



Research Article

A RANDOMIZED CLINICAL STUDY TO EVALUATE THE EFFICACY OF AYASTHA TRIPHALA GHANA VATI PER ORUM WITH AND WITHOUT GO GHRITA TARPANA IN THE MANAGEMENT OF TIMIRA WSR TO SIMPLE MYOPIA

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ABSTRACT

Myopia also known as near-sightedness, is a refractive error where parallel rays of light from distant objects are focused in front of the retina when the eye is in a relaxed state without accommodation. Myopia closely resembles like a *Timira* involving first and second *Patala* in terms of symptoms, anatomical structures involved, and the pathogenesis of the disease. Myopia is a prevalent global ophthalmic disease, with significant social, educational, and economic consequences mainly in children and adolescents. The prevalence of myopia over the last four decades is 7.5% in the 5- 15-year age group, being 8.5% and 6.1% in urban and rural school-going children respectively. The prevalence has increased in rural India from 4.6% in 1980–2008 to 6.8% in 2009–2019, compared to a change from 7.9% to 8.9% in urban India during the same period. **Aim of the study:** To study the effect of *Ayastha Triphala Ghana Vati* alone and along with *Go-Ghrita Tarpana* in the management of *Timira* w.s.r. to Simple Myopia. **Objective:** To study the changes in clinical and biophysical parameters related to simple myopia. **Material and Method:** In this trial, 52 patients were registered and 50 out of them completed the treatment protocol. In Group A, 25 patients had been treated with *Ayastha Triphala Ghana Vati*. In Group B, 25 patients had been prescribed the *Akshitarpana* with *Go-Ghrita* along with *Ayastha Triphala Ghana Vati* per orum. Assessment was done on the basis of sign and symptoms i.e., *Durastha Avyakta Darshana* (indistinct vision), *Vihwala Darshana* (blurred vision), *Shirobhitapa* (headache), *Netrasrava* (watery discharge), *Netrayasa* (eye strain). **Results:** In group B 44.62% marked improvement was observed and in group B 25.47% marked improvement was observed. **Conclusion:** The study shows that *Akshitarpana* by *Go Ghrita* along with oral administration of *Ayastha Triphala Ghana vati* was more effective than the alone oral administration *Ayastha Triphala Ghana Vati* in the management of *Timira* w.s.r. to simple myopia.

INTRODUCTION

Chakshurakshayam Sarvakalam Manushyeryatnah Kartavyo Jeevito Yavadichha"^[1]

In our ancient literature, Ayurveda gives prime importance to the eye among the sense organs. Eyes allow understanding and navigating the world around you. Suffering from an eye disorder adversely affects one's quality of life.

Therefore, vision is essential and constant efforts should be made to maintain visual health. The prevalence of myopia over the last four decades is 7.5% in the 5-15 year age group, being 8.5% and 6.1% in urban and rural school-going children respectively. The prevalence has increased in rural India from 4.6% in 1980–2008 to 6.8% in 2009–2019, compared to a change from 7.9% to 8.9% in urban India during the same period. Genetic factors can work in various biochemical ways to cause myopia. Due to the significance of myopia as a global public health concern, it was chosen as a priority for Vision 2020, World Health Organization's global initiative for the elimination of avoidable blindness by year 2020. A weak or degraded sclera and cornea are significant

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factors in causing myopia.^[2] Myopia, also known as near-sightedness, is a refractive error where parallel rays of light from distant objects are focused in front of the retina when the eye is in a relaxed state without accommodation. Simple myopia is considered a physiological error and is not linked to any eye disease. It typically begins during school age, between 8 and 12 years old. It can be categorized into two types:

- **Low Myopia:** Less than 2 diopters (D)
- **Moderate Myopia:** Between 2 and 6 diopters (D)

As per *Acharya Sushruta Timira* is a *Drishti Roga*.^[3] Myopia closely resembles with *Timira* involving first and second *Patala* in terms of symptoms, anatomical structures involved, and the pathogenesis of the disease. Though various drugs and local therapeutic procedures like *Nasya*, *Anjana*, *Akshi Tarpana*, etc., have been mentioned in Ayurvedic texts for the management of *Timira*, but *Akshi-Tarpana* is the foremost on account of its sound literary and practical evidences. *Timira* is developmental and degenerative in nature. So *Chakshushya*, *Rasayana* and *Tridosha* mitigating action might be helpful in such types of disorders. This fact prompted to search the drugs with *Rasayana Balya*, and *Chakshushya* properties to counteract the disease for topical and systemic application.

