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An Ayurvedic Management in Vatahata Vartma (Ptosis)- III Cranial Nerve Palsy- A Case Study

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Abstract:
BACKGROUND: Third cranial nerve palsy is a neurological condition characterized by ptosis due to paralysis of the levator palpebrae superioris muscle, deviation of the eyeball downwards and outwards, fixed dilated pupil, and restricted ocular movements. Conventionally, management includes conservative or surgical approaches. In Ayurveda, this condition can be correlated with *Vatahata Vartma*, a type of *Vartmagata Roga*, described with features such as *Vimukta Sandhi Nicheshtata* (loss of normal eyelid movements) and *Namilayati*, describe it as an *Asādhyā Vyādhi*.
METHODS AND MATERIALS: A 50-year-old male patient presented with difficulty in opening the left eyelid for one month, associated with blurring of vision. Clinical examination revealed complete ptosis of the left eyelid, downward and outward deviation of the eyeball, and mydriasis. The patient was treated with Ayurvedic therapies aimed at pacifying aggravated Vāta, including Sadyovirechana, Shastika Shali Pindi Sweda (SSPS) over the ocular region, Bidalaka (Annalepa), Seka with Balagudūcyādi Kaṣāya, Nasya with Kṣheerabala Taila, and Mātrā Basti with Kṣheerabala Taila for 7 days, along with appropriate Śamana Auṣadhi.

Keywords: Third nerve palsy, Vatahatavartma, Chikitsa, Vata Dosha , Nasya, Basti.

INTRODUCTION:

Chief complaints:
A 50yr old male patient presented with sudden painless dropping of left upper eyelid in the past 2 week for which he had visited allopathy hospital and was advised to undergo DNE and was diagnosed with Allergic Fungal Rhinosinusitis With Left Nasal Polyposis for which he was advised to undergo FESS.
After FESS, ptosis did not resolve so came to SDMIAH, Bengaluru – Shalakya tantra OPD for treatment.
PAST HISTORY:
S/p FESS 1 week back
FAMILY HISTORY: Nothing contributory
VITALS:
BP- 130/80 mm of hg
Respiratory rate: 23cpm
Temperature: 98° F
Heart rate: 80 beats/min

VAYAKTIKA VRITANTA:
Ahara: Vegetarian
Nidra: Sound sleep
Mala: 1 time per day
Mutra:4-5 times per day

ROGA PAREKSHA:
Prakruta: vata kapha
Vikruti: vata kapha
Sara: Madhyama
Samhana: Madhyama
Satva: Madhyama
Satma: Madhyama
Ahara shakti: Madhyama
Vyama shakti: Madhyama

ASTAVIDHA PAREEKSHA:
Nadi – Vata - Kapha
Mala- once a day
Mootra-4-5 times /day
Jihwa- Alipta
Drik- Prakruta
Sparsha- Anushanasheeta
Shabda - Prakruta
Akruti - Madhyama

***ROGI PAREEKSHA* (Systemic examination):**
CVS- S_1 S_2 Heard
CNS- conscious and oriented to time, place ad person
RS- Normal vesticular breath sounds heard
GIT- No abnormalities

SPECIFIC EXAMINATION OF EYE:
Facial symmetry & Eyebrow: Bilaterally symmetry
Head posture: Straight, Erect position without any tilt

Structures	RE	LE
Eyeball	Centrally placed	Squint – outward and downward
Eyelid	Covering $1/6^{th}$ of cornea	Complete ptosis
Pupil	3-4mm, centrally placed	Mydriasis

VISUAL ACUITY:

Visual acuity	Distant Vision	Pinhole	Near Vision
RIGHT EYE	6/9	6/9	N24
LEFT EYE	6/9	6/6	N24

SAMPRAPTI:

ALLERGIC FUNGAL RHINOSINUSITIS:

ACCUMULATION OF THICK ALLERGIC MUCIN

↓

CHRONIC INFLAMMATION OF PNS

↓

EXPANSION OF SINUS CONTENTS WITH PRESSURE

↓

BONY REMODELLING / EROSION OF SINUS WALLS

↓

EXTENSION TO ADJACENT STRUCTURES (ORBIT, CAVERNOUS SINUS, SUP. ORBITAL FOSSA)

↓

COMPRESSION & INFLAMMATORY EDEMA AROUND OCULOMOTOR NERVE

↓

ISCHEMIA + NEURITIS OF 3RD CRANIAL NERVE

↓

NEUROGENIC PTOSIS

IN AYURVEDA:

ABHIGHATAJA NIDANA

↓

DHATU KSHATA (MAMSA, SNAYU, SIRA)

↓

PRAKOPA OF VATA DOSHA

↓

STAHANA SAMSHRAYA IN VARTMA

↓

VIMUKTA SANDHIM NISCHESHTAM, NAMILAYATE

↓

VATAHATA VARTAMA

SAMPRAPTI GHATAKA:

Dosha – Vata Pradhana Tridosha
Dushya – Rasa,Rakta,Mamsa
Agni- Dhatwagni
Srotas – Rasavaha srotas, Raktavaha srotas, Mamsavaha srotas
Srotodusti – Sanga

Udbhava Sthana- Amashaya
Sancahara Sthana-Netra nadi
Adhistana – Vartma
Roga Marga – Madhyama
Sadyasadhyata: Asadya

