MANAGEMENT OF LAGOPTHALOMOS RELATED TO BELL’S PALSY THROUGH AYURVEDA: A CASE STUDY

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ABSTRACT
Lagophthalmos is the incomplete or defective closure of the eyelids. The main cause for Lagophthalmos is Bell’s palsy but it may be secondary to trauma, infections and many other conditions. Lagophthalmos in Bell’s palsy can be correlated with Vatahatavarthma. Vatahatavarthma is restricted movement of the eyelid with or without pain. The main aim of this study is to evaluate the therapeutic efficacy of the Ayurvedic treatment for getting relief and prevent exposure keratitis and reestablish eyelid function. Material and Methods- Single clinical trial Tarpana with Mahatriphalaghrita was given for 7 days with 7 days gap after that Nasya with Panchendriyavardhana Tail for 7 days with 7 days gap, along with 10 min regular eye exercise. This treatment was followed alternatively with 2 settings for 2 months. Results- After completion of 2 months of treatment, the efficacy of the therapy was assessed on the basis of the subjective as well as objective criteria. Marked improvement was observed in free movements of the left upper eyelid. Conclusion- It was found to have significant effect in reducing the symptoms and concluded that although Vatahatavarthma as Asadhya, Ayurvedic treatments can be used for subjective and objective improvement.

KEYWORDS: Lagophthalmos, Vatahatavarthma, Tarpana, Nasya.

INTRODUCTION
The eyes are important sense organs for living body to communicate with world. Eyelids is the thin fold of skin that covers and protect the human eye. Vatahatvarthma is one of the eyelid disorder comes under Vartmgat Vyadhi, characterized by restricted movement of eyelid with
or without pain. It is *Vatapradhan Doshjanya Vyadhi*. Prognosis is *Asadhya*.

In some text *Vatahatvartma* is correlated with lagophthalmos and in some text with ptosis but I think lagophthalmos is more correct on the basis of signs and symptoms mentioned in classics.

Lagophthalmos is the inability to voluntary close of eyelids. Facial nerves caries sensory, motor and parasympathetic fibers involved in facial muscle innervations, facial palsy results in functional and cosmetic involvement.

Bell’s palsy is the idiopathic facial nerve paralysis that result in an inability to control facial muscles on the affected side. The main ophthalmic sequel is lagophthalmos.

**AIM AND OBJECTIVE**

**Aim**

To evaluate the therapeutic efficacy of the *Ayurvedic* treatment for getting relief and prevent exposure keratitis and reestablish eyelid function.

**Objective**

To study the prognosis of lagopthalmus in a patient with *Mahatriphala ghrita tarpana* and *nasya*.

**MATERIAL AND METHOD**

**Case report**

A 28 year old female patient come to Shalakyantantra OPD of Government *Ayurved* Hospital with following complaints.

**Symptoms**

Unable to close her left eye Difficulty in talking Discomfort in left eye.

**Signs**

General Examination - no abnormality in facial symmetry, forehead wrinkle normal in both side, eye brow hairs are normal.

**Slit lamp examination – Eyelid**

Right eye – normal

Left eye – upper eyelid skin is normal, incomplete blink, gap between two eyelids while
closing, restricted side by side movement, sometime forceful closer of eyelid present, felt discomfort during opening after repeated closing of eyelid, watering of eyes present, lower lid slight everted.

**Conjunctiva** - Congestion present.

**Cornea** – Dryness present (green dots presents on cornea after fluorescein stain), photophobia present.

**Anterior chamber** – Normal depth

**Iris** – color pattern normal

**Pupil** – normal size reacting to light

**Lens** - no opacity present

**Visual acuity** – Right Eye - 6/6

Left Eye – 6/9

**Ophthalmoscopy** - red reflex present, optic disc, macula, blood vessels normal.

**Systemic Examination**

G.C. - moderate, afebrile

R.S. – AE= BS

CVS – S1 S2 normal

**Special investigations**

Complete blood count, complete urine Analysis - normal range CT scan, MRI – normal

H/O – no history of DM, HTN, Asthma or any allergy to drug.

**Treatment**

*Tarpana* with *Mahatrichalaghrita* for 10 min was given for 7 days with 7 days gap after that *Nasya* with *Panchendriyavardhana Tail* for 7 days with 7 days gap, along with 10 min regular eye exercise and *Brihatvatchintamani Rasa* 1BD. This treatment was followed alternatively with 2 settings for 2 months. After completion of 2 months of treatment, the efficacy of the therapy was assessed on the basis of the subjective as well as objective criteria.

**OBSERVATION**

After completion of 2 months of treatment, the efficacy of therapy was assessed on the basis of subjective as well as objective criteria. The patient was assessed twice, before the
treatment and after every 7 days of therapy and assessed subjective improvement and photographic improvement.

**Subjective Criteria**
Discomfort, watering of eyes, pain during closing of eyelid, difficulty in talking, photophobia decreases.

**Objective criteria**

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>After</th>
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<tbody>
<tr>
<td>Facial Expression</td>
<td>Affected</td>
<td>Normal</td>
</tr>
<tr>
<td>Furrow of Brow</td>
<td>Absent</td>
<td></td>
</tr>
<tr>
<td>Eye more widely open</td>
<td>Widely open</td>
<td>Gap between two eyelid decreases</td>
</tr>
<tr>
<td>Closure of Eye</td>
<td>Difficult to close</td>
<td>Free movement</td>
</tr>
<tr>
<td>Eyeball movement</td>
<td>During closer eye rolls upward and outward</td>
<td>Free eyeball movement</td>
</tr>
<tr>
<td>Dryness</td>
<td>present</td>
<td>Absent</td>
</tr>
<tr>
<td>Redness</td>
<td>present</td>
<td>Absent</td>
</tr>
</tbody>
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**RESULTS AND DISCUSSION**

**Results**
A 28 year old patient come to OPD with following complaints Unable to close her left eye, Difficulty in talking, Discomfort in left eye, watering of eyes present, gap between two eyelids of left eye. Visual acuity – RE - 6/6 and LE – 6/9. Examination shows Facial Expression affected, furrow of Brow absent, Eye more widely open, difficulty in closing of left eye, watering, dryness present .All laboratory findings are normal, CT scan, MRI normal. The patient was treated with Tarpana with Mahatriphalaghrita for 7 days with 7 days gap after that Nasya with Panchendriyavardhana Tail for 7 days with 7 days gap, along with 10 min regular eye exercise eye and Bruhatavatchintamani Rasa 1 BD within 2 months the symptoms diminished.
Fig. 1: Before Treatment.

Fig. 2: Treatment- Tarpana.

Fig. 3: After Treatment.
DISCUSSION
Ayurveda explained *Vathatvartma* as restricted movement of eyelid. The disease is caused by aggravation of *Vata*. Prognosis is *Asadhya*. *Vatahara, Bruhana, rasayana* therapy, etc is advisable. *Tarpana* and *Nasya* drug reach to the affected region and normalize the function of sense organs. *Mahatriphala ghrita* and *snehan* with *bala taila* and *Nasya* with *Panchindriyavardhana taila* having the rasayna property, so its gives nourishment.

CONCLUSION
On the basis of case study we can say that management of *Vatahatvartma* by *Tarpana, Nasya* has effective, easily available, easy to prepare conclude that although *Vatahatvartma* is *asadhya*, *Ayurvedic* treatment can be useful for Subjective an objective improvement.

REFERENCES