Hence *Ayastha Triphala Ghana Vati* ^[4] and *Go-Ghrita Tarpana*^[5] are selected for present study. Therefore, keeping in view the plight of patients suffering from simple myopia, a clinical study has been planned to study the effect of *Ayastha Triphala Ghana Vati* and *Go-Ghrita Tarpana* in the patients of *Timira* w.s.r to Simple Myopia.

AIM AND OBJECTIVES

Aim

To study the effect of *Ayastha Triphala Ghana Vati* alone and along with *Go-Ghrita Tarpana* in the management of *Timira* w.s.r. to simple myopia.

Objectives

To study the changes in biophysical parameters related to simple myopia.

MATERIALS AND METHODS

Clinical study was started after getting clearance from Institutional Ethics Committee (no. IEC/ACA/Ethics/ 2022/02/60) and study was also registered under Clinical Trial Registry of India (no. CTRI/2023/05 /052789) Informed consent was taken from the patients. Selected patients were randomly divided into two groups with the following schedule in a particular group.

Selection of cases

Source of data: Patients with signs & symptoms of *Timira* (simple myopia), attending O.P.D. and I.P.D. of *Shalaky Tantra* Department of National Institute of Ayurveda Hospital, Jaipur, were screened for the present study

Age Group: Patients between 8 years and 70 years of age were selected for the study.

Number of Cases: 50 patients (25 in each group).

Inclusion Criteria

1. Patients presenting with signs and symptoms of *Timira* (simple myopia) and diagnosed with *Timira* (simple myopia) will be selected for the present clinical trial.
2. Patients between 8-70 years of age were selected.
3. Patients who had a less than -6.00 D were selected

Exclusion criteria

1. Patients below 8 and above 70 years of age were excluded.
2. Patients who had any other ocular pathology, e.g. conjunctivitis, cataract, corneal opacity, iridocyclitis, retinal disease, etc., and those suffering from systemic diseases were excluded.

Investigations

Laboratory investigations

The following investigations were carried out in order to rule out any systemic disease.

- Routine hematological tests: Hb, ESR
- Biochemical tests: Blood sugar (Random), serum cholesterol, Triglyceride,
- Lipid Profile- Serum SGOT, SGPT, ALP, S.Bilirubin
- Renal profile- Serum Urea, Creatinine
- Urine test: Routine and microscopic

Vision-based diagnosis

- Distance vision and best-corrected visual acuity- Through the Snellen chart,
- Near vision-Recorded using the Jaeger's chart.
- Slit lamp examination - Employed to identify clinically significant abnormal findings in the anterior segment.
- Central macular thickness was measured before and after intervention using optical coherence tomography (OCT)-3D-macula.
- Intraocular pressure was measured using by Noncontact tonometer (NCT) both before and after treatment.
- Central corneal thickness was assessed before and after treatment utilizing NCT.
- K1 and K2 values were measured before and after

treatment using Auto keratometer.

Selection of Drug and Dosages

Group A- Ayastha Triphala Ghana Vati – 500 mg BD After food per oral with lukewarm water.

Group B

1. Ayastha Triphala Ghana Vati – 500mg BD After food per oral with lukewarm water.

2. Akshi Tarpana

- *Aam Pachana: Chitrakadi vati* 500mg with lukewarm water for 3 days.
- *Koshtha Shodhana: Eranda Taila: Eranda Taila* 10ml hs with lukewarm water.
- *Shirah Shodhana: Marsh Nasya* with *Anu Taila* for 3 days.
- *Akshi Tarpana: Plain Go Ghrita*: Quantity sufficient *Akshi-Tarpana* was carried out in 2 sittings of 7 days each, with an equal interval of 10 days between each sitting.

Duration of Trial - 30 days.

Follow-up– Done after 1 month after completion of the course of the procedure.

