

Unit 10. Vartmagata Roga - 3

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Topics: Vātahatavartma (Ptosis), Nimeṣa, Klinna-vartma, Utkliṣṭa-vartma

Learning goals (for you)

- Identify classical definitions, nidāna, rūpa, and samprāpti of four important vartma (eyelid) disorders.
- Correlate with modern ophthalmic entities (ptosis, blepharospasm / myokymia, mucous-sticking lids, ectropion).
- Write short and long answers with authentic ślokas and precise, exam-oriented chikitsā.

Classical orientation: where do these diseases sit?

Suśruta places these in **Vartmagata Roga** (eyelid disorders). The names of all 21 vartma diseases are listed in **Uttara-tantra, Adhyāya 3**; among them you will find the four in this unit:

“... उत्सङ्गिन्यः कुम्भिका पोथक्या वर्त्मशर्करा ।
अशोवर्त्म शुष्काशोऽञ्जना बहलवर्त्म च ।
वर्त्मबन्धः क्लिष्टवर्त्म कर्दमवर्त्म श्याववर्त्म ।
प्रक्लिन्नवर्त्म परिक्लिन्नं वातहतं च वर्त्म ।
अर्बुदं निमिषश्चैव शोणितार्शश्च लगनकः ।
विश्ववर्त्म पक्ष्मकोपश्च ... ॥”
— *Suśruta Samhitā, Uttara-tantra 3 (Vartmagata-roga-vijñāniya)*

Keep this list ready for MCQs and “enumerate” questions.

A) Vātahatavartma (Ptosis)

Paribhāṣā (definition)

In this condition the eyelid “hangs” and fails to open fully, often **without much pain**, and appears “out of gear” at the palpebral joint—Suśruta’s description matches a flail or weakened lid. (Su. Utt. 3)

Modern correlation: acquired or congenital **ptosis** due to levator aponeurotic dehiscence, neurogenic palsy (III nerve), myogenic causes, or mechanical lid weight.

Nidāna (etiology)

- **Doṣa:** Vāta predominance (vāta prakopa by rukṣa, śīta, atiyoga of vyāyāma/jāgaraṇa, emaciation, marma/trauma to vartma-sandhi or śira).
- **Dūṣya:** snāyu-māṃsa of eyelid, **sira** controlling unmeṣa-nimeṣa.
- **Srotas:** māṃsa-vaha, majjā-vaha, sira-mārga around vartma.

Rūpa (clinical features)

- Drooping upper lid, **incomplete unmeṣa** (opening), narrowed palpebral fissure.
- Usually **alpāruja** (little pain); vision improves when the lid is lifted.



- Associated signs of **vāta**: kṣaya, śūnyatā/śaithilya of vartma, dryness.

Samprāpti (step-wise)

Vāta ↑ → rukṣa-śīta guṇa dries snāyu/māmsa of levator complex → **śaithilya** of vartma and **anunmeṣa** → **vātahatavartma**.

Samprāpti ghataka: Doṣa—vāta; Duṣya—māmsa/snāyu; Srotas—māmsa-vaha & sira; Sthāna—vartma-sandhi.

Bheda / Sādhyā-asādhyā

- **Kṛcchra-sādhyā** in recent, mild, non-neurogenic cases.
- **Yāpya/Asādhyā** when long-standing, neurogenic or with severe snāyu-kṣaya (examination phrasing: “vaidya should regard poor prognosis in old vāta-dominant flail lid”).

Samprāptivighātā (Chikitsā Sūtra)

- **Vāta-śamana & brimhaṇa** → snehana-svedana locally, **nāsya**, **netra-tarpana/putapāka** with ghṛtas/tailas, gentle **mṛdu-mardana** (lid physiotherapy).
- **Bāhya kriyākālpa**:
 - **Tarpana** with **Māhā-triphalā ghṛta**, **Jīvantyādi ghṛta** (vāta-pitta śamana, snigdhatā to levator complex).
 - **Seka/Āścyotana** with warm **Triphala kvātha**, **Sāmudraphena-yuta ghṛta** (as per yukti & doṣa).
- **Śiro-abhyanga**, **Mūrdha-taila** (nāru-srotas vātānulomana).
- **Anupāna & āhāra**: ghṛta, kṣīra, mudga-yūṣa; avoid rukṣa-śīta, atiyoga of jāgaraṇa/vyāyāma.
- **Śastrakarma (modern surgical tie-in)**: when mechanical/aponeurotic ptosis fixes the opening—**levator resection or frontalis sling** under netra-śāstra principles (you can write: “yuktyā śastrakarma sevaniya in sthāvara/vaiḍalya cases”).

