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Case Study

A CASE REPORT ON THE MANAGEMENT OF MEIGE SYNDROME

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ABSTRACT

Meige syndrome is a rare neurological movement disorder characterized by involuntary, forceful and often painful contractions of the facial muscles. It typically presents as a combination of blepharospasm and oromandibular dystonia. This case report discusses a 53-year-old female patient, diagnosed with Meige syndrome, who presented to the Outpatient Department of Government Ayurveda Medical College, Thiruvananthapuram, with complaints of pain over the temporomandibular joint, repetitive jaw movements and involuntary, recurrent closure of both eyelids for the past 5 years. The treatment principle adopted in this case was based on *Ardhita Chikitsa*. She was given internal medications such as *Indukantham ghritam*, *Dhanadanayanadi Kashayam*, *Dhanwantaram 101A*, *Yogaraja guggulu* tablets, along with external procedures like *Thalam*, *Jaloukavacharana*, *Nasya*, *Ksheeradhooma*, *Shirodhara*, *Gandusham*, *Shashtika Pinda Swedam* and *Agnikarma.* The treatment duration was one month, with follow-ups continued for three months and changes were assessed at the third follow-up. Follow-up medicines were *Murdhini Tailam* and *mukhabhyangam* with *Balatailam*, *Pratimarsha Nasyam* with *Dhanwantaram 41A* and Tablet Yogaraja Guggulu as internal medicine. The changes were assessed after the third follow-up using the Jankovic Rating Scale (JRS) and the Oromandibular Dystonia Rating Scale (OMDRS). This management approach suggests that Ayurvedic interventions may serve as a promising and effective therapeutic modality in the management of Meige syndrome.

INTRODUCTION

Meige syndrome is a focal dystonic movement disorder characterized by blepharospasm and oromandibular dystonia.[1] It can be associated with complex movement of the lower facial muscles, mouth, jaw, tongue, pharyngeal and cervical muscles[2]. In 1972, dr George Paulson introduced the term Meige syndrome to describe patient experiencing facial muscle spasm notably blepharospasm and dystonia of oromandibular muscle.[3] Although pathophysiology of Meige syndrome is unknown it is believed to be related with to abnormalities in the basal ganglia-thalamocortical motor circuitry. Symptoms typically begin gradually and may worsen over time although they can also enter remission and remain stable.

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Some individuals experience symptom early adulthood whereas other may not exhibit them until later in life[4]. Symptoms may initially manifest as unilateral blepharospasm before progressing to bilateral involvement. Later, it advances to progressive muscle dysfunction, typically beginning as focal neurological dysfunction such as essential blepharospasm or oromandibular dystonia before spreading to other muscle groups. Muscles of the neck (antecollis, retrocollis, and torticollis), respiratory muscles, or upper limb muscles (resulting in dystonic tremors) may also become affected. The prognosis of patients with Meige syndrome depends on underlying genetic metabolic and anatomical issues. Treatment approaches typically involve a combination of medications, botulinum toxin injections, surgical interventions, and supportive therapies. Various oral medications, including muscle relaxants, dopamine receptor antagonists, and anticholinergic drugs, are utilized to address dystonic symptoms in Meige syndrome.

The symptoms of blepharospasm can be correlated with those of *Nimesha*[5], a *Vataja Nanatmaja Vikara*, in which vitiated *Vata dosha* occupies the *Siras* (nerves and vessels) of the eyelid, leading to frequent and excessive blinking. Similarly, oromandibular dystonia can be correlated with *Hanumokha*[6], which is characterized by loosening of the temporomandibular (TM) joint, resulting in difficulty in closing the mouth, along with difficulty in chewing and speaking. *Hanumoksha* and *Nimesha*, though described as distinct *Vataja* disorders, share clinical features with *Ardhita*[7] such as facial muscle weakness, impaired Eye lid function, and oromandibular dysfunction. Since their pathogenesis involves aggravated *Vata* in the *Shiras* (head and forehead) and *Mukha pradesha* (facial muscles), the therapeutic measures of *Ardhita Chikitsa*[8], comprising both external and internal *Vata*-pacifying interventions, may be beneficial in their management.

MATERIALS AND METHODS

Patient information

A 53year-old female patient presented to Shalakya tantra Out Patient Department at the Government Ayurveda Medical College, Thiruvananthapuram, in December 2024, with difficulty in closing the mouth, pain over temporo-mandibular joint associated with involuntary and repetitive closure of bilateral eyelid.

