

Case Report

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Psychogenic pseudo-myasthenic ptosis – management with ayurvedic medicines and *Smriti* meditation

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Abstract

Objectives: Patients presenting with functional neurological symptoms like non-epileptic seizures and weakness have an underlying psychological component and tend to persist for a prolonged time, despite repeated evaluations and interventions. Ayurveda, with its holistic approach to health and disease, can provide better management for such disorders, in the form of customized treatment protocols and unique methods of psychotherapy.

Case presentation: The patient presented with drooping of both eyelids, initially diagnosed as ocular myasthenia, and later found to have psychogenic pseudo-myasthenic ptosis. She was evaluated based on ayurvedic parameters and managed successfully with ayurvedic treatment modalities of *sodhana* (dosha elimination), *samana* (pacifying), and a novel psychotherapy technique of *Smriti* meditation.

Conclusions: A holistic approach to the patient, as expounded by Ayurveda, is vital in evaluating and managing functional neurological complaints. *Smriti* meditation, in combination with selected ayurvedic medicines, is effective in managing psychosomatic manifestations as demonstrated in the present case.

Keywords: ayurvedic psychotherapy; psychogenic pseudo-myasthenic ptosis; *Smriti* meditation.

Introduction

Functional neurological symptoms like non-epileptic attacks and weakness are common in clinical practice [1] and have high chances of being misdiagnosed. Moreover, these functional symptoms often persist for a longer time, leading to distress and disability, prompting unnecessary investigations and interventions. Ayurveda, India's traditional medicine, with its holistic concepts of mind, body, and spirit, has immense potential in diagnosing and managing psychosomatic illnesses [2]. In the ayurvedic pathophysiology, the *sareera* (body) and *manas* (mind) are considered to be intrinsically related in disease causation, as well as symptom expressions [3]. The treatment protocols are also personalized, aimed at restoring the equilibrium of the three *sareera doshas* (body humor) *Vata*, *Pitta*, and *Kapha* as well as that of *manasika bhavas* (mind factors) *Satva*, *Rajas*, and *Tamas* [4]. This is a report of a patient presented with drooping of both eyelids, initially diagnosed as ocular myasthenia, and later found to have a psychogenic cause and managed with the ayurvedic treatment protocol. Along with internal ayurvedic treatment measures like *Vamana* (therapeutic emesis), the psychological component was managed with *Smriti* meditation, a guided interactive meditation technique developed by Dr. K.V. Dileep Kumar [5]. The method is based on the concept of *Smriti* (memory), which in turn is mentioned as one of the steps in *Satvavajaya chikitsa* (ayurvedic psychotherapy).

Patient information

The patient, a 47-year-old female, complained of drooping of both eyelids and inability to look at bright objects, for the last one and a half years. She also reported increased pre-occupations with her appearance, difficulty to face strangers, and increased anger. The patient was apparently normal one and half years back, then gradually started experiencing heaviness of both eyelids, which then started drooping intermittently. It was first noticed by her son, as the eyes

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seemed to be closed in most of the photographs he clicked. Also, it was associated with fatigue and the problem got worsened on meeting strangers, exposure to cold climate, bright objects, and in stressful situations. There was no history of fever, trauma, or other neurological deficits like double vision, dysphagia, dysarthria, weakness of neck or extremities, exercise-induced weakness, or other sensory abnormalities. Past medical history revealed hysterectomy owing to Dysfunctional Uterine Bleeding (DUB) 3 years back. She was evaluated at an advanced neurology centre based in Bangalore, India, where it was provisionally diagnosed as ocular myasthenia, however, investigations including repetitive nerve stimulation (RNS), neostigmine test, AChR-antibody test, all turned out to be negative.

Clinical findings

On examination, she had severe bilateral ptosis and looked depressed due to the illness. She was moderately obese, with vitals in the normal range and other systems examination being unremarkable. Nervous system evaluation was not rewarding except for the bilateral ptosis. While the history suggested myasthenia gravis, the lid fatigability test was unable to be elicited because the patient was not at all opening the eyelids beyond 2–3 mm width. Moreover, examination for dropped eyebrow sign [6] was positive, which was usually absent in myasthenia and other myopathic causes of ptosis. Because of the inconsistency in the presentation, she was further probed for further details including social and family history. The patient was the third child of non-consanguineous parents and had a happy childhood. She got married at the age of 18 and had a cordial relationship with her husband, children, and in-laws. At the age of 20, she developed depression owing to her brother's demise and recovered gradually within a year. Around 2 years back she had to go through another stressful situation, when her son's proposed marriage was rejected and got shocked by the unexpected encounter with a stranger who came to deliver the message. Following this episode, she experienced a depressive mood along with recurrent crying spells and poor sleep for the next two to three weeks. Considering the inconsistency in the clinical picture, along with a history of depression and stranger anxiety, a psychogenic mechanism was considered, with a tentative diagnosis of psychogenic pseudo-myasthenic ptosis.

