



## AYURVEDIC MANAGEMENT OF BLEPHAROSPASM - A CASE REPORT

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### ABSTRACT:

Blepharospasm is a focal dystonia in which the extraocular muscles contract repetitively, leading to excessive blinking and forced eyelid closure. Blepharospasm is a focal dystonia involving repetitive contraction of extraocular muscles, resulting in excessive blinking and forced eyelid closure. This case study explores the effectiveness and safety of Ayurvedic interventions in managing blepharospasm symptoms in a 60-year-old male patient with a 4-year history of the condition. The Ayurvedic approach included oral medication, Shodhana kriyas (Vamana), and local therapies (Netra seka, Netra pichu, Netra tharpana), leading to improved involuntary eyelid movements and reduced facial spasms.

**Keywords:** blepharospasm, facial muscular spasm, Ayurvedic management

## INTRODUCTION

Blepharospasm involves involuntary eyelid closure, occurring in essential and reflex forms. Essential blepharospasm primarily affects those aged 45 to 65, with no cure and botulinum toxin injections as a common treatment. Reflex blepharospasm, triggered by sensory stimulation, is managed with lubricants.<sup>[1]</sup> Essential blepharospasm is treated with botulinum toxin injections, causing temporary muscle paralysis. Surgical options include facial denervation.

In Ayurveda, *Nimesha* is considered an *Asadhya vyadhi*, associated with the vitiation of *Vata dosha*.<sup>[2]</sup> This case study explores the effectiveness of Ayurvedic treatments, including internally administered *Dhanadanayanadi ks*, *Acha snehapana*, and *Panchakarma* procedures like *Vamana*, *Thakradhara*, along with local therapies (*Netra seka*, *Netra pichu*, *Netra tharpana*). These interventions demonstrated positive effects without side effects.

This case study underscores the potential of Ayurvedic management in addressing blepharospasm symptoms and improving the patient's quality of life.

## CASE REPORT

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A 60-year-old male patient, k/c/o DM- since 25 years not under strict control insulin, a diagnosed case of blepharospasm for 4 years under strict steroid medication presented to our OPD, Dpt. Of Salakyatantra, GAVC TPRA for a complete cure of the disease.

**Complaints:** involuntary closure of both eyelids, facial muscular spasm

**Associated complaints:** photophobia, foreign body sensation and dryness in BE, anxiety

### H/O present illness:

In 2019, the patient experienced involuntary eyelid closure and consulted a neurologist at MC, Kottayam. A positive response to an ice pack and neostigmine test led to differential diagnoses of myasthenia gravis or blepharospasm. Treatment with tab wysolone 40mg for approximately 2 years, gradually tapered and stopped, provided no symptomatic relief. Confirmed as blepharospasm, the patient was advised of expensive botulinum toxin shots, but due to financial constraints, he opted to continue medications. Tab pacitane and tab revocone offered only short-term relief over 4 years. Seeking an alternative opinion, the patient consulted our OPD on 23/05/2023, initiating both outpatient and inpatient level management.

### Past history:

H/O DM- 25 years

**Medical history:**

Table:1 shows the previous medical history

DATE	MEDICINE	DURATION
10/11/19	CMC eye drop	4 years
21/05/20	Inj. Neostigmine (1mg) & Inj. Atropine(0.6mg)	One time
21/05/20	T. Wysolone 40mg (1-0-0)	2 months
27/07/20	T. Wysolone 20mg (1-0-0)	4 months
20/11/20	T. Wysolone 30mg (1-0-0)	3 months
15/02/21	T. Wysolone 20mg (1-0-0)	5 months
08/07/21	T. Wysolone 10mg (1-0-0)	1 month
08/08/21	T. Wysolone 5mg (1-0-0)	1 month
21/05/20	T. Myestin 30mg (1-1-1)	2 months
27/07/20	T. Myestin 60mg (1-1-1)	7 months
20/11/20	T. Pacitane 2mg (1/2-1/2-0)	3 months
02/08/21	T. Pacitane 2mg (1&1/2-1&1/2-0)	2 years
08/11/21	T. Revocone 25mg (0-0-1)	2 years
09/07/13	Insulin (15u-0-15u)	10 years

**On examination:**

Blinking rate: 25-30/min  
 Schirmer test: RE- 8mm LE- 10mm  
 Ocular examination: (BE) LPC & UPC – clear  
 Ant. chamber- normal  
 Pupil – normal in size, reactive  
 Lens – IMSC  
 Slit lamp examination: Rt cornea showed mild multiple blebs  
 Fundus examination: (BE) Media- clear  
 Optic disc- WNL  
 CDR- 0.3  
 Vessels – tortuous

