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Case Study

“EFFICACY OF AYURVEDIC MANAGEMENT OF *NIMESH* W.S.R. TO BLEPHAROSPASM- A SINGLE CASE STUDY”

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ABSTRACT

Introduction- *Blepharospasm*, a focal dystonia characterized by involuntary, repetitive contraction of the eyelid muscles, significantly impacts quality of life and may be correlated with the Ayurvedic condition *Nimesh*, classified under *Vata Vyadhi*. Though *Nimesh* is considered *Asadhya* (incurable) in classical Ayurvedic texts, symptomatic management and quality-of-life improvement are possible through a holistic Ayurvedic approach targeting dosha imbalance, particularly *Vata*. **Materials & Methods-** A diagnosed case of blepharospasm was evaluated and treated following classical Ayurvedic protocols. **Results-** The patient demonstrated significant symptomatic improvement. There was a notable reduction in the frequency and intensity of eyelid spasms. No adverse effects were observed. **Discussion-** The therapeutic interventions helped pacify vitiated *Vata* and strengthened ocular structures, and promoted tear film regeneration.

KEYWORDS: Blepharospasm, Nimesh, Vata Vyadhi, Ayurvedic treatment, Dosha imbalance.

INTRODUCTION

Nimesha is a condition in which eyelids starts blinking involuntary due to influence of Vata Dosha. *Nimesh* is a painless increased blinking due to the aggravated *Vayu*. it can be correlated with the Blepharospasm. The main sign and symptom of *nimesha* is⁽¹⁾

- ☐ *Chalayti ati vartamani* (excessive movements of eyelids)
- ☐ *Nimesho unmeshanah muhu muhu* (repeated closure and opening of eyelids)

□ *Aruk/peeda rahitam*(painless condition of eye /eyelids)

According to our *Acharyas* in *Nimesha Vata Dosha* reached to *Nimilan Kaari Shira* (nerve which helping in eye lid movement) and will lead to frequent eye lid movement and increase blinking occurs⁽²⁾.

Blepharospasm is a focal dystonia characterized by involuntary, spasmodic, and episodic eyelid closure due to contraction of the eyelid protractor muscles (orbicularis oculi, corrugator, and procerus muscles)⁽³⁾.It significantly impacting ocular function and quality of life. It can occurs in two forms⁽⁴⁾-

1.Essential(Spontaneous) Blepharospasm-a rare idiopathic condition involving patients of age 45-65.

2.Reflex blepharospasm-It occurs due to reflex sensory stimulation through branches of 5th nerve in conditions such as phlyctenular keratitis,interstitial keratitis,corneal foreign body,corneal ulcers and iridocyclitis.it is also seen in excessive of facial nerve due to central causes and in some hysterical patients. It is also seen in excessive stimulation of retina by dazzling light and patient may complain of photophobia, a vague discomfort and a foreign body sensation.In severe cases, blepharospasm is disabling because it may temporarily render the patient functionally blind. Spasm may be precipitated by reading, driving, stress or bright light, and alleviated by talking, walking and relaxation.For treatment purpose in essential blepharospasm conventional medicine relies on botulinum toxin injections and pharmacologic interventions. Botulinum toxin injection afford relief in most patient by temporary paralysis of the injected muscles. Common but temporary adverse side effect include ptosis, lagophthalmos, dry eye and occasionally diplopia⁽⁵⁾ . Ayurveda offers a holistic approach addressing the root cause through muscle strengthening , neuroprotective and dosha-balancing therapies. This case study explores an Ayurvedic treatment approach for a patient presenting with chronic blepharospasm and comorbid hypertension.

Patient information- A 61-year-old male presented to our outpatient department with a chief complaint of frequent blinking of both eyes during walking of the patient since 4 years and he also had hypertension for 5 years . It was a diagnosed case of Blepharospasm.The patient denied any history of ocular trauma and surgical intervention.

History of present illness

The patient, previously asymptomatic, began experiencing bilateral frequent eyelid blinking approximately four years ago, which progressively worsened over time. These involuntary muscle contractions occurred spontaneously throughout the day, with intermittent exacerbations, leading to ocular discomfort, difficulty in maintaining prolonged visual focus, and mild social distress. Despite undergoing conventional treatment for over three to four years, he did not experience complete relief and subsequently opted for Ayurvedic management before presenting to our OPD. He also reported associated dryness in both eyes. His medical history revealed hypertension for the past five years.