Diagnostic assessment

Assessment of Ayurvedic therapeutic indicators revealed *Kapha Pitta* predominant *Prakriti* (body constitution), *avara*

satva (weak mental strength), and *mandagni* (weak digestive power). *Sthoulya* (obesity) was considered as a baseline feature, indicating vitiated *Kapha* and *Medas* (one of the seven body elements). The *dosha* predominance of the symptoms were *vata* and *kapha*. A diagnosis of *sthoulya* (obesity) along with *unmada poorvaroopa* (premonitory stage of conversion) was made and management planned accordingly.

Therapeutic intervention

The initial management aimed at *agni deepana* (invigorating the digestive fire) was done with *vaiswanara choorna* [7] for 5 days. This was followed by medicines for *sthoulya* including *varadi kwatha* [8], *vidangadi choorna* [9], and external therapy, *udwarthana* (powder massage) with *kolakulathadi choorna* [10] for the next fourteen days. Since the *sthanika dosha* (baseline *dosha* in the body part affected) is *Kapha*, *vamana* (therapeutic emesis) was carried out after *snehapana* (internal oleation) with *panchagavya ghritha* [11]. After *vamana*, *samana* (pacifying) medicines were started in the form of *kalyanaka kwatha* [11], *manasamitra vati* [12], and *shankapushpi vacha yoga*, as mentioned in the Table 1 below.

To address the component of *manas* (mind) in the disease pathology, we selected the mode of *Smriti* meditation, a guided meditation technique, that facilitates introspection and creates real-time awareness of emotions embedded in the subconscious mind.

Details of Smriti meditation

In a typical session of *Smriti* meditation, the process is initiated by verbal pacing and leading, enabling the patient to go into deep relaxation as in *Savasana* (a yoga pose). Later on, the person is guided to observe sensory oriented experiences, followed by internally oriented experiences, finally leading into a state of trance. Further, suggestions are given to observe selected forms of images or situations to recollect their experiences, aiding the expansion of internal awareness into his/her memory (*Smriti*).

In this patient, five sessions of *Smriti* meditation were done, with a gap of 2 days in-between, and the duration of each varied from 60–90 min. Following deep relaxation, suggestions were given to observe internally and recollect deep emotional memories. During the first sitting, the patient revealed past traumatic experience with a stranger, and negative emotions like phobia, guilt, and sadness. The subject also had an emotional outburst

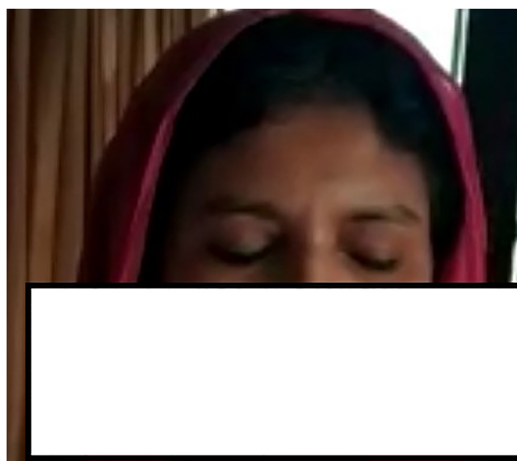
Table 1: The timeline of medicines/treatment administered.

Day	Medicine	Dosage	Changes
1–5	<i>Vaiswanara choorna</i>	5 g thrice daily after food with hot water	Improved appetite and regular bowel movements
6–20	<i>Varadi kwatha</i>	15 mL <i>kwatha</i> with 45 mL of boiled cooled water twice daily	Reduced body weight by 3 kg, feeling lightness of the body
	<i>Vidangadi choorna</i>	10 g with honey every afternoon before food	
	Udwarthana (powder massage) with <i>Kolakulathadi choorna</i>	40 min every day	
21–22	<i>Vaiswanara choorna</i>	5 g thrice daily after food with hot water	Improved appetite and regular bowel movements
23–27	Snehapana (oleation) with panchagavya ghritha	Day 1: 25 mL Day 2: 5–150 mL	Achievement of <i>samyak snigdha lakshana</i> (signs of proper oleation)
28th day	<i>Abhyanga</i> (oil massage) with <i>chinchadi taila</i> [13] and full-body <i>swedana</i> (sudation) for 15 min (steam bath)	Curd rice in the afternoon and Jalebi in the evening for <i>kapha</i> utklesha (increasing <i>kapha</i>)	<i>Kapha utklesha</i> (increase in <i>kapha</i>)
29th day	<i>Vamana</i> (emesis) with <i>madana yoga</i>	7 <i>vegas</i> (bouts)	<i>Samyak vamitha lakshana</i> (Signs of proper emesis)
30 to 32	Post <i>vamana</i> diet	Rice gruel with green lentil soup	Improvement in appetite
33 to 46	<i>Kalyanaka kwatha</i>	15 mL <i>kwatha</i> with 45 mL of boiled cooled water twice daily	Improvement in the ptosis, feeling relaxed mentally
	<i>Manasamitra vati</i>	One twice daily	
	<i>Shankapushpi vacha yoga</i>	5 g twice daily with hot water	

