

INTERNATIONAL AYURVEDIC **MEDICAL JOURNAL**







Research Article ISSN: 2320-5091 Impact Factor: 6.719

ROLE OF 'GHRITAPANA' WITH LAGHU TRIPHALA GHRITA FOR ORAL ADMIN-ISTRATION IN THE MANAGEMENT OF TIMIR -A CLINICAL STUDY

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https://doi.org/10.46607/iamj1110072022

(Published Online: July 2022)

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Article Received: 25/06/2022 - Peer Reviewed: 04/07/2022 - Accepted for Publication: 05/07/2022



ABSTRACT

"The loss of Vision is nothing but loss of Life". Myopia or short-sightedness is a type of refractive error in which parallel rays of light coming from infinity are focused in front of the retina when accommodation is at rest. The disease Timira is explained under this group of diseases where the cardinal feature is dimness of vision. Sushruta considers Timira, Kacha, and Linga Nasha as the progressive clinical stages of the disease Linga Nasha whereas Vagbhata enumerates six types of Timira as separate entities. AIM: To evaluate the effect of the proposed Ayurvedic treatment protocol in patients with myopia. Material and Methods: The study was conducted on 10 Patients with myopia treated with Ghritapana with Laghu Triphala Ghrita for oral administration in the management of Timira for a period of two months. Results: Laghu Triphala Ghrita acts systemically by improving general health and thereby increasing the functional integrity of the visual apparatus. Conclusion: Ayurvedic treatment protocol is effective in the management of myopia.

Keywords: Ghritapana, Myopia, Timira

INTRODUCTION

Among all the sense organs eyes are considered to be very important because vision is crucial for the social and intellectual development of a person. Eye diseases are classified by Sushruta according to the site of lesion among which the Drishtigata rogas deals with visual impairment both, partial or complete. In Ayurveda 'Timira¹' which is described as an ocular pathology that is nothing but errors of refraction, specially the 'Prathama Patalagata Timira' can be taken merely as the Simple Myopia², a subtype of Myopia. Myopia or short-sightedness³ is a type of refractive error in which parallel rays of light coming from infinity are focused in front of the retina when accommodation is at rest. Myopia produces substantial visual loss that interferes with learning and working and the overall quality of life. The prevalence of myopia in Asia is as high as 70-90%. Wearing glasses is not a remedy. Till now no medicine is invented to preserve the sight of the patients affected with myopia and no surgical measure can be considered fully safe and without side effects. Though modern medical science has made tremendous, remarkable progress and advances in the field of ophthalmology in recent times, the importance of Ayurvedic treatment in the diseases eyes especially Timira cannot be ignored. Acharya Sushruta has mentioned Triphala Ghrita⁴ as a drug of choice in Timira. 'Ghritapana' with Laghu Triphala Ghrita⁵ for oral administration in the management of Prathama Patalagata Timira'(Myopia)) on various scientific parameters to evolve a safe, effective, readily available, and economic treatment protocol.

MATERIAL AND METHODS:

Selection of patients: The study was conducted on 10 clinical and pathological diagnosed patients with Myopia (*Pratham Patal gata Timira*) were taken from OPD and IPD of P.G. department of Shalakya Tantra and Shreedhreeyam eye unit of National Institute of Ayurveda Jaipur Rajasthan.

NUMBER OF PATIENTS: 10

Inclusive Criteria:

- 1. Patients presenting with signs and symptoms of *Timira* are described as per Ayurvedic and modern science.
- 2. Patients found to be myopic were diagnosed with the help of Snellen's chart reading and other tests like retinoscopy and the most modern modality of computerised autorefraction.

Exclusive Criteria:

- 1. The patient below the age of 5 years
- 2. Patients above the age of 25 years
- 3. Patients of astigmatism
- 4. Patients of cataract
- 5. Diabetic patients
- 6. Hypertensive Patients
- 7. Patients having the systemic disease.

Investigations: Routine haematological and urine analyses were done to rule out systemic diseases if any.

Specific tests:

- a. Retinoscopy
- b. Fundoscopy
- c. Autorefractometry
- d. Keratometry

Drug: Laghu Triphala Gritam **Route of administration** orally **Dose:** 1tsf after food twice daily

Duration: 2 months.

Follow-up study: After the completion of treatment, all the patients were advised to attend the O.P.D for two months at a regular interval of fifteen days for the follow-up study.