Objective Criteria

Assessment Criteria

Subjective criteria - For assessment of the patients the following parameters were adopted.

The patients were subjectively assessed based on the symptoms– *Durastha Avyakta Darshana* (indistinct distant vision), *Vihwala Darshana* (blurred vision), *Shirobhitapa* (headache), *Netrasrava* (watering), *Netrayasa* (eye strain), *Netradaha* (burning sensation) and *Makshikadi Abhuta Dravya Darshana* (floaters)-by adopting the following scoring pattern:

- Cured: 100% relief in signs and symptoms and no recurrence during the follow-up study.
- Marked improvement: 76–99% improvement in signs and symptoms.
- Moderate improvement: 51–75% improvement in signs and symptoms.
- Mild improvement: 26–50% improvement in signs and symptoms.
- Unchanged: Up to 25% reduction in signs and symptoms.

Table 1: Avayakta Darshana (Indistinct distance vision)

Avyakta Darshana (Indistinct Vision)	Score
No feeling of indistinct vision	0
Routine indistinct vision	1
Routine indistinct without disturbing routine work	2
Regular indistinct vision with disturbing routine work	3
Complete darkness before the eyes	4

Table 2: Vihwala Darshana (Blurred vision)

Vihwala Darshana (Blurred Vision)	Score
No such problem	0
Occasional blurring or disturbance of vision	1
Regular blurring without disturbing routine work	2
Regular blurring with disturbing routine work	3

Table 3: Masakanadi Abhutdravya Darshan (Visualization of non-existing objects like flies, gnats, hairs, webs, circles, flags, mirage and ear rings)

Masakanadi Abhut Dravya: (Floaters)	Score
No floaters	0
Occasional floaters	1
Regular floaters without disturbing routine work	2
Regular floaters with disturbing routine work	3

Table 4: Shirobhitapa (Headache)

Shirobhitapa (Headache)	Score
No headache	0
Very occasional headache	1
Irregular attacks of frequent headache	2
Regular attacks of headache	3

Table 5: Netrayasa (Eye Strain) on the basis of minimum time taken to produce eye strain after near work

Netrayasa (Eye strain)	Score
More than 6 hrs of work	0
After 4- 6 hrs of near work	1
After 2- 4 hrs of near work	2
Before 2 hrs of work	3

Table 6: Netrasrava (Watering)

Netrasrava (Watering)	Score
No watering	0
Occasional watering	1
Regular watering without disturbing routine work	2
Regular watering disturbing routine work	3

Table 7: Visual Acuity

Scoring of Distant Vision Acuity with (Snellen's Distance Vision Chart)	Score
Distant Vision Acuity	6/6-0
	6/9-1
	6/12-2
	6/18-3
	6/24-4
	6/36-5
	6/60-6

Table 8: Snellen's Chart Grade

Visual Acuity	logMar Value	Score
6/6	0	0
6/9	0.176	1
6/12	0.301	2
6/18	0.477	3
6/24	0.602	4
6/36	0.778	5
6/60	1	6

Unaided visual acuity (UAVA) was measured using Snellen's chart and was recorded as numerical convention and later converted into percentage as per the method of Lyle. Refraction was done by using

Snellen's chart

- Cured: 1 D reduction in the spherical dioptric power or complete remission.
- Marked improvement: 0.75 D reduction in the

spherical dioptric power.

- Moderate improvement: 0.50 D reduction in the spherical dioptric power.
- Mild improvement: 0.25 D reduction in the spherical dioptric power.
- Unchanged: No reduction in the spherical dioptric power

Statistical Analysis

The effect of therapy in both the groups is assessed by applying wilcoxon sign rank test for non-parametric data and paired *t*- test for parametric data in individual group then Mann-Whitney test for non-parametric data and unpaired *t*- test for parametric data in comparison of both groups. The results obtained are considered extremely significant for $P < 0.0001$, highly significant for $P < 0.01$, and insignificant for $P < 0.05$ or $P > 0.05$.

OBSERVATIONS

Demographic Observation

Out of a total of 50 patients (100 eyes) recruited for the study, maximum patients were from the age group of 17-24 years followed by the age group of 25-32 years. A total of 92.30% patients were students. As the disease manifests in school-going children, and also it proven fact that simple myopia usually begins in childhood since the eyes grow during childhood, myopia almost always occurs before the age of 20 and gets stable in adulthood.

