

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.084

Volume 9, Issue 11, 903-909.

Case Study

ISSN 2277-7105

DWITIYA PATALGAT TIMIRA (ASTHENOPIA) AND ITS MANAGEMENT THROUGH TRIPHALADI PUTAPAKA - A CASE **STUDY**

Dr. Deshmukh R. D.*1, Dr. Dhakate V. G.2 and Dr. Pardhekar P. G.3

¹Associate Professor and HOD, Dept. of Shalakyatantra, Government Ayurved College and Hospital, Nagpur.

²Associate Professor, Dept. of Shalakyatantra, Government Ayurved College and Hospital, Nagpur.

Article Received on 29 July 2020,

Revised on 19 August 2020, Accepted on 09 Sept. 2020,

DOI: 10.20959/wjpr202011-18667

*Corresponding Author Dr. Deshmukh R. D.

Associate Professor and HOD, Dept. of Shalakyatantra, Government Ayurved College and Hospital, Nagpur.

ABSTRACT

Acharya sushrut mention the timira under drishtigat rogas. Timira is a disease, which starts from simple visual disturbance but ends in complete loss of vision. Thin membranous structure of eyeball are Patalas. When the vitiated Doshas are situated in the second Patala; it causes confused visual perception and appearance of bees, flies, circles in front of the eyes which can be correlated with Asthenopia. Asthenopia, commonly known as eyestrain is caused mainly due to prolonged near work, leading to fatigue of eye. Putapaka is most commonly performed after tarpan to relieve the fatigue of eye. Putapaka is one of the kriyakalpa used in the same mode of application as that of tarpan in eye diseases. In this single case study

the patient with Dwitiya patalgat timira (Asthenopia) has been treated by triphaladi putapaka for seven days after tarpan to relieve asthenopic symptoms. Triphaladi Putpaka performed was found to be effective in relieving the asthenopic symptoms.

KEYWORDS: Timira, Patala, Asthenopia, Putapaka, Tarpan.

INTRODUCTION

There are differences of opinion regarding the disease *Timira* among different *Acharyas*. Timira is a disease, which is included under Drishtigat Vikaras by all Acharyas. The number of Drishtigat Rogas is 12 according to Acharya Sushruta; [1] while it is 27 as per Vagbhata. [2]

³PG Scholar, Dept. of Shalakyatantra, Government Ayurved College and Hospital, Nagpur.

This difference in the number may be because, according to *Acharya Sushruta*, *Timira*, *Kacha and Lingnashas* is the progressive stages of the disease *Lingnasha*.^[3] But *Vagbhata* considers *Timira*, *Kacha* and *Lingnasha* as separate clinical entities.

Timira starts from simple visual disturbance but ends in complete visual loss so *Acharya* give special attention towards *Timira*. In *Dwitiya Patalagat Timira* blurring of vision, difficulty in threading needle has been described by *acharya sushruta*. When vitiated *Doshas* are situated in 1st and 2nd *Patala* it is called as *Timira*, in 3rd *Patala* it is *Kacha* and in 4th *Patala* it is called *Linganasha*. Many of the clinical features described for *Timira* are having similarities with the refractive errors.

Netra patalas Are thin membranous structure of eyeball. These are 6 in number. Bahya Patala i.e. 2 Vartma means eyelids and 4 are Abhyantar Patalas which are as follows,

- 1. Prathama Patala -Tejo-Jalashrita
- 2. Dwitiya Patala Mansashrita
- 3. Trutiya Patala Medasrita
- 4. Chaturtha Patala Asthyashrita

Thickness of these four *Patalas* is five times that of *Drishti*.^[5]

In Dwitiya *patalgat timira* severity of *Timira* increases. Along with blurring of vision there is Visualization of hairs, mosquito, flies, Gnats, circles, flashes of light in front, cloud, rains in front of eyes. Visual acuity decreases. Distant and small objects are not visualized. Distant object appears near or vice versa. When *Doshas* are *Mandalakara* large number of circles appear in front of eyes. When *Dosha* accumulates in middle of *Drishti* diplopia occur, When they accumulated in inner part of *Drishti* micropsia and metamorphopsia develop, When they accumulate in lower part the near objects, When accumulate in upper part distant objects are not visualized, Difficulty in threading needle. [6]

Anomalies of ocular motility frequently result in asthenopia. This is defined as weakness or fatigue of the eyes commonly following prolonged close work but may also occur after extended viewing at a distance, such as watching a film or television. This is generally seen in patients having an insufficiency of convergence, phorias or other extraocular muscle imbalances, an uncorrected refractive error or an incorrect refractive correction especially of astigmatism, or early presbyopia. The patient complains of an aching or burning of the eyes, heavyness of the eyelids, together with a headache. This is sometimes associated with

complaints of a blurring of vision or doubling of letters after reading for about 20-30 minutes. The latter is more specifically due to an insufficiency of convergence.^[7]

