

AYURVEDIC MANAGEMENT OF MYOPIA – A CASE REPORT

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ABSTRACT

Introduction: Myopia is the most common refractive error of the eye, seen in children and young adult and it has become more prevalent in recent years and is a cause of concern world over. On the basis of symptoms, myopia can be correlated with *Vatika Timira*, for which treatment modalities have been mentioned elaborately and *Ayurvedic* treatment was done for the management of this case. **Materials & Methods:** A fully conscious, normal oriented female child, aged 14 years, came to OPD of Shalakya Tantra, IPGT & RA, Jamnagar, with chief complaints of defective vision for distance in both eyes and headache since 2 months. Headache increases at the end of the day. She was treated with *Koshtashodhana*, *Shirovirechana (Nasya)*, two sittings of *Tarpana*, and *Triphala choorna* and *Saptamrita Lauha* with *Madhu* and *Ghrita*. **Results:** At the end of study, improvement in visual acuity in both eyes and improvement in headache were found. **Conclusion:** Thus, it can be concluded that Ayurvedic approaches are helpful to control myopia. This study emphasizes on the importance of integrated approach in healthcare.

Keywords: Myopia, *Nasya*, *Tarpana*, *Timir*.

INTRODUCTION

Acharya Vagbhata has given the importance of vision in a beautiful verse which says – Eyes (organ of sight) is the most important sense organ among the five others, especially for humans. Continuous and constant efforts should be made by every person to preserve his vision throughout life, because for a person who is blind, his world is same with no differentiation of day and night. This beautiful world is of no use to him even if he having a lots of wealth.¹

Myopia is commonly referred as short- sightedness. It is the most common eye disease in the world, with substantial social, educational and economic impact.

In India, the prevalence of myopia in the general population has been reported to be only 6.9%.

Genetic factors can play an important role in various biochemical ways to cause myopia. When sclera and cornea are weak or degraded are significant factors in causing myopia. One recent study suggested that children exposed to extensive near work may be at a higher risk of developing myopia. The factors like nutritional deficiency, stress, debilitating diseases, and endocrinal disturbances etc. which affect the general growth process will also influence the progress of myopia.²

Myopia can rarely cause blindness through retinal degeneration, tears and detachment. It is usually not a devastating eye disease. Billions of dollars are spent each year to get surgical relief from this condition, not to mention eyeglass and contact lens expenditure. Surgical intervention is very popular, but not successful for everyone and complications like dry eyes and night glare may occur.³

In recent times, modern medical science has made tremendous and remarkable progress and advance in the field of ophthalmology. But the importance of Ayurvedic treatment in the diseases of eyes cannot be ignored owing to the above mentioned pitfalls of modern therapy.

In, Ayurveda, the clinical features related to visual disturbances are seen only in *Drishtigata Rogas*. Hence, all cases of visual disturbances can be correlated under the broad heading of the *Timira-Kacha-Linganasha* group. Clinical features of *Timira* (first and second *Patala*) can be correlated with the most important refractive error, which is, myopia. In the Ayurvedic classics, we find the concept of *Chakshushya* and many drugs, and therapeutic procedures explained which enhance visual acuity as well as improve the health of the eye. *Nasya Karma* is one among the procedures of *Panchakarma* that is specifically desired in *Urdhwajatrugata* (supraclavicular) diseases.⁴

All the efforts should be made to strengthen the eyes by procedure like *Nasya* and *Tarpana* and so on. Once the vision is lost, all the different things of this world will become one kind –that is darkness.⁵

The nose is the gateway of drug administration in the case of *Urdhwajatrugata Rogas* and *Nasya* is the only procedure that directly affects all the *Indriyas*. So, number of *Nasya* preparations are described for *Timira* by various *Acharyas*.

Table 2: Therapeutic intervention adopted:

PROCEDURE	DRUG USED	DURATION	DOSAGE
<i>Koshta Shodhana</i>	<i>Erandabhrishta Haritaki Choorna</i>	five Days	Two gm
Internal Medicine	<i>Triphala Choorna- 2 gm</i> <i>Saptamrita Lauha- 250mg</i>	one Month	2 gm n 250 mg after meal at night
<i>Nasya</i>	<i>Krishnadhya Taila</i>	Seven Days	Six drops in each nostril

CASE HISTORY:

A fully conscious, normal oriented female child, aged 14 years, has visited OPD of Shalakyatantra, IPGT & RA hospital, Jamnagar with chief complaints of Defective vision for distance in both eyes for 2 months. According to patient, she was suffering from bitemporal Headache for 2 months. Headache increases at the end of the day. Past history have no any relevant past history was found. Family history have no any family history was found. On eye examination by Torch Light and Slit Lamp, we found Lid, Conjunctiva, Cornea, Anterior Chamber, Iris, Pupil and Lens were normal. In Personal History patient was Vegetarian, Appetite Moderate, Bowel Regular, Micturation Normal and Sleep Normal.

Table 1: Visual acuity:

	Right EYE	Left EYE
	B.T.	B.T.
DV unaided	6\24	6\36
BCVA	6\6	6\6
pH	6\9	6\12
NV unaided	N6	N6

TREATMENT:

Shodhana and *Shamana* both treatments were given to the patient.