A total of 53.85% of patients were males followed by 46.15% females. A higher rate in females is also confirmed by results obtained from a study on Greek students having 46% females and 29.7% male students as myopic. But in the present study, a slight male predominance was observed which could be a matter of chance.

A total of 81.25% patients belonged to the urban area, and according to a previous study, it was observed that in urban areas, myopia rates were higher than those in rural areas. It was found that 59.61% patients were having a positive family history.

Etiological Observation

Maximum number, i.e., 42.84%, of patients were having *Sukshmanirikshanata* as *Nidana*, followed by 39.28% having *Swapnaviparyata*; 21.42% had *Durekshanata*, and 12.5% patients had *Malavegadharana* as their *Nidana*. *Shoka* and *Krodha* were found in 39.28% patients.

Clinical Profile

Avyakta Darshana (indistinct distance vision) was shown by 100%, *Vihwala Darshana* (Blurred vision) by 100%, *Netrasrava* (by 75.0%, *Netrayasa* (eye strain) by 61.53%, *Shirobhitapa* (headache) by 57.69% then *Makshika Mashkanadi Abhuta Dravya Darshana* (floaters) in 11.76%.

RESULTS

Effect of Therapy in Individual Groups

In the present clinical study total 50 patients had classical clinical features of *Timira* (Simple Myopia) were registered.

Effect of therapy in Group A

Total 25 patients were registered in Group A *Ayastha Triphala Ghana Vati* 500mg BD after food for 30 days was given. Analysis of data after the administration of drug reveals the following points:

- 27.58% improvement was found in the symptom of *Durastha Avyakta Darshana*, 38.29% improvement was found in *Vihwala Darshana*, 48.27% improvement was found in *Shirobhitapa*, 41.53% improvement was found in *Netrayasa* and *Netrasrava*, 37.5% improvement was found in *Makshikadi abhut Dravya darshana*. *Durastha Avyakta Darshana* and *Vihwala Darshana* were statistically extremely significant (<0.0001) while *Shirobhitapa* and *Netrasrava* were statistically significant ($p < 0.001$).
- Spherical lens dioptric power was reduced by 19.49% being statistically highly significant ($P < 0.001$).

Effect of therapy in Group B

Total 25 patients were registered for *Ayastha Triphala Ghana Vati* 500mg BD along with *Akshitarpana* of *Go ghrita* i.e., Group B. Analysis of data after the treatment reveals the following points:

- 58.33% improvement was found in the symptom of *Durastha Avyakta Darshana*, 66.94% improvement was found in *Vihwala Darshana*, 80.0% improvement was found in *Shirobhitapa*, 81.57% improvement was found in *Netrasrava*. 89.10% improvement was found in *Netrayasa*, 50 % improvement was found in *Makshikadi abhut Dravya darshana*.
- All these results were statistically extremely significant ($P < 0.0001$) except *Durastha Avyakta Darshana* was statistically not significant ($P > 0.05$) result was found.
- Spherical lens dioptric power was reduced by 29.78%. The results being statistically extremely significant ($P < 0.0001$).

Effect of Therapy in Comparative Groups

Table 9: Comparative Analysis of Treatment on Subjective Parameters

S.No.	Subjective parameters	Mean		S.D.		S.E.		U	P	Results
		GA	GB	GA	GB	GA	GB			
1	<i>Avyakta Darshana</i> (50 eyes in each group)	0.64	1.50	0.525	0.544	0.074	0.076	421.5	<0.0001	ES
2	<i>Vihwala Darshana</i> (50 eyes in each group)	0.90	1.48	0.505	0.646	0.071	0.091	643	<0.0001	ES
3	<i>Makshika Maskanadi Abhut Dravya Darshana</i>	0.140	0.08	0.3505	0.274	0.049	0.038	1175	0.5246	NS
4	<i>Netrayasa</i> (50 eyes in each group)	0.660	1.720	0.557	0.640	0.078	0.090	327.5	<0.0001	ES
5.	<i>Netrasrav</i> (50 eyes in each group)	0.540	1.340	0.540	1.340	0.071	0.101	526	<0.0001	ES
6.	<i>Shiroabhitapa</i> (25 patients in each group)	0.560	1.280	0.583	0.737	0.116	0.147	151.5	0.0009	HS