The patient reported that in September 2021, approximately four years ago, she developed involuntary, repetitive closure of the right eyelid, which progressed within one month to involve the left eyelid as well. She consulted the Department of Neurology at Trivandrum Medical College Hospital, where she was diagnosed with blepharospasm. As part of the treatment, she received two courses of botulinum toxin injections; however, the therapeutic effect lasted for less than six months. one year later, she began experiencing difficulty in closing her mouth and pain over the temporomandibular joint, in addition to the previously existing symptoms. Upon further consultation at the same hospital, she was diagnosed with Meige syndrome and was advised to continue with botulinum toxin injections, which she declined. In December 2024, she consulted the outpatient department and subsequently underwent a one-month inpatient Ayurvedic treatment.

Therapeutic intervention

Internal medications and external procedures were administered in accordance with the *Samprapti* of the condition. Detailed description is given in the table.

Table 1: Detailed timeline of observation and therapeutic interventions.

Time frame	Internal medications
1/12/2024 to 7/12/2024	1. *Snehapanam* (Internal ghee administration) with *Indukantha ghritam* at 6 am & 6pm 2. *Dhanadhanayanadi kashayam* (48ml) morning and evening daily before food. 3. *Dhanwantaram 101 A -10* drops with *Kashayam.* 4. Tab *yogaraja guggulu* 1 tab morning and evening after food.
1/12/2024 to 30/12/2024	1. *Dhanadhanayanadi kashayam* (48ml) morning and evening daily before food. 2. *Dhanwantaram 101 A -10* drops with *Kashayam.* 3. Tab. *yogaraja guggulu* 1 tab morning and evening after food.

Time frame	External procedures
4/12/2024 to 7/12/2024	1. *Snehapanam* (Internal ghee administration) 10gm at 6 am & 6pm 2. *Thalam (*localised *Shiroabhyagam)* using *Bala tailam* mixed with *Rasnadi churnam.* 3. *Jalouukavacharanam* over pre and post auricular region (once daily)
8/12/2024	1. *Abhyanga* and *Ushma swedam* with *Bala tailam*
9/12/2024	1. *Virechanam* (purgation)with *Gandharva erandam* 15ml with hot water at 6:00 am
10/12/2024 to 16/12/2024	1. *Nasyam* with *Dhanwantaram 41* A 10 drops each Nostrils at 8 am 2. *Ksheera dhumam using* milk prepared with *Bala kashayam.* 3. *Gandusham* with hot water + *Tila tailam* at 9 am and 4pm
17/12/2024 to 23/12/2024	1. *Shirodhara* with *Karpasasthyadi tailam* 2. *Shashtika shali pinda swedam* over face. 3. *Gandusham* with hot water + *Tila tailam* at 9 am and 4pm
24/12/2024 to 27/12/2024	1. *Prathimarsha nasyam* with *Shadbindhu tailam A* 2 drops each nostril. 2. *Gandusham* with hot water + *Tila tailam* at 9 am and 4pm

28/12/2024 to 30/12/2024	1. *Agnikarma* near temporomandibular joint 2. *Gandusham* with hot water + *Tila tailam* at 9 am and 4pm
Follow up medicines	1. *Murdhini tailam* (local oil application on head) and *Mukhabhyangam* with *Bala tailam* (half hour before bath) 2. *Pratimarsha nasyam* with *Dhanwantaram 41 avarti* 2 drops at each nostril at 3:00 pm 3. Tab *Yogaraja Guggulu* 1 tab at morning and evening after food.

Diagnostic Assessment

Jankovic Rating Scale (JRS)[9] – Measuring scale for blepharospasm.

The 2 subscales are JRS Severity and frequency, 5point scale ranging from 0 to 4.

0 indicate no symptoms and 4 indicates the most severe or frequent symptoms.

Table 2: JRS Severity

Grade	Symptoms
0	No symptoms
1	Increased blinking produced only by the action of external stimuli (E.g. 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

Grade	Symptoms
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 caused by prolonged closure of the eyes for more than 50% of waking time.

Oromandibular Dystonia Rating Scale (OMDRS)[10]

Table 3: Severity subscale

Grade 0	No abnormal movement
Grade 1	Mild- Rare, occasional movements; not interfering with function.
Grade 2	Moderate- Movements occur intermittently and may mildly affect speech or eating.
Grade 3	Marked- Frequent movements that interfere with function but are not constant.
Grade 4	Severe-Continuous, strong movements severely affecting function or appearance.

Item	Score (0-4)
Jaw movements	
Tongue movements	
Lip movements	
Facial muscle involvement	
Subtotal (0-16)	

Disability subscale (0-4 for each item)

Grade 0	No disability, fully functional; no limitation in daily activities.
Grade 1	Mild disability- Slight difficulty but able to speak, eat, and interact normally.
Grade 2	Moderate- Movements occur intermittently and may mildly affect speech or eating.
Grade 3	Marked disability- Major limitations; activities possible but difficult and exhausting.
Grade 4	Severe disability- Unable to perform the activity (e.g., cannot speak clearly or eat solid food).

