

MADHUKADI TAILA NASYA IN THE MANAGEMENT OF PRATHAMA PATALAGATA TIMIRA - A PILOT STUDY

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ABSTRACT

Timira can be considered as the primary cause for loss of vision. *Timira* is one among the *Drishtigata Rogas*. The anatomical considerations of the *Patalas* and symptoms of the vitiated *Doshas* situated in these *Patalas* reveal that the word '*Timira*' which is described in *Drishtigata Roga*, is nothing but errors of refraction, specially the '*Prathama Patalagata Timira*' can be taken merely as the Simple Myopia, a subtype of Myopia. As it affects the young people, which can hinder education, personality development and carrier opportunities produce substantial visual loss that interferes overall quality of life. *Prathama Patalagata Timira* is explained by almost all *Aacharyas* as a *Sadhya Drishtigata Roga*. *Nasya* is one among the treatment modality given for it. *Madhukadi taila nasya* is one of the *tridoshahara yoga* explained in *Ashtanga Hridaya*. In the present trail 10 patients of *Prathama patalagata timira* were selected and administrate *Madhukadi taila Nasya*. A significant relief was found in various signs and symptoms of *Timira*.

Keywords: *Prathama patalagata timira*, *Madhukadi taila*, *Nasya*, Simple myopia.

INTRODUCTION

Vision is the most precious gift from god. All activities are dependent on the quality of vision which we have. Nothing can be compared with the vision as it is incredible. It is rightly said by *Sushrutacharya*, showing the importance of eyes as –

Pumsamandhanam vidyamanepi vitte¹

“The loss of Vision is nothing but loss of Life”

Timira can be considered as the primary cause for loss of vision. In different types of *Netra Roga*, *Timira* is one among the *Drishtigata Rogas*. The symptomatology of *Timira* can be considered as errors of refraction and early stage of cataract. The anatomical considerations of the *Patalas* and symp-

toms of the vitiated *Doshas* situated in these *Patalas* reveal that the word '*Timira*' which is described in *Drishtigata Roga*, is nothing but errors of refraction, specially the '*Prathama Patalagata Timira*' which can be taken as the Simple Myopia. Myopia or near-sightedness manifests as distant blur, which causes of defective vision in childhood and accounts for a great deal of miseries and it is the clinical entity, which starts with visual defect and may ultimately lead to loss of vision. The prevalence of myopia in Asia is as high as 70-90%². It does not spare any race, age, sex or habitat, is prevalent equally in all parts of the world. According to sight saving review

(1979) myopia is the 4th major cause of visual loss after cataract, glaucoma, and senile macular degeneration. As it affects the young people, it can hinder education, personality development and career opportunities that interferes with overall quality of life.

Here, the importance of classical approach in the management of eye diseases as told in Ayurveda cannot be ignored, but there is a need to re-establish the same in modern age. Therapeutic measures mentioned in the treatment of *Timira*, we find that the treatment includes *Snehapana, Raktamokshana, Virechana, Nasya, Anjana, Shirobasti, Basti, Tarpana, Mukhalepa, Seka*.¹

Spectacles are used to correct the refractive error but it neither cures nor prevents the progression of the pathology. Though Laser and surgical measures are in practice they are not without complications. The cost of the surgery is also out of reach of common man.

Nasya is widely practiced in refractive errors; hence the procedure which is simple, non invasive, cost effective with no known side effects is taken up for this study.

OBJECTIVES OF THE STUDY:

1. To evaluate efficacy of *Nasya* in Myopia.
2. To evaluate efficacy of *Nasya* in relieving asthenopic symptoms such as head ache, eye strain, watering of the eyes.

MATERIALS & METHODS

Source of data

Patients were selected from the outpatient and inpatient department of Sri. Jayachamarajendra Institute of Indian Medicine, Bengaluru.

Selection of patient:

The selection was done on the basis of clinical examination. A careful clinical history of all those pa-

tients complaining of Blurred vision, Head ache, Eye strain, Watering of eyes –with 2 or more symptoms were considered. The patients were then subjected to a thorough examination and after establishing the diagnosis, the patients were considered for the clinical study.

INCLUSION CRITERIA

- 1) Patients irrespective of their gender, caste, religion.
- 2) Patients between the age group of 7yrs to 25yrs.
- 3) Patients diagnosed as simple myopia.

EXCLUSION CRITERIA

- 1) Pathological myopia, High myopia with degenerative and gross retinal changes.
- 2) Myopia associated with neighboring structural deformities like corneal opacity.
- 3) Patients suffering from any of the systemic disorders.
- 4) Patients who have underwent any of the refractive surgeries.
- 5) Patients who are contraindicated for *Nasya*.

STUDY DESIGN

The study was purely Clinical with 3 phases.

- Diagnostic phase
- Interventional phase
- Assessment phase

DIAGNOSTIC PHASE

Diagnosis was established on the basis of History, Symptoms like eye strain, watering of eyes and headache. The diagnosis was confirmed by Visual acuity and Autorefraction.