Analysis of Subjective Parameters of Group B with group A reveals the following data

1. Group B shows better percentage of relief in *Avyakta Darshana* i.e., 58.33% in comparison to Group B i.e., 27.27%. The comparative data is statistically extremely significant ($p < 0.0001$).
2. Group B shows better percentage of relief in *Vihwala Darshana* i.e., 66.94% in comparison to Group A i.e., 38.29%. The comparative data is statistically extremely significant ($p < 0.0001$).
3. Group B shows better percentage of relief in *Mashakanadi Abhut Dravya Darshana* i.e., 50% in comparison to Group A i.e., 37.5%. The comparative

data is statistically not significant ($p > 0.5$).

4. Group B shows better percentage of relief in *Netrayasa* i.e., 89.10% in comparison to Group A i.e., 41.53%. The comparative data is statistically extremely significant ($p < 0.0001$).
5. Group B shows better percentage of relief in *Netrasrava* i.e., 81.57% in comparison to Group A i.e., 41.53%. The comparative data is statistically extremely significant ($p < 0.0001$).
6. Group B shows better percentage of relief in *Shiroabhitapa* i.e., 80.0% in comparison to Group A i.e., 48.27%. The comparative data is statistically highly significant ($p < 0.001$).

Table 10: Comparative Analysis of Objective Parameters of Both Groups

S.No.	Objective parameters	Mean		S.D.		S.E.		t	P	Results
		GA	GB	GA	GB	GA	GB			
1	LogMAR Value of UDVA (50 eyes)	0.133	0.299	0.069	0.109	0.0098	0.0154	9.057	<0.0001	ES
2	K1 value	0.200	0.210	0.175	0.146	0.0247	0.0206	0.310	0.7570	NS
3	K2 value	0.200	0.230	0.159	0.166	0.0225	0.0235	0.920	0.3598	NS
4	Central corneal thickness	4.880	3.640	3.035	1.893	0.4292	0.2677	2.452	0.0560	NS
5	Central macular thickness	4.440	5.540	1.950	2.187	0.275	0.309	2.654	0.0593	NS
6	Refraction (dioptric power)	0.20	0.505	0.133	0.138	0.0188	0.01995	9.023	<0.0001	ES

Comparative Analysis of Objective Parameters in Both Groups

Effect on LogMAR value (50 eyes)

Statistically extremely significant relief were found in LogMAR value was observed 25.47% in Group A ($p < 0.0001$), and 44.62% in Group B ($p < 0.0001$).

However, there was extremely significant difference in comparison of two groups ($p < 0.0001$) with Group B showing 19.15% more relief than Group A.

Effect on K₁ and K₂

In this trial insignificant result was observed in K₁ and K₂ in intra-group comparison before treatment

and after treatment. In inter-group comparison insignificant difference was observed in K_1 and K_2 values.

Effect on Central Corneal Thickness

In this trial insignificant result was observed in central corneal thickness in intra group comparison before treatment and after treatment. In inter group comparison insignificant difference was observed in central corneal thickness.

