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Clinical Improvement of Kricchronmeelanaa with respect to Essential Blepharospasm Following an Ayurvedic Treatment: A Case Report

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Abstract
Background: Essential blepharospasm is a focal movement disorder characterized by repetitive, involuntary contractions of the orbicularis oculi muscles, leading to repeatedly eye twitching [1]and These symptoms may significantly interfere with routine activities . In modern medication only treated with botulinum toxin injections [2] , repeated administration is often required. Ayurveda management emphasizes restoring physiological balance through individualized treatment, offering a complementary approach in selected patients.
Objective: To describe the clinical outcome of an Ayurvedic management and viddhakarma protocol in a patient with essential blepharospasm.

Keywords: Essential blepharospasm, Ayurveda, Kricchronmeelana, Vata Vyadhi, Panchakarma, Netra Roga , viddhakarma.

Introduction

Involuntary, sustained and forcible closure of eyelids is known as blepharospasm. [3] Involuntary closing of the eye it affects unilateral or bilateral of eyes leads to blinking of eyes and inability to open the lids essential blepharospasm is a form of focal dystonia involving involuntary contraction of the eyelid orbicularis oculi muscles .[4] It lasts for few seconds to several minutes Initially, patients experience increased blinking, ocular irritation, and sensitivity to bright light. As the disease progresses, forceful eyelid closure may become frequent enough to impair vision and daily functioning despite preserved visual acuity. Essential blepharospasm has a insidious onset between the ages 45 to 65 years[5]Although dysfunction within neural system controlling eyelid movement is believed to play a central role emotional stress and fatigue.

Ayurvedic classics do not describe blepharospasm as a separate disease entity; however, its manifestations resemble Kricchronmeelan according to vaghbhatta samhita ; and Nimesa vadhi according to shushruta samhita samprapti vighatana according to shushruta is ;
According to Ayurveda;-

निमेषिणीः सिरा वायुः प्रविष्टो वर्त्मसंश्रयाः ।
चालयेदक्षिवर्त्मनि निमेषः स गदो मतः ॥ २४ ॥
दाहककण्डूरु जोपेतास्तेऽर्शः शोणितसम्भवाः ॥ २५ ॥

Constant blinkling of the eyelids owing to the incarceration of the (deranged) Vayu within the nerves or veins (Sirā) controlling their winkings (closing and opening) are known as Nimeṣa.
pain, itching and burning sensation are called Sonitāršas and should be ascribed to be vitiated condition of the blood. [6]a condition in which opening the eyelids becomes difficult due to vitiation of Vata Dosha. Considering the mansa , snayu , majjavaha strotas (neuromuscular involvement) ayurvedic therapies aimed at pacifying Vata and nourishing the nervous system and muscles may be it reduces symptoms

Aims and objectives

To explore the principles and efficacy of classical Ayurvedic management Viddhakarma and marma stimulation therapy in Blepharospasm.

MATERIAL AND METHOD

A textual analysis of classical Ayurvedic sources including Samhita . Modern clinical research articles, Ayurvedic clinical research articles, and case studies were also reviewed.

Method : single case study.

Place :.

PG department of Shalakyatantra, Laxmanrao Kalaspurkar Ayurvedic Hospital Yavatmal, Affiliated with D. M.M Ayurved college Yavatmal.

Case Presentation - Patient Details

Age: 63 years
Sex: Female
Occupation: Housewife

Chief Complaints

Lt eye -Chalayati Vartmani (Twitching of eye lids)
B/L ocular pain
LT Eye -Difficulty keeping eye open Excessive involuntary blinking of left eyes for 3 months
Increased symptoms in sunlight
Watering from both eyes , Eyestrain

History of Present Illness -

She gradually developed frequent twitching of eyelid, which progressed over 2 week into repeated involuntary blinking of Lt eyelids. Symptoms worsened during stress, and bright light. Temporary relief occurred during sleep
There was no history of ocular trauma, facial weakness, ocular surgery, seizures, or loss of consciousness, head trauma

Past History

No diabetes mellitus, HTN , Thyroid Disorder
No neurological illness

Family History

No similar illness among family members.

Personal History

Appetite: Normal Bowel: Regular
Bladder: Normal Sleep: Disturbed
Diet: Mixed Addiction: None

General Examination ;-

PR: 80/min BP: 110/70 mmHg RR: 18/min

Ophthalmic Examination

Examination	Right eye (OD)	Left eye (OS)
BCVA (Distance) Near Vision	6/9 N6	6/9 N6
Eyelids	Normal no edema , no lagophthalmos	Normal no edema , no lagophthalmos
Conjunctiva	Normal	Mild congestion, no discharge
Cornea	Clear, fluorescein staining negative	Clear, fluorescein staining negative
Anterior Chamber	Normal depth, quiet	Normal depth, quiet
Iris	CPN	CPN
Pupil	NSRL	NSRL
Lens	Ns1 cat	Ns1cat
Intraocular Pressure (IOP)	17mmhg	16mmhg

Fundus Examination –

RT eye -Optic disc normal, C:D ratio 0.2, macula normal FR +, retina attached, vessels norma
Lt eye -Optic disc normal, C:D ratio 0.3, macula normal FR +, retina attached, vessels normal

Severity Assessment

Parameters	Criteria
Blink frequency	Lt eye 28 time /min
Eyelid closure	Severe
Photophobia	Moderate
Watering	Moderate

Ayurvedic Assessment

Prakriti: Vata–Pitta
Vikriti: Vata predominance
Nadi: Vata–Pitta
Dosha : Predominantly Vata
Srotas: Majjavaha and Rasavaha, mansavaha
Dushya - Rasa, Rakta , Mamsa, Sira.
Srotas -Rasavaha , Raktavaha ,Mamsavaha.

