



MANAGEMENT OF LAGOPHTHALMOS THROUGH AYURVEDA

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Abstract:

Lagophthalmos is characterized by the inability to voluntarily close the eyelids. Due to impairment of the function of the eye lid, he feels to difficulty to open from closer. Vatahatavarthma is restricted movement of the eyelid with or without pain. It is a vataprakopajanya asadyavyadhi. The main aim of this study is to evaluate the therapeutic efficacy of the Ayurvedic treatment for getting relief from the disease and stop further development. We adapted Triphalaghrita for 5 days tarpana at morning with 5 days gap and Ksherabalataila for 5 days nasya at evening with 5 days gap, Vatagajankus ras 2 tablets b.d. orally with honey for 1 month. After completion of 1 month 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 right upper eye lid without any difficult. But patient feeling little bit discomfort during opening after doing repeated closing and opening of eye lid. It was found to have significant effect in reducing the symptoms and concluded that although Vatahatavarthma as asadya, Ayurvedic treatments can be used for subjective and objective improvement. The medicines are most effective, easily available to prepare and use, acceptable by all age group, which is minimal unwanted action.

Key words: Lagophthalmos, Vatahatavarthma, Tarpana, Nasya

Introduction:

The eyes are important sense organs for living body to communicate with world. Eye lids are shutters of the eyes and it protects the eyes from injury, foreign body etc. Vatahatavarthma is one of the eyelid disorder comes under varthmagata vyadhi, characterized by restricted movement of the eyelid with or without pain. It is vatapradana dosajanya vyadhi. According to Acharya Sushruta, Usnabhitaptasya jalapravesa etc. Nidana sevana leads to prakopa of 'Vata'(Vyana vata) situated in body and head is aggravated and reach to the eyes and eyelids (nimesani sira) causes Vatahatavarthma. Prognosis is Asadya. It can be stated that Vatahatavarthma can be correlated with Lagophthalmos on the basis of its signs and symptoms mentioned in classics. Lagophthalmos is the inability to voluntarily close of the eyelids. Facial nerve carries sensory, motor and parasympathetic fibres involved in facial muscle innervations, facial palsy results in functional and cosmetic involvement. Facial palsy can result from a wide verity of causes, bell's palsy (idiopathic) being the most common (70%). The main ophthalmic sequel is Lagophthalmos.

Aims and objectives of the study:

The main aim of this study is to evaluate the therapeutic efficacy of the Ayurvedic treatment for getting relief from the disease and stop further development. The medicines are most effective, easily available to prepare and use, acceptable by all age group, which is minimal unwanted action.

Study and methods:

We report a case of a 46 years old lady residing in Ooty, Tamilnadu. She presented in Shalakyia OPD of Ayurvedic Hospital associated with Ayurveda College, Coimbatore. A detailed history of the patient and symptoms suffered by the patient were collected together. Patient came with the chief complaint of unable to close her right eye and mild discomfort in eye. The patient also complained of headache and cold from last 3 days. She given history of 1 year back underwent 6 months treatment for facial palsy. She did not suffer from any another chronic illnesses like diabetes, asthma, hypertension or any systemic disease. No other family members suggest such type of history. Advised the patient to admit in IP ward. Extensive follow-up of patient with various investigations such as CBC, Urine complete examination, Skull X-ray, CT brain were carried out when a final diagnosis of Lagophthalmos could be established (to identify the nature and characteristics of body systems and brain involvement).

On examination, she was afebrile. No abnormality in facial symmetry, Forehead wrinkles normal in both sides. The eye brow hairs were slightly gray in colour. PRRE +, photophobia present, Right eye - Upper eyelid skin normal, incomplete blink, gap between two eyelids while closing, restricted side by side movements, sometimes forcible closer of the eyelid present, felt little discomfort during opening after repeated closing of eye lid. Watering of eye present during examination, conjunctiva chemosed, lower lid slight everted, cornea slight drying, sclera normal, ophthalmoscopy red reflex present, media clear, lens no opacity present, optic disc, blood vessels, macula clear. Left eye - Upper lid, lower lid normal, no movement abnormality found, conjunctiva slightly chemosed, no congestion present, sclera and cornea normal, ophthalmoscopy red reflex present, media clear, lens no opacity present, optic disc, blood vessels, macula clear. Complete blood counts (CBC), complete urine analysis were revealed normal in range. An X-ray PNS was unremarkable. There are no specific changes identified in X-Ray, computerized tomography scan (CT).

Tarpana was performed by Triphala ghrita. Procedure was done at early morning after sunrise, when the patient has not taken her food. Local mrudhu abyanga and swedana were done after arrangement of materials. The masapali was prepared from the masa churna, and liquefied lukewarm Triphala ghrita poured over the closed eyes very slowly till the entire eyelashes are under the liquefied Ghrita. Patient was asked to close and open her eyes. After retaining for the stipulated time, the Ghrita was drained out through the hole made near the outer canthus then the masapali was removed and yava pista is applied over it. The eyes were irrigated by lukewarm water fomentation. Then patient advised to avoid direct exposure to excessive wind, heat, breeze, bright objects. This procedure was done 100 matra kala for 5 days with 5 days gap.