Putapaka is a procedure in which Putapaka Rasa is used in the same mode of application as that of Tarpan. Just as the body becomes fatigued after Snehapana therapy, eyes become fatigued after Tarpana therapy; in order to restore the strength to the eyes Putapaka should be done in Dwitiya patalgat timira. [8] this study was conducted using Ayurvedic management which is triphaladi putapaka in Dwitiya patalgat timira (asthenopia) in a patient with an objective to relieve asthenopic symptoms and provide complete cure.

CASE REPORT

Study was conducted at government ayurved college and hospital, Nagpur. A male patient of age 48 years presented with complaints of blurring of vision, burning of eye, heaviness of eyelids and mild headache. patient didn't have any previous illness like hypertension, diabetes mellitus. He was having a job as a computer operator in a private company with duration of about 6 to 8 hours. General clinical and ophthalmic examination of patient was done. Informed written consent was taken from patient for documentation and publication of case history.

Ocular examination

1. Visual acuity	RIGHT EYE			LEFT EYE		
A) Distant	6/60			6/36		
With pin hole	6/9			6/9		
With correction	6/9			6/9		
B) Near	N/18			N/18		
With correction	6/9			6/9		
Correction required	Sph	Cyl	Axis	Sph	Cyl	Axis
Distant	+4.50	+0.75	90^{0}	+3.00	+0.75	90^{0}
Near	+1.75			+1.75		
2. Bhrumandal (Eye brow)	Normal		Normal			
3. Vartma (Eye lids)	Normal		Normal			
4. Pakshma (Eyelashes)	Normal		Normal			
5. Shuklamandal (Conjunctiva)	No congestion		No congestion			
6. Krishnamandal (Cornea)	Bright		Bright			
7.Drishtimandal (pupil)	NSRL		NSRL			
8.Drushtimani(lens)	NAD		NAD			
9. Ocular movement	Normal		Normal			
10. I. O. P.	15.2 mmHg		16.0 mmHg			

Deshmukh et al.

Pathological Investigation

Hb% - 12.3 gm%

RBS - 106 mg/dl

Urine – sugar, albumin – nil

MATERIAL AND METHODOLOGY

MATERIAL: Triphaladi putapaka

Ingredients: Haritaki, amalaki, bibhitaki, yashtimadhu, aajamansa.

Modified & Practical procedure for preparation of Putapaka Rasa^[9]

Fresh meat (*aajamansa*) and herbal drugs (each equal to nearly 60 gms) crushed thoroughly made into a paste using *ghrita and kwath* in a mixypot. Covered and packed up using *Vata patra then* tied it properly using a thread and covered it with a*kora* cloth and made it like a *pottali*; Placed it inside a bowl and kept that bowl in a pressure cooker and allowed 2 whistles. Taken out the *pottali* and cooled it to atmospheric temperature. Removed all the coverings. Squeezed and extracted the juice (*Rasa*). Filtered thoroughly using filter paper.

PROCEDURE OF PUTAPAKA[10]

The procedure of *putapaka* is carried out in a special chamber which is free from direct rays of sun, wind and dust. The patient is asked to lie down in supine position i.e. on his back and his face is cleaned with cotton soaked in lukewarm water. Then *Pali* i.e. paste of powdered *Masha* pulse is made around the eyes. Height of *Pali* should be 2 *Angula*. Then patient is asked to close his eyes and then *triphaladi putpaka* is poured slowly on closed eyes until the entire eyelashes covered with *triphaladi putpaka rasa*. Patient is asked to open and close his eyes for required time. After this; *triphaladi putapaka ras* is drained out by making hole on *Pali* near outer canthus and then clean the area around the eyes. Then eyes are irrigated by lukewarm water fomentation.

METHODOLOGY

During the study, patient was assessed on 0^{th} and 7^{th} day of treatment. patient was examined before and after treatment. *Triphaladi putapaka* was given once a day; continuously for seven days for 2 minutes.