Macula- appears healthy  
 GF – mild tessellation  
 Cataract evaluation: (BE) C<sub>0</sub> – PSC<sub>1</sub> – N<sub>1-2</sub>  
 Visual examination: UCVA- RE - 6/9P N36  
 LE – 6/18 N36  
 BCVA- RE – 6/6B N6  
 LE – 6/9 N8  
 Accpt. +0.75 DS 6/6  
 +1.50 DS 6/6  
 Add + 2.75 N6 (BE)

**Personal history:**

Diet – mixed more prefer dried food items  
 Appetite – reduced

Bowel – irregular

Micturition – WNL

Sleep – sound

Addiction – nil

Allergy – nil

Occupation – retired GST clerk

**Blood investigation:**

HbA1c – 7%

FBS – 120mg%

PPBS – 223mg%

Hb – 14mg%

ESR – 5mm/hr

**Diagnostic assessment blepharospasm:**

**Jankovic Rating Scale (JRS)**

The Jankovic Rating Scale (JRS) is probably the most widely used current clinical scale (Jankovic and Orman 1987). The two subscales that make up the JRS—severity and frequency—are 5-point scales ranging from 0 to 4, where 0 indicates no symptoms and 4 indicates the most severe or frequent symptoms.

Table:2 shows the assessment scale JRS severity and frequency

JRS severity	
0	No symptoms
1	Increased blinking produced only by the action of external stimuli (e.g. bright light, wind, reading, etc.)
2	Mild, spontaneous blinking (without spasms), clearly visible, sometimes troublesome, but with no functional impairment
3	Moderate, clearly visible spasms of the eyelids; moderate impairment
4	Severe, impairing spasms of the eyelids, probably with involvement of other facial muscles
JRS frequency	
0	No symptoms
1	Slightly increasing blinking frequency
2	Flickering of eyes with individual blink duration of less than one second
3	Spasms of the eyelids lasting more than one second; eyes open more than 50% of waking time
4	Functional blindness is caused by prolonged closure of the eyes for more than 50% of waking time

**Management:**

Despite *Nimesha* being categorized as *Asadhya vyadhi* in Ayurveda, its *Vataja* predominance allows for *Vatashamaka Chikitsa*. The patient received OPD medications for 2 months,

showing symptomatic relief. Admitted for IP management on 04/07/2023.

OPD medication:

*Dhanadanayanadi ks- bd bf* 90ml

*Yogarajaguggulu* (1-0-1)

*Netra seka – bala+ yeshti+ lodra ks + vatasani taila – bd*

*Netra pichu - Kshirabala 7 A<sup>0</sup>*

*Mukhaabhyanga – kottamchukkadi taila+ pinda taila*

*Thalam – ksheerabala 7 A<sup>0</sup> + kachooradi choornam*

**Treatment provided:**

Table:3 shows the treatment provided during admission

Treatment	Medicines	Duration	Dose	Remarks
<i>Udwarthana</i>	<i>Kottamchukkadi choorna</i>	5 days		
<i>Acha snehapana</i>	<i>Triphala ghritha + Dhanwanthara taila</i>	7 days	30ml+10ml 50ml+10ml 50ml+10ml 110ml+10ml 140ml+10ml 170ml+10ml 220ml+10ml	Increased involuntary movements of lids and facial muscular spasm
<i>Vamana</i>	<i>Yeshti choornam+ madanaphala choornam+ saindhava+ honey</i>			Symptoms reduced
<i>Thakradhara</i>		7 days		Better sleep
<i>Yogavasthi</i>	<i>Erandamooladi ks Karpasasthyadi taila</i>	5 days		Redness, watering from RE
<i>Ksheeradhooma nasya</i>	<i>Karpasasthyadi taila</i>	7 days	2ml	Redness in RE
<i>Tharpana</i>	<i>Mahatriphala ghritha</i>	7 days		Symptoms reduced
<i>Putapaka</i>		15 min		

1. *Dhanadanayanadi ks - 90ml bd bf*
2. *Netra seka – yeshti+ lodra+ bala ksheera ks - bd*
3. *Mukkadi purampada*
4. *Mukhabhyanga – kottamchukkadi taila*
5. *Netra pichu – kshirabala taila*
6. *Durva ghritha aschyotana (0-0-1<sup>0</sup>)*

Discharge medicine:

1. *Rasanadashamoola ghritha – 1 tsp HS*
2. *PMN – karpasasthyadi 21 A<sup>0</sup> – E/N (3<sup>0</sup>-0-0)*
3. *Karpasasthyadi taila – mukhabhyanga*

Condition at time of discharge:

