

Management of Vatahata vartma (PTOSIS) with Shamana Aushadhi, local Kriyakalpa remedies and Agnikarma. (Case study)

Dr.Sarwade Swati V.

Dr.Chintamani Shraddha B.

PMT's Ayurved College, Shevgaon

Dr.Meshram Shital R.

Dr.Rajendra Gode Ayurved College & Hospital, Amravati

Abstract –

A 36 yrs old female complaining of changes in the appearance of her eyelids (both eyes) since 1 month with itching, watering, photophobia, visual disturbances and headache along with modern treatment comes in a OPD of Shalakyatantra PMTs ayurved college, shevgaon.

She was diagnosed as vatahata vartma (ptosis) through thorough case history and examination.

Key words – vatahata vartma (ptosis) ,Agnikarma ,triphla ghrita.

Introduction –

Above case of ptosis is unique due to early age presence and excessive use of devices because it is a part of her duty. Patients main concern is about changes in appearance of her eyelids along with itching, watering, photophobia, visual disturbances and headache.

According to ayurveda the above clinical condition is of vatahata vartma in which there are improper movements of eyelids with or without pain and it is due to deranged vata doasha .This clinical condition is compared with ptosis which refers to drooping of upper eyelids in which LPS (Levator palabrae superioris) and MM (Mullers muscle) are not functioning properly it can results in droopy and ptotic eyelids which is having 4 types namely aponeurotic, myogenic ,neurogenic ,mechanical.

Treated with snehapana , netra sthanik swedana ,tarpana ,agnikarma, vatashamaka gutika and decoctions. Patient shows improvement in the symptoms after 2 months regular followup. The study needs to be further continued with larger samples to generalize results.

Pathology-

- 1.Ptosis is occurred with age related changes in muscles and nerves in eyelid.
2. Damage to oculomotor nerve or sympathetic nerves
3. Trauma to eyelid or head injury
4. Myasthenia gravis and autoimmune disease can cause ptosis.
5. Cyst or scaring of conjunctiva can restrict the eyelid movements.

Clinical features-

Ptosis is a condition where the upper eyelid droops which can affect one or both eyes.Drooping eyelids, Tilting the head back, Raising eyebrows, Eyefatigue, Decreased vision, Change in eyelid appearance,Absence of upper eyelid crease (in congenital ptosis), Affected papillary function(anisocoria) due to third Nerve palsy, Facial asymmetry, Abnormal blinking along with association of watering, itching, photophobia & headache.

Case study and Treatment-

A 36 Yrs female complaining of changes in the appearance of eyelids (both eyes) since 1 month with itching, watering ,photophobia,

visual disturbances and headache along with modern treatment local steroid eye drops and tear supplements & also advised it may require surgery in future comes in a OPD of Shalakyatantra PMTs ayurved college, shevgoan.

So above case is taken for ayurved treatment & diagnosed as Vatahata vartma occurred due to deranged vatadosha

Local eye examination –

1) Palpebral fissure height (PFH)

Average PFH is around 10mm

In above study

Rt. Eye Vertical fissure height- 6mm

Lt. Eye Vertical fissure height- 5mm

2) Margin Reflex Distance test (MRD)

Measures the distance between the light reflex on cornea and upper eyelid margin

Rt. Eye MRD- 2mm droop (Mild ptosis)

Lt. Eye MRD- 3mm droop (Moderate ptosis)

3) Levator palpebral superior action (LPSA)

Burke's method

Amount of upper lid excursion	Grade of severity
15mm	Normal
8mm or more	Good
5-7mm	Fair
4mm or less	Poor

In above case study LPSA was 9mm

Rest eye and systemic examination – WNL

Treatment given for 2 months -

1. Triphala ghritapana-20ml daily at night with koshnajala 7 days
2. Eranda patra pottali sweda 7 days
3. Panchendriyavardhan taila nasya 7 days
4. Triphala ghruta Tarpana 7 days
5. Agnikarma Lalat, Bhurpuccha(Apang) pradeshi with lohashalaka once in week.

6. Dashmoolarishta 20ml BD with koshnajala 15 days

7. Ekangveer rasa 150mg 1 BD with koshnajala 15 days.

Treatment 1-5 repeated after 15 days break.

Treatment 6-7 repeated after 15 days break.

Drugs-

1) Triphala ghrita- Balya, Santarpana, Vatashamaka, Netrahitkara.

2) Eranada patra pottali- Shothagna, Vatashamaka.

3) Panchendriyavardhan taila-It relieves eye strain & fatigue, improves sensory function.

4) Dashmoolarishta & Ekangveer rasa- Rasayan medicine used in vatavikara, including paralysis and loss of muscle function.

Conclusion-

- Patient get complete relief from all symptoms in 2 months.
- No recurrence during follow up of 6 months.
- Further study must be done to observe result and evaluation need larger sample.

Discussion –

Ptosis shows its congenital and acquired appearance having treatment nonsurgical with steroids and local eye drops, surgical treatment like mullars muscle resection and frontalis sling operation of LPS in modern science. But there is no preventive aspect so according to ayurveda it was taken as vatahata vartma and treated with above prscription patient get complete relief from all symptoms in 2 months.

In this case as ptosis occurred due to excess use of electronic gadgets & early age occurrence may overcome from symptoms so ayurved treatment is the best option to treat ptosis.

This treatment is best alternative to steroidal eye drop.

Recurrence and disease progression may be studied with larger sample which is helpful to avoid surgery.

References

- 1) Sushruta Samhita by Acharya Sushruta. Varanasi. Chaukhamba Sanskrit Sansthan; Ed 1998 Dr. Shastri A.
- 2) Charaka Samhita Part – II Vaidyamanorama Hindi Chaukhamba Sanskrit Pratishthan Delhi Commentary by Ravi Dutta Tripathi.
- 3) Netrarog vigyan. Anand prakashan; ed 2nd Dr vidhvansa N Agnikarma & viddhakarma chikitsa. Pune. Vaidyamitra publications; ed 2006 Vd. Gogate R.B
- 4) Comprehensive ophthalmology. Delhi. New age publications; ed-5th Dr. Khurana A.K.

