



## MANAGEMENT OF NIMESHA THROUGH AYURVEDA - A CASE STUDY

<b>Jagruti Richhariya*</b>	PG Scholar, Department of Shalakyatantra, Parul Institute of Ayurved, Limda, Waghodia, Vadodara, Gujarat, PIN-391760. *Corresponding Author
<b>Rajeev G Dole</b>	Professor, Department of Shalakyatantra, Parul Institute of Ayurved, Limda, Waghodia, Vadodara, Gujarat, PIN-391760.
<b>Sudipana sarkar</b>	PG Scholar, Department of Shalakyatantra, Parul Institute of Ayurved, Limda, Waghodia, Vadodara, Gujarat, PIN-391760.
<b>Shivkant Sharma</b>	Assistant Professor, Department of Shalakyatantra, Parul Institute of Ayurved, Limda, Waghodia, Vadodara, Gujarat, PIN-391760.

**ABSTRACT**

Involuntary blinking of eyelid is one of the most common and major problem of eye. The main culprit for this is our lifestyle, stress and faulty food habits. Blinking an essential function of the eyelid that helps spread tears across and remove irritants from the surface of cornea and conjunctiva. In Ayurved involuntary blinking of eye is correlated with *Nimesha vyadhi*. *Nimesha vyadhi* is one among the *vartmagat vyadhi* and produce from *vata dosha dushti*. A case of *vyadhi Nimesha* which was treated by ayurvedic medicine and procedures is being reported here as a case study. In this case study patient has been suffering from discomfort in daily activity due to involuntary continuous blinking of left eyelid. *Nimesha vyadhi* was managed by ayurvedic procedure. Patient was administered ayurvedic topical and internal medicines. This case study shows that ayurvedic procedures that works on *vatashaman* can be effectively used to managed *Nimesha vyadhi*.

**KEYWORDS :** Involuntary , Blinking, Eyelid, Nimesha

**INTRODUCTION**

*Nimesha vyadhi* is one among the *vartmagat rog*.<sup>[1]</sup> *Vartma* is muscular and vascular structure which indicates the *vayu* and *pruthvi mahabhoot* and also predominant of *pitta* and *kapha dosha* and the whole movement of eyelid is controlled by *vyan vayu*. Acharya sushruta mention it, in the *samprapti* of *vartmagat roga* due to *nidana sevana vata dosha* gets *prakupita avashtha* reaches the *Nimesani sira* which situated in *Netra sandhi* and increase the movement of eyelid<sup>[2]</sup>

In modern science it can be correlated with Involuntary blinking of eyelid, eyelid consist of skin, subcutaneous areolar tissue, layer of striated muscle which is consist of orbicularis muscle, levator palpebral superioris muscle (present in upper eyelid only). orbicularis muscle is responsible for closing the eyelid and it supplied by zygomatic branch of the facial nerve and levator palpebral superioris muscle is raise the upper lid and it maintain the upper eyelid position<sup>[3]</sup>. The levator palpebral superioris action is sent through the oculomotor nerve. Hence, involuntary blinking of eyelid invites immediate attention to avoid complications which may permanently impair the vision later

A single case study was carried out in the OPD of Shalakyatantra, Parul Ayurved Hospital, Vadodara, Gujarat. The patient had the complaint of involuntary continuous blinking of left eyelid with other complains of dryness in eye and discomfort in daily activities.

*Nimesha vyadhi* has been categorized under *Asadhya vyadhi* (incurable)<sup>[4]</sup> but according to *Gad nigraha* and *vrinda madhav* the management of *nimesha vyadhi* has been described. *Acharya Sushruta* quotes as "No disease can ever develop without the vitiation of *Dosha* and *Dushya*, a physician should use his intellect, wisdom and experience in order to understand the *Dosha- Dushya sammurchhana* and underlying *samprapti* to treat the disease, that have not been named in the classics or *shastras*"<sup>[5]</sup> In this case study the patient age is 56 years that is the old age. There is vitiation of *vata Dosha* So prime importance should be given to *vata Dosha*. Therefore consider the management of the disease as *Matra basti* with *shatpushpa taila* was planned with *Nasya karma* with *Go- ghrita* and *Netratarpana* with *Go-ghrit* was

*planned accordingly*. Procedure of *Matra Basti* is described as *pradhan karma* for *vata shaman*<sup>[6]</sup> and procedure of *Nasya* and *Netratarpana* with *Go- ghrita* is described in the treatment of *Nimesha* in classical text<sup>[7]</sup>. Thus, an attempt is made for managed of *Nimesha vyadhi*.

