

An Ayurvedic management of *Vatahatvartma* with special respect to lagophthalmos – A case report

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ABSTRACT:

Lagophthalmos is the condition of inadequate closure of the eyelids, resulting in exposure of the eye. In ayurved, *Vatahatvartma* is correlated with *lagophthalmos* because of its same clinical features. It is *vatjanya asadhya netarog*. Due to vitiated *vayu*, the mobility of eyelid stopped and *sandhis* of *vartma* get dislocated and damaged.

In this, A 56 year old female patient having inability to close the eyelid since 15 days. This happened due to facial nerve paralysis. This patient have lagophthalmos if it is untreated, it may leads to exposure keratitis. This study aimed at ayurvedic management of *vatahatvartma* because of its *vataj* condition and treatment mainly depend on the vitiated *vata* to improve the movement of eyelids. So, she treated and getting relief on ayurvedic medicine like *Netrabhyanga*, *mukhabhyanga*, *senhan*,

swedan, *netratrapan* and *nasya*. Although it is *asadhya vyadhi*, Patient treated with ayurvedically and get relief from inability to close eyelids.

KEYWORDS: *Vatahatvartma*, Lagophthalmos, Facial palsy

INTRODUCTION:

The disease is *vatahatavartma* described under *Vartmagat netra rog* in ayurved in which inability to close eyelid completely and voluntarily and dominant dosha is *vata*. According to Sushruta, *ushnabhitaptsya jalapraveshat*, *nidan sevan* leads to *prokopa* of *vata*(*vyana vata*)situated in body and aggravated leads to the disease “*Vimukta sansdhi nicestam*(Dislocation of *sandhi* leads to) *vartma yasya na milyate* (inability to close eyelid), *sarujam va arjuam* (with painful or without painful condition, *sandhis nicesta* (the *sandhi* of *vartma* like

suklavartmagat sandhis, kaninika and apanga sandhi). Acharya *Sushruta* explained *Nasya, Akshitarpana, Vamana, siravedhana, Netra abhyanga, mukh abhyanga*. and Acharya Charak explained the *Nasya, Nadiswedan, upanaha, Shirobasti*. This study is conducted to see effective ayurvedic management and 100% get relief from the symptoms of *vatahataavartma* (lagophthalmos).

Eyelid is the mobile tissue curtain placed in front of the eyeballs which acts as shutters protecting the eyes from injuries and excessive light. This also performs the important function of spreading of tear film over cornea and conjunctiva and helps in drainage of tears by lacrimal pump system. The orbicularis oculi muscle in eyelid originated in frontal process of maxilla and lacrimal bone, its insertion in lateral palpebral raphe, nerve supply is facial nerve, function of orbicularis muscle is to close the eyelids, Palsy is lagophthalmos. A full eyelid closure with a normal blink reflex is necessary for maintenance of a stable tear film and healthy ocular surface. But idiopathic, acute onset of unilateral facial nerve palsy is the most common cause of lagophthalmos which may lead to paralytic lagophthalmos. There are many aetiologies associated with facial nerve paralysis, hence a detailed history and work up are necessary to determine treatment of underlying cause. There are ocular symptoms and signs of lagophthalmos including inability to close the eyelid, dryness of eyes, redness of eyes, burning sensation in eyes afterwards it may lead to exposure keratitis, evaporation of tear film and

subsequent exposure keratopathy. There are two types of lagophthalmos. One is cicatrized lagophthalmos and another is nocturnal lagophthalmos. The cicatrized lagophthalmos is due to scarring of eyelids. The upper eyelid and lower eyelid consist of seven structures. From anteriorly, there are skin and subcutaneous tissue, orbicularis muscle, orbital septum, orbital fat, retraction muscles, Injury to any of these tissues can cause incomplete eyelid closure. And nocturnal lagophthalmos occurs during sleep.^[1, 2, 3]

Bells Palsy is paralysis of facial nerve which is responsible for up to 80 % cases. It is an acute, unilateral facial nerve palsy that resolves spontaneously over time. There is no cause. however, it may have an association of viral infection. Symptoms experienced can include ear ache, hyperacusis, deafness, taste alteration, paraesthesia of mouth, fortunately, there is excellent prognosis, with up to 84% of patients recovering. Orbicularis muscle paralysis will lead to the unopposed action of levator. For lower eyelid, this will cause loss of tone, which will result in a scleral show and progressive ectropion. Epiphora occurs due to lacrimal pump malfunction and increased reflex lacrimal secretion secondary to come. Conservative treatment for lagophthalmos is artificial tear drop at a day time and antibiotic ointment at night are required to prevent corneal drying. Adhesive tapes for closure of eyelids.^[3]

AIMS AND OBJECTIVE OF STUDY:

The aim of study is to evaluate the therapeutic efficacy of ayurvedic treatment for getting relief from the

disease which is very effective and easily available, prepare with minimal side effect.

