International Research Journal of Ayurveda & Yoga
Vol. 5 (9),53-56, September,2022
ISSN: 2581-785X;https://irjay.com/
DOI: **10.47223/IRJAY.2022.5909**

Management of *Vartma Sankoca* (Ptosis) - A Case Study.

Padma Nadang[1], Veerayya R Hiremath[2], Shashikala D K[3], Gururaj N[4]

1-Final year PG Scholar, Shree Jagadguru Gavisiddeshwara Ayurveda Medical College, Koppal. Karnataka.
2-Professor & HOD, Shree Jagadguru Gavisiddeshwara Ayurveda Medical College, Koppal. Karnataka.
3-Associate Professor, Shree Jagadguru Gavisiddeshwara Ayurveda Medical College, Koppal. Karnataka.
4-Associate Professor, Shree Jagadguru Gavisiddeshwara Ayurveda Medical College, Koppal. Karnataka.

Article Info

Article history:
Received on: 08-08-2022
Accepted on: 21-09-2022
Available online: 30-09-2022

Corresponding author-
Padma Nadang, Final year PG Scholar Shree Jagadguru Gavisiddeshwara Ayurveda Medical College, Koppal Karnataka.

Email: - padmanadang@gmail.com

ABSTRACT:

Vartma sankocha is one among 80 *nanatmaja vataja vikara*, wherein patient is unable to open the eyelids. It can be compared to neurogenic type of acquired ptosis involving entire 3rd cranial nerve at any point in its path or rarely due to affection of branch supplying levator muscle. Treatment includes conservative management and surgical correction. In this case, 60year old male patient with history of drooping of right upper eyelid & intolerance to light since 1and1/2 year developed these complaints after hit of an insect to right upper eyelid. On tab Neostigmine from last one year but didn't get much relief, hence visited our hospital for further treatment. *Vatashamana chikitsa* has been employed, *Mukhabyanga* with *Kshirabala taila* followed by *Marsha Nasya* with *Karpasastyadi taila* and *dhumapana* along with *shamana chikitsa* for 7 days. After 7 days of treatment there's marked improvement in above said signs and symptoms.

Keywords: *Vartma Sankocha*, Ptosis, *Nasya*, *Abyanga*.

INTRODUCTION

Vartma sankoca[1] is one of the 80 *vataja nanatmaja vikaras* characterized by unable to open eyelid. *Akshi sankocha*[2] (difficulty in opening lid) is mentioned under indications for *brumhana nasya*. Ptosis is drooping of the upper lid to a level that covers more than 2 mm of the superior cornea, it is usually due to paralysis or defective development, hypoplasia of lavator palpebral superioris or associated with anomalies of the genes PTOS1, PTOS2, and ZFH-4. Ptosis is generally unilateral, in over 70% of individuals. Elevation of the upper lid is largely a function of the levator palpebrae superioris, assisted by the frontalis and Müller muscle.[3]

Ptosis may be classified as follows:

1. Congenital–Simple and complicated (associated with ocular motor anomalies, blepharophimosis syndrome and Marcus Gunn ptosis).
2. Acquired- Neurogenic, Myogenic, Aponeurotic, Mechanical type ptosis.[3]

This case was diagnosed as Neurological type of acquired ptosis.

Acquired Ptosis-Acquired ptosis is usually unilateral and its cause needs to be identified so that appropriate therapy can be instituted.

Neurogenic ptosis: It may be part of the symptom complex involving the entire third nerve at any point in its path, or rarely may it be due to affection of the branch supplying the levator. Isolated ptosis without other signs of oculomotor paralysis may result from disease of the supranuclear pathways. In cases of paralysis, treatment

must be directed at first to the cause. In all neurogenic ptosis, the patient should be reviewed periodically on conservative management to allow for any spontaneous recovery and for the deficit to stabilize. In complete paralysis of the third nerve, surgery is usually contraindicated till strabismus has been corrected, since if the lid is raised in these cases diplopia becomes manifest. Crutch spectacles may be used in the presence of levator paralysis. Surgery for neurogenic ptosis seldom gives perfect results. Two techniques may be applied: (i) if the levator is not completely paralysed this muscle may be resected (ii) if the levator is paralysed, the action of the frontalis muscle may be utilized in raising the lid.[3]

Treatment of *vartma sankocha* [c] includes oral administration of drugs having *madhura, amla, lavana rasa* and *snigda, ushna guna*. Procedures like *snehana, swedana, asthapana, anuvasana, nasya* etc. should be administered with *vatashamaka dravya. Vatashamaka ahara* and *vihara* should be advised as *pathya.*[4]

As *Ayurvedic* treatment Surgery can be avoided, so *ayurvedic* treatment is best compared to line of treatment of Neurological type of Ptosis.

