skin, subcutaneous areolar tissue, and a layer of striated muscle, including the orbicularis and levator palpebrae superioris muscles (present in the upper eyelid only), make up the eyelid. The levator palpebral superioris muscle raises the upper lid and maintains the position of the upper eyelid in addition to the orbicularis muscle, which closes the eyelid and is supplied by the zygomatic branch of the facial nerve. The oculomotor nerve is responsible for the levator palpebral superioris action (Khurana, 2022). A single case study was conducting in the OPD of *Shalaky Tantra* Dr.D.Y.Patil Ayurveda Hospital Pune. The patient's complaint was an uncontrollable, continuous blinking of his left eyelid along with other complaints of discomfort with daily activities. *Nimesha vyadhi* is classified as an *Asadhya vyadh* (Ambikadutta, 2019) i.e., impossible to cure. However, disease can never develop without the vitiation of dosha and Dushya. Therefore, a doctor should use his skills and experience to determine the dosha dushya sammurchhana and basic samprapti to treat the disease (Ambikadutta, 2019). In this current case study, the patient age is 54 years. So there is expulsion of vata dosha in old age so first importance should be given to dosha i.e. *Vata*. Therefore, considering above treatment of the disease was given *Ekgangaveer Rasa, Vata vidhamsa rasa, Dhandnayanadi kashayam* with kriya *kalph*. (Santhakumari, 2009) Thus; an attempt was made for the successful treatment of *Nimesha vyadhi*.

Aims

To evaluate the effectiveness of the most straightforward and affordable treatment and the *netra tarpan, pinda sweda* technique in blepharospasm.

Objectives

To understand the involuntary blinking with respect to the *Nimesha vyadhi* as described in *Ayurvedic* classics.

To treat the *nimesha vyadhi* with *ayurvedic* treatment.

2. Materials And Methods

Case Report: A male patient 54 years come to OPD of *Shalaky Tantra*, Dr.D.Y.Patil College of *Ayurved* and Research Center Pimpri, Pune with the chief complaints of *Chalayati vartmani* (Ambikadutta, 2019). (Continuous spasm) of left eye, twitching of left eye, Photophobia, stiffness in left side of face associated with heaviness around the eye. Loss of grip of right hand, occasionally since last 6 month.

Associated complaints

- Continuous spasm of left eye
- Twitching of left eye (LPS)
- Photophobia
- Stiffness in left side of face associated with heaviness around the eye.

History of Present illness: Evidently, the patient was healthy before six months. He began to experience discomfort in his daily tasks as a result of his left eyelid's constant twitching. Initially it appeared occasionally with little abnormal blinking. While speech patient felt stretch in left side of mouth.

Past history

- No past history such as Hypertension, Diabetic mellitus and any systemic illness were found.
- Surgical history-Left ear Tympanoplasty
- Medical history-Tab Atrest 12.5

On examination

Right eyelid has normal blink (12-16/min) but left eye lid has involuntary frequent blinking of eyelid (25-35/min) stretching of left side of mouth while speaking.

Ocular examination

On torch light examination both eyes cornea was clear, anterior chamber normal, pupils normal in size and reactive. On slit lamp examination both eye mild nasal interpalpebral conjunctival staining with fluorescein and TBUT (Tear break up time) done. IOP is done with the help of tonometry which is 17.7 mm Hg.

Visual examination

Distant visual acuity was right eye 6/6 with strain and left eye 6/12. Pin hole improvement in each eye was 6/6. Best corrected visual acuity in both eye 6/6.

Clinical diagnosis

The diagnosis of Left eye blepharospasm and hemifacial spasm is clinical and it's made by after history taking and physical or ocular examination.