Medical History and previous interventions

The patient had previously taken conventional treatment and was prescribed Anticholinergic, GABA – B receptor agonistic, neuro muscular blocking agent, which he took regularly for approximate 4 years without significant relief.

Appetite-normal

Sleep- Sound

Bowel- Clear

Bladder-Clear

Family history-Not significant

Clinical reasoning -

Based on the clinical presentation of progressive, involuntary bilateral eyelid blinking—worsening during walking along with associated ocular dryness and visual strain, the condition can be correlated with *Nimesha Roga* in Ayurveda. *Nimesha*, characterized by abnormal or excessive blinking, is often attributed to *Vata* vitiation, particularly within the *Netra Marma* (vital structures of the eye) and *Shira* (head region). Contributing factors such as prolonged screen exposure, mental strain from sedentary work, and advancing age may aggravate *Vata dosha*, leading to neuromuscular dysfunction manifesting as frequent blinking and ocular discomfort.

Clinical Findings:

Slit lamp examination revealed mild dryness in bilateral eyes and Posterior subcapsular cataract of grade -2 in bilateral eyes. The rest of the eye assessment was normal.

NCT- 16 mm of Hg in both eyes

Schirmers test readings- 12 mm in right eye and 10 mm in left eye.

Blinking rate-45-50 times in a minute

Ocular examination before treatment-Table no.1

Structure	Right eye /OD	Left eye /OS
Eyeball position	Normal	Normal
Eyelashes	Normal	Normal
Eyelids		
Conjunctiva	clear	clear
Cornea	Arcus senilis and dryness	Arcus senilis and dryness
Pupil	Normal size and Normal reflex	Normal size and Normal reflex

lens	Posterior subcapsular cataract- 2	Posterior subcapsular cataract- 2
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Time line and therapeutic intervention

The patient was treated with internal medicines and *Netra Kriyakalpas* (ocular therapies). Details of the medications are shown in-Table no.2

S. No	Date Range	Events	Internal Medicine	Therapeutic Intervention	Observation/Notes
1.	February 2000	Onset of symptoms	—	—	Frequent blinking of both eyes during movement
2.	Feb 2000 – Jun 2024	Conventional medical treatment	<i>Anticholinergic, GABA-B receptor agonist, neuromuscular blocking agent</i>	—	—
3.	May 2024	Stopped all allopathic medications	Started <i>Ayurvedic</i> internal medications	Started <i>Ayurvedic</i> local therapies	—
4.	10/06/2024 (Day 0)	First <i>Ayurvedic</i> consultation – Diagnosed with <i>Nimesha</i>	1. <i>Ekangveer Rasa</i> – 125 mg BD with <i>Madhu</i> and <i>Ghrita</i> 2. <i>Yogaraj Guggulu</i> – 500 mg BD 3. <i>Dashmool Kwath</i> – 40 ml BD before food	1. <i>Pratimarsha Nasya</i> – <i>Ksheerbala Avartita-101 Taila</i> 2. <i>Netra Abhyanga</i> with <i>Bala Taila</i>	Initiation of treatment
5.	24/06/2024 – 08/07/2024	Continued medicine with addition	4. <i>Syrup Sankhpushpi</i> – 10 ml BD after food	Continued above therapies	Symptomatic improvement begins

6.	08/07/2024 – 22/07/2024	Digestive support introduced	5. <i>Amapachana Paniya</i> – <i>Dhanyaka Churna</i> 15 gm, <i>Musta Churna</i> 10 gm, <i>Shunthi Churna</i> 5 gm	Continued above therapies	Digestive support initiated
7.	22/07/2024 – 05/08/2024	Continued care	Continued above	Continued above	Continued care
8.	05/08/2024 – 02/09/2024	<i>Rasayana</i> support initiated	6. <i>Ashwagandha Churna</i> – 2 gm <i>Shatavari Churna</i> – 1 gm <i>Godanti Bhasma</i> – 500mg BD with milk	Continued above therapies	<i>Rasayana</i> support initiated
9.	02/09/2024 – 16/09/2024	Local eye therapy introduced	Continued above	Continued above therapies Added: 3. <i>Koshna Nimilit Netra Parisheka</i> – <i>Triphala Churna</i> 3 gm, <i>Yashtimadhu Churna</i> 1 gm, <i>Lodhra Churna</i> 250 mg (twice daily)	Local eye therapy introduced
10.	16/09/2024 – 30/09/2024	Continued treatment	Continued above	Continued above therapies	Continued treatment

