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

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INTRODUCTION

Vartma sankoca¹ is one among 80 nanatmaja vataja vikaras characterized by unable to open eyelid. Akshi sankocha² (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:
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. Crust spectra 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.

Treatment of vartma sankocha includes oral administration of drugs having madhuvara, 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.

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 60 year male patient came with complaint of drooping of right upper eyelid associated with
intolerance to light since 18 months. 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.3 Eyelid- Right
upper lid covers >than 2mm of cornea. Palpebral aperture was 6mm in right eye .Rest all parts were normal.


Dasavidha Pariksha: Prakriti: Kapha pitta; vikruti-
udhana vata dushti, dushya- Mansa ; sara, samhanana,
satva, arahashakti, vyayamashakti, pramana and satmya
were madhyama; vaya- vruddhavasta.

Sstro Pariksha: Pranavaha Sstro 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).

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 karpasasyadi taila (6 drops/nostril) followed by lukewarm water gargling and
dhumapan 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 drooping went on reducing and he was feeling the clarity of vision.

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 nanatma 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
aksishankocha.2 Nasya is followed by lake warm water
gargling and shodhana type of dhumapan for removal of
snigdha caused by sneha.\textsuperscript{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\textsuperscript{11}, its chief components are karpasa, bala, kulatta, masa, rasma, 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,sthaniya 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.

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REFERENCES:
1. Acharya YT, Charaka Samhita by Agnivesha revised by Charaka and Dridhabala. Sutrasthana 20/11 New Delhi; Chaukamba publications 2014.
4. Acharya YT Charaka Samhita by Agnivesha revised by Charaka and Dridhabala. Sutrasthana 20/13 New Delhi; Chaukamba publications.2014.

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Picture 1 - Showing progression of improvement of ptosis.

<table>
<thead>
<tr>
<th>Day 0 - Before treatment</th>
<th>Day 3 - Between treatment</th>
<th>Day 8 – After treatment</th>
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<tbody>
<tr>
<td>Severe Ptosis - 2mm Palpebral fissure height</td>
<td>Moderate Ptosis - 6mm Palpebral fissure height</td>
<td>Mild Ptosis - 9mm Palpebral fissure height</td>
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