

Role of Nasya and Ksheeradhuma in the Management of Blepharospasm: A Clinical Case Study

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ABSTRACT

Introduction

Being the foremost among sense organs, the eye demands utmost care and protection through both preventive and therapeutic measures. Blepharospasm refers to the involuntary, sustained and forceful closure of the eyelids.¹ In Ayurveda, it can be correlated to Vata dominant Netraroga, particularly Nimesha². Although it is considered as Asadhya Vyadhi,³ the general line of treatment for Vata Vyadhi can be adopted,⁴ which mainly includes Snehana, Swedana, and Nasya in case of Urdhwajatrugata Vyadhi.

Materials & Methods: A 72-year-old male patient complaining of uncontrolled winking in left eye since 3 months visited Shalakyta Tantra OPD of GAMC, Bengaluru. Patient was thoroughly examined and diagnosed as Nimesha/ Blepharospasm. Patient underwent Nasya along with Ksheeradhuma for 7 days. Within 7 days of treatment patient showed significant improvement.

Keywords: Blepharospasm, Nimesha, Nasya, Ksheeradhuma

I. INTRODUCTION

Case Report

Chief Complaint- A 72-year-old male patient complaints of uncontrolled winking of left eye since 3 months associated with excessive watering from the same eye.

History of Present Illness- A male patient of 72-year-old, known case of Diabetes mellitus, complaints of uncontrolled lid movements in left eye since 3 months. Initially, the episodes were few and used to stop by itself which patient neglected. Later, after his wife's demise, the symptoms started to aggravate and since 1 month it has become continuous with excessive watering from the Left eye. For the abovesaid complaints, patient visited our hospital.

Family History- Nothing contributory

Past History

Nothing contributory

Personal history

- Appetite- Good
- Bowel- Regular
- Micturition- 4-5 times/ day, 2 times/night
- Sleep- Disturbed (3-4hrs)

Ashtavidha Pareeksha

- Nadi- 74/min
- Mutra – 4-5 times/day, 2 times/night
- Mala- Prakruta
- Jihwa- Alipta
- Shabda- Prakruta
- Sparsha- Prakruta
- Drik- Vikruta
- Akriti- Madhyama

General Examination –

BP- 130/80 mmHg
Pulse Rate- 80/ min
Respiratory Rate- 14/min

Systemic Examination

- Cardiovascular system – S1-S2 normal
- Respiratory system – NVBS heard
- Gastrointestinal system - P/A soft, non-tender
- Nervous system – Higher mental functions intact, Cranial nerves intact
- Motor functions – NAD

OCULAR EXAMINATION

- **Observation of involuntary movements:**
 - Frequency- Continuous
 - Duration of eyelid spasm- milliseconds to second
 - Symmetry- Asymmetrical, Absent in Right eye
- **Apraxia of eyelid opening-** Absent
- **Signs of secondary causes-** Absent
- **Visual Acuity-**
 - UAVA- RE-6/12, LE-6/18
 - BCVA- RE-6/9, LE-6/9

• **Slit lamp Examination-**

Part	Right Eye	Left Eye
Lids	Mild Senile Ptosis	Mild Senile Ptosis
Conjunctiva	Normal	Normal
Cornea	Clear	Clear
Anterior Chamber	Within normal depth	Within normal depth
Lens	SIMC present (ACC)	SIMC Present (ACC)
Pupil	3mm, RRR	3mm, RRR

- **Schirmer’s Test-** RE- 20mm at 5 mins, LE- >35mm within 3 mins
- **Neurological Examination-**
 - Cranial Nerves- Intact
 - Extrapyrimal signs- Absent
 - Other focal dystonia- Absent
- Mental Status examination- Slightly depressed
- **Jankovic Rating Scale⁵⁻**
 - Severity of Blepharospasm Score- 4
 - Functional disability Score-3
 - Total score=7

TREATMENT

Treatment	Drug/Yoga	Dose	Duration
Nasya	Anutaila for 3 days, From 4 th day 7 th day with Neurocare Drops	12 drops into each nostril in the morning in empty stomach	7 Days
Ksheera Dhuma	Balamula kwatha churna Ksheerapaka	Quantity sufficient	7 days

II. FOLLOWUP & RESULT

Total duration of treatment was for 7 days. Patient noticed drastic improvement within 3 days

of treatment and the frequency of blepharospasm decreased drastically over 7 days of treatment. Assessment was done before and after treatment

Jankovic Rating Scale	Before treatment	After Treatment
Severity of Blepharospasm Score	4	1
Functional disability score	3	1
Total	7	2

III. DISCUSSION

Essential blepharospasm is a form of adult-onset focal dystonia involving involuntary, repetitive contractions of the orbicularis oculi muscles, often resulting in functional blindness, social withdrawal, and psychological distress. Conventional management primarily involves botulinum toxin injections, which offer only temporary relief and are associated with potential side effects and recurrence.⁶ Hence, exploring safe and sustainable alternatives like Ayurvedic interventions is clinically relevant.

In the present case, the Vata-dominant pathology was evident, as involuntary movements and neuromuscular incoordination are hallmark features of Vata vitiation, particularly of Vyana Vata and Prana Vata. The treatment approach was designed to pacify aggravated Vata and strengthen neuromuscular control at the level of the head and sensory organs.

Anutaila Nasya⁷ plays a vital role in Murdhni Vata shamana. It nourishes the cranial nerves, calms Prana and Vyana Vata, and supports normal functioning of the eye and eyelid movements. The Neurocare drops⁸ served as an adjunct Rasayana to enhance neurological function and reduce excitability of the neuromuscular pathways. Ksheeradhuma with Balamula Ksheerapaka was employed to provide Snigdha Ushna Guna locally, relieving stiffness, nourishing the eyelid muscles, and enhancing blood flow and tone.⁹ Post-treatment observations indicated a reduction in spasm frequency and severity, improvement in voluntary eyelid opening, and enhanced overall comfort. These outcomes align with Ayurvedic principles of Srotoshodhana, Vatahara, and Balya chikitsa. Notably, the interventions were non-invasive and free of adverse effects. Thus, the case highlights the potential

efficacy of Ayurvedic therapies in managing functional dystonias like essential blepharospasm.

IV. CONCLUSION

Essential blepharospasm, a challenging focal dystonia, significantly affects the patient's quality of life. In this case, an Ayurvedic treatment approach targeting Vata vitiation through Anutaila Nasya, Ksheeradhuma with Balamoola Ksheerapaka, and Neurocare drops showed promising results in reducing spasms and improving eyelid control. The therapies acted synergistically to calm Prana and Vyana Vata, nourish the cranial nerves, and restore neuromuscular balance. This case demonstrates that individualised Ayurvedic management can offer safe, effective, and sustainable relief in functional neurological disorders like blepharospasm.

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