MATERIALS AND METHOD:

Case History: A 60year male patient came with complaint of drooping of right upper eyelid associated with intolerance to light since 18months. He was diagnosed as a case of Ptosis.

History of present illness: He got hit by insect over right upper eyelid before 18 months, resulting in swelling and drooping of right upper eyelid, associated with burning sensation. For which he consulted local physician and was been treated symptomatically. As the days progressed complete reduction of swelling and slight reduction of burning sensation but drooping of eyelid progressed. He then visited Ophthalmologist at Hubli and Hyderabad where he was treated with antibiotic drops and neostigmine tablet for which only burning sensation of eye was reduced, hence he visited our hospital for further treatment.

History of past illness: Nothing significant

Clinical Findings: The Patient was Conscious and oriented, with normal vital values. Systemic examinations were in normal limits.

Ocular Examination: Head position –Chin is elevated to uncover the pupillary area in a bid see clearly .Forehead- Increased wrinkling in right side. Eyebrows- Elevation of right eyebrow due to over action of frontalis.[5] Eyelid- Right upper lid covers >than 2mm of cornea. Palpebral aperture was 6mm in right eye .Rest all parts were normal.

Visual examination: Distant vision-Right eye - 6/24 and Left eye 6/9, near vision-bilateral N6.

Dasavidha Pariksha: *Prakriti: Kapha pitta; vikruti- udhana vata dushti, dushya- Mamsa ; sara, samhanana, satwa, aharashakti, vyayamashakti, pramana and satmya ,were madyama; vaya- vruddhavasta*.

Sroto Pariksha: *Pranavaha Sroto dusti*.

Diagnostic Criteria: Palpebral fissure height (distance between the upper and lower lid margins, measured in the pupillary plane) was used for diagnosis. Normally, upper lid margin rests about 2 mm below the upper limbus and lower lid 1 mm above the lower limbus. This measurement is shorter in males (7–10 mm) than in females (8–12 mm). Ptosis may be graded as mild (up to 2 mm), moderate (3 mm) and severe (4 mm or more).[6] Here patient had **2mm of palpebral fissure height** i.e, he had **severe ptosis**.

Therapeutic Intervention: *Sadyovirechana* was given with *gandarvahastadi taila* (30 ml) prior to nasya, there after he was treated with *Mukhabyanga* with *kshirabala taila* and *Marsha nasya* with *karpasastyadi taila* (6 drops/nostril) followed by lukewarm water gargling and *dhumapana* for 7 days. Tablet palsineuron (bid) was given orally for 7 days. He was advised to avoid *sheeta ahara* and *vihara*.

RESULT

Sign- As the treatment progressed patient was able to tolerate the sunlight and dropping went on reducing and he was feeling the clarity of vision.

Symptom - Head position –Normal. Forehead - slight wrinkling in right side. Eyebrows - normal. Palpebral fissure height after treatment was 9mm. **Picture 1**- Showing progression of improvement of ptosis.

DISCUSSION

Usually Ptosis is compared to *Vatahata Vartma*, but Acharya Sushruta has explained it as loosening of *sandhi* where patient is unable to close the lids which may or may not be associated with pain.[7] And vagbhata explains it as dysfunction of eyelid due to loosening of *sandhi* leading to less closure of eye (lagophatalmus).[8] Unable to open the eyelid is considered under *Vartmasankoca* (one of 80 *vataja nanatmaja vyadhi*).[1]

We choose *Mukhabyanga* and *Marsha Nasya(brumhana* type) for treatment because *abhyanaga* is said to do *drustiprasadana*,[9] and *brumhana nasya* is told in *akshisankocha*.[2] *Nasya* is followed by luke warm water gargling and *shodhana* type of *dhumapana* for removal of

snigdhata caused by *sneha*.[10] *Mukhabyanga* was performed with *kshira bala taila* containing *kshira ,bala* and *tila taila* which does *balya* and *vatahara karma. Marsha nasya* was performed with *karpasastyadi taila*[11], its chief components are *karpasa, bala, kulatta, masa, rasna, punarnava, shigru* that does *balya* and *vatahara* and other drugs are *satavha, pippali, chavya, nagara* which are *deepana ,paachana,srotoshodhana karma*.Tablet Palsineuron containing *mahavata vidhvamsa rasa, ekangaveer rasa, sameera pannaga* chiefly does *vatashamana, rasayana karma*. So, in this patient treatment is was planned for *sarvanga vata shaman,sthanika vatashamana and rasayana*.

