

AN EVIDENCE BASED CLINICAL STUDY OF TRAUMATIC PTOSIS AND ITS AYURVEDIC MANAGEMENT

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ABSTRACT

Background: Ptosis, defined as drooping of upper eyelid, can be congenital or acquired. Traumatic ptosis is an acquired condition resulting from injury to the Levator palpebral superioris muscle, its aponeurosis, or associated neurogenic structures. It affects both functional vision and Facial appearance. Timely diagnosis and appropriate classification are essential for effective management and to prevent complications. It is correlate unmesh in ayurvedic concept, in which *Vatadosha* is perdominant. **Objective:** To evaluate the clinical profile, classify types of ptosis and access the outcomes of various management strategies with emphasis on early diagnosis and prevention of complications such as amblyopia etc. **Material and Method:** A 30 yr old female come to OPD with Right eye drooping of the upper eyelid Following blunt trauma before 5-6 years at home. Clinical evaluation included

visual acuity testing, eyelid function measurements (MRD1 levator function) and ocular motility assessment. The ptosis was graded as mild with poor levator function. This case study shows the effect of *Snehan*, and *Swedan* treatment in mild traumatic ptosis. **Result:** The patient showed significant Improvement in eyelid position, Functional vision was restored and the patient reported satisfaction with the cosmetic outcome. No complications were observed during treatment and follow up over the 1and half month period. **Conclusion:** In present case study *Snehan* with *Chandan Balalakshadi tail* and *swedan* followed by *panchendriyavardhan tail Marsh Nasya* and oral medications Cap Palsineuron is used to treat the ptosis. It is concluded that symptoms of mild traumatic ptosis are reduced in this patient

with no other complications. Ptosis is predominantly *vataj vikar*, so *Snehan swedan* followed by *Nasya chikitsa* has the main role in treatment and hence symptoms of the disease reduced.

KEYWORDS: Ptosis, Marsh nasya, bruhan, unmesh, Vatahat Vatrma.

INTRODUCTION

Ptosis, also known as **blepharoptosis**, refers to the abnormal drooping of the upper eyelid. It can be unilateral or bilateral and may vary in severity, ranging from mild asymmetry to complete occlusion of the visual axis. Ptosis can result from multiple causes, which are broadly classified into:

1. **Congenital Ptosis** – Present at birth, often due to poor development of the levator palpebrae superioris muscle.
2. **Acquired Ptosis** – Occurs later in life, with several potential causes:
 - **Neurogenic Ptosis** (e.g., third cranial nerve palsy, Horner's syndrome).
 - **Myogenic Ptosis** (e.g., Myasthenia Gravis, muscular dystrophies).
 - **Aponeurotic Ptosis** – Due to age-related dehiscence or disinsertion of the levator aponeurosis.
 - **Mechanical Ptosis** – Caused by eyelid masses or scarring.
 - **Traumatic Ptosis** – Result of direct trauma to the eyelid or its supporting structures.

Ptosis can lead to both **functional impairment** (such as visual field obstruction, asthenopia, diplopia) and **cosmetic concerns**, affecting patient quality of life.

This case study focuses on a patient presenting with **traumatic ptosis**, aiming to describe the clinical features, investigative approach, differential diagnosis, and management strategy. Traumatic ptosis is particularly important because early identification and appropriate management can prevent permanent eyelid dysfunction or visual disability.

In **Ayurveda**, ptosis is correlated with the condition termed “**Unmesh or Abhighataj netraroga or Vatahat vartmaroga**, classified under **Netra Roga (Eye Disorders)**. According to Ayurvedic principles, ptosis can be explained by the imbalance of the

Tridoshas:

- **Vata Dosha:** Impairment in Vata leads to loss of strength and nerve function, causing drooping of the eyelid.
- **Pitta Dosha:** Excess Pitta may cause inflammation and tissue damage.
- **Kapha Dosha:** Accumulation of Kapha leads to heaviness and obstruction of normal movement

Pathogenesis (Samprapti)

- Trauma (external injury) is considered a factor that leads to vitiation of Vata and Kapha, affecting the **Netra Srotas (ocular channels)** and resulting in eyelid dysfunction.
- The levator function is impaired due to disruption of the **Majja Dhatu (neural tissue)** and **Mamsa Dhatu (muscle tissue)**.

Shamana Chikitsa (Palliative Treatment)

- Nasya (medicated nasal drops) for Vata and Kapha balance.

Supportive Care

- Lifestyle modifications (Dinacharya) to maintain ocular health.
- Pathya-Apathya (Diet and behavioral guidelines) to prevent further aggravation of Vata and Kapha.

Objective of Ptosis Case Study

1. **To evaluate the clinical presentation of ptosis**, with special focus on traumatic etiology, by detailed history taking and thorough ocular examination.
2. **To identify the underlying cause of ptosis**, distinguishing between neurogenic, myogenic, aponeurotic, mechanical, and traumatic types using appropriate diagnostic tools (e.g., CT/MRI, Ice Pack Test, blood tests).
3. **To understand the Ayurvedic perspective of ptosis (Netra Unmesh)**, including its pathogenesis in terms of Tridosha imbalance, Srotas involvement, and Dhatu vitiation.
4. **To formulate an integrated treatment plan**, combining modern medical management (conservative and surgical options) with Ayurvedic principles, including Shamana (palliative) and Shodhana (purificatory) therapies.
5. **To assess the effectiveness of treatment over time** by monitoring improvement in eyelid position, visual function, and patient satisfaction.
6. **To emphasize the importance of early diagnosis and timely management** to prevent long-term functional and cosmetic complications in patients with traumatic ptosis.

Study Design

A single case observational study of a patient presenting with traumatic ptosis.