UCVA –RE - 6/12 N18

BCVA – RE 6/6 N6

6/6 N6

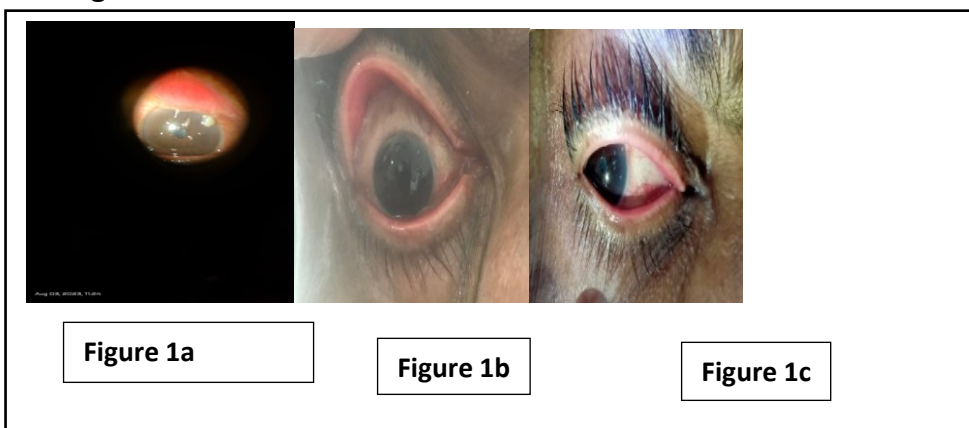
LE 6/6 (-2) N18

**Result:**

Table 4: shows changes in symptoms and JRS scores before and after treatment

Before treatment	After treatment	JRS Score: Severity & frequency
<ul style="list-style-type: none"> <li>Blinking rate: 25-30/min</li> <li>Schirmer test: RE- 8mm LE- 10mm</li> <li>Involuntary closure of eyelids</li> <li>Facial muscular spasm</li> </ul> <p>JRS score:</p> <p>Severity – grade 4(++++)</p> <p>Frequency – grade 4(++++)</p> <ul style="list-style-type: none"> <li>SLE: RE cornea showed mild multiple blebs</li> </ul>	<ul style="list-style-type: none"> <li>Blinking rate: 10-15/min</li> <li>Schirmer test: RE – 15mm LE – 20mm</li> <li>Limited abnormal eyelid movements(75%)</li> <li>Reduced facial muscular spasm lids(75%)</li> </ul> <p>JRS score:</p> <p>Severity – grade 1(+)</p> <p>Frequency – grade 1(+)</p> <ul style="list-style-type: none"> <li>SLE: RE corneal blebs reduced(70%)</li> </ul>	<p>Before treatment +++++</p> <p>After 30 days +++</p> <p>After 43 days ++</p> <p>After 50 days +</p> <p>After treatment +</p>

**During treatment:**



**Figure 1(a,b,c)** shows findings during treatment: where **Figure 1a-** Slit lamp view of corneal blebs(RE), **Figure 1b-** Corneal blebs, **Figure 1c-** corneal blebs and forceful opening.

## DISCUSSION

The 60-year-old patient, following prolonged oral steroid treatment for blepharospasm, exhibited persistent symptoms and side effects, including sleep disturbance and heightened anxiety. Blepharospasm symptoms were attributed to *Nimesha*, characterized by frequent blinking due to *Avaranajanya Vata dosha* imbalance.<sup>[3]</sup> Treatment, designed as *Tridoshaja*, led to symptomatic relief without adverse effects. *Dhanadanayanadi Ks*, known for *Brimhana* and *Rasayana* properties, was administered for *Vatavyadhi chikitsa*. *Udwarthana* addressed *Kapha-medo hara*, and *Yamaka snehapana* targeted *Kapha Vata vikaras*, resulting in increased involuntary movements.

*Vamana*, suitable for vitiated *Kapha*, provided relief, while *Shirodhara* improved sleep and anxiety. Mitigating other doshas, specific *Vatashamana chikitsa*, including *Yogavasthi*, *Ksheeradhuma nasya*, and local procedures (*Netra dhara*, *tharpana*, *Netra pichu*, *Mukhabhyanga*), were implemented. *Netra seka* facilitated drug absorption, *Netra aschyotana* with *Durva ghrita* reduced dryness, and *Netra Bidalaka* contributed to pain relief.

*Netra pichu* with *Kshira bala taila* regulated doshas and nourished *Indriyas*. *Mukhabhyanga* with *Kottamchukkadi taila*

alleviated *Vata*, and *Netra tharpana* reduced eye muscle spasms. Internally administered *Rasanadashamoola ghrita*, with *Vata Kapha shamana* properties, followed by *Prathimarsha nasya* with *Karpasasthyadi taila*, disrupted the disease process, controlling blepharospasm and rejuvenating sense organs and the body.

## CONCLUSION

Ayurvedic treatments, internally and locally, brought symptomatic relief without side effects, addressing *Vata dosha* imbalance. Two months of outpatient and 38 days of inpatient management, including *Udwarthana*, *Vamana*, *Thakradhara*, and *Tharpana*, led to a 50% reduction in symptoms after *Vamana* and *Bidalaka*. Regular check-ups sustained improvements, showcasing Ayurveda's effectiveness in managing blepharospasm and enhancing the patient's quality of life.

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