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VATAHATA VARTMA (PTOSIS) AYURVEDIC MANAGEMENT: A CASE STUDY

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ABSTRACT
Vatahata vartma is a vataja vartmagata roga where there is drooping of the eyelids. Ptosis is an abnormal low position of the upper lid; it may be congenital or acquired. The condition can be either uniocular or binocular.
The present article discusses a case of Vatahata vartma (uniocular involutional ptosis) where a male patient of 59 years visited opd with complaints of drooping of left upper eyelid associated with double vision of near objects since 1 month. Initially the patient was treated with amapachana chikitsa followed by bruhmana and vata shamana chikitsa along with eye exercise of ocular muscles. After 2 weeks of treatment there was improvement in the grade of ptosis. Eventhough acharya explained the disease as asadhya in nature; conservative management can be done using ayurvedic principles in particular types of ptosis.This case study helps in exploring the effective management of vatahata vartma(involutional ptosis) by applying vatahara treatment principles.
KEYWORDS: *vatahata vartma,involutional ptosis,vatahara chikitsa*

INTRODUCTION

Eyes are the most important sense organs. Among the organs of the head, being the most vital sense organs, the eye attains the supreme significance. Eyelid is a thin fold of skin that covers and protects the eye. The lid which will be drooping down,detached from its joint ,without movement and which is weak can be considered as *vatahata vartma*. *Acharya* has explained the disease as *asadhya* vyadhi.(1)The word ptosis is derived from Greek and it means falling downwards or drooping of any organ.(2)Abnormal drooping of the upper eyelid is called Ptosis ie, when upper eye lid covers more than 1/6th (more than 2mm) can be taken as ptosis.(3)
Basically it is of 2 types: congenital and acquired.
Acquired is again of 4 types:-

Neurogenic ptosis is caused by an innervational defect such as third nerve paresis and Horner syndrome.
Myogenic ptosis 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 ophthalmoplegia .
Aponeurotic or involutional ptosis is caused by a defect in the levator aponeurosis.
Mechanical ptosis is caused by the gravitational effect of a mass or by scarring.(4)
Involutional (aponeurotic) ptosis is an age-related condition caused by dehiscence, disinsertion or stretching of the levator aponeurosis, limiting the transmission of force from a normal levator muscle to the upper lid. Treatment options include levator

resection, advancement with reinsertion or anterior levator repair.[5]

CONSENT

All authors declare that written consent was obtained from the patients for publication of this research work.

ETHICAL APPROVAL

All authors hereby declare that all experiments have been examined and approved by the Institutional ethics committee and have therefore been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki.

CASE REPORT

A 59 year old male patient, native of Hassan visited the OPD of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital Hassan on 29th Januvary 2019. He presented with complaints of drooping of left upper eyelid since last 1 month. The complaints began with pain in b/l lower limbs, numbness of left hand when exposed to cold and mild drooping of left upper eyelid associated with double vision. He consulted at our Ayurveda Hospital for the same complaints and was adviced to get admitted.

There was no history of diabetes mellitus and hypertension. Dietary history revealed more of dry food and irregular food habits which are a cause for vata vitiation. His vitals were within normal limits. On general examination there was no pallor, edema, clubbed nails, cyanosis, icterus and lymphadenopathy. On systemic examination all were under physiological parameters.

On local examination

Head posture: was kept in straight, erect position without any tilt.

Facial symmetry: both eyebrows were at the same level. The deviation of the angle of mouth was normal.

Ocular posture: visual axes of two eyes were parallel to each other in primary position and were maintained in all position of gaze.

The visual acuity before treatments of both eyes were 6/9, of right eye was 6/12 before treatment which changed to 6/9 after treatment. In the left eye 6/12 was observed before and after treatment.

The eyebrows were placed on either side of the face above eyelids, curved with their convexity upwards.

On eyelid examination, unilateral ptosis was present in the left eyelid, of degree 3mm.Marginal reflex distance was 2mm and Marginal crease distance was High which is usually found in Aponeurotic ptosis. The levator function was observed as 10mm. The right eyelid covered 1/6th of the cornea and lower lid touched the limbus.

The upper eyelashes of the affected and non-affected eye were directed forwards, upwards and backwards. Similarly the lower eye lashes were directed forwards downwards and backwards. There were no visible trichiasis and poliosis.

On examination of the lacrimal apparatus, skin was visible over the lacrimal sac redness was present in the right eye and swelling was absent.

On eyeball examination proptosis and enopthalmos was absent. The uni ocular and binocular movements were possible in both the eyes.

On conjunctival examination, congestion,chemosis, discolouration, follicles, papillae, pterigium and pingeculae were absent in both eyes.

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.

On anterior chamber examination by normal torch light method, the iris showed presence of crypts, ridges and collaretes. The pupil was normal on examination in both the eyes with normal pupillary reflex.