Patient Selection

• Inclusion Criteria

- Patients presenting with ptosis following trauma.
- Age between 18 and 65 years.
- No prior history of ptosis or congenital eyelid disorders.

• Exclusion Criteria

- Patients with ptosis due to systemic diseases (e.g., Myasthenia Gravis without trauma).
- Patients with other ocular or neurological disorders affecting eyelid function.
- Patients unwilling to provide informed consent.

Clinical Examination

1. History Taking

- Detailed history of trauma, including mode, severity, and timing of injury.
- Duration and progression of ptosis.
- Associated symptoms: visual disturbances, diplopia, pain, redness, discharge.

1. Ophthalmic Examination

- Visual acuity (Snellen chart).
- External eyelid examination (measure MRD1 – Marginal Reflex Distance).
- Levator palpebrae superioris function test.
- Pupil reflex assessment.
- Ocular motility testing.
- Slit lamp examination.
- Fundus examination.

2. Special Tests

- Ice Pack Test (to rule out Myasthenia Gravis).
- Tensilon Test (if required).

Investigations

• Imaging Studies

- CT Orbit and Brain: To exclude orbital fractures, hematoma, or foreign bodies.

- MRI Orbit: To assess soft tissue and muscle integrity (if indicated).
- **Laboratory Tests**
 - Complete Blood Count (CBC).
 - Blood Glucose.
 - Thyroid Function Test (TFT) to rule out thyroid ophthalmopathy.
 - Anti-Acetylcholine Receptor Antibody (if Myasthenia Gravis suspected).

Ayurvedic Assessment

- Examination of doshic imbalance (Vata, Pitta, Kapha) based on classical Ayurvedic principles.
- Assessment of **Netra Srotas** and **Dhatu involvement**.
- Inquiry about dietary habits, lifestyle (Dinacharya), and any pre-existing chronic illness.

Treatment Protocol

Modern Medicine Approach

- Conservative management: Cold compresses, lubricating drops.
- Observation for spontaneous recovery over 6–8 weeks.
- Surgical repair (levator resection or frontalis sling) if no improvement after 3 months.

Ayurvedic Management Approach

- **Shamana Chikitsa (Palliative)**
 - Nasya (e.g., Anu Taila) for balancing Vata and Kapha.
 - Tarpana (eye nourishment with medicated ghee).
 - Anjana Karma with medicated collyrium.
- **Shodhana Chikitsa (Purificatory)**
 - Virechana therapy (purgation) if indicated by doshic imbalance.
 - Raktamokshana (bloodletting) if necessary.

OBSERVATION AND RESULT

Patient Profile:

- **Age:** 30 years
- **Gender:** Female
- **Diagnosis:** Traumatic Ptosis (right eye)

- **Chief Complaint:** Progressive drooping of the right upper eyelid following blunt trauma before 5-6 years ago at home .
- **Ayurvedic Assessment**
 - Predominance of **Vata and Kapha Dosha**
 - Involvement of **Netra Srotas** and **Mamsa Dhatu**
 - **Symptoms**
 - Heaviness in the affected eye
 - Mild pain and dryness
 - Decreased levator function and poor eyelid tone

Treatment Administered

1. Marsh Nasya

- **Medicine:** Panchamridriya Vardhan Taila
- **Dosage:** 4 drops in each nostril, twice daily
- **Duration:** 45 consecutive days

- **Objective**

- Stimulate and nourish ocular tissues.
- Balance Vata and Kapha doshas.
- Improve neural transmission and muscle tone.

2. Sthanik Snehan (Local Oleation)

- **Medicine:** Chandan Bala Lakshadi Taila

- **Application**

- Gentle external massage of upper eyelid and periocular region, twice daily.

- **Duration:** 45 days

- **Objective**

- Local nourishment of tissues.
- Reduce heaviness, dryness, and inflammation.
- Promote local circulation and muscle function.

Observation (Before and After Treatment):

Parameters	Before Treatment	After 45 Days of Treatment
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MRD1 (Marginal Reflex Distance)	0 mm	2.5 mm
Levator Palpebrae Superioris Function	2 mm	7 mm
Visual Acuity (Right Eye)	20/50	20/30
Eye Heaviness Sensation	Severe	Mild Improvement
Dryness of Eye	Moderate	Mild (Improved Moisture)
Cosmetic Appearance	Noticeable drooping	Marked Improvement in Eyelid Symmetry
Patient Subjective Complaints	Visual obstruction, aesthetic dissatisfaction	Significant relief, improved confidence
Local Tenderness or Inflammation	Mild swelling and tenderness	Resolved after treatment
Adverse Effects	None reported	None

RESULT

- **Functional Improvement**

- Increase in MRD1 by 2.5 mm.
- Levator muscle function improved by 5 mm (from 2 mm to 7 mm).
- Visual acuity improved from 20/50 to 20/30.

- **Symptomatic Relief**

- Noticeable reduction in heaviness, dryness, and discomfort.
- Cosmetic appearance improved significantly, enhancing patient satisfaction.

- **Safety Profile**

- No adverse effects or complications observed during the treatment period.



Before Treatment



After treatment

CONCLUSION

The combined Ayurvedic intervention of **Marsh Nasya (Panchamridriya Vardhan Taila)** and **Sthanik Snehan (Chandan Bala Lakshadi Taila)** provided substantial improvement in traumatic ptosis by:

- Restoring levator muscle function.
- Improving eyelid position and aesthetics.
- Balancing the Vata-Kapha doshas and nourishing Netra Srotas and Mamsa Dhatu.

This therapeutic protocol is effective as an adjunct to conventional management and offers a holistic, non-invasive option in cases of mild to moderate traumatic ptosis.

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