

AKSHADI TAILA NASYA AND VIDDHAKARMA IN THE MANAGEMENT OF PRATH-AMAPATALAGATATIMIRA - A PILOT STUDY**Priyanka Patil¹, Nutan R Radaye², Govind Lihinar³**¹Final Year PG Student; ²HOD & Professor; ³Lecturer^{1,2}Department of Shalaky Tantra, YMT Ayurvedic Medical College, Kharghar, Navi Mumbai, Maharashtra, India³Department of Shalaky Tantra, APM⁷ Ayurved Mhavidyalaya, Sion, Mumbai, Maharashtra, India**Corresponding Author:** priyankahpatil237@gmail.com<https://doi.org/10.46607/iamj1609082021>**(Published Online: August 2021)****Open Access**

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Article Received: 30/07//2021 - **Peer Reviewed:** 11/08/2021 - **Accepted for Publication:** 14/08/2021**ABSTRACT**

The eye is the prime sense organ among all sense organs, thus the word *Drushti* indicates the function of vision. *Sushruta* has described 12 *Drishtigat rogas* in *Uttartantra*. The anatomical consideration of *Patalas* & symptoms of the vitiated *Doshas* situated in these *Patalas* reveals that the word *Timira* which is described as an ocular pathology in *Ayurveda* is nothing but errors of refraction. Myopia, a form of refractive error where the distant vision is compromised, embraces a large section of the present-day population. In today's world, the pace of life has become fast, irregular and stressful, due to which the visual acuity gets impeded, which can be correlated with *Timira* described in *Ayurvedic* classics. *Prathama Patalagata Timira* is explained by all *Acharyas* as a *Sadhya Drishtigata Roga*. When vitiated *Doshas* reaches the *Pratham Patala* of the eye, the patients have blurred vision; this stage is characterized by *Avyaktadarshana* (*Sushruta*) & *Animitta Avyakata Rupa Darshana* (*Vagbhata*). *Vagbhata* has described *Nasya* as a treatment modality for *Urdhwajatrugata Vikaras* *Sushruta* has described *Viddhakarma* as a treatment modality for *Timira* in *Sutrasthana*. *Akshadi Taila Nasya Yoga* is explained in *Ashtang Hrudaya*. In the present trial, 30 patients of *Prathama Patalagata Timira* were selected and *Nasya* of *Akshadi Taila* was done along with *Viddhakarma*.

Keywords: *Timira, Nasya, Akshadi Taila, Simple myopia, Viddhakarma*

INTRODUCTION

The eye is the prime sense organ among all sense organs, the word *Drishti* indicates the function of vision. *Sushruta* has described 12 *Drishtigat Rogas in Uttartantra* [1]. The anatomical consideration of *Patalas* & symptoms of the vitiated *Doshas* situated in these *Patalas* reveal that word *Timira* which is described as an ocular pathology in Ayurveda, is nothing but errors of refraction. The word *Timira* indicates darkness; the clinical features of *Timira* are related to the dominance of vitiated *Dosha* where the severity of the disease depends upon the number of *Patalas* involved. When the *Dushit Dosha* achieve *Urdhvagamitva* and reaches the first *Patalas* of the eye, the patient will have blurred vision. This stage is characterized by *Avyaktadarshana* [2] and *Animitta Avyakta Rupadarshana* by *Vagbhata* [3]. When the *Dushit Dosha* achieve *Urdhvagamitva* and reaches the second *Patalas* of the eye. It is characterized by *Vihwaladarshana* and *Gocharavibhrama* [4]. In today's world, the pace of life has become fast, irregular and stressful, due to which the visual acuity gets impeded, which can be correlated with *Timira* described in *Ayurvedic* classics. *Sushrutacharya* has given an algorithm of the progress of the visual disturbances in the form of *Timira*. *Timira* being *Nidanarthakara Roga* for *Lingnasha* as untreated *Timira* leads to *Kacha* which further untreated leads to *Linganasha* [5] which is total blindness hence emphasis is given on prompt management of *Timira*. Myopia is one of the refractive errors in which parallel rays of light come to focus anterior to the light-sensitive part of the retina when accommodation is at rest [6]. Myopia has global implications on human life. Myopia is the 4th major cause of visual loss after cataracts, glaucoma, and senile macular degeneration. As it affects young people, it can hinder education, personality development and career opportunities that interfere with the overall quality of life. Here, the importance of the 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 the 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*. [7] *Vagbhata* has described *Nasya* as a treatment modality for *Urdhwajatrugata Vikaras*. *Vagbhata* had described *Akshadi Taila Nasya* for the treatment of *Patalgata Vikaras* in the *Ashtanghrudaya* [8]. The relevant literature and discussion suggested that *Nasya* with *Akshadi Taila* seems to be a promising modality to tackle this problem, hence it was decided to study the effect of *Akshadi Taila Nasya* in the *Timika*. *Acharya Sushruta* has described in *Timira*, *Siravedha* should be done at *Upanasika*, *Apanga* and *Lalaat Pradesh* [9].