INTERVENTIONAL PHASE

10 patients were randomly selected for this study.

Study Design

Group	<i>Chikitsa</i>	<i>Prayoga avadhi</i>	<i>Nireekshana avadhi</i>
1	<i>Nasya</i> (First 7 days)	7 days with a gap of 21 days for 2 sittings	2 months

Follow up period- Observations will be done once in a month for a period of 2 months and the changes with treatment and progress, will be noted and recorded in the proforma of case sheet.

Preparation of Madhukadi pushpa taila

Madhuka pushpa, Maricha, Vidanga and *devadaru* each 100gm was taken. Course powder is prepared and added to 1.6 litres of water, boiled and reduced to 800ml and thus *kashaya* was prepared.

Meanwhile 25gm each of above said drugs were taken in fine powder mixed with water and a paste (*kalka*) is prepared. This is added to 400ml of *murchita tila taila*. *kashaya* and equal quantity of *godugdha* were added to *taila*. This is kept for boiling on moderate heat and *madhukadi taila* was ready on the third day. This *taila* was prepared as per the *taila paka vidhi* mentioned in classics. Waited for *swangasheeta* then filtered and stored in clean, fumigated glass jar.

DURATION AND MODE OF ADMINISTRATION OF THE YOGA

Madhukadi taila-Nasya

Patients were told to come on empty stomach.

Poorvakarma – Patient was made to sleep in supine position. *Moorchita Tila Taila* is applied on vertex, soles, palms and ears. *Sthanika abhyanga* is done on face till neck and shoulder.

Pradhanakarma – Head is raised in such a way that chin is raised up. Warm *Madhukadi pushpa taila* is taken in *karnika*. 8 drops were poured in each nostril. A gentle massage is given to *karna, lalata, pani, pada* and *skandha* region. Once medicine reached pharynx, patient is advised to spit it out alternatively right and left side.

Pashchyatkarma - Once patient is cleared with sputum, made him to sit erect. *Gandusha* with *sukhoshna udaka* is given. *Dhoomapana* is given with *Haridra varti* three times alternatively to each nostril.

This procedure is continuously done for 7 days and same is repeated again after 21 days.

ASSESSMENT PHASE

Effect of the therapies was compared before and after the treatment on the basis of self formulated scoring scale to signs and symptoms in Subjective parameters.

Subjective Parameters:

- Blurred vision
- Headache
- Eye strain
- Watering of eyes

Objective Parameters

1. Visual acuity
2. Autorefraction

Assessment on response

Visual acuity on snellen's	Assessment on response
One line improvement	Mild
Two line improvement	Moderate
>2 line improvement	Marked

1) Auto refraction

0.0	0
-0.25 to -0.50	1
-0.75 to -1.00	2
-1.25 to -1.50	3
-1.75 to -2.00	4
-2.25 to -2.50	5
-2.75 to -3.00	6

ASSESSMENT RESPONSE

The net result obtained by various parameters of assessment both before and after treatment was taken into consideration to assess the overall effect of therapies. Then they were graded in terms of percentage of relief in subjective and objective parameters.

- **No improvement** less than 25% relief in signs, symptoms and clinical tests.
- **Mild relief** 26% to 50% relief in the signs, symptoms and clinical tests.

- **Moderate relief** 51% to 75% relief in the signs, symptoms and clinical tests.
- **Marked/Excellent relief** 76% to 100% relief in the signs, symptoms and clinical tests

The net result obtained by various parameters of assessment both before and after treatment was taken into consideration to assess the overall effect of the therapy. Then they were graded in terms of percentage of relief in subjective and objective parameters.

ASSESSMENT OF TOTAL EFFECT OF THERAPY

Effect of treatment

EFFECT OF TREATMENT		
Class	Grading	No of patients
0-25%	Poor Response	0
26% -50%	Moderate Response	2
51% - 75%	Good Response	3
76% - 100%	Excellent response	5