Srotodushti- Sanga , Vimarggama
Adhisthan –Netra (Pakshamagata)
Aggravating factors: stress, excessive bright sunlight, improper sleeping habits,

Diagnosis

Modern Diagnosis- Essential Blepharospasm.
Ayurvedic Diagnosis- .Kricchronmeelanaa

Treatment

In Sushruta it is mentioned nimesa vadhi but it is asadhya and according to Vagbhata's Acharya ,it will be treated with Kricchronmeelan vadhi is Kashtasadhya

स्निग्धांत्र नस्यधूमाञ्जनतर्पणपुटपाकान्प्रयोजयेत् ।।1।।
वातहरद्रव्यकल्पितांश्च बस्तीन्क्षीरस्विन्नैरण्डपल्लवस्वेदं वर्त्मनाम् ॥
एवमशान्तौ मुद्गमात्रान्तरैः पदैरग्निना त्वग्दाहं बिन्दुभिराचरेत् ।।2।।[7]
(अ.सं.उ. 12)

CHIKITSA-

Treatment	Procedure / Medicine	Dose / Method	Duration / Schedule
Snehapana	Jivantyadi Ghrita[8]	20 mL orally at morning time	Daily for 20 days
Sthanika Snehana	Tila Taila [9] (Sesame Oil)	Gentle massage over the ocular, periocular, and temporal region	15 minutes every morning 3 weeks days
Swedana	Pottali Sweda [10] prepared with Eranda Patra (Castor Leaves) boiled in milk	Applied over the ocular and periocular region after Sthanika Snehana	Once daily for 3 weeks consecutive days
Nasya Karma[11]	Ksheerabala Taila [12] (101 Avartita) – Shodhana Nasya	Dose escalation in each nostril: 2, 4, 6, 8, 10, 12, 14, 10, 12, 10,8, 6, 4, , 2 drops	For 15 days
Viddha Karma[13]	Superficial pricking using a sterile 22-gauge needle	Performed over Apanga marma,Avarta ,Shankha , Sthapani, upnasika marma regions [14]	Once daily in the morning for 3 consecutive days per week, repeated until 15 sittings were completed
Marma Stimulation [15] & Eye Exercises	Marma stimulation followed by eye exercises	Performed over Apanga marma,Avarta ,Shankha , Sthapani, upnasika marma regions	Marma stimulation: 15 minutes/day; Eye exercises: 5 minutes/day

Internal Medicines

Tab Palsineuron[16] TDS daily

Tab Bramhi Vati [17]– 250 mg twice daily

Pathya-Take proper sleep and rest Stress reduction

Yoga and meditation

Wear sunglasses in outdoors

Follow-up

After 3 Weeks

Parameters	**Assessment criteria at 4 week**	**Assessment criteria at 8 week**
Blink frequency	24 times /min	16 times /min
Photophobia	Moderate	Mild
Ocular pain	Mild	No pain
Watering	Mild	No watering
Eye strain	Moderate	No eye strain

Discussion

Blepharospasm is a focal dystonia involving abnormal motor control of the eyelid muscles. In Ayurvedic principles, aggravated Vata produces Spandana involuntary muscular movements .Internal medicines along with viddhakarma selected according to the patient's constitution and clinical findings. Panchakarma procedures such as gentle head and ocular region oil massage with Tila Taila it nourishes muscles and peripheral nerves improve lubrication and reduces vata related stiffness , Shodhana Nasya with Ksheerbala 101 traditional action Balya , Brimhana , Vatahara , Rasayana ,Vedanastapana according pharmacological properties provide antioxidant, anti inflammatory, may influence neurotransmission due to alkaloids (ephedrine ,pseudoephedrine) , Swedana with Eranda patra and milk pottali sweda acts as Vatahara , Shothahara, Srotoshodhaka, milka inhaces Brimhan , softeness tissue. Viddhakarma it modulate sensory input and muscle activity .marma stimulation were done under supervision only at morning time may reduce hyperactivity of muscle improves local blood flow relaxes

periocular muscles reduce muscle tension. Internal medication snehapana with jivantyadi ghrita reduces vitiated vata dosha which induces involuntary muscle contractions , brimhana,chakshusya , rasayana nourishes Majja Dhatu. Tab palsineuron supporting neuromuscular function , balya , rasayana[18] . Tab Bramhi Vati to reduce chitoodvega anxiety, restlessness, stress and Nidrajanana produce physiological sleep at night all above therapies aimed at Vata Shamana and local ocular care may reduce symptom severity and improve daily functioning nourishment of neural tissues.

Conclusion

This case demonstrated symptomatic improvement in essential blepharospasm following an Ayurvedic treatment regimen over 8 weeks, with reduction in eyelid spasms and improvement in activity. As this is a single case, the findings cannot be generalized and warrant further evaluation through larger clinical studies needed.

Management focused on reducing Vata aggravation, supporting neuromuscular function, and promoting ocular comfort.

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