11.	30/09/2024 – 14/10/2024	Continued treatment	Continued above	Continued above therapies	Continued treatment
12.	14/10/2024 – 18/11/2024	Mild improvement in blinking	9. <i>Eranda Bhrishta Haritaki</i> – 5 gm at bedtime with lukewarm water	Continued above therapies	Mild improvement in blinking
13.	18/11/2024 – 02/12/2024	<i>Rasakriya</i> support started	Continued above	Continued above therapies Added: 4. <i>Dhatrayadi Rasakriya</i> – L.A.	<i>Rasakriya</i> support started
14.	02/12/2024 – 16/12/2024	Continued care	Continued above	Continued above therapies	Continued care
15.	16/12/2024 – 30/12/2024	Increased dosage for deeper action	1. <i>Mahayogaraja Guggulu</i> – 2 tabs BD 2. <i>Dashmool Kwath</i> – 40 ml BD 3. Syrup <i>Sankhpushpi</i> – 2 tsp BD	1. <i>Pratimarsha Nasya</i> – <i>Bala Taila</i> 2. <i>Netra Abhyanga</i> with <i>Dashmool Taila</i>	Increased dose for deeper action
16.	30/12/2024 – 13/01/2025	Frequency of blinking reduced	Continued above Added: 4. <i>Ekangveer Rasa</i> – 125 mg 5. <i>Yogaraj Guggulu</i> – 2 tabs BD 6. <i>Amapachana Paniya</i> – same as earlier	1. <i>Pratimarsha Nasya</i> – <i>Bala Taila</i> 2. <i>Netra Abhyanga</i> with <i>Mahamasha Taila</i>	Frequency of blinking reduced

17.	13/01/2025 – 03/02/2025	Symptom stabilization	Continued above	Continued above therapies	Symptom stabilization observed
18.	03/02/2025 – 03/03/2025	Maintenance phase	Continued above	Continued above therapies	Maintenance phase
19.	03/03/2025 – 24/03/2025	Significant ocular relief noted	Continued above	Continued above therapies Added: 1. <i>Netra Parisheka</i> – <i>Triphala Churna</i> 3 gm, <i>Yashtimadhu</i> 1 gm, <i>Lodhra</i> 250 mg 2. <i>Tarpana</i> – with <i>Mahatriphaladi Ghrita</i> for 7 days	Significant ocular relief noted
20.	24/03/2025 – 07/04/2025	Marked clinical improvement	1. <i>Ekangveer Rasa</i> – 125 mg 2. <i>Mahayogaraja Guggulu</i> – 2 tabs BD 3. <i>Dashmool Kwath</i> – 40 ml BD 4. Syrup <i>Sankhpushpi</i> – 2 tsp BD	1. <i>Pratimarsha Nasya</i> – <i>Bala Taila</i> 2. <i>Netra Abhyanga</i> with <i>Mahamasha Taila</i> 3. <i>Netra Parisheka</i> – same as earlier	Marked clinical improvement

RESULT

After 2 months of treatment patient reported gradual improvement in the presenting complaints like blinking of bilateral eyes during movement. And now after around 10 months of treatment he has complete relief from

bilateral eyelid blinking . According to JRS (Jankovic Rating Scale) before treatment it was Severe (impairing spasm of the eyelids, probably with involvement of other facial muscles) and now after treatment it is 0 (no symptoms). Blinking rate reduced upto 15-20 times in a minute .

DISCUSSION

Nimesha is classified under *Vartmagata Roga* as described by Acharya Sushruta, and is characterized by involuntary or excessive blinking of the eyelids. The condition arises due to the aggravation of *Vata Dosha*, which, when vitiated, infiltrates the *Nimeshini Sira*—the specific vessels located in the eyelids—leading to abnormal eyelid movement. Although *Nimesha* is traditionally regarded as an *Asadhya Vyadhi* (incurable condition) in Ayurveda, classical therapeutic strategies can still offer significant symptomatic relief. In the present case, a treatment regimen incorporating oral administration of *Vata Shamak* formulations along with localized therapies such as *Parisheka*, *Nasya*, and *Tarpana*—as advocated in Ayurvedic literature—was implemented. These interventions were aimed at pacifying the disturbed *Vata Dosha*, which plays a central role in the disease's pathogenesis, and resulted in notable clinical improvement.

In the present case, from an ophthalmological perspective—considering condition like *Nimesha* the primary causative factors appear to be *Vataja* disturbances. Among these, vitiation of *Vata* is considered the principal cause of blepharospasm. Therefore, the treatment approach should focus on therapies and medications that pacify both *Vata doshas*, while also providing *Rasayana* (rejuvenative) effects to nourish and revitalize the ocular structures and tissues.