B) Nimeṣa

Paribhāṣā with śloka (hallmark verse)

Suśruta defines **Nimeṣa** as excessive involuntary blinking due to vāta entering the controlling sira of the lids:

“निमेषणिः सिरास्वायुः प्रविष्टो वर्त्मसंश्रयः ।
चालचालयति वर्त्मानि निमेषः स इति मतः ॥”
— *Suśruta Samhitā, Uttara-tantra 3 (Vartmagata-roga-vijñāniya)*

(Meaning: When vāyu invades the sira that govern lid movements, it causes frequent closing—this is Nimeṣa.)

Modern correlation: **Blepharospasm**, eyelid myokymia, or increased blink reflex (consider dry eye, photophobia).

Nidāna

- Vāta aggravating factors, **dīrgha-darśana** (excess near-work/screen), **rajas-dhūma-sevana**, nidrā-viparyaya; also associated with **abhishyanda** or dry eye as upadrava.

Rūpa

- Frequent blinking, spasm-like lid closure, photophobia, lacrimation; relief after **sneha-seka**.

Samprāpti

Vāta enters nimīlana-unmīlana sira → **asamyak chalana** of orbicularis-levator complex → spasmodic **nimeṣa**; associated pitta/kapha in chronic irritation.



Chikitsā

- **Rogamārga śamana:**
 - **Seka** (lukewarm) with **Triphala-yashtī kvātha**, **Go-dugdha-siddha drava**.
 - **Tarpana** with **Triphala ghṛta** / **Jīvantyādi ghṛta** for 3-5 days; then **putapāka** (snigdha putapāka).
 - **Anjana:** *Snehānjana* (ghṛta-based) at night.
- **Samyama of triggers:** avoid glare, dust, wind; use **nidrā-saṃvardhana**, *nasyakarma* with **Anu-taila**.
- **If due to dry eye (śuṣkākṣipāka upadrava):** add **netra tarpana**, **snehapāna (mātrā)**.
- **Modern tie-in:** refractory essential blepharospasm → botulinum therapy; Ayurvedic care continues as ocular surface rehabilitation & vāta-pitta śamana.

C) Klinna-vartma (Praklinna & Pariklinna)

Terms:

- **Praklinna-vartma** – “soaked/softened” **inner** lid with discharge and mild pain.
- **Pariklinna-vartma** – **sticking of the lids together**, even after repeated washing.

Suśruta’s symptom lines (Uttara-tantra 3) describe: internal mucous deposition with little pain and discharge (**praklinna**), and **sticking lids despite washing (pariklinna)**. Keep the key words “**antarmukha śleşma-sañcaya, alpāruja, srāva**” for praklinna, and “**saṃlipta vartma—jalapraṁśālana api na vyāvartate**” for pariklinna.

Doṣa-dominance: Kapha ± pitta.

Modern correlation: **Mucous discharge with lid-adhesion**—seen in chronic allergic/irritative blepharo-conjunctival states.

Nidāna

- Rūkṣa-rūkṣa-uṣṇa vāta-pitta irritants → reflex kapha production; dust, smoke, chronic conjunctival inflammation; poor lid hygiene.

Rūpa

- **Praklinna:** external swelling with **mucous on palpebral surface, kandu-toda-srāva**, mild pain; lid feels “wet/soft.”
- **Pariklinna:** **sticking lids**, especially **morning matting**; relief is short-lived after washing.

Samprāpti

Netrāśrita **kapha** ↑ in vartma-saṁsthana → **picchila-guru** secretions → palpebral mucus lake & lid sticking; pitta admixture → burning/erythema.