Clinical Examination

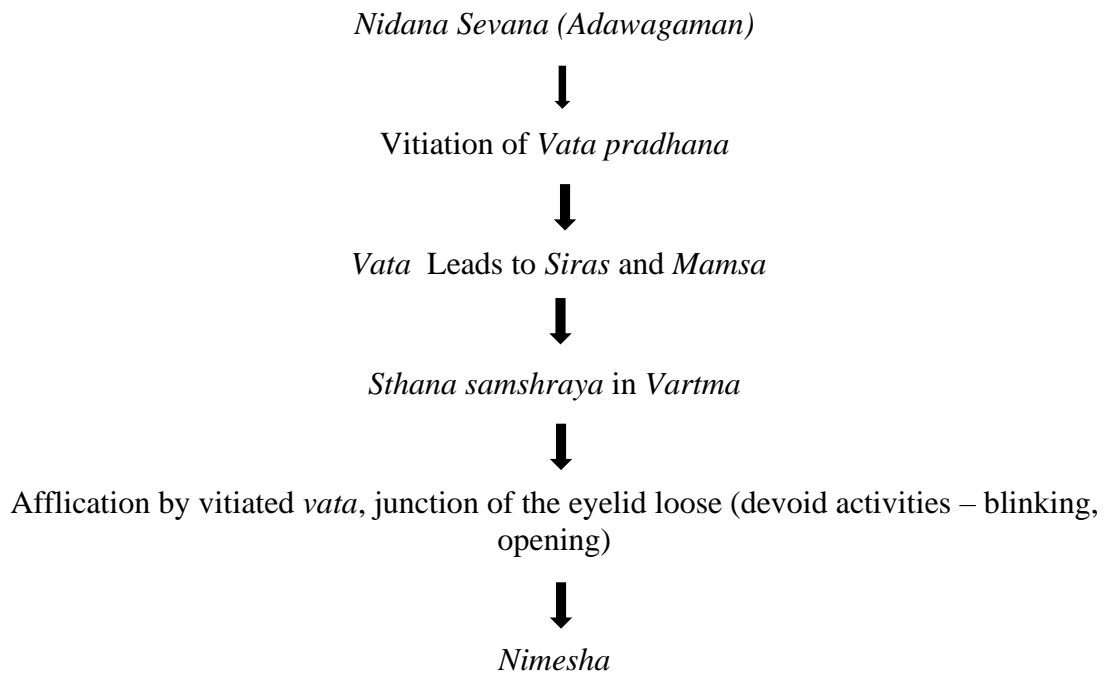
Table 1: Personal History

Name-XY	Bala – Madhyama	Prakriti – Kapha Vata
Age – 54 years	Marital status – Married	BP – 120/80 mm of Hg
Sex-Male	Addiction – None	Weight – 75Kg
Occupation – Auto Driver	Bowel Habit –Irregular	<i>Koshtha – Madhyam</i>
Sleep – Disturb	Appetite- Lost	Height – 156 cm

Table 2: Ashta Vidha Pariksha

Mala – Malavshmbha	Sabda – Irregular
<i>Mutra – Regular</i>	<i>Sparsh – Ushna</i>
<i>Jeeva – Saam</i>	<i>Drunk – Normal</i>
<i>Nadi – 90/ minute</i>	<i>Akriti – Madhyam</i>

Samprapti



Diagnostic assessments

Table 3.

Grade	Spasm severity	Levator Muscle function	Eye blinking rate per minute
0	No Spasm	Normal	15-20
1	Mild Spasm at stimulation only	Good	21-25
2	Moderate Visible spasm without impairment of life	Fair	26-30
3	Severe Visible spasm with impairment of life	Poor	31-35

Table 4

Grade	Photophobia	Stiffness in left side
0	Absent	Absent
1	Present	Present

(Table 3 and 4 both include in Assessment Criteria)

Therapeutic intervention

Table 5: Ayurvedic Medications given to the patient

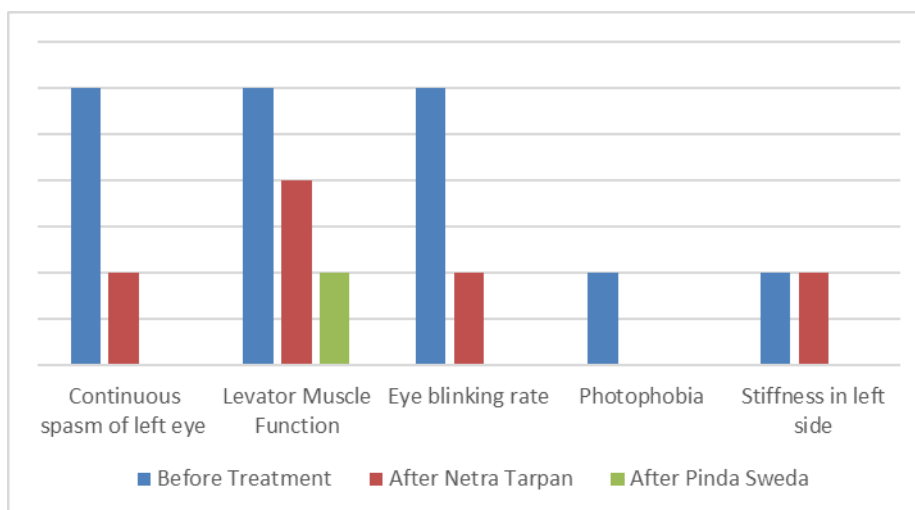
Medicine	Dose	Anupana
<i>Ekangaveer Rasa</i> 125mg	1 Tab BD	Luke warm water
<i>Vatavidhamsa rasa vati</i> 250mg	1 Tab BD	Luke warm water
<i>Dhandnayanadi kashayam</i>	3 Tsp. BD	Half cup Luke warm water

Administration of *netra tarpan* with *triphala ghrita* both the eyes for 100 *Matrakalas* (Ambikadutta, 2019) for 7 consecutive days is given. After seven days *shalisasti pinda sweda* (*Niraagni sweda-Mridu sweda*) (Satya, 2003) done for next 7 days. The patient was kept in supine position. A medicated gritham is gently applied over the lid and mild fomentation is given. A ridge is made around the eye to a height of 2-3 inches. The patient is asked to close the lids and the medicine should be filled up to the tip of eye lashes. After that the eyes are opened and closed intermittently. After 7 days *shashtika pinda swedh* was applied. A sterile cotton swab was used to wipe the eyes and the entire face (Santhakumari, 2009). *Mrudu Abhayanga* (light massage) and *Swedana* (light sudation) were applied to the patient's face to promote relaxation and increased vascular permeability of the surrounding region.