Criteria for assessment:

- **Objective:** Clinical refraction by means of:
- Retinoscopy.
- Auto refractometer.
- Keratometer.
- Subjective: -
- Snellen's Chart Reading.
- Improvement in signs and symptoms.

Clinical Refraction: Total refraction by Dioptric power is required for full optical correction.

Subjective symptoms:

Table 1: Subjective symptoms were assessed with the help of the following scoring techniques:

Grade	Avyakta Darśana	Headache	Eye strain	Watering of eye
0	No feeling of blurring of vision.	No headache	After >6 hours of near work.	Absent
1	The occasional blurring of vision.	Very occasional headache.	After 4 – 6 hours of near work.	Occasional watering
2	Regular blurring without disturbing routine works.	Irregular attacks of frequent headaches.	After 2 – 4 hours of near work.	Intermittent watering
3	Regular blurring disturbing day-to-day works.	Regular headache.	Before 2 hours of near work.	Regular watering
4	Absolute darkness before the eyes.			

Criteria For Assessment of Overall Effect

• Complete remission: 100% relief in Chief complaints

Marked improvement: 75 – 100%Moderate improvement: 50 - 75%

• Mild improvement: 25 - 50%

• Unchanged: Less than 25% reduction in chief complaints.

• ON SELECTION OF DRUG:

Laghu Triphala Ghrita has the properties like Chakshushya, Balya, Rasayana, and Tridoshahara which ultimately results in the clearance of the channels (Srotoshuddhi) of the eye and reduces the vitiated Tridoshas in Prathama Patalagata Timira.

MODE OF ACTION: Laghu Triphala Ghrita has been used as an oral medication Snehapana of Ghrita

has the quality of trespassing into minutes channels of the body and enters into deeper layers of *Dhatus* and it even at the cellular level, so it gives strength to the overall tissues of the eyeball as well as to the nervous tissues. Due to the presence of Vit-A and E, it possesses antioxidant properties, it is also helpful for correcting the altered and disturbed neurotransmitters. Simple Myopia is a clinical condition in which the refractive error is present, and this error may be due to changes in the axial length, refractive index, curvature of the cornea, or lack of accommodation power by either or both intra-ocular and extraocular muscles. The Triphala Ghrita used as Snehapana may have its action at the level of axis, index, corneal curvature, or both intra-ocular and extraocular muscles.

Observation: -

Table 2: Effect of *Laghu Triphala Ghrita* on various symptoms of Myopia in 10 patients (Paired "t" test)

Symptoms	Mean Value		% Relief	SD	SE ±	t	р	Remarks	
	BT	AT	D						
Avyakta Darshan	2.70	2.00	0.70	25.93	0.48	0.15	4.58	>0.01	HS
Headache	1.40	0.80	0.60	42.86	0.52	0.16	3.67	>0.01	HS
Strain of eye	1.40	0.50	0.90	64.29	0.57	0.18	5.01	< 0.001	HS
Watering of eye	1.20	0.30	0.90	75.00	0.74	0.23	3.86	>0.01	HS

DISCUSSION

The parameters were assessed by statistical test adopting to **PAIRED** "T" TEST. While assessing the clinical improvement in the patients treated with *Laghu Triphala Ghrita*, the symptom *Avayakta darshan* was relieved by 25.93%, while 42.86% relief in

Headache, the study also shows 64.29% relief in Eye strain, whereas 75% relief was shown in the symptom of Watering of the eye, which is a highly significant improvement statistically (P<0.01). Visual acuity improvement in the Right eye was 17.24% & 18.75% in the Left eye, which is highly significant statistically

(P>0.01). Dioptric power was decreased in the Right eye by 16% & 15.56% in Left eye, which is highly significant statistically (P>0.01).

CONCLUSION

The overall effect of therapies after 60days of treatment. moderate relief is achieved in 50%, mild relief in 40% of patients, and unchanged in 10% of patients. No adverse effects of the study drug were observed during the study. Quality of vision was found to be improved and Asthenopic symptoms like headache, eye strain, watering eyes, etc. were remarkably reduced.

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Source of Support: Nil Conflict of Interest: None Declared

How to cite this URL: Shyam Swaroop Meena & Sangeeta Bala: Role Of 'Ghritapana' With Laghu Triphala Ghrita for Oral Administration in The Management of Timir –A Clinical Study. International Ayurvedic Medical Journal {online} 2022 {cited July 2022} Available from: http://www.iamj.in/posts/images/upload/1695_1698.pdf