E-ISSN:2456-3110

Case Report

Blepharospasm

Check for updates

Journal of Ayurveda and Integrated Medical Sciences

2025 Volume 10 Number 9 September

Publisher

Maharshi Charaka Ayurveda

www.maharshicharaka.in

Management of Nimesha (Blepharospasm) through Ayurveda - A Case Study

Gopika A[1*], Pasha SM[2]

DOI:10.21760/jaims.10.9.52

[1*] Gopika A, Third Year Post Graduate Scholar, Department of Shalakya Tantra, Government Ayurvedic Medical College, Bengaluru, Karnataka, India.

[2] Syed Munawar Pasha, Professor and Head, Department of Shalakya Tantra, Government Ayurvedic Medical College, Bengaluru, Karnataka, India.

Blepharospasm is defined as focal dystonia characterized by involuntary, repetitive and sustained contractions of the extraocular muscles leading to excessive blinking or persistent eyelid closure. This article explores the effective Ayurvedic management of essential blepharospasm in a 52-year-old female patient with a 2-year history of the condition. Treatments such as Nasya, Tarpana, Annalepa, Netra Pichu and internal medication with regular follow-ups were scheduled to monitor the disease progression. There was significant improvement in involuntary movement of the eyelid following the treatment, with a marked reduction in both the frequency and intensity of spasm.

Keywords: Blepharospasm, Nasya, Tarpana, Annalepa, Netra Pichu

Corresponding Author

Gopika A, Third Year Post Graduate Scholar, Department of Shalakya Tantra, Government Ayurvedic Medical College, Bengaluru, Karnataka, India.

Email: gopikajithink@gmail.com

How to Cite this Article

Gopika A, Pasha SM, Management of Nimesha (Blepharospasm) through Ayurveda - A Case Study. J Ayu Int Med Sci. 2025;10(9):327-330.

Available From

https://jaims.in/jaims/article/view/4775/

To Browse

Manuscript Received	Review Round 1	Review Round 2	Review Round 3	Accepted
2025-07-11	2025-07-22	2025-08-02	2025-08-12	2025-08-26

Conflict of Interest	Funding	Ethical Approval	Plagiarism X-checker	Note
None	Nil	Not required	11.52	

Introduction

Blepharospasm refers to involuntary, sustained and forceful closure of the eyelids which occurs in two forms- essential and reflex blepharospasm. Essential blepharospasm is rare idiopathic affecting those between 45 and 65 years and treatment include botulinum injection and facial denervation. Reflex blepharospasm occurs due to reflex sensory stimulation through branches of 5th nerve.**[1]** Benign essential blepharospasm is estimated to affect approximately 20 to 133 individuals per million globally, with variation depending on geographic area.**[2]** It is thought that one of the contributing factors to the increased risk of blepharospasm in women is menopause.**[3]** Ratio of blepharospasm in women to men is 2.3:1.**[4]**

Nimesha is explained in classics under *Vataja Asadhya Vartmagata Roga* by *Acharya Sushruta*. The symptom explained is *Chalayati Ati Vartmani (*excessive movement of the lids*).***[5]** This case study explores the effective *ayurvedic* treatment including *Nasya, Tarpana, Annalepa, Netra Pichu* and internal medications in which the intensity and spasm significantly reduced thereby improving the patient's quality of life.

Materials and Methods

A 52-year-old female patient presented with increased involuntary blinking of eyes in the last 2 years visited Shalakya Tantra OPD of GAMC Bengaluru. The subject was thoroughly examined and diagnosed with essential blepharospasm (*Nimesha*). She underwent *Nasya, Tarpana, Annalepa* and *Netrapichu* for next 32 days. Patient was assessed before and after the treatment which showed marked improvement subjectively and objectively.

Case Report

Chief Complaint

A female patient aged 52 years came to Shalakya OPD of GAMC Bengaluru with chief complaints of increased blinking of eyes in the last 2 years

History of Present illness

Patient is said to be healthy 2 years ago, then gradually developed involuntary increased blinking of eyes for which she consulted a neurologist.

She was diagnosed with blepharospasm and was prescribed with Tab. Wysolone which she took for 6 months and found only symptomatic relief.

She visited another neurologist and was advised to take botulinum injection The patient declined treatment due to the high cost, expressing concern over its financial burden and approached Shalakya OPD of GAMC Bengaluru for alternative option.