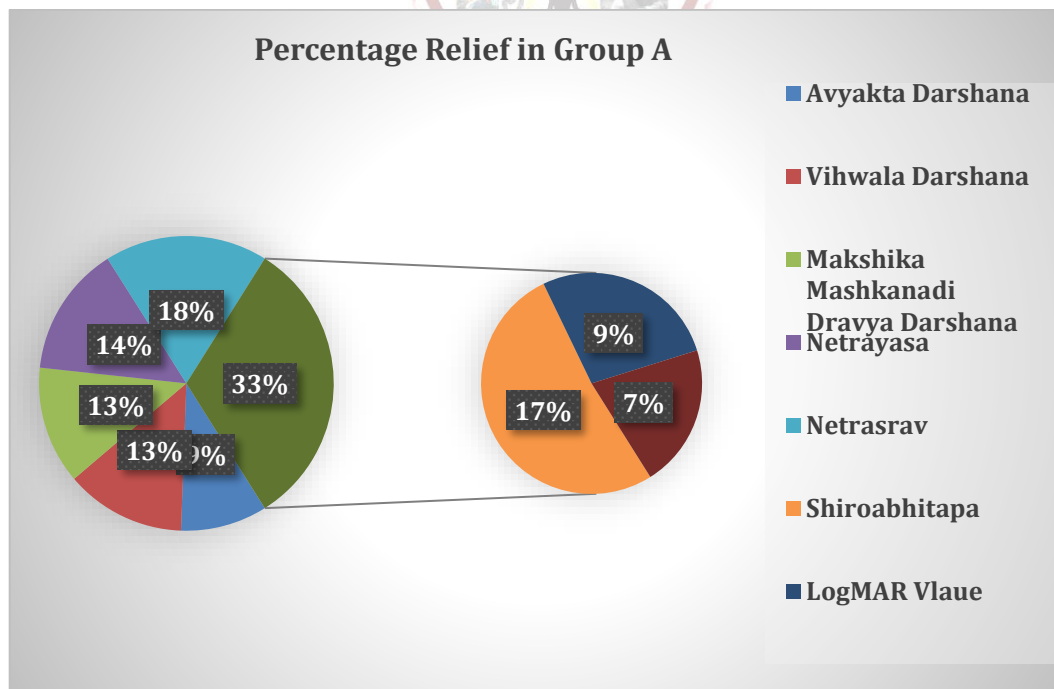
Effect on Central Macular Thickness

In this trial insignificant result was observed in central corneal thickness in intra group comparison

Percentage Relief Comparison in Two Groups

Table 11: Comparison of Relief in Terms of Percentage in Two Groups

S.N.	Symptoms	Percentage Relief	
		Group A	Group B
1	<i>Avyakta Darshana</i>	27.58	58.33
2	<i>Vihwala Darshana</i>	38.29	66.94
3	<i>Makshika Mashkanadi Dravya Darshana</i>	37.50	50.0
4	<i>Netrayasa</i>	41.53	89.10
5	<i>Netrasrav</i>	51.92	81.57
6	<i>Shiroabhitapa</i>	48.27	80.0
7.	LogMAR Value	25.47	44.62
8.	Dioptric power	19.49	29.78



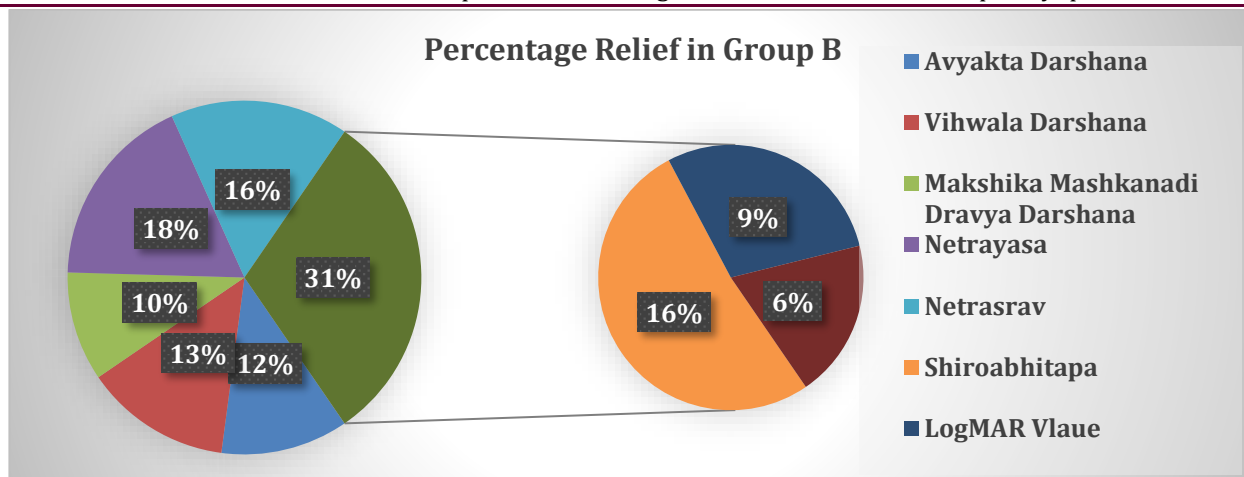
Graph 1: Percentage Relief in Group A

before treatment and after treatment. In inter group comparison insignificant difference was observed in central corneal thickness