Madana yoga – *Madanaphala* (*Randia dumetorum*) 8 g, *Yashtimadhu* (*Glycyrrhiza glabra*) 4 g, *Vacha* (*Acorus calamus*) 2 g, *Pippali* (*Piper longum*) 2 g with 20 mL honey. *Shankapushpi vacha yoga* – powder of *Shankapushpi* (*Convolvulus pluricaulis*), *Vacha* – (*Acorus calamus*) and *Bala* (*Sida cordifolia*) in equal proportions.

during the session and somatic expression of emotions was observable. In the subsequent sessions, she was guided to meditate on multiple emotions which she experienced, which in turn revealed factors like fear of strangers, phobia towards frog (*ranidaphobia*), and health concerns regarding herself and her husband. During the fourth sitting of *Smriti* meditation, the patient started crying uncontrollably, following which she was

able to open her eyes properly and felt very much happy and relieved. A fifth sitting was carried out to probe any remaining emotions that were left unaddressed. Following this, she was discharged with internal medications which are *medhya* (nootropic) and was advised to practice selected yoga postures and meditation (Figures 1 and 2).

**Figure 1:** Before treatment.**Figure 2:** After treatment.

Follow-up and outcome

The patient reported for three follow up visits with a gap of 3 weeks between each and was symptom-free during this period.

Discussion

This case highlights the significance of a holistic approach in identifying the psychological as well as social factors involved in the production and persistence of functional symptoms. Regarding differential diagnosis, persistent symmetric ptosis can be indicative of a myopathic aetiology, common forms being chronic progressive external ophthalmoplegia (CPEO), or oculo-pharyngeal muscular dystrophy (OPMD) [14]. However, the patient had a variable nature of the ptosis, which helped in ruling out these pathologies. Myasthenia gravis, especially ocular myasthenia, was ruled out owing to the absence of typical exercise-induced weakness, unilateral eyelid retraction, diplopia, and negative investigation results [15]. Hence, the diagnosis of psychogenic pseudo-myasthenic ptosis was made.

In the case of ayurvedic diagnosis, it is imperative to identify the therapeutic indicators in the form of involved *dosha* (body humor), *dhatu* (tissues), and other factors like *Prakriti* (body constitution) and *agni* (digestive power) [16]. The patient was also found to have *sthoulya* (obesity) as the baseline pathology, where *kapha* and *medas* are the predominantly involved *dosha* and *dhathu* respectively. Subsequently, this *kapha* and *medas* caused *avarana* (binding/obstruction) to *vata*, triggering its vitiation. Further, the patient being an *alpa satva* (weak mental strength), when exposed to traumatic life experiences, triggered vitiation of *manasika doshas rajas* and *tamas*, leading to *unmada* (conversion disorder in this case). *Unmada* is an umbrella term for psychiatric disorders in Ayurveda, however, in this patient, the pathology has not evolved into a full-fledged *unmada*, hence the diagnosis of *unmada poorvaroopa* (prodromal stage of *unmada*) is made. The treatment strategy must address the underlying pathology of *sthoulya* and *unmada poorvaroopa*, accordingly, the management was planned in a phased manner. Measures like *agni deepana*, *sthoulya* management, *sodhana* (dosha elimination) in the form of *vamana*, and later on *samana* were administered respectively. To address the psychological factors, Ayurveda advises *Satvavajaya chikitsa* (ayurvedic psychotherapy) which includes methods that induce awareness of *Jnana* (knowledge), *Vijnana* (analytical

knowledge), *Dhairya* (Courage for sensory control), *Smriti* (memory) and finally attaining the stage of *Samadhi* (deep meditation) [17]. In the present case, *Satvavajaya chikitsa* in the form of *Smriti* meditation was administered to identify and address the suppressed emotions. Adverse life experiences in childhood, as well as pre-morbid emotional issues, can play a role in predisposing an individual to develop functional or dissociative symptoms, as was revealed in this patient during the sessions of *Smriti* meditation. Continued awareness of the past traumatic experiences during the *Smriti* sessions lead to the dissolution of emotions, which was expressed as crying spells, thus relieving the somatic expression. *Smriti* meditation also enabled the patient to self-recognize the underlying cause (suppressed emotions) and gain adequate *satva bala* by creating a new impression in her mind.

Conclusion

Functional neurological disorders are clinically challenging in terms of diagnosis and management. This case highlights the need for a holistic approach in managing such disorders, wherein the therapeutic outcome was achieved by a synergistic action of ayurvedic treatment modalities including *sodhana* (dosha elimination), *samana* (pacifying), and *Satvavajaya chikitsa* (ayurvedic psychotherapy). Moreover, the benefit of *Smriti* meditation, as a form of ayurvedic psychotherapy, is demonstrated in managing patients with a functional neurological disorder.

Patient perspective

I have been suffering from difficulty in opening my eyes for the last one and half years and also felt anxious when facing other people. I tried several treatments before this, without any significant relief. While undergoing ayurvedic treatment, initially I felt apprehensive regarding the outcome, especially after the first sitting of *Smriti* meditation. However I started improving with subsequent sittings and after the course of treatment, the drooping of eye lids got relieved and I feel confident in going out and facing others.

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