History of past illness

Diabetes mellitus in the last 20 years (Under regular medication)

No history of any surgery.

Family history - Not contributory

Personal history

- Appetite - Reduced
- Bowel - Constipated
- Sleep - Disturbed
- Diet - Mixed

Ashtavidha Pareeksha

- *Nadi - Vata-Pittaja*
- *Mala - Vikrutha*
- *Mutra* - 4-5 times/day
- *Jihva - Lipta*
- *Shabda - Prakrutha*
- *Sparsha - Ruksha*
- *Drik - Vaikrutha*
- *Akruti - Avara*

General Examination

- BP - 130/70 mmhg
- PR - 78/min
- R - 17/min

Systemic Examination

- S - Normal vesicular breathing sound heard.
- CVS - S1 S2 NORMAL
- CNS - Conscious and oriented.

Blood Investigation

- HbA1c - 6%
- FBS - 120mg/dL
- PPBS - 190mg/dL

Examination of Eye

Slit Lamp Examination

Ocular Examination	Right Eye	Left Eye
Lid	Normal	Normal
Conjunctiva	Normal	Normal
Sclera	Normal	Normal
Cornea	Clear	Clear
Anterior chamber	Normal depth	Normal depth
Pupil	Round, Regular, Reactive	Round, Regular, Reactive
Lens	SIMC	SIMC
Vision	BCVA 6/6, N6	BCVA 6/6. N8

Blinking rate- 30-35/min

Diagnostic Assessment

Jankovic Rating Scale (JRS)[6]

JRS Severity

0	No symptoms
1	Increased blinking produced only by the action of external stimuli (eg; bright light, wind, reading etc)
2	Mild, spontaneous blinking (without spasms), clearly visible, sometimes troublesome, but with no functional impairment
3	Moderate, clearly visible spasms of the eyelids, moderate impairment
4	Severe, impairing spasms of the eyelids, probably with involvement of other facial muscles

JRS Frequency

0	No symptoms
1	Slightly increasing blinking frequency
2	Flickering of eyes with individual blink duration of less than one second
3	Spasms of the eyelids lasting more than one second; eyes open more than 50% of waking time
4	Functional blindness is caused by prolonged closure of the eyes for more than 50% of waking time

Treatment

Treatment	Medicines	Duration	Dose
Nasya	Karpasastyadi Taila[7]	7 days	10 drops
Tarpana	Triphala Ghrita[8]	7 days	Q.S
Annalepa[9]	Shashtikashali +Balamoola ksheerapaka	7 days	Q.S
Netra Pichu	Mahatriphala Ghrita[10]	14 days	Q.S

Discharge Medicines: *Saptamrita Loha* 0-0-2 A/F for 15 days

Eye exercise for 1 month

Follow-Up and Result

Total treatment duration was 35 days. Subject showed improvement both subjectively and objectively.

Parameter	Before Treatment	After 35 Days of Treatment
Blinking rate	30-35/min	12-16/min
Symptoms	Frequent, involuntary eyelid spasms	Reduced frequency and severity
Jankovic Rating Scale (JRS)	Severity: 3 (moderate) Frequency: 3	Severity: 1 (mild) Frequency: 1
Blepharospasm Disability Index (BSDI) [11]	Difficulty with reading, driving, watching TV	Improved ability to perform daily activities
Functional Impact	Significant interference with vision and daily tasks	Minimal interference
Associated Features	Photophobia, facial tension	Photophobia improved, facial tension reduced
Quality of Life (QoL)	Impaired; frustration, social withdrawal	Improved QoL; more confidence, less stress
Patient Satisfaction	Low	High

Discussion

The present study evaluated the efficacy of a combined *Ayurvedic* treatment approach - including *Nasya*, *Tarpana*, *Annalepa*, and *Netrapichu* - in the management of blepharospasm, a focal dystonia characterized by involuntary, forceful eyelid contractions. This condition, though primarily neurological in origin, has been increasingly correlated with ocular surface disturbances and stress-induced factors, which is mainly due to *Vata Dosha.* The patient's symptoms were classic, including progressive eyelid closure, photophobia, and social withdrawal. These features are consistent with previous descriptions of benign essential blepharospasm, which typically affects individuals in mid-to-late adulthood and is more common in females. Notably, no structural brain abnormalities or secondary causes were identified, supporting a diagnosis of primary blepharospasm.