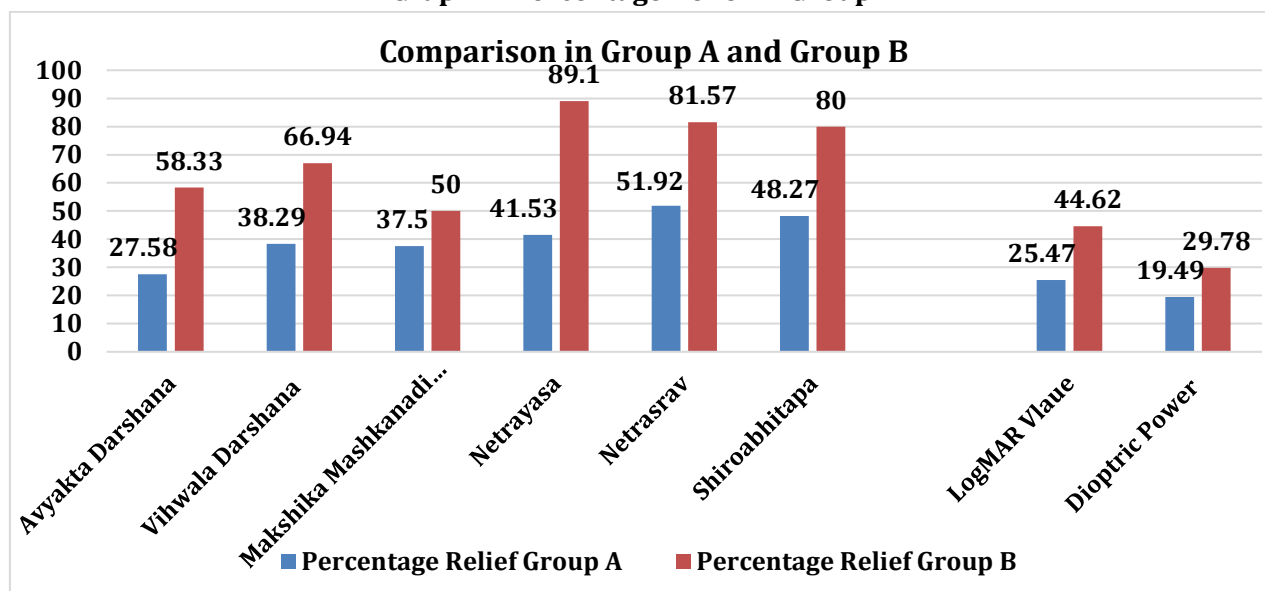
Effect on dioptric power/ clinical refraction

On intra group comparison, effect on dioptric power/ clinical refraction was found to be very significant result ($p=0.0029$) in group A (19.49%), while it was extremely significantly ($p<0.0001$) in group B (29.78%).

However, there was very significant difference between two groups ($p<0.0001$) statistically with Group B showing 10.29% more relief than Group A.



Graph 2: Percentage Relief in Group B



Graph 3: Comparison between Group A and Group B

DISCUSSION

Simple myopia can be compared to the first and second stages of *Patalagata Timira*. In the early stages of refractive error, symptoms of *Avayakta Darshana* (indistinct distant vision) arise when the vitiated *Doshas* are lodged in the *Prathama Patala*. As the condition progresses to the *Dwitiya Patala*, *Vihwala Darshana* (blurred vision) occurs, leading to *Makshika Mashakandi Abhut Dravya Darshana* (such as seeing non-existent objects like flies or hairs). *Timira* is a *Vata*-dominant *Tridoshaja* condition affecting *Drishti Patala*. The patterns of its *Nidanas* and *Rupavastha* indicate that suppressed *Agni* eventually leads to results in *Dhatu Kshaya*. Clinical symptoms of *Timira*/Simple Myopia show a developmental and degenerative condition. Given the *Vata* dominance and the disturbances in *Rasa*, *Rakta*, and *Mamsa*, along with the suppression of *Agni*, it's important to select a treatment that has *Tridoshghna*, *Deepana* (appetizing), *Rasayana* (rejuvenating), and *Chakshushya* (beneficial

for the eyes) properties.