We adapted Ksherabala taila for 5 days nasya at evening with 5 days gap. After arrangement of the material and equipments, Mridu abhyanga and swedha done on scalp, forehead, face and neck for 5 minutes for liquification of Doshas. Patient was lie down on table in supine position with chin raised. After that patient nose raised the tip, the lukewarm Ksherabala taila was poured in both the nostrils in proper way. Patient advised to avoid swallowing the drug, speech, anger, sneezing, laughing and head shaking during procedure. After administration of medication patient was lie supine for 2 minutes. After administration of nasya - feet's, shoulders, palms and ears was massaged. Vatagajankus ras was given 2 tablets b.d. orally with honey. All these treatments continued for 1 month.

Observation & Results:

After completion of 1 month of treatment, the efficacy of the therapy was assessed on the basis of the subjective as well as objective criteria. The patient was assessed twice, before the treatment and after every 5 days of the therapy (Nasya, Tarpana and oral medication) and assessed the subjective improvement and photographic improvement with patient consent. Marked improvement was observed in free movements of the right upper eye lid without any difficult. No restricted side by side movements of the eyeball. No forcible closer of the upper eyelid during closing of the eyelid. No pain during movement of the right upper eyelid and side by side movements of the eyeball. But patient feeling little bit discomfort during opening after repeated closing and opening of eye lid.

Discussion and conclusion:

Lagophthalmos is inability to voluntarily close the eyelids. The condition arises from Paralysis of seventh nerve, marked proptosis, Cicatricial contraction of the lids, Following over-resection of the levator palpebrae superioris, Symblepharon, Comatose patient. Commonly this condition arises from facial paralysis (Bell's palsy) affecting the facial nerve which controls the orbicularis oculi, which present around the eye ball, trauma, stroke or can be surgically induced during the removal of certain types of tumors in close proximity to the facial nerve. The nerve injury is complete or incomplete, upper motor neuron (UMN) or lower motor neuron (LMN):

- UMN lesions — upper 3rd of the face is spared
- LMN lesion — weakness or paralysis of the entire face

Typical findings in peripheral nerve palsy:

- At rest — less prominent wrinkles on the affected side, eyebrow droop, flattened nasolabial folds, and corner of the mouth turned down.
- Examination - Inability to wrinkle forehead, raise eyebrows, purse lips, show teeth, or whistle. Eye closure may be incomplete.

The prognosis for Bell's is generally good, with most patients (85 - 90%) recovering completely within 1 month. The remaining 15% will not usually show signs of recovery for 3 - 6 months. A protracted recovery over a period of months increases the likelihood of sequelae such as facial weakness, tics, spasms and synkinesis. When the orbicularis oculi muscles become paralyzed, the blink mechanism no longer functions and the eye becomes dry, painful, irritation expressed as foreign body sensation. Prolonged dryness of the eye can lead to partial loss of vision. Conjunctival xerosis, corneal xerosis and exposure keratitis are the common complications of Lagophthalmos.

The treatment of Lagophthalmos includes eye drops, ophthalmic ointments keeping for eye well lubricated. Soft bandage contact lens may be used to prevent exposure keratitis. Tarsorrhaphy may be performed in later stages. It is of two types temporary and permanent tarsorrhaphy. An external eyelid weight (double-sided hypoallergenic adhesive strips) worn on the outside of upper eyelid may also be prescribed. The weight would simply use earth's gravitation to gently pull the upper eyelid down when look down, or when eyelid opening muscles relax. The weight would be provided in a skin tone that matches your own eyelid complexion. If paralysis does not improve after a period of time, the surgical placement of a gold eyelid implant is advisable. The gold eyelid implant is easy to manage and functions similarly to the external eyelid weight to close the upper eyelid. Gold is preferred because it is a heavy, inert metal that does not corrode or cause irritation to the eyelid tissues, its color closely matches that of the eyelid's fat, making the implant less conspicuous in the eyelid even in patients with thin skin.

Ayurveda explained Vatahatavarthma as restricted movements of the eyelid. It has been enlisted amongst the 21 types of varthmagata vyadhi. This disease is caused by aggravation of 'Vata'. Prognosis is Asadya. Acharya vagbhata told Varthma yastu nemelyate – every time close due to vimukta sandhi. Vatahara and Brumhana, rasayana therapy etc are advisable. Tarpana and nasya drug reach to the affected region and normalize the functions of sense organs. Triphala ghrutha and ksherabala taila also having the rasayana property, so it gives proper nourishment. On the basis of case study we can say that management of vatahatavarthma by tarpana, nasya has been proved as cost effective, potent, easily available, easy to prepare, use, acceptable by any group and with minimal unwanted action and concluded that although Vatahatavarthma as asadya, Ayurvedic treatments can be used for subjective and objective improvement.

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