Item	Score (0-4)
Speech	
Eating	
Swallowing / drinking	
Social interaction	
Subtotal (0-16)	

Pain scale

Grade 0	No pain at all.
Grade 1	Mild-Occasional, tolerable pain without impact on daily life.
Grade 2	Moderate-Frequent pain that requires occasional medication or rest.
Grade 3	Marked-Persistent pain interfering with activities or sleep.
Grade 4	Severe-Constant, disabling pain; significant impact on quality of life.

Item	Score (0-4)
Pain frequency	
Pain severity	
Subtotal (0-8)	

Total score

Severity (0–16) + Disability (0–16) + Pain (0–8) = Total (0–40)

Total Score: ___/40

Total score	Severity level
0-10	Mild
11-20	Moderate
21-30	Severe
31-40	Very severe

RESULT

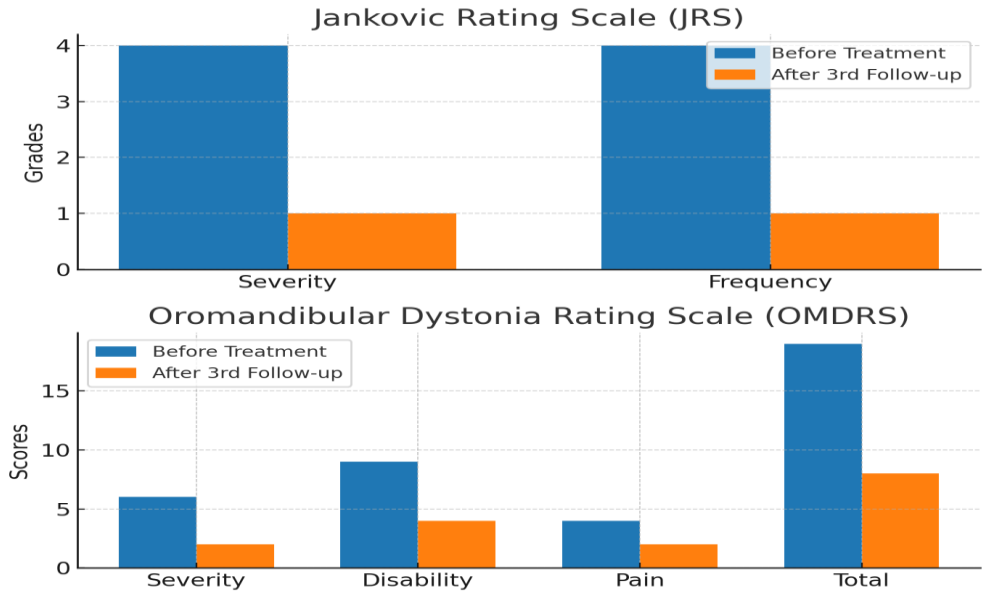
Table 4 presents the changes in the Jankovic Rating Scale (JRS) and Oromandibular Dystonia Rating Scale (OMDRS) scores recorded before treatment and after three subsequent follow-ups.

Table 4

Before treatment	After 3rd follow up
Jankovic Rating Scale (JRS) Severity: Grade 4 Frequency: Grade 4	Jankovic Rating Scale (JRS) Severity: Grade 1 Frequency: Grade 1
Oromandibular Dystonia Rating Scale (OMDRS) scores. Severity score: 6 Disability score: 9 Pain score: 4 Total score: 19	Oromandibular Dystonia Rating Scale (OMDRS) scores. Severity score: 2 Disability score: 4 Pain score: 2 Total score: 8

The graph below illustrates the changes in Jankovic Rating Scale (JRS) and Oromandibular Dystonia Rating Scale (OMDRS) scores before treatment and after the third follow-up.