Aam-pachana paniya⁽⁶⁾-

it primarily functions by aiding in digestion, and eliminating undigested, toxic substances known as Aam. It works by stimulating the digestive fire and enhancing the body's ability to break down and absorb nutrients, thus preventing aam formation. Dhanyaka (*Coriander sativam*) is having anti-inflammatory, analgesic, antioxidant, antibacterial properties. Mustaka (*Cyperus rotundus*) is having anti-inflammatory, anti-allergic, anti-histamine, analgesic, antioxidant, antipyretic and wound healing activity. Sunthi (*Zingiber officinalis*) is having anti-inflammatory, analgesics, anti-allergic, antimicrobial, antioxidant, immune-modulatory and antacid activity.

Ekangveer rasa⁽⁷⁾ promotes healing of damaged nerves and blood vessels due to its antioxidant and nerve stimulating effects of ingredients it contains.³

Yograj guggulu⁽⁸⁾ removes excess vata from the joints as well as the nerves and muscles. It is used in all vata vyadhis.

Dashmool kwath-*Dashmool* is safe analgesic, anti-inflammatory and has anti-oedematous effects also. It is *Sothhara* and *vatahara* in nature.

Mahamasha taila⁽⁹⁾ has been mentioned in the context of *vata vyadhi chikitsa* in Astanga hrudya. It is used for abhyanga in the treatment of spasticity (*sankuchitha anga*).

Shankhpushpi has neuroprotective properties found it to possess anti-oxidant and anti-apoptotic properties. It is used to treat neurological disorders.

Nasya therapy was administered using *Ksheer Bala Taila*. This medicated oil possesses *Tridoshahara* properties, meaning it helps balance all three doshas. Since the nose is considered the gateway to the head (*Shira*), the medicine introduced through the nostrils reaches the *Shringataka*—a vital junction of channels connected to the nasal passage. From there, it spreads to the head (*Murdha*), influences the vital areas related to the eyes (*Netra Marma*), mobilizes the accumulated morbid doshas in the supraclavicular region, and facilitates their elimination through the upper part of the body (*Uttamanga*). Through the *Nasya* procedure, the nerve supply to the orbicularis oculi and levator palpebrae superioris muscles receives appropriate stimulation.

Netra Parisheka (ocular irrigation) is an ocular topical therapy, in which the aqueous extracts containing active principles are streamed continuously from a height of four angulas⁽¹⁰⁾ (finger widths) over closed eyes. It enhances local blood circulation and aids in the absorption of medicinal properties.

During the *Tarpana* procedure using *Mahatriphala Ghrita*, a temporary local vasodilation occurs as a result of *Sthanik Abhyanga* (local massage) and *Mridu Swedana* (mild fomentation). Due to the lipophilic nature of the corneal epithelium, the medicated ghee is efficiently absorbed through various ocular pathways. The drug then penetrates deeper ocular tissues via the *Ashruvahi Siras* (tear-carrying channels). *Ghrita*, with its *Rasayana* (rejuvenative), *Chakshushya* (eye-nourishing), and *Vata-Pitta Shamak* (dosha-pacifying) properties—along with the therapeutic effects of the herbs in *Mahatriphala*—helps strengthen the *Prathama Patala* (cornea and conjunctiva). This process aids in the regeneration of the *Ashru* (tear film), thereby reducing *Shushkata* (dryness) of the eye⁽¹¹⁾.

All these oral drugs and therapies having *Vata Shamana Guna* therefore they all are having action on nerve which causing abnormal eyelid movement as *Chala Guna* of *Dusit Vata Dosha* is *Shaman* by all these drugs. The synergistic effects of these medicines lead to enhanced efficacy in managing blepharospasm symptoms by reducing muscle spasm. These all therapy combinedly causes the *Samprapti Vighatan* of disease process and have some beneficial effect for not only to control disease but to rejuvenate all sense organ along with whole body.

CONCLUSION

Nimesh is considered *Asadhya vyadhi* incurable from a classical standpoint, we can treat it as *Yapya vyadhi*. Ayurvedic management provides a comprehensive, natural, and effective protocol that can significantly control and reduce the severity of blepharospasm by addressing its root cause and restoring doshic balance. Ayurvedic approach offers promising potential to manage the disease effectively, reduce recurrence, and improve ocular health and patient well-being.

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