MATERIALS AND RESULT:

CONSENT: Informed consent was taken prior to case study.

CASE REPORT: A 56 year old female patient residing in Kamathee, Nagpur district visited shalakyatantra opd of government ayurved college and hospital on dated 18/11/2024 with complaining inability to close eyelid, deviation of mouth towards right side, dryness of eyes, watering of eye, burning sensation in eyes. She had no history of trauma or head injury, any convulsion attacks, cough, cold, fever, vomiting. She is known case of DM (2015), Dyslipidaemia, Peripheral neuropathy, anxiety, cor-angio (2016) is normal. She is taken antihypertensive, antidiabetic, medication for disease DM, Hypertension. She taken medication cortico steroid drug tab Omnacortil 10 mg 1 BD for 10 days, tab Neurobion Alfa D, tab Rantac 1 OD for Bells palsy. On general examination, there was no pallor, icterus, lymphadenopathy, her vitals are in normal limits. On CNS examination, there was no significant abnormality seen. Only Mucosal thickening noted in right maxillary sinus with hyper dense component within suggestive of chronic sinusitis are seen on CT- Brain.

INVESTIGATION:

Routine haematological and urine investigation were carried out and findings are as follow: HB- 12.9, TLC- 6,900cu.mm,ESR – 31mm/hr, Platelet

count -2.86 lacs/cu mm, SGOT- 22.9, SGPT- 22.8, Bilirubin- 0.28, Blood urea – 16.9, Serum Creatinine – 0.63, Cholesterol – 224 mg/dl, Triglyceride – 264.7 mg/dl, HDL -48.1mg/ dl, LDL- - mg/dl., urine exam- Albumin – nil, Sugar – 2%.

OPHTHALMIC EXAMINATION:

Head posture was normal with head placed in straight and erect posture. Facial symmetry, Eyebrows are slightly gray in coloured, Right eye- Eyelids, complete blink, no eyelid malposition, lacrimal apparatus is normal, Lacrimal sac has no swelling and any, conjunctival examination- no congestion, Corneal examination- slightly drying, corneal sensitivity test is normal, Scleral examination is normal, Iris examination is normal, Lens examination is IMSC, Visual acuity test in right eye is 6/24 and Pinhole is 6/12p. Left eye- visual acuity in left eye is 6/24p, pin hole is 6/18p.loss of forehead, less amount of wrinkle on forehead and eyelid movement, drooping of eyelid, flattened of nasolabial fold, incomplete blink, difficult to close eyelid, exophthalmos, In corneal examination, cornea is drying, In conjunctival examination, conjunctiva is drying, sclera examination is normal, iris is normal, lens examination is IMSC.

Local Examination

Degree of Bells phenomenon - Wrinkled forehead, Raise eyebrows, hare her teeth and open her mouth, Blowing out cheeks, pursuing the lips- strength and weakness, lacrimation from eyes

Show the teeth, Open the mouth, compare the nasolabial fold,

Degree of lagophthalmos for checking the space between upper and lower eyelid- Close the eyes, Cranial nerve examination

1. Olfactory nerve (s)- smell – normal ,Optic nerve(m) – Acuity of vision 6/24 on right side and 6/24p on left side.

Field of vision- normal, Colour vision- normal, Oculomotor (m) Movement of eyeball Inward- Normal and outward – Normal, Rotatory movements towards nose and away from nose- Normal Diplopia, squint, Ptosis, Nystagmus, Pupil – Normal, Trochlear Nerve(m) upward movement- Normal, Trigeminal nerve(mx) Clenching of teeth – Absent ,Sensation of face on right side – normal and on left side –mildly absent, Power of taste of anterior 2/3 rd of tongue – loss of taste, Abducent nerve (m)- lateral movement of eyeball- Normal, Facial nerve (mx)- Facial expression on right

RESULT: Abhyantar Chikitsa^[4]

side and loss on left side, Nasolabial fold – Abnormal or flattened on left side and normal on right side, Furrow of brow – normal on right side and abnormal on left side, Eye is open normal on right side and fully open on left side due to inability to blink and fully shut eye, Closure of eye – complete on right side and incomplete on left side, difficult whistling affected on left side, While smiling shows uneven on affected left side. Food particle collect between teeth and gum on affected side, Saliva drooling on right side and escape on left side, Air escape when mouth blowing – escapes from left side

Abnormal facial movement- yes on left side, Auditory Nerve- Normal on right side and pain behind the ear on left side

DIAGNOSIS- This is case of *vatahatvartma* with respect to lagophthalmos.