Graph showing change in JRS score and OMDRS score



DISUSSION

Considering the clinical features of both *Nimesha* and *Hanumoksha*, adopting *Ardhita Chikitsa* as the line of management appears to be a rational therapeutic strategy. *Ardhita* is characterized by asymmetry of the face, deviation of the mouth and eye, slurred speech, difficulty in mastication, and weakness of the facial muscles. According to *Ardhita Chikitsa* principles, therapies that stabilize *Vata* in the *Shiras* (head and forehead), *Mukha* (face) *Jihva (*tongue*)* and *Kantha pradesa* (throat region) are mentioned. According to *Susruta*, the special therapeutic measures include *Sneha* (oleation) *Nasya* (nasal medication) and *Khsheeradhuma*. Similarly, *Vagbhata* recommends procedures such as *Navana* (nasal medication), *Murdha Taila* (application of medicated oil to the head), and *Shrotra–Akshi Tarpana* (therapeutic oil/ *Ghrita* instillation for the ears and eyes). *Dhanadanayanadi Kashayam* is a classical Ayurvedic formulation with strong anti-inflammatory, antioxidant, neuroprotective and detoxifying properties. Its unique combination of herbs makes it effective in managing eye disorders, headache and *Vata-Pitta* imbalances, especially those presenting with burning, pain or irritation. Internal administration of *Dhanwantaram 101 Avarti*, owing to its *Bṛṃhaṇa*, *Vāta-hara*, and *Majja dhātu*-nourishing properties, helps in strengthening the nervous system, alleviating spasms, and improving neuromuscular coordination. *Indukantham Ghritam* pacifies *Tridosha*, which are primarily involved in disorders of neuromuscular coordination. It nourishes and strengthens the nervous system and supports long-term healing. It has *Srotoshodhana* (channel purification) properties, thus helping in clearing subtle channels, improving nerve conduction and muscle coordination. *Yogaraja Guggulu* is a classical Ayurvedic formulation known for its *Vatahara* (*Vata*-balancing) and *Shothahara* (anti-inflammatory) properties. It balances aggravated *Vata dosha*, the primary factor in neuromuscular dysregulation, also alleviating pain and stiffness in the facial and jaw muscles. *Thalam* plays a significant role in the management of neurological disorders by providing *Vata–Pitta* balance, neuroprotection, and mental calmness. *Bala Tailam*, when used as *Thalam*, is highly beneficial for *Vata*-predominant neurological disorders. *Jaloukavacharana* (leech therapy), a para-surgical procedure described in Ayurveda, is highly beneficial in conditions caused by vitiated *Vata* and *Pitta* associated with *Rakta Dushti* (vitiation of blood). It removes vitiated blood and balances aggravated *Vata* and *Pitta* doshas involved in neuromuscular disorders, while reducing localized weakening in the facial muscles, jaw joints, and eyelids. *Virechanam* (purgation therapy) with *Gandharva Eranda Tailam* is effective in managing Meige syndrome, which is primarily *Vata*-predominant with Pitta and Ama involvement in the neuromuscular pathways. This therapy serves as an essential *Shodhana* (detoxification) step before initiating *Vata*-balancing treatments. Meige syndrome involves aggravated *Vata dosha* in the *Urdhwanga* (head region), leading to involuntary movements, stiffness and neuromuscular dysfunction. *Nasyam* helps pacify localized Vata. *Dhanwantaram* 41 *Avarti*, processed multiple times for potency, deeply nourishes the cranial nerves and improves neuromuscular coordination. *Kshira Dhuma* (localised fomentation with processed milk) by virtue of its *Snigdha* and *Vata-hara* properties, provides

localized relief in Meige syndrome by reducing muscle spasms, alleviating stiffness, and nourishing the cranial nerves. *Taila Gandusha* serves as an effective *Vāta*-pacifying *Upakrama* in Meige syndrome, particularly for oromandibular dystonia. By lubricating and strengthening the oral and facial musculature, it helps reduce spasms, improves neuromuscular coordination, and supports essential functions like speech, chewing, and swallowing. *Shirodhara* with *Karpasathyadi Tailam* serves as an effective adjuvant in Meige Syndrome by pacifying aggravated *Vata* and *Pitta*, promoting neuromuscular relaxation, and enhancing mental calmness, thereby providing significant symptomatic relief in spasms and associated distress. *Agnikarma*, by targeting Vata vitiation in the oromandibular region, can reduce muscle stiffness, alleviate involuntary movements, and improve jaw function. When combined with preparatory procedures such as *Snehana* and *Swedana*, along with systemic Vata-pacifying interventions, it may contribute to overall symptom relief and an enhanced quality of life.

CONCLUSION

This case demonstrates that the Ayurvedic line of management based on *Ardhita Chikitsa* offers a promising therapeutic approach for Meige syndrome, a complex focal dystonia involving blepharospasm and oromandibular dystonia. The integration of internal medicines such as *Dhanadanayanadi Kashayam* and *Yogaraja Guggulu* with procedures like *Snehapāna, Mūrdhni Taila, Nasya, Śirodhara, Śāṣṭika Pinda Sweda, Gandūṣa,* and *Agnikarma* resulted in significant clinical improvement. Assessment with the Jankovic Rating Scale (JRS) and Oromandibular Dystonia Rating Scale (OMDRS) showed marked reduction in severity, frequency, and disability scores, highlighting the efficacy of *Vāta*-pacifying interventions. This case suggests that Ayurveda can provide an effective, holistic, and safe alternative in the management of Meige syndrome**,** warranting further clinical studies with larger sample sizes to validate these findings.

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