3. Results and Discussion

Table: 6 Showing difference in the symptoms before and after *netra Tarpan* and *Pinda swedh*

Sr.No.	Assessment Criteria	Before Treatment	After NetraTarpan	After Pinda Swedh
1	Continuous spasm of left eye	3	1	0
2	Levator Muscle function	3	2	1
3	Eye blinking rate	3	1	0
4	Photophobia	1	0	0
5	Stiffness in left side	1	1	0



Graph 1: Showing relief before and after the *Netra Tarpan*, *Pinda swedh*

Table 7: Showing difference in the symptoms before and after Treatment

Symptoms	Before Treatment	After Treatment
Continuous spasm of left eye	3	0
Levator Muscle function	3	0
Blinking rate	3	0
Photophobia	1	0
Stiffness in left side	1	0

The patient was asked to return for a follow up visit after a month, and it was noted that there was no urgency in the condition. The case was successfully treated without any complications.

The purpose of this case study is to better understand *Nimesha vyadhi*, a condition that has been mentioned in ancient *ayurvedic* texts. As well as potential treatments. However *Nimesha* is cureless disease but in (Tripathi, 2009; Sharma, 2010) have supported *Ekangveer rasa*, *Vatavidhwansa rasa vati*, *Dhanadanayandi kashayam* are veritably important useful to subside *Nimesha* because¹⁰ *Ekangveer rasa* have *Brihmana* and *Rasayana* effects (Dhiman, 2013). *Vata vidhwansa rasa* has anti-inflammatory and analgesic effects and *Dhanadanayandi kashyam* has *Brihmana* and *rasayana* effects. All of these oral medications have *vata shamana guna*, which means that they all have an effect on the nerve that causes abnormal eyelid movement because *ChalaGuna* of *dushti vata dosha* is *shaman* by all of these medications. The patient was given *Netra Tarpan* and *Shashtika Pindi swedh*, which also have a *vata shamana* effect and its anti-inflammatory effects and reduce the spasm of the eye muscle. They also nourish the nerves (Satya, 2003; Ambikadutta, 2019). All of these treatments work together to accelerate the progression of disease and have certain good effects that not only help to treat the illness but also renew the sensory system.

Mode Of Action

Sr.no	Ayurvedic medicine	Mode of action
1	<i>Ekangveer rasa</i>	Ability to pacifying vitiated <i>Vata dosha</i> (it is having <i>Madhura rasa</i> , <i>snigdha guna</i> , <i>ushna veerya</i> and <i>Madurai vipaka</i>). It also pacifying vitiated <i>Kapha dosha</i> by <i>tikta</i> , <i>kit</i> , <i>kashaya rasa</i> , <i>laghu</i> , <i>rukshna guna</i> , <i>Ushna veerya</i> and <i>katuvipaka</i> . <i>Anti- inflammatory action</i> <i>Atyanta tikshna</i> -strong <i>Bruhmana</i> -nourishing. <i>Rasayana</i> -anti aging, rejuvenative Balance- <i>vata kapha dosha</i> (<i>Bhaisajyaratnavali Udar-rogaadhikar</i>)
2	<i>Vata vidhamsa rasa</i>	Balance- <i>vata Pitta dosha</i> <i>Virechana</i> -Purgation <i>Shothahara</i> - <i>Anti-inflammatory</i> <i>Sula Parsamna</i> - Pain relievers <i>Vata vaha nadi balya</i>

(Yogaratanakar Vatavyadhi Chikitsa)

3

Dhanadanyanadi
kashayam

Vatakaphahara, Nervine tonic
(Sahasrayoga kashaya prakarana)

4. Conclusion

Acharya Sushruta considered *vata vyadhi* i.e., *Nimesha* that was more typical in old age and even today. In the current case study, *nimesha* was treated using the *Netra tarpan* and *pinda swedh* which is formally known as *vatashamak pradhana karma* in *ayurvedic* classical texts. After following medications i.e. *Ekangaveer Rasa*, *Vata vidhamsa rasa* and *Dhandnayanadi kasayam* were used to relieve the symptoms of *nimesha* (continuous uncontrollable eyelids blinking). The medication used here has effects similar to *vatashamak*, *rasayana*, and *balya*. By following the above-mentioned treatment protocol, which is outlined in *Ayurvedic Classical* texts. A local treatment removes the vitiated *doshas* and sensory organs are nourished as a result, and in patients of *nimesha*, the majority of symptoms are ultimately completely cured.

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