

**A CASE REPORT ON THE COMPREHENSIVE AYURVEDIC
MANAGEMENT OF NIMESHA (BLEPHAROSPASM)****Dr. Sukritha Y. N.*¹, Dr. Syed Munawar Pasha²**

¹PG Scholar, Department of Shalakya Tantra, Government Ayurveda Medical College,
Dhanvantari Road, Bengaluru, Karnataka-560009.

²Professor and H.O.D, Department of Shalakya Tantra, Government Ayurveda Medical
College, Dhanvantari Road, Bengaluru, Karnataka-560009.

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Corresponding Author*Dr. Sukritha Y. N.**

Department of Geology, Periyar
University Centre for Postgraduate
and Research Studies, Dharmapuri –
635 205, Tamil Nadu, India.



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ABSTRACT

Blepharospasm is a focal dystonia characterized by repetitive contractions of the periocular muscles, resulting in excessive blinking and involuntary eyelid closure. This case study evaluates the effectiveness and safety of Ayurvedic interventions in the management of blepharospasm in a 47-year-old female patient with a 4-year history of the condition. The treatment protocol included oral medications, *Shodhana* procedures such as *Nasya*, and local ocular therapies *Netra Tarpana*. The patient demonstrated significant improvement in involuntary eyelid movements along with a reduction in associated facial spasms.

KEYWORDS: Blepharospasm, focal dystonia, facial muscle spasm, *Tarpana*, *Nasya*.

INTRODUCTION

Blepharospasm is a focal dystonia characterized by involuntary, repetitive contraction of the periocular muscles, resulting in excessive blinking and forced eyelid closure. It is broadly classified into essential and reflex types. Essential blepharospasm commonly affects individuals between 45 and 65 years of age and is considered a chronic, progressive condition with no definitive cure; botulinum toxin injections remain the mainstay of conventional management, producing temporary chemodenervation of the affected muscles. Reflex

blepharospasm, on the other hand, occurs secondary to ocular surface irritation or sensory stimuli and is typically managed with lubricants and treatment of the underlying cause. In refractory cases, surgical interventions such as facial nerve denervation or myectomy may be considered.

In the Ayurvedic perspective, conditions resembling blepharospasm can be correlated with *Nimesha*, which is described as an *Asadhya Vyadhi* and is predominantly associated with *Vata Dosha* vitiation. The present case study evaluates the therapeutic efficacy of a comprehensive Ayurvedic approach involving internal administration of *Mashabaladi Kashaya* in the form of *nasapana* along with *kriyakalpa* procedures including *Nasya* and *Netra Tarpana*.

These interventions demonstrated favorable outcomes in reducing the frequency and severity of eyelid spasms without any observed adverse effects. The findings of this case highlight the potential role of Ayurvedic management in alleviating symptoms of blepharospasm and improving the overall quality of life of the patient.

CASE REPORT

A 47-year-old female patient, known case of Diabetes Mellitus for 20 years with irregular glycemic control and on oral hypoglycemic agents, presented to the OPD of Department of Shalakya Tantra, GAMC Bengaluru, with complaints suggestive of chronic blepharospasm.

Chief Complaints: Involuntary closure of both eyelids, recurrent facial muscle spasms.

Associated Complaints: Photophobia, Foreign body sensation in both eyes, Anxiety and disturbed sleep.

History of Present Illness: The patient was apparently asymptomatic until 2024, when she developed involuntary eyelid closure with increased blinking, which gradually progressed in severity and frequency. She consulted a neurologist at a tertiary care center, and suspected as blepharospasm and prescribed some oral medications.

The patient was initially started on Tab. Prednisolone 40 mg, which was continued for nearly 2 years and gradually tapered. This resulted in temporary symptomatic relief. Later, the diagnosis of essential blepharospasm was confirmed.

She was advised botulinum toxin injections, but due to financial constraints, she did not opt for the procedure. Instead, she continued on oral medications, which provided only short-term relief over the past 2 years.

Due to persistent symptoms and inadequate relief with conventional management, the patient sought Ayurvedic treatment and presented to our OPD for further management.

On Examination

Blinking rate: 24–28/min

Ocular examination: (BE) LPC & UPC – clear

Anterior chamber – normal depth and quiet

Pupil – normal size and reacting to light

Lens – IMSC changes noted

Slit lamp examination:

Right cornea showed mild scattered epithelial blebs

Fundus examination: (BE)

Media – clear

Optic disc – within normal limits

CDR – 0.3

Retinal vessels – slightly tortuous

Macula – healthy appearance

General fundus – mild tessellated background

Cataract evaluation: (BE) C – PSC1, N1–N2

Visual examination

UCVA – RE :6/12 ,N36

LE: 6/18 ,N36

BCVA – RE :6/6 ,N6

LE: 6/9, N8

Accepted correction

+0.50 DS → 6/6 (RE)

+1.25 DS → 6/6 (LE)

Add: +2.50 DS → N6 (BE)

Personal History

Diet – mixed diet, predominantly prefers dry and fried food items

Appetite – mildly reduced

Bowel – irregular, occasional constipation

Micturition – normal

Sleep – adequate and sound

Addiction – none

Allergy – no known allergies

Occupation – retired government employee (accounts section)

Blood Investigations

HbA1c – 7.2%

FBS – 118 mg%

PPBS – 210 mg%

Hb – 13.8 gm%

Diagnostic assessment of blepharospasm**Jankovic Rating Scale (JRS)**

The JRS (Jankovic Rating Scale) is a widely accepted method for clinical evaluation of blepharospasm. It includes two parameters, namely severity and frequency, both assessed using a scale from 0 to 4. A score of 0 indicates no abnormality, whereas a score of 4 reflects the most pronounced and frequent manifestations.