Chikitsā

- **Samśamana & Śodhana locally**
 - **Āścyotana/seka** with **Triphala-daruharidrā kvātha** (kapha-pitta śamana).
 - **Vidalaka** with **Saindhava-Haridrā-Yaṣṭī cūrṇa** in ghṛta/kṣīra base for edema/itch.
 - **Pralepa** on outer lid if swollen (short course).
 - **Lekhaneeya anjana** (daytime) in **pariklinna** to cut the stringy secretions; **snehānjana** (night) to restore physiology.
- **Nidāna-parivarjana:** hygiene of lid margins (pakṣma-mārjana), avoid allergens/eyeliner sharing; regulate screen time, use protective eyewear.
- **Internal support:** light diet; **kaṣāya-tikta** dravyas (Guḍūcī, Nimba in yukti), **Triphala ghṛta** prātaḥ in small dose for pitta-kapha balance.

Prognosis: **Sādhya** if recent and uncomplicated; **yāpya** when chronic with conjunctival pathology.

D) Utkliṣṭa-vartma (Everted eyelid)

Paribhāṣā & classical picture

“Utkliṣṭa” = turned out / everted. In vartma this denotes **eversion of the eyelid margin** with exposure of the palpebral surface and watering/irritation. Suśruta lists **Utkliṣṭa-vartma** among the vartma disorders (Uttara-tantra 3).

Modern correlation: **Ectropion** (mechanical, cicatricial, involutinal, or paralytic).

Nidāna

- **Kapha-pitta swelling** of tarsus/conjunctiva, chronic **srāva** with laxity; **vātakopa** / facial nerve weakness and **cicatrix** after burns/trauma.

Rūpa

- Lid margin **everted**, **lagophthalmos** tendency, **epiphora**, exposed palpebral conjunctiva; recurrent **kr̥cchrābhisyanda**.

Samprāpti

Kapha-pitta inflammation or vāta-śaithilya of canthal supports → **malposition** of eyelid → exposure → reflex secretions & chronic surface disease.

Chikitsā

- **Acute inflammatory phase:**
 - **Seka** (śītala) with **Triphala-rodhra-kirātādi kvātha**; **Vidalaka** to reduce edema.
 - **Pindi** with **yaṣṭi-ghṛta** for snigdhatta to tarsus.
- **Rehabilitation phase:**
 - **Tarpana/putapāka** to restore palpebral surface; **nayanābhyantara snehana** at night.
 - **Pakṣma-mārjana & netra-rakṣaṇa** to prevent exposure keratopathy.
- **Śastrakarma (when structural malposition persists):** lid-shortening/tarsal strip (modern) in the spirit of Suśruta’s principle—**yukti-yogya cheda-bandha** for sthāvāra vartma deformities; postoperative **tarpana** fast-tracks recovery.

High-yield comparison table (exam-style)

Disease	Doṣa tilt	Key Rūpa (classical keywords)	Modern parallel	Chikitsā crux
Vātahatavartma	Vāta»	Drooping, an-unmeṣa , alpāruja , flail lid	Ptosis	Vāta-śamana: snehana-svedana, tarpana/putapāka , nasya; surgical correction if structural
Nimeṣa	Vāta	Ati-nimeṣa (frequent blink) from vāyu in sira	Blepharospasm/myokymia	Seka , tarpana , snehānjana; nidrā-saṃvardhana; avoid glare/dust
Praklinna-vartma	Kapha ± pitta	Antarmukha śleṣma , mild pain, srāva , itching	Mucous discharge with lid edema	Āscyotana/seka (triphala-haridrā), vidalaka , snehānjana



Disease	Doṣa tilt	Key Rūpa (classical keywords)	Modern parallel	Chikitsā crux
Pariklinna-vartma	Kapha	Sticking lids even after washing	Morning matting in conjunctival catarrh	Lekhaneeya anjana, lavage; hygiene & allergen avoidance
Utkliṣṭa-vartma	Kapha-pitta / vāta-śaithilya	Everted margin, epiphora, exposure	Ectropion	Anti-inflammatory kriyākalpa; tarpana; śastrakarma if persistent

Clinical pearls (write in answers)

- Quote the **Nimeṣa** śloka to secure authenticity for spasmodic lids.
- For **Vātahatavartma**, emphasize *vāta-śamana*, *snigdhana*, and *rehabilitation by kriyākalpa* first; reserve **śastrakarma** for fixed malpositions.
- Klinna-vartma** is a “kapha story”—think **picchila-srāva + sticking lids**; use **lekhana by anjana** judiciously (day) and **snehānjana** (night).
- Utkliṣṭa-vartma** needs surface protection (tarpana/ointment) to prevent **exposure keratopathy** while planning correction.