Spectacles are used to correct the refractive error but it neither cures nor prevents the progression of the pathology of myopia, Though Laser and surgical measures are widely used in practice for correction of myopia, they are not without complications. The cost of the surgery is also out of reach of the common man. Hence the above topic has been selected for the pilot study.

Nasya is widely practised in refractive errors & *Viddhakarma* is a simple, non-invasive, cost-effective procedure.

OBJECTIVES OF THE STUDY:

1. To evaluate the efficacy of *Akshadi Nasya* in *Pratham Patalgat Timira* & Myopia.
2. To evaluate the efficacy of *Nasya* & *Viddhakarma* in relieving asthenopic symptoms such as headache, eyestrain, watering of the eyes.

MATERIALS & METHODS

An open randomized clinical trial was conducted on 34 patients, diagnosed as *Pratham Patalgata Timira*-simple myopia.

INCLUSION CRITERIA

- 1) Patients were irrespective of their gender, caste, religion.
- 2) Patients between the age group of 18 years to 30 years
- 3) Patients diagnosed as *Prathama Patalgata Timira* (simple myopia) (<-3 diopters)

EXCLUSION CRITERIA

- 1) Pathological myopia, High myopia with degenerative and gross retinal changes.

- 2) Myopia is associated with neighbouring structural deformities like corneal opacity.
- 3) Patients suffering from any of the systemic disorders.
- 4) Patients who have undergone any of the refractive surgeries.
- 5) Patients who are contraindicated for *Nasya*.

WITHDRAWAL CRITERIA:

Written consent was taken from each patient willing to participate, before starting the study. The patients were free to withdraw their names from the study at any time without giving any reason.

GROUPING

Group A: *Nasya*

Group B: *Nasya* followed by *Viddhakarma Akshadi Taila* ^[10]

Akshadi Tail

Table 1: Content

Drug	Latin Name	Part used	Rasa	Guna	Virya	Vipaka	Doshakarma
<i>Bibhitaka</i>	<i>Terminalia bellirica</i> R Oxb (API)	Fruit	<i>Kashaya</i>	<i>Ruksha, Laghu</i>	<i>Ushna</i>	<i>Madhur</i>	<i>Tridosahar</i>
<i>Bhringaraja</i>	<i>Eclipta alba</i> Hassk (API)	Whole plant, seeds	<i>Katu, Tikta.</i>	<i>Ruksha, Laghu</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphavatashamak</i>
<i>Asana (vijaysar)</i>	<i>Pterocarpusmarsupium</i> Roxb (API)	Trunk, resin	<i>Kashaya</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphapittashamak</i>
<i>Tila Taila</i>	<i>Sesamum indicum</i> Linn (API)	Seeds(Oil)	<i>Madhura</i>	<i>Guru, Snigdha, Sukshma, Vyavayi, Vishada</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Vatakaphashamaka</i>

PREPARATION OF AKSHADI TAILA ^[11]: Preparation of the study drug as per the description, 300gm *Tila Taila* along with 300gm of *Aksha Tail* is to be mixed with 1.2lit of *Bhringaraj Swaras* and 1.2lit part of *Asana Kwath* and 4.8 litre of water and heated till the water contents are evaporated and *Siddha Tail* is obtained by straining through a clean cloth and stored in a glass container.

MODE OF ADMINISTRATION: *-Nasya*

DOSAGE: 6 *Bindu* per nostril ^[12]

DURATION: 21 days. ^[13]

METHOD OF NASYA KARMA:

Purva Karma: The patient was asked to lie down comfortably in a supine position on a table and *Abhyanga* with lukewarm *Tila Taila* was done over the face, scalp, temporal, and neck region. After completion of *Abhyanga*, *Mrudu Swedana* was done by covering the eyes.

Pradhana Karma: After *Purvakarma*, the patient was asked to relax and lie down on a table in the

supine position and the head portion was made to extend further from the edge of the table ending at an angle. *Akshadi Taila* was taken *Gokarna* and 6 drops were administered in each nostril. Thereafter patient was instructed to inhale deeply and was advised to spit out the drug reaching the throat.