Name of Drug	Dose	Mechanism of action
1. <i>Agnitundi Ras</i>	1 BD for 1 month	<i>Amapachak</i>
2. <i>Anandbhairav Ras</i>	1 BD for 1 month	<i>Jwarghna</i>
3. <i>Ekangvir Ras</i>	1 BD for 1 month	<i>Analgesic,Antioxidant property,vatanashak property</i>
4. <i>Saptramrut loha with honey</i>	2BD for 1 month	<i>Chakshusya, Drushtiprasadak property</i>
5. <i>Trayodashang Guggul with kosha jal</i>	2 BD for 1 month	<i>Vatahar property</i>

B. Sthanik Chikitsa

Procedure	Method of application	Treatment Duration
1. Netra abhyanga	Local massage of netra	Once in a day for 15 days
2. Mukh abhyanga	Facial massage	Once in a day for 15 days
3. Snehan	Oleation	Once in a day for 15 days
4. <i>Swedan – Pindi swedan kukutand</i>	<i>Suddation</i>	Once in day for 15 days
5. <i>Bruhan Nasya –</i>	Instillation of nasal drop	Once in a day 2 drop for 15

<i>Anutail nasya</i>		days
6. <i>Netra tarpan</i> – <i>Triphala ghruta</i>	Pouring of medicated <i>ghrut</i> into <i>netra</i>	Once in a day for <i>samak lakshan</i>
7. <i>Yog basti</i> – <i>Erandmuladi Niruh-70ml</i> <i>Sahachardi tail- Anuvasan basti-</i>		Once in a day for 2 months

RESULT:

Before Treatment, Patient is unable to close eyelid. But after 7 days, there is significant improvement seen. After 1st follow up , there is relief from disease.

(Images may available from author)

DISCUSSION – Lagophthalmos is inability to voluntarily close the eyelids. This condition arise from paralysis of seventh nerve, marked proptosis, cicatricial contraction of lids in patient. Commonly the reason behind that facial nerve palsy (Bell palsy) affecting the facial nerve which control orbicularis oculi muscle, which present around the eyeball. Trauma, stroke, or can be surgically removal of certain types of tumours in close proximity to facial nerve injury. The nerve injury is complete or incomplete and upper motor neuron (UMN) or lower motor neuron (LMN). The UMN Lesions is occurred when upper 3rd of face is spared, LMN is occurred when weakness or paralysis of entire face.

Typical findings in peripheral nerve palsy are 1. At rest – less amount of wrinkles are on affected side, eyebrow droop, flattened nasolabial folds and deviation of mouth. On examination – inability to close the eyelid, inability to wrinkle forehead, raise eyebrows, show teeth, eye closure. Prognosis for bells

palsy is generally good, with most patients (85- 90%) recovering completely within 1month. The remaining 15 % will not resolve but show sign of recovery for 3-6 months. Within recovery period, facial weakness, spasms and synkinesis. When orbicularis oculi muscles become paralysed , blinking mechanism disturbed, not function properly ,eye become dry, irritation in eyes, Prolonged dryness of eye leads to partial or complete vision loss, conjunctival xerosis, exposure keratitis are complication of lagophthalmos.

Samprapti of *vatahatvartma* (lagophthalmos) is when vitiated vata dosha take sthansanshrya at netrasandhi part leads to *vimuktasandhinicesta* (loss of integral function of eyelids), *Nameeliyate*(unable to close eyelid), it may lead be *savedana* and *avedana*. So, treatment of *vatahatvartma* as a *vatahar* and *bruhan chikitsa*.

In this *Bruhan nasya* is prime important line of management in *urdhvajatrugat roga* which mentioned by *Vaghabhata*. *Nasa hi shirsodwaram* and to alleviate vata dosha. *Anutail nasya* is used which has *bruhan vatahar* property to reduce symptoms of *vata* disease. [5]

Swedan by *pindi swedan* - *Kukutand swedan* which has *vatahar* property and *bhruhan* property.

Netratarpan – helps to improve movement of eyelid to prevent exposure of keratitis. *Ghruta* used in *tarpana* is *snigdha*, *madhur* *gunayaukta*, *anilpittahar* property. [6]

CONCLUSION: *Lagophthalmos* is characterised by inability to voluntarily close the eyelids. *Vatahatvartma* is correlated with lagophthalmos which is *vartmasandhigat roga*. The lesion due to bells palsy (Lower motor neuron lesion). Acharya *Sushruta* mentioned that dominant dosha is vata and clinical features are same as that of lagophthalmos. So, to improve movement of eyelids, the line of treatment were olations, sudation, *nasya*, *tarpan* are vatahar. Patient got satisfactory relief and good result by ayurvedic treatment.

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Conflict of Interest: Non

Source of funding: Nil

Cite this article:

An Ayurvedic management of Vatahatvartma with special respect to lagophthalmos – A case report
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Ayurline: International Journal of Research In Indian Medicine 2025; 9(4):01- 06