CONCLUSION

Ptosis should be taken as *Vartma Sankoca. Vartma Sankoca* can be treated with *Mukhabyanga* and *Brumhana* type of *Marsha Nasya*.This case proves that ayurvedic treatment is superior to modern line of management of neurological ptosis. As it's a case study, this needs to be performed in large sample to establish the same.

Acknowledgements - Nil
Conflict of interest - None
Source of finance & support - Nil

ORCID

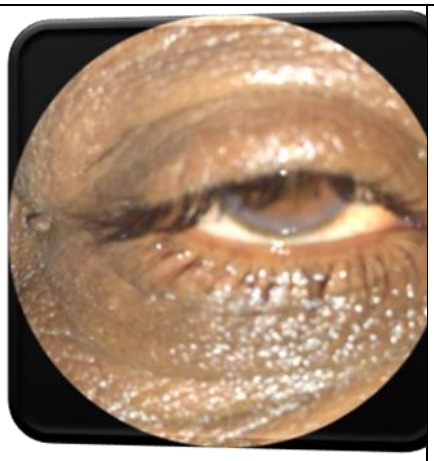
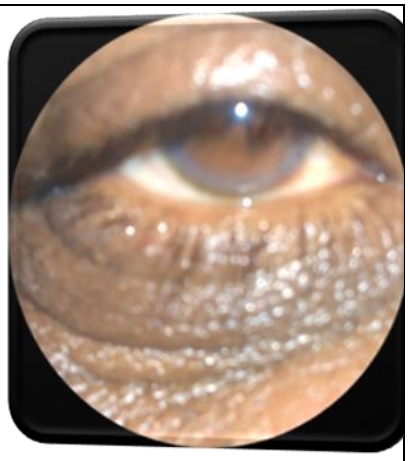
Padma Nadang, https://orcid.org/0000-0001-7170-4804

REFERENCES:

1. Acharya YT, Charaka Samhita by Agnivesha revised by Charaka and Dridhabala. Sutrasthana 20/11 New Delhi; Chaukamba publications 2014.
2. Mitra J, Astanga Samgraha by vahata with Sasilekha Sanskrit commentary sutrasthana 29/7 published by Chaukamba Sanskrit Series Office, Varanasi; Reprint 2012.
3. Sihota R, Parson's Disease of Eye. New Delhi; Elsevier publications. 2009.pp.460-465
4. Acharya YT Charaka Samhita by Agnivesha revised by Charaka and Dridhabala. Sutrasthana 20/13 New Delhi; Chaukamba publications.2014.
5. Khurana A.K, Comprehensive Ophthalmology. chapter 23, New Delhi; Jaypee brothers medical publisher.2005.pp.518,519)
6. Bowling B, Kanski Clinical Ophthalmology New Delhi; Elsevier publications.2008.pp.38-40
7. Acharya YT, Sushruta Samhita with Nibanda sangraha commentary of Sri Dhalhanacharya published by Uttartantra 3/23 Chaukamba samskruta samsthana; Varanasi; Reprint 2014.
8. Kunte A, astanga hrudaya of vagbhata with commentary sarvangasundara of arunadatta and ayurvedarasayana of uttarsthana 8/3 hemadri and published by chaukhamba Sanskrit sansthan varanasi;Reprint 2012.
9. Kunte A, astanga hrudaya of vagbhata with commentary sarvangasundara of arunadatta and ayurvedarasayana of hemadri sutrasthana 2/9 and published by chaukhamba Sanskrit sansthan varanasi;Reprint 2012.
10. Nishteshwar K, Sahasrayoga, Taila yoga prakarna 11 chaukhamba Sanskrit series office, Varanasi.

How to cite this article: Nadang P, Hiremath V.R, Shashikala D K, Gururaj N "Management Of *Vartma Sankoca* (Ptosis) - A Case Study"
IRJAY.[online]2022;5(9); 53—56
Available from: https://irjay.com
DOI link- https://doi.org/10.47223/IRJAY.2022.5909

Picture 1- Showing progression of improvement of ptosis.

		
Day 0 - Before treatment Severe Ptosis - 2mm Palpebral fissure height	Day 3 - Between treatment Moderate Ptosis - 6mm Palpebral fissure height	Day 8 – After treatment Mild Ptosis - 9mm Palpebral fissure height