Pashchat Karma: After performing the *Nasya Karma*, the patient was allowed to relax in the supine position. The patient was advised to spit out the nasal secretion reaching the throat. After this procedure gargling with lukewarm water was given to the patient. After this, the patient was instructed not to take cold food or water and to avoid exposure to wind and dust.

VIDDHAKARMA: 3 sitting after each 7 days *Viddhakarma* points are described by *Sushruta* are-

1. *Lalaate*
2. *Apang*
3. *Upnasika*

• **LOCATION:**



STANDARD OPERATING PROCEDURE OF VIDDHAKARMA:

Pre-procedure:

- Patients were asked to visit the hospital during OPD hours.
- Written consent was taken.
- Patients were made to lie down in a supine position with thumbs touching their respective palms and fists clenched tightly.

Procedure

- The area was cleaned with a betadine solution swab.
- With a 26 no. 0.5-inch needle, held perpendicular to the site of *Viddha*, a gentle prick of 1.5-2.5 mm deep

(Since the subcutaneous layer is vascular and is around 1.5-2.5 mm deep³³) made at *Upanasika*, *Lalaat* and *Apanga* each on both right and left aspects of the face.

Post-procedure

- Blood oozed out from the pricked site was wiped with cotton.

- The needle used for *Viddhakarma* was disposed off.

CRITERIA FOR ASSESSMENT OF EFFECTS OF THE TREATMENT:

The assessment was based on relief found in the clinical signs and symptoms of the disease. For this purpose, main clinical signs and symptoms were given suitable scores according to their severity, and assessment was done before, during and after treatment. Following symptoms were assessed according to their respective gradations.

FOLLOW-UP STUDY:

The effect of the therapies was compared before and after the treatment based on a self-formulated scoring scale to signs and symptoms in Subjective parameters.

SUBJECTIVE PARAMETERS:

1. *Durastha Avyakta Darshana* (indistinct distance vision)
2. *Vihwala Darshana* (blurred vision)
3. *Dwidha Darshana* (diplopia)
4. *Shirobhitapa* (headache)

5. Netrayasa (eyestrain)
6. Netradaha (burning sensation)
7. Netrasrava (watering eye)

OBJECTIVE PARAMETERS

1. Visual acuity
- Autorefracton

ASSESSMENT ON RESPONSE

Table 2:

Visual acuity on Snellen’s	Assessment on response
One line improvement	Mild
Two-line improvement	Moderate
>2lineimprovement	Marked

AUTOREFRACTION

Table 3

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

Table 4: Effect of Nasya on visual acuity in the group of 15 patients (30 eyes) of Timira—myopia

	No. of patients	Mean	Mean±SE		Percentage (%)	SD	‘t’	P-value
		BT	AT					
RE	15	33.13	38.7	5.56± 2.03	16.80	7.90	2.73	<0.05
LE	15	36.93	42.0	5.07± 2.09	13.72	8.10	2.42	<0.05

BT-Before treatment, AT-After treatment, SE-Standard error, SD – Standard deviation, RE -Right eye, LE –left eye.

Table 5: Effect of Nasya followed by Viddhakarma on the visual acuity in the group of 15 patients (30eyes) of Timira—myopia

	No. of patients	Mean	Mean ±SE		Percentage (%)	SD	‘t’	P-value
		BT	AT					
RE	15	23.6	28.3	6.37± 2.59	26.98	10.03	2.46	<0.05
LE	15	29.7	36.63	6.93 ± 2.55	23.34	9.88	2.71	<0.05

BT-Before treatment, AT-After treatment, SE-Standard error, SD – Standard deviation, RE -Right eye, LE –left eye.

Table 6: Effect of Nasya on the dioptric power in the group of 15 patients (30eyes) of Timira—myopia

	No. of patients	Mean	Mean ±SE		Percentage (%)	SD	‘t’	P-value
		BT	AT					
RE	15	2.13	1.75	0.38± 0.07	17.97	0.28	5.28	<0.001
LE	15	1.95	1.63	0.28± 0.06	14.53	0.24	4.43	<0.001

BT-Before treatment, AT-After treatment, SE-Standard error, SD – Standard deviation, RE -Right eye, LE –left eye.