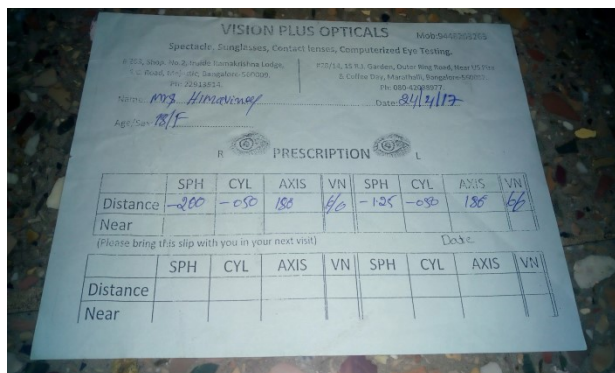
Overall effect of treatment



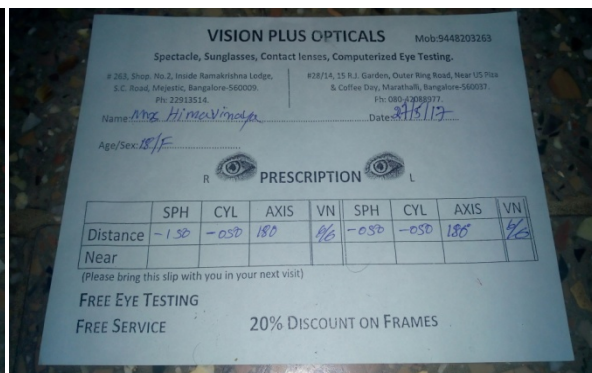
Comparative results of treatment

Parameters	Mean Score							Remark	%
	BT	AF	SD	SE	t-value	p-value			
Blurriness of vision	2.75	0.70	0.887	0.198	8.95	<0.05	Significant	74.55	
Auto-refraction	2.65	0.73	0.858	0.192	8.41	<0.05	Significant	72.64	
Watering Of Eyes	2.43	0.65	0.801	0.179	7.60	<0.05	Significant	73.20	
Eye strain	2.38	0.65	0.851	0.190	8.19	<0.05	Significant	72.63	
Head ache	2.45	0.60	0.718	0.718	9.32	<0.05	Significant	75.51	

Before Treatment



After Treatment



DISCUSSION

Blurriness of vision is main complaint of myopes. After the *poorva roopa* stage when the refractive error clearly manifest, the diminished vision will be continuous. *Vata* will be chief causative factor for this. Along with that there will be involvement of *Pitta* or *Kapha* or both. There can be an increase or decrease in axial length of eye ball (*vyasa*) or curvature (*sankocha*) which is a function of *vayu*. The basic treatment in myopia is pacification of *vata dosha*. *Madhuka pushpa* is *madhura rasatmaka*, *Devadaru* is known *Vata shamaka dravya*. Drugs are processed with milk and made *taila* out of it so this was purely *vata pittahara yoga*.

Drugs in the form of *Nasya* has probable mode of entry in circulation, hence role in the improving vision and relieving asthenopic symptoms as follows.

- By general blood circulation, after absorption through mucous membrane.
- Direct pooling into venous sinuses of brain via, inferior ophthalmic veins.
- Absorption directly into the cerebrospinal fluid.

As this medicine is absorbed in ophthalmic vessels it has its nourishing role in extra ocular muscles and eye proper. Along with this antioxidant property have role in maintaining tissue built.

Asthenopia is a condition characterized by sense of fatigue in eye muscle and the symptoms varies from

patient to patient. In some patients watering will be more felt while head ache and eye strain will be more felt in other patients. In this study, though there were 10 patients a statistical conclusion is difficult because of the variations in the presentation of patients. When considering the symptoms, for diminished vision and asthenopia marked improvement is obtained after *Nasya*. A statistically improvement after treatment and after follow up and a well sustained effect in the follow up response was obtained.

The head ache and eye strain in asthenopia is due to ciliary pain caused by increased muscular effort. The nature of pain is often described as dull aching, boring, superficial, and deep seated or migranous. This is because *Vata kopa* in first *patala*. The *rooksha Guna* is mainly involved. *Madhukadi pushpa* combination in the form of both *taila* and *kalka* is *snigdha* and *anushna* hence pacifies *vata* and relieves head ache and eye strain.

Watering in asthenopia is due to mild grade inflammation of lids and so the lachrymal glands. Watering occurs because of *vata kopa* in *rasa dhatu* and here *rooksha, chala* and *drava gunas* will be involved at various stages. *Nasya* does *uttamanga shuddhi* and *shesha dosha shamana* in this regard.

Vata pitta dosha → Simple Myopia ← *Vata pitta hara Nasya and Mukhalepa*
Ruksha + Teekshna → Head ache, eye strain ← *Snigdha + Mrudu*
Ruksha+Chala+Drava → Watering of eyes ← *Snigdha+Sthira+Anushna*

Thus overall activity of *Nasyas* in simple myopia with asthenopic symptoms included relaxation, anti-inflammatory and visual action. In this way *Nasya* is helpful in relieving simple myopia and asthenopic symptoms in significant way.

CONCLUSION

- Myopia is the clinical entity, which starts with visual defect and may ultimately leads to loss of vision. As among all the causes of defective vision Simple Myopia accounts for a great deal of miseries.
- People belonging to early age group are the major sufferers and it makes them often feel handicapped and this condition even limits some of the professional choices.
- Improvement in vision and Asthenopic symptoms were relieved soon after
- Therapies along with *Nidana Parivarjana*, proper *Pathya* may give still better results.
- No untoward effects were observed in any of the treatment procedures.
- In Overall effect of treatment in simple myopia, out of 10 patients in this study, 0 patients got no improvement, 2 patients (15%) got mild improvement, 3 patients (35%) got moderate improvement and 5 patients (50%) got marked improvement.

SCOPE FOR FURTHER STUDY

- *Madhukadi pushpa taila* can be studied for *Pra-timarsha Nasya* in preventing simple myopia.

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