TREATMENT PROTOCOL:

CHIKITSA	DRAVYA USED
Sadyovirechana	Gandharvahastadi Eranda taila 50ml (on 1st day)
Seka	Balaguduchyadi Kashaya
SSPS (over ocular region)	Shastika shali + milk
Nasya	Ksheerabala taila 8 drops
Matra basti	Ksheerabala taila - 70 ml

SHAMANAOUSHADHI:

Aushadhi	Dose	Kala
Sukumara rasa	1-1-1	A/F
Cap Balamoola	2-0-2	A/F
Lasuna rasayana	2-0-2	A/F
Balaguduchyadi kasaya	15ml TID with equal quantity of water	B/F
Cap Ashwagandha	2-0-2	B/F

FOLLOW UP & RESULTS:

DURATION	RESULTS
BEFORE TREATMENT (DAY 0)	**Fig 1:** 
AFTER TREATMENT (DAY 7)	**Fig 2:** 

2nd SITTING (DAY 21)	Fig 3: 

DISCUSSION:

Third cranial nerve palsy is characterized by dysfunction of structures supplied by the oculomotor nerve, resulting in ptosis, ophthalmoplegia, pupillary dilatation, and impaired ocular motility[5]. In the present case, the patient developed complete ptosis following allergic fungal rhinosinusitis, the Chronic inflammation and expansion of fungal mucin probably resulted in compression and inflammatory edema around the oculomotor nerve, leading to ischemic neuropathy and neurogenic ptosis[6].

From an Ayurvedic perspective, the condition can be correlated with Vātahata Vartma, a Vartmagata Roga described by Sushruta with features such as "Vimukta Sandhi", "Niscesṭata", and "Namilayati",[1] indicating loss of eyelid movement and drooping of the eyelid. The disease is considered Asādhyā, owing to the involvement of vital structures such as Snāyu, Sira and the Madhyama Roga Mārga. The preceding pathology of fungal sinus disease and surgical intervention can be considered a form of Abhighāta, leading to Dhātu-kṣaya and subsequent aggravation of Vāta Doṣa.

Significance of the Treatment Protocol

The treatment was planned on the principles of Vātashamana, Brimhana and Indriya-Prasadana.

- Sadyovirechana with Gandharvahastādi Eranda Taila

Virechana helps in eliminating aggravated Doṣas from their root and normalizing the movement of Vāta. Here Administration of Sneha-based Virechana helps in Anulomana of Vāta.*"Vātānulomanārthaṃ sneha virecanaṃ śreṣṭham."*[3] .

- Shastika Sali Pinda Sweda (SSPS)- having Brimhana and Snigdha-Uṣṇa guna, thereby helps in reducing stiffness and nourishing Mamsa and Snayu Dhatus. Neurogenic ptosis involves denervation of the levator palpebrae superioris muscle; hence local Brimhana measures improve tissue nutrition and circulation.
- Seka with Balāgudūcyādi Kaṣāya- Seka is indicated in Vātaja and Pittaja Netra Vikāras. Bala and Guduchi possess *Vāta-Pitta śāmaka and Rasāyana properties,* reducing residual inflammation and promoting tissue repair.
- Nasya with Kṣheerabala Taila- "Nāsa hi śiraso dvāram" [2]

The drug administered through nasal passages reaches the Śṛṅgāṭaka Marma, nourishing the sensory organs and neural pathways. Kṣheerabala Taila possesses Balya, Brimhana, Majja-dhātu vardhaka and Vāta-hara properties, which may aid in neural regeneration and restoration of neuromuscular transmission.

- Mātrā Basti with Kṣheerabala Taila - **"**Bastirvata-haraṇaṃ shreṣṭhaḥ"[3]

Since the disease involves *Madhyama Roga Mārga* and *Vāta* vitiation secondary to tissue depletion, *Mātrā Basti* provides sustained nourishment to depleted tissues and supports neuromuscular functions. *Kṣheerabala* Taila is specifically indicated in neurological conditions involving weakness, paralysis and degeneration.

CONCLUSION

Third cranial nerve palsy causing neurogenic ptosis can be clinically correlated with *Vātahata Vartma, a Vātaja Vartmagata Roga* described in Ayurvedic classics. The present case demonstrates that an integrated Ayurvedic management approach comprising *Sadyovirechana, Nasya, Mātrā Basti, Śaṣṭika Śāli Piṇḍa Sveda, Seka* and *Śamana Auṣadhis* such as *Lasuna Rasayana* – acts as *Vāta-Kapha hara*, improves circulation and possesses neuroprotective properties. *Aśvagandhā – Rasayana, Balya* and proven neuroregenerative herb. *Balamoola and Balagudūcyādi Kaṣāya* – nourish depleted tissues and reduce inflammation. *Sukumāra Rasa* – maintains *Vātānulomana* and supports systemic *Vata* pacification - produced significant clinical improvement in ptosis and ocular movements.

Although *Vātahata Vartma* is described as an *Asādhyā Vyādhi*, timely administration of therapies aimed at *Vāta Śamana, Brimhana and Nadi-poshana* may arrest disease progression and facilitate functional recovery. This case highlights the potential role of Ayurvedic management in cranial neuropathies.

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