Subjective criteria

Headache

Intensity	Gradation	Criteria	
Normal	0	No headache	
Mild	1	Very occasional headache	
Moderate	2	Frequent occurrence of headache	
Severe	3	Regular headache	

Eyestrain

Intensity	Gradations	Criteria	
Normal	0	After more than 6hrs of work	
Mild	1	After 4 to 6hrs of work	
Moderate	2	After 2 to 4hrs of work	
Severe	3	After less than 2hrs of work	

Burning sensation

Intensity	Gradation	Criteria
Normal	0	After more than 6 hours of work
Mild	1	After more than 4 to 6 hours of work
Moderate	2	After more than 2 to 4 hours of work
Severe	3	After less than 2 hours of work

Heaviness of eyelids

Intensity	Gradation	Criteria
Normal	0	No heaviness
Mild	1	Very occasional heaviness
Moderate	2	Frequent occurrence of heaviness
Severe	3	Regular heaviness

Observations were made after *Putapaka* procedure

Assessment criteria	Before Tre	atment	After Treatment		
	R.E.	L.E.	R.E.	L.E.	
1. Headache	2	2	0	0	
2. Eyestrain	3	3	1	1	
3. burning sensation	1	1	0	0	
4. heaviness of eyelids	1	1	0	0	

DISCUSSION

In this patient, we observed that he was having blurring of vision, burning of eye, heaviness of eyelids and mild headache since 1 year. He was having a job as a computer operator in a private company with duration of about 6 to 8 hours. Due to longer duration of computer work it promotes the asthenopic symptoms in our patient. many *acharyas* mention the

application of *putapaka* in asthenopia after *tarpan*. The classical method of preparation of *putapaka* is mentioned by Acharya *vagbhat*. Practically it is not possible to prepare *putapaka rasa* by classical method as it is time consuming and labourous work. Hence we prepare it by using modified and practical procedure for preparation of *Putapaka Rasa*.

Triphaladi putpaka Therapy has the efficacy of passing into minute channels. When these drugs applied on the eyes it increases the ocular strenght. Ajamansa is balya and Triphala is chakshushya; Ghrita is lipophilic in nature due to these property it crosses the corneal epithelium, Stromal layer of cornea irrespective of size of molecules. All these properties of drugs facilitates to treat the Dwitiya patalagata timira (asthenopia). During the course of therapy and after withdrawal there was no adverse effect of the drug noted.

CONCLUSION

Putapaka is an ancient ayurvedic kriyakalpa which having immense potential to treat netraroga. continuous computer work causes fatigue of eye. It has been noted that symptoms like burning of eye, headache, eye strain, heaviness of eye lid decreases after seven days of triphaladi putapaka. Triphaladi putapaka was proved to be a comprehensive therapeutic influence by reducing above symptoms and pacifying vitiated doshas.







Putapaka rasa preparation and application in patient.

REFERENCES

- 1. Sushruta, Sushruta Samhita (Sutrasthan), Adhyaya 01, Verse 45, Edited by Ambikadatta Shashtri, Chaukhamba Sanskrit Bhavan, Varanasi, 2018; 11.
- 2. Vagbhat, Ashtang Hrudya (Uttarardha), Adhyaya 12, Verse 33, Edited by Dr. Bramhanand Tripathi, Chaukhamba Sanskrit Prakashana; 2014; 964.
- 3. Sushruta, Sushruta Samhita (Uttartantra), Adhyaya 07, Verse 18, Edited by Ambikadatta Shashtri, Chaukhamba Sanskrit Bhayan, Varanasi, 2018; 42.
- 4. Sushruta, Sushruta Samhita (), Adhyaya 07, Verse 8-18, Edited by Ambikadatta Shashtri, Chaukhamba Sanskrit Bhavan, Varanasi, 2018; 41.
- 5. Sushruta, Sushruta Samhita (Sutrasthan), Adhyaya 01, Verse 18, Edited by Ambikadatta Shashtri, Chaukhamba Sanskrit Bhavan, Varanasi, 2018; 41.
- 6. Sushruta, Sushruta Samhita (Uttartantra), Adhyaya 07, Verse 8-10, Edited by Ambikadatta Shashtri, Chaukhamba Sanskrit Bhavan, Varanasi, 2018; 41.
- 7. Ramanjit Sihota, Radhika Tandon, Parson's Diseases of The Eye, Ocular Symptomatology, 22th Edition, 2016; 87.
- 8. Vagbhat, Ashtang Hrudya (Sutrasthan), Adhyaya 24, Verse 12, Edited by Dr. Bramhanand Tripathi, Chaukhamba Sanskrit Prakashana; 2014; 271.
- 9. Dr. Shantanukumari, Ophthalmology in Ayurveda, 2002 Edition, Chapter Netrakriyakalpam, 361-363.
- 10. Vagbhat, Ashtang Hrudya (Sutrasthan), Adhyaya 24, Verse 18-19, Edited by Dr. Bramhanand Tripathi, Chaukhamba Sanskrit Prakashana, 2014; 272.