**OBJECTIVES**

1. To understand the involuntary blinking with respect to "Nimesha" which is mentioned in ayurveda classics.
2. To manage the Nimesha Vyadhi through ayurvedic procedures

**MATERIAL AND METHOD**

**Place of study-** Department of Shalakyatantra, Parul Ayurved Hospital, Vadodara, Gujarat

**Case study-** A 56 years old female patient, a housewife who complained involuntary twitching of left eyelid with other complains of dryness in eye and discomfort in daily activities since 6 months. The case was treated by *Matra Basti* with *Shatpushpa Taila*, *Nasya* with *Go-Ghrita* and *Netra Tarpana* with *Go-Ghrita*.

**History of present illness-** Patient was apparently normal before 6 months, gradually patient felt discomfort in daily activities due to involuntary twitching of left eyelid with dryness. So, patient came to Parul Ayurveda hospital for treatment and to get better result.

**History of past illness-** No history of Hypertention, Diabetes Mellitus and any other systemic illness were found.

**On examination-**

STRUCTURES	RIGHT EYE	LEFT EYE
EYELID	Normal blink (12-16/ min)	Involuntary frequent blinking of eyelid, continuous blinking of eyelid in episodes.
CONJUNCTIVA	NAD	NAD
CORNEA	Clear	Clear
PUPIL	NSNRL	NSNRL
LENS	Transparent	Transparent

DVA	6/9	6/9(P)
NVA	N.6	N.6

### Treatment plan

DRUG	METHOD	DOSE	DURATION
SHATPUSHPA TAILA	Matra Basti	60 ml	For 7 days, daily at morning in one sitting
GO-GHRITA	Nasya	08 drops in each Nostrils	For 7 days daily at morning
GO- GHRITA	Netra Tarpan	30-40 grams in each eye	For 7 days daily at morning Dharan kala-vataj rog 1000 matrakal (25 minutes) <sup>168</sup>

### PHARMACOLOGICAL PROPERTIES OF GO-GHRITA AND SHATPUSHPA TAILA

S. N.	NAME OF DRUG	RASA	GUNA	VIRYA	VIPAKA	DOSHA KARMA
1.	Go-ghrita	Madhura	Snigdha Mridu guru yogvahi soumya	Sheeta	Madhura	Tridosha- shamak
2.	Shatpushpa	Katu, Tikta	Laghu, Snigdha, Tikshna	Ushna	Katu	Vata shamak, Balya,
2.	Til Taila	Madhur Anuras- kashaya	Guru, Snigdha	Ushna	Madhur	Vata- shamak

### RESULT-

The patient got relief with no complications and she was asked to come for follow up after 1 month and it was observed that there was no recurrence in the condition.

### DISCUSSION-

This case study is being reported with the objective to understand the *Nimesha vyadhi* which mentioned in *ayurveda* classics and its possible treatment procedures. Though *Nimesha* is incurable but *Gad Nigraha* and *Vrinda Madhav* have advocated *Nasya* and *Netratarpana* with *Go-Ghritha* is very much useful to subsight *Nimesha*<sup>17,91</sup> because *Go-Ghritha* have *Snigdha*, *Balya* and *Rasayana* properties<sup>100</sup>. Moreover nourishes *Meda*, *Majja* and *Shukra dhatu* which give strength to muscle and veins and it also have *Brihmana* property.