The patient was admitted on 16th of February 2019. Treatment plan for 14 days was:

On first 2 days:-

1) *sarvanga abhyanga* with *mahanarayana taila*[6] + *bashpa sweda*

2*) amapachana* and *sadyovirechana*

On next 12 days:-

3)*seka* with *triphala kashaya*[7]

4)*avagundana* with *chincha+haridra+dhanyaka*

5)*vidalaka* with *elaneer kuzhambu+bala choorna*

6) *Mukhabhyanga* with *Ashwagandha Balalakshadi taila*[8]

7) *Shashtikashali annalepa*

8) *pratimarsha nasya* with *bindu taila* 2 drops each

9)*sirothalam* with *rasna+bala in aswagandabalalakshadi thaila*

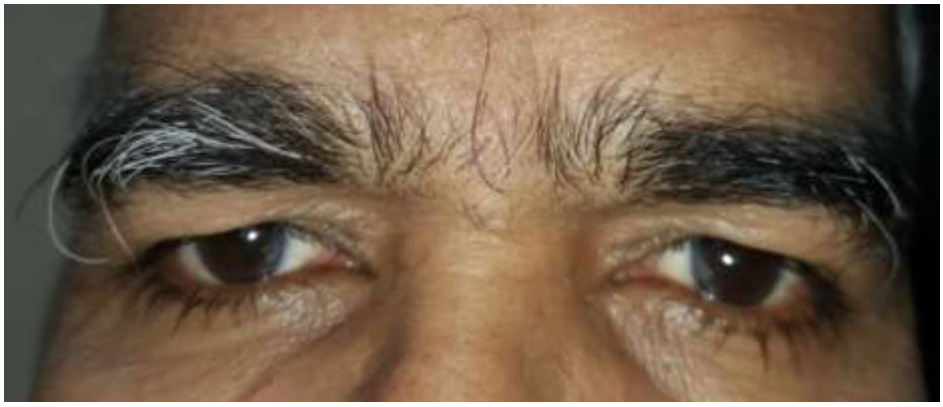
During the first day of treatment *chitrakadi vati* was given for the purpose of *deepana pachana*. Then *abhyanga* followed by *bashpa sweda* was administered to bring all aggravated *doshas* from *sakha* to *koshta* and *sadyovirechana* was administered for *srotho sodhana* and *ama nirharana* by which patient had informed a sense of lightness in the body.From 3rd day *netra kriyakalpas* which can be administered in *sama netralakshanas* like *seka,avagundana* and *vidalaka* was done to get rid of the *ama* in *netra* which gradually reduced the complaint of double vision and drooping of lid in patient. From 6th day onwards *mukha abhyanga* with *aswaganda balalakshadi thaila* and *sashtikasali annalepa* was given along with *pratimarsha nasya* with *bindu taila* followed by *sirothalam* with *rasna* and *bala* in *aswagandabala lakshadi thaila* and lid exercises for 7 days. On 10th day of treatment the degree of ptosis was measured which was improved to 2mm. Patient was discharged with *Dhanwantaram capsule* and *gandarvahastadi kashaya* at morning and evening and *bindu taila pratimarsha nasya* in the morning along with lid exercises. Patient was asked to come for review after 15 days.

Before treatment:

Day 5:

Day 10:

After treatment : (after 20 days)



DISCUSSION

Vatahata vartma is a *vataja netra roga* which is explained under *vartmagata rogas* by *Vagbhata acharya*. The disease is explained as *asadhya* in nature. Ptosis is drooping or falling of the upper eyelid. Eventhough *asadhya*; conservative management was done in this particular case. First day *amapachana* was done with *chitrakadi vati* and *panchakola phanta* along with light food. Then *snehana* and *swedana* was done previous to *sadyovirechana*. *Snehana* was done in form of *abhyanga* with *aswaganda bala lakshadi thaila* and *swedana* in the form of *bashpa sweda*. This was in aim to bring the *prakupita doshas* in *sakha* to *koshta*. Then *sadyovirechana* was done with *nimbamrutadi eranda taila* on the next day;by which the *amanirhana* was achieved.. As *vata* is in *heena avastha* in *vatahata vartma*; it indicates *amalakshana* in the eye. Hence first kriyakalpas that can be done in sama netra lakshanas were carried out like *seka* with *triphala kashaya*; *avagundana* with *chincha and haridra* and *vidalaka* with elaneer kuzhambu along with *bala choorna* was adopted. By this treatment the degree of ptosis reduced significantly. Then *vatahara* line of treatment was done with *mukha abhyanga* with *aswagandabalaalakshadi taila* and *pratimarsha nasya* with *bindu taila*. By this procedure all the nerves get stimulated in the head and there by allowing improved function of all the corresponding structures. *Shashtikasali pinda sweda* was administered which helps in strengthening of the muscles, aponeurosis surrounding the eye in a nourishing way and also being a different form of sudation it also acted as *vata shamana*.

CONCLUSION

Vatahata vartma is a *vataja vartmagata roga*. It is a disease in which *vata* is in *heena avastha* and *chalatva guna* of vata is affected. It can be compared to Ptosis where there will be drooping of the upper eye lid. Most of the types of ptosis are explained as surgically treated. Though explained as *asadhya* in our science; when *amapachana* was done followed by *vata samana chikitsa* along with *bruhmana chikitsa* the drooping was reduced and patient got improvement.

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