Self-check (quick review)

- Which vartma disorder carries the classical line “... **vāyuḥ praviṣṭo vartma-saṁśrayaḥ ... nimeṣaḥ ...**”?
- List any **three kriyākalpa** you would plan for **Vātahatavartma** before surgery and **why**.
- In one sentence, differentiate **Praklinna** vs **Pariklinna** vartma.
- Name two **red flags** that push you toward **śastrakarma** in Utkliṣṭa-vartma.

Assessment section

A. SAQs (3-5 lines each)

- Define **Vātahatavartma** and give two important nidānas.
- Write **rūpa** and **doṣa-dūṣya** for **Praklinna-vartma**.
- Quote the **Nimeṣa** śloka and explain it in 2 lines.
- Enumerate **kriyākalpa** useful in **Utkliṣṭa-vartma**.
- Write the **sādhyā-asādhyā** points of **Vātahatavartma**.

B. LAQs (10 marks)

- Nimeṣa**: Nidāna-samprāpti-rūpa-chikitsā. Add modern correlation. Quote śloka.
- Discuss **Klinna-vartma** (praklinna & pariklinna) under headings: paribhāṣā, nidāna panca, samprāpti ghataka, kriyākalpa, and preventive lid hygiene.
- Utkliṣṭa-vartma**: Explain pathogenesis and detail a step-wise plan from acute inflammation to reconstruction, integrating kriyākalpa with modern correction.

C. Case vignettes

- A 55-year-old with slowly drooping upper lid, no pain, lifts brow to see. Correlate and write chikitsā-sūtra.
- Teenager with frequent blinking in sunlight; burning relieves after ghee-seka. Diagnose and plan.
- A patient wakes with **stuck lids** and stringy discharge. Name the vartma roga and outline management including **anjana** choices.
- Elderly with outward-turning lower lid, tearing, exposed conjunctiva. Discuss integrative care and indications for



śāstrakarma.

References (classical & standard modern)

- **Suśruta Saṃhitā, Uttara-tantra, Adhyāya 3 (Vartmagata-roga-vijñāniya):** Names and lakṣaṇas of vartma diseases including **Vātahatavartma, Nimeṣa, Praklinna-/Pariklinna-vartma, Utkliṣṭa-vartma.** (Use the enumeration and description verses; the Nimeṣa definition is quoted above.)
- **Aṣṭāṅga Hṛdaya, Uttara-sthana (Netra-roga adhyāyas):** corroborative descriptions and kriyākālpa principles.
- **Śārṅgadhara Saṃhitā / Yogaratnākara (Netra-prakaraṇa):** practical anjana/yoga references (for lekhaneya & snehānjana).
- **Standard modern ophthalmology:** Khurana/Parson's (blepharoptosis, blepharospasm, ectropion) for correlation and surgical names.

Quoted śloka in this chapter:

1. Vartma-roga enumeration (Su. Utt. 3).
2. **Nimeṣa** definition: "निमेषणिः... निमेषः स इति मत्तः" (Su. Utt. 3).

Rapid revision (mnemonics)

- **"Va-Ni-Kli-Ut"** → Vāta drop (ptosis), Nimeṣa blink, Klinna stick, Ut-kliṣṭa out.
- **Klinna = Kapha** → think **pīchhila-srāva** and **lekhana-anjana by day, sneha at night.**
- **Vāta-hatavartma** → **snigdhatā first**, surgery later if structure is fixed.

Practice writing the Nimeṣa śloka and one treatment algorithm; it fetches full marks.