Treatment protocol:

Koshta Shodhana - 5days

Internal Medicine - 1Month

Nasya - 7 days

Tarpana - 7 days (2 sittings)

➤ Spectacle correction for Distance vision

Right eye -1.75 DS

Left eye -2.25 DS

1 st sitting <i>Tarpana</i>	<i>Jivantyadi Ghrita</i>	Seven Days	As required
2 nd sitting <i>Tarpana</i>	<i>Jivantyadi Ghrita</i>	Seven Days	As required

Koshtashodhana was done with *Erandabhrishta Haritaki Choorna* two gm at bed time with lukewarm water for five days. *Nasya* was done with *Krishnadhy Taila*. Six drops of oil was instilled in each nostril for next seven days in morning time. 1st sitting of *Tarpana* was done with *Jivantyadi Ghrita* in morning

time. After seven days interval 2nd sitting of *Tarpana* was done with *Jivantyadi Ghrita* in morning time. *Triphala Choorna* two gm and *Saptamrita Lauha* 250 mg was started after *Koshta Sodhana* and was continued for one month with *Madhu* and *Ghrita* after meal at night.

RESULTS:

Table 3: Visual acuity:

	BT	After <i>Nasya</i>	After 1 st sitting of <i>Tarpana</i>	After 2 nd sitting of <i>Tarpana</i>
Right eye				
DV	6\24	6\24	6\18	6\12
PH	6\9	6\9	6\9	6\6
BCVA	6\6	6\6	6\6	6\6
Left eye				
DV	6\36	6\36	6\24	6\18
PH	6\12	6\12	6\9	6\6
BCVA	6\6	6\6	6\6	6\6

There was improvement in her headache and visual acuity in both eyes. No adverse event was reported during study.

- Spectacle correction after treatment: DV
Right eye -1.00 DS
Left eye -1.25 DS

DISCUSSION

The line of management of *Timira*⁶ includes *Snehana*, *Raktamokshana*, *Virechana*, *Nasya*, *Anjana*, *Shirobasti*, *Basti*, *Tarpana*, *Lepa* and *Seka* that are to be followed repeatedly. Among these *Snehana*, *Virechana* (*Koshtashodhana*), *Nasya* and *Tarpana* were followed in this case. On the basis of symptoms, myopia can be correlated with *Vatika Timira*⁷. Hence, line of management *Vatika Timira* was adopted.

*Koshta Shodhana*⁸ was done with *Erandabhrishta Haritaki Choorna*. *Virechana* was not administered in this case though *Koshta Shodhana* can be considered having some properties of *Virechana* like *Vatanulomana* and *Agni Deepana*. *Haritaki* is having *Deepan Pachana* and *Vatanulomana* activities and *Erand Taila* is also *Deepana* and *Sara*. Both the drugs are

Vata-Kapha Shamana and *Vatanulomana* and helps in *Samprapti Vighatana* of *Vataja Timira*.

Nasya was done with *Krishnadhy Taila*⁹ as it is indicated in *Vatika Timira*. *Krishnadhy Taila* is having *Vatapradhana-Tridosahara* properties. So, the effect of drug is *Vatapradhana-Tridosahara*, hence it breaks the pathology of *Timira*. Presence of *Shringataka Marma* in the nose can be explained through pooling of blood from nasal vein. In this manner drug given through *Nasya* reaches to meninges and intra cranial organs. With the help of pre-procedures like *Abhyanga* (massage), *Swedana* (fomentation) and head lowering position blood circulation increases in head, by effect on neuro-vascular junction which facilitates increased absorption of drug.

Tarpana was done with *Jivantyadi Ghrita*¹⁰ (containing *Jivanti*, *Ksheera*, *Ghrita*, *Prapaundrika*, *Kakoli*, *Pippali*, *Rodhra*, *Saindhava*, *Shatahva*, *Yashtimadhu*, *Draksha*, *Sharkara*, *Daruharidra* and *Triphala*) as it is indicated in *Vatika Timira*. Considering the *Doshakarma*, *Jivantyadi Ghrita* appears to be predominantly *Vatashamaka* followed by *Pittashamaka* and *Kaphashamaka* (by virtue of its *Rasa*, *Guna*,

Veerya and *Vipaka*). Thus, the overall effect of the compound drug is *Vata Pradhana Tridosha Shamaka* and hence it disintegrates the pathology of *Timira*. The *Ghrta* has the quality of trespassing into minute channels of the body. Hence, when applied in the eye, it enters deeper layers of *Dhatus* and cleanses every minute part of them.

Triphala Choorna was given internally with *Madhu* and *Ghrta*¹¹. *Saptamrita Lauha*¹² was added to make it more *Chakshushya*. The improvement in visual acuity in both eyes due to *Vata Shamana* and *Chakshushya* properties of all the drugs used in the protocol. Headache is due to asthenopic symptoms, was decreased by spectacle correction. *Nasya* also works on *Vata* due to *Snigdha Guna* of *Taila*¹³ that reduces the headache.

CONCLUSION

Nasya and *Tarpana* with internal medicine had shown significant improvement to decrease the spectacle power. This case study indicates effectiveness of Ayurveda in Myopia. This study emphasizes on the importance of integrated approach in healthcare. Study on a larger number of samples to draw more concrete conclusions. Awareness should be created for the role of Ayurveda in such type of diseases especially concerned with Ayurveda where modern medicine has limited role.

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