Table 7: Effect of Nasya followed by Viddhakarma on the dioptric power in the group of 15patients (30 eyes) of Timira—myopia

	No. of patients	Mean	Mean ±SE		Percentage (%)	SD	‘t’	P-value
		BT	AT					
RE	15	02.48	01.88	0.6± 1.27	24.16	4.92	02.22	<0.05
LE	15	02.18	01.62	0.57± 0.14	25.95	5.09	02.25	<0.05

BT-Before treatment, AT-After treatment, SE-Standard error, SD – Standard deviation, RE -Right eye, LE –left eye.

Table 8: Overall effects of therapies on 30 patients (60 eyes) of Timira—myopia

Overall effect	Group A		Group B	
	No. of eyes	Percentage (%)	No. of eyes	Percentage (%)
Cured	0	0	0	0
Marked improvement	0	0	0	0
Moderate improvement	06	20	10	33.33
Mild improvement	20	66.67	18	60
Unchanged	04	13.33	02	06.67

DISCUSSION

Apart from the clinical features of the *Prathama Patalgata Timira* can be correlated with myopia, which is the most important refractive error. *Avyakta Darshana* or blurring of vision for distance is a symptom produced due to affliction of the first *Patala*, which occurs in the myopia of low degree. The cardinal symptom of myopia, that is, difficulty in distant vision is seen when the vitiated *Doshas* are lodged in the upper part of the *Drishti*. The *Vihwala Darshana* symptom is produced due to the affliction of the second *Patala* that occurs due to progressive myopia, which results in vitreous degeneration, retinal degeneration, and ultimately retinal detachment in the advanced stage.

MODE OF ACTION OF DRUGS

In the *Akshadi Taila*, *TilaTaila*, which is used as the medium or vehicle, clears all the minute channels (*Srotas*) by virtue of its *Gunas* like *Vyavayi*, *Vikashi*, and *Sara*.^[13] Almost all the *Ayurvedic* scholars have described it as *Vata-Kaphahara* and *Pitta Vardhaka* in general, but they further clarify that it destroys all diseases due to *Samyoga* (*Sneha Pravicharana*) and *Samskara* (processing with the drugs that cause the addition of new properties). *Taila* does not have *San-skaranuvaratana Guna* and so loses its inherent property (*Ushna*) during its processing with *Sheeta Virya* drugs (e.g., *Vijaysaar*), hence, it is processed with *Pitta Shamaka* drugs. Before *Nasya*, *Abhyanga* is

specifically done in *Murdha Pradeshha*. It increases the secretion of the vitiated *Shleshma* through the channels. Therefore, due to the *Ushna Guna* of *Swedana*, the *Kapha Pitta Doshas* get pacified. When lukewarm oil enters the nasal cavity, a network of *Srotamsi* carries the *Taila* toward the desired sites and cleanses the channel. By the effect of *Tridosha Shamaka*, the *Ama* is digested at the cellular level and pacifies the vitiated *Vata* and *Kapha Doshas*. Due to *Ama Pachana* and *Vata Kapha Shamana*, *Avarana* and *Sanga* of *Vata Kapha Doshas* are removed. Therefore, after breaking *Avarana* and *Sanga* by *Nasya* has been carried out in the *Timira—myopia* patients in the present study. According to *Samanya Samprapti* of *Netraroga Vikara* with the help of *Siras* vitiated *Doshas* are carried out in an upward direction (*Urdhwajatrugat*) and causes localized *Dosha Dushiti* which ultimately leads to *Timira*. Bloodletting Caused by *Viddhakarma* breaks the *Avarana* and *Sanga* of *Vata-Kapha Doshas* & channelizes the *Doshas* in *Samyak* state which causes the *Samprapti bhanga* of *Timira*. Thus, the overall effect of the *Nasya* & *Viddhakarma* is *Tridoshashamaka*, and hence, it disintegrates the pathogenesis of the disease *Timira*, which is *Tridoshaja* in its manifestation.

CONCLUSION

Nasya followed by *Viddhakarma* in group B provided better results in chief complaints like *Durastha Avyakta Darshana*, *Vihwala Darshana*, *Netrayasa*, and *Shirobhitapa*. In few patients, even if no change in clinical refraction was observed, still the overall clarity of vision was found to be improved and asthenopic symptoms like *Netrayasa*, *Netrasrava*, *Netradaha*, and the like were remarkably reduced.

Our study showed that both *Nasya* and *Viddhakarma* can improve mild and/or moderate myopia of patients. *Viddhakarma* along with *Nasya* seems to be more effective than only *Nasya* in treating myopia however at the moment we do not have conclusive explanations concerning the underlying mechanisms of needle and thermal stimulation on myopia from a neurophysiological perspective.

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