Karpasastyadi Taila - *Karpasastyadi Taila* has *Ushna, Snigdha, Brumhana, Rasayana* and *Vatahara* properties. It contains drugs like *Ashwagandha* and *Bala* which are neuro restoratives. *Triphala Ghrita* has *Chakshushya*, *Rasayana* and *Tridoshahara* properties*. Annalepa* with *Shashtikashali* acts as localized *Snehana* and *Swedana* which helps to control vitiated *Vata Dosha. Netra Pichu* with *Mahatriphala Ghrita* delivers lipophilic, *Vata*-pacifying agents directly over these tissues, providing a calming, nourishing effect on hyperactive neuromuscular junctions involved in spasms.

Because of the above-mentioned properties of the drug, the treatment was planned and patient showed marked improvement by 35th day of treatment.

Conclusion

The combined effect of *Nasya, Tarpana, Annalepa*, and *Netra Pichu* demonstrated encouraging outcomes in the management of blepharospasm, a challenging focal dystonia with both neurological and ocular components. These treatments, rooted in classical *Ayurvedic* principles, collectively addressed the underlying vitiation of *Vata Dosha*, nourished the ocular and neuromuscular tissues, and provided local symptomatic relief without invasive intervention or adverse effects. This holistic, non-invasive approach underscores the relevance of *Ayurvedic* therapeutics in neuro-ophthalmic care and highlights their potential as complementary or alternative interventions for conditions like blepharospasm.

References

1. Kanski JJ, Bowling B. Clinical Ophthalmology: A Systematic Approach. 9th ed. Amsterdam: Elsevier; 2019. *p.202–3 [Crossref][PubMed][Google Scholar]*

2. Steeves TD, Day L, Dykeman J, Jette N, Pringsheim T. The prevalence of primary dystonia: a systematic review and meta-analysis. Mov Disord. 2012 Dec;27(14):1789–96. *[Crossref][PubMed][Google Scholar]*

3. Martino D, Livrea P, Giorelli M, Masi G, Aniello MS, Defazio G. Menopause and menarche in patients with primary blepharospasm: an exploratory case-control study. Eur Neurol. 2002;47(3):161–4. *[Crossref][PubMed][Google Scholar]*

4. Sun Y, Tsai PJ, Chu CL, Huang WC, Bee YS. Epidemiology of benign essential blepharospasm: a nationwide population-based retrospective study in Taiwan. PLoS One. 2018;13(12):e0209558. *[Crossref][PubMed][Google Scholar]*

5. Acharya YT, editor. Susruta Samhita of Susruta with the Nibandhasangraha Commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Nidanasthana. Uttaratantra. 3rd chapter, shloka 25. *Varanasi: Chaukamba Surabharati Prakashan; 2019 [Crossref][PubMed][Google Scholar]*

6. Jankovic J, Orman J. Blepharospasm: demographic and clinical survey of 250 patients. Ann Ophthalmol. 1984;16(4):371–6. *[Crossref][PubMed][Google Scholar]*

7. Sharma PV, editor. Sahasrayoga: Text with English Translation. 1st ed. Varanasi: Chaukhamba Sanskrit Series Office; 1996. *p.129 [Crossref][PubMed][Google Scholar]*

8. Srikanthamurthy KR, editor. Ashtanga Hridaya of Vagbhata: Text, English Translation, Notes, Appendices & Index. Vol. 3 (Uttarasthana). *1st ed. Varanasi: Chaukhambha Krishnadas Academy; 2002. p.84 [Crossref][PubMed][Google Scholar]*

9. Exploring Annalepa Therapy: A Review [Internet]. ResearchGate; [cited 2025 Sep 27]. Available from: https://www. researchgate. *net/publication/348276867_EXPLORING_ANNALEPA_THERAPY_A_REVIEW [Crossref][PubMed][Google Scholar]*

10. Shastri A. Bhaishajya Ratnavali (Hindi Commentary). 19th ed. Varanasi: Chaukhambha Prakashan; 2004. *p.626 [Crossref][PubMed][Google Scholar]*

11. Friedman JH, Tarsy D, Jankovic J. The Blepharospasm Disability Index: a new instrument for measuring disability in patients with blepharospasm. Mov Disord. 1997;12(2):203–5. *[Crossref][PubMed][Google Scholar]*