### PROBABLE MODE OF ACTION-

#### *Shatpushpa Taila Matra Basti-*

"*Basti vataharanam shrestham*" is mentioned by *Acharya charak*. That means *basti* is said to be best therapy to treat all *vata vyadhi*<sup>111</sup>. It has *Balya*, *Brihmana*, properties. *Acharya charak* mentioned "*sukham*" and "*sarvkalniratraya*" for *matrabasti* that means this is easily perform any time in the day<sup>102</sup>. So, *Matrabasti* with *Shatpushpa taila* was given in a dose 60 ml at morning for 7 days. *Matra basti* mainly deals with the *vata Dosh* in *moolasthan* *pakwashaya*. *Shatpushpa* having *Balya* and *Brihmana*, *Pusthikarak* i.e. gives strength. It is *Ushna* and *Vata shamak* properties and *Madhura* in taste<sup>113</sup> *Til Taila* have *Madhura rasa* as *pradhana rasa* and *Madhura vipaka* and *Balya* and *Rasayana* in *karma*. It nourishes and strengthens all the *dhatu*s. *Acharya charak* mentioned *vata shamak* and *bala vardhana* *guna* of *taila*<sup>114</sup>. *Sushruta* has stated that the drug used in *Basti karma* will spread in the body from *pakwashaya* due to their *veerya* through appropriate channels in the same way as water sprinkled at the root of tree, circulate all over the tree by its own specific property (*veerya*)[15].

**Nasya with Goghrita-** *Nasya* is the entrance of the cranial cavity<sup>161</sup>. the nasal medicines enters in *shringhatak marma* and spreads in the cranial cavity, eye, ear etc and *doshas* are removed from the site<sup>171</sup>. The drug administered through nose mainly act on olfactory receptors present in inferior concha and connected with higher centers of brain. Peripheral olfactory nerves are chemoreceptors and connected with limbic system and execute action on regulation of endocrine system function and nervous system function<sup>181</sup>. Drug enters into the systemic circulation and intracranial region by vascular pathway helps to control body movement. Here, *Nasya* with *Goghrita* was given for 7 days was administered in patient. *Goghrita* pacify *vata* by *Snigdha* *guna*. Classical text mentioned that *Ghritha* is *rasayana*, *chakshushya*, promote longevity and protects the body from disease.

**Tarpana with Goghrita-** *Tarpana* is most promising and potential benefits in various disorders of eye<sup>191</sup> such as, *tamyata*, *rookshata*, *adhimantha* but it is contraindicated in inflammatory conditions of eye. this special therapeutic procedure *ghrita* is used as topical administration as medicine will have direct action on the tissues. by this special ocular therapeutic procedure medicine can easily reach the target tissue and the bioavailability of the drug is more. Moreover epithelium and endothelium is lipophilic in nature which enhance absorption of *ghrita* in deeper layer, anterior lens capsule, ciliary muscle, cornea and other tissues and the *ghrita* also have lipophilic action which facilitate the transportation of effects to the target organ and finally reaching the cell membrane and this absorption of *ghrita* is depend on molecular size<sup>201</sup>. As mentioned above that *goghrita* having *vatashamak* by *Snigdha* *guna*, *Rasayana*, *ojovardhak*, *chakshushya*, so it reduce the symptoms of *nimesha vyadhi*.

### CONCLUSION

*Acharya Sushruta* mentioned *Nimesha vyadhi* is a *vataj asadhya vyadhi* was more common in old days and even today but other classical text mentioned the *vatashamak* treatment of *Nimesha*. In this study the *matra basti* with *shatpushpa taila* was used to treat the *nimesha* which is already mentioned in *ayurvedic* classical text as *vatashamak pradhana karma*. After intervention of *matrabasti*, *Nasya* with *Go-ghrita* and *Netra tarpana* with *Go-ghrita* were used to subsight the symptoms of *Nimesha* (Continuous involuntary blinking of eyelid). The drug administered here are having the properties like *vatashamak*, *rasayanaya*, *balya* properties. Subsequently, the patient gets complete relief by above mentioned treatment as described in *Ayurveda* classics.

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