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

Although *Nimesha* is described as an *Asadhya Vyadhi* in ayurveda, it's *Vataja* dominance permits the adoption of *vataja shamana chikitsa*. The patient was managed with OPD medications for a duration of 43 days ,resulting in noticeable symptomatic improvement.

Table 3.

Sl.No	Treatment	Medicines	Dose	Duration
1-7 th day	<i>Nasya</i> (<i>Mukhabhyanga</i> with <i>Ksheerabala Taila</i>)	<i>Karpasastyadi Taila</i>	12 drops to each nostril	7 Days
8 th -14 th day	<i>Nasapana</i>	<i>Mashabaladi Kwatha</i>	12ml to each nostril with equal quantity of warm milk	7 Days
15 th -21 st day	<i>Tarpana</i>	<i>Triphala Grutha</i>	QS	7 Days
22 nd -30 th ., day	<i>Tailadhara</i>	<i>Ksheerabala Taila</i>	QS	7 Days

Discharge Medicines**Table 4.**

Sl.No	Medicines	Dose	Duration
31 st - 37 th day	<i>Saptamrutha Loha</i>	0-0-2 A/F	7 days
31 st -37 th day	<i>Brihat Vata Chintamani</i>	1-1-1 A/F	7 days
31 st - 37 th day	<i>Patoladi Kashaya</i>	15ml-0-15ml with warm water B/F	7 days
31 st – 43 rd day	<i>Eye Exercises</i>	Twice daily	15 days

OBSERVATIONS AND RESULTS**Table 5.**

Before Treatment	After Treatment	JRS Score: Severity and Frequency
- Blinking rate :25-28/min - Involuntary closure of eyelids - Facial muscular spasm - JRS Score : - Severity –Grade 4(++++) - Frequency –Grade 4(++++)	- Blinking rate :10-15/min - Limited abnormal eyelid movements (75%) - Reduced facial muscular spasm - JRS Score : - Severity – Grade 1(+) - Frequency – Grade 1(+)	- Before treatment - +++++ - After 30 days - +++ - After 43 days - ++ - After treatment- +

DISCUSSION

Nimesha can be understood as a **Vata-pradhana Vyadhi**, where in the vitiation of *Vata dosha* plays a central role in the manifestation of symptoms. Hence, the line of management was primarily focused on **Vata-shamana** through a combination of internal and external therapies. Like *nasya* with **Karpasasthyadi Taila**, indicated in *Vatavyadhi*, was selected for external application due to its *Snigdha Guna*, *Ushna Veerya*, and *Brumhana* properties, which effectively counteract the *Ruksha* and *Sheeta* qualities of *Vata*. Its *Vata-Kapha Shamaka* action further supports neuromuscular stability. *Nasapana* with **Mashabaladi Kwatha** is predominantly indicated in *vatavyadhi* and serves as *brumhana* and *vatashamaka*. **Tarpana with Triphala Ghrita** was administered considering its *Chakshushya* property, as ocular involvement is significant in *Nimesha*. The *Tridoshaghna*, *Snigdha*, and *Brumhana* qualities of *Triphala Ghrita* aid in nourishing ocular tissues and pacifying *Vata*. **Shirodhara with Ksheerabala Taila** contributed to *Vata*-pacification and mental relaxation address associated symptoms such as disturbed sleep. Its soothing effect on the central nervous system helps in reducing stress and stabilizing the functional disturbances associated with *Vata* imbalance. Among internal medications, **Saptamruta Loha** possesses *Chakshushya* and *Rasayana* properties, pacifies *Pitta* and *Vata dosha*, and nourishes *Netra dhatu*, stabilizes eyelid movements, and supports proper functioning of *Akshi*, thereby reducing the frequency and severity of involuntary eye movements. **Bruhat Vata Chintamani Rasa** played a key role due to its *Vata-shamaka* and *Rasayana* properties, aiding in neuroprotective action. The presence of **gastritis and burning sensation** indicated a concurrent *Pitta* aggravation. Hence, **Patoladi Kashaya** was administered to pacify *Pitta*. Thus, the treatment approach highlights a **holistic Ayurvedic strategy**, addressing both the primary *Vata* pathology and associated *Pitta* imbalance, leading to overall clinical improvement.

CONCLUSION

Blepharospasm is an involuntary, sustained, and forceful closure of the eyelids, classified into essential and reflex types. Essential blepharospasm is a rare idiopathic condition seen in individuals aged 45–65 years and is commonly managed with botulinum toxin injections or facial denervation. Reflex blepharospasm occurs due to sensory stimulation via the trigeminal nerve. The global prevalence of benign essential blepharospasm ranges from 20 to 133 cases per million, with a higher incidence in women, possibly linked to menopause. The female-to-male ratio is approximately 2.3:1.

In Ayurveda, this condition can be correlated with *Nimesha*, described under *Vataja Asadhya Vartmagata Roga* by *Acharya Sushruta*, characterized by excessive eyelid movements (*Chalayati Ati Vartmani*).

This case demonstrates that Ayurvedic interventions such as *Nasya*, *Tarpana*, *Nasapana* and internal medications can significantly reduce the severity of spasms and improve quality of life.

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