According to Ayurveda, *Chikitsa* is aimed at *Samprapti Vighatana*. *Timira* is described as a *Vata-pradhana Tridoshaja Vyadhi*. In *Prathama* and *Dwitiya Patalagata Timira*, the predominant *Dushyas* involved are *Rasa*, *Rakta*, and *Mamsa Dhatus*. Hence, therapeutic measures that pacify *Vata*, maintain *Tridosha Samya*, and restore the normal state of the affected *Dhatus* are considered ideal in the management of *Timira*.

So, following drugs and procedure were selected as per their properties and action that are explained scientifically below:

Ayastha Triphala Ghana Vati

The primary components of *Ayastha Triphala Ghana Vati* are *Triphala Kwatha* possess in *Lauha Patra* along with *Prakshep* of *Go-ghrita*.

A. **Ayasa (Lauha)**- Ferrum utensil is stated for the purpose of preparation of *Triphala Kwatha* for oral consumption. Therefore, some traces of *Lauha* are

bound to be there in the decoction. *Lauha* is *Tridoshaghna*, *Balya*, *Vayastambhaka*, *Chakushya*, *Medhya*, *Yogavahi*, *Raktavardhaka*, *Koshthashodhaka*.

B. **Bibhitaki (*Terminalia Bellarica* Roxb.)**- It possesses *Tridoshahara* property with predominance of *Kapha-shamana*. It is *Chakshushya*^[6], *Shothahara*, *Deepana*, *Anulomana*^[7], *Bhedana*, and *Dhatuwardhaka* ^[8]. Its *Drishtibala-prada*^[9] action helps in maintaining the functional strength of *Netra* and supports *Dhatu-poshana* in *Timira*.^[10]

C. **Haritaki (*Terminalia Chebula* Retz.)** It is *Tridosha-shamaka* with special action on *Vata* and *Kapha*. It is *Chakshushya*, *Rasayana*, *Deepana-Pachana*, *Anulomana*, and *Srotoshodhana*. By correcting *Agni* and cleansing *Srotas*, it facilitates proper nourishment of *Rasa* and subsequent *Dhatu*s, thereby interrupting the *Samprapti* of *Timira*.

D. **Amalaki (*Emblica officinalis* Gaertn.)**- It is classified under *Vayasthapana* by *Acharya Charaka*. It is *Tridoshaghna* with predominance of *Pitta-shamana*, and possesses *Chakshushya*^[11], *Medhya*, *Rasayana*^[12], and *Dhatuwardhaka* properties. It nourishes *Rasa* and *Rakta Dhatu* and helps in preventing *Dhatukshaya* and *Indriya-daurbalya* associated with *Timira*.^[13]

E. **Go-Ghrita (*Butyrum depuratum*)** is *Vata-Pitta shamaka*, *Snigdha*, *Sheeta*, *Rasayana*, *Chakshushya*, *Medhya*, and *Balya*. Due to its *Sanskaranuvartana Guna*, it enhances the efficacy of associated drugs. Administered as *Tarpana*, it provides *Snehana* and *Brimhana* to *Netra*, improves *Drishti Bala*, and counteracts *Vata-janya Kshaya* in ocular tissues.^[14]

2. Probable mode of Action of Procedures

A. *Aama Pachana*

Aama Pachana makes *Doshas Nirama* and breaks the bond from *Dhatu*s. *Chitrakadi Vati* is a combination of *Katu*, *Amla* and *Lavan Ras*, *Ushna*, *Laghu Guna*, *Katu Vipaka* and *Ushna Virya* that metabolizes the *Aama* (toxins) and improves the *Agni* (Metabolism).^[14]

B. ***Kostha Shodhana***- The *Koshtha Shodhana* drug functions through a structured process of *Virechana* as outlined by *Charaka*. Initially, the *Virechana* medication is absorbed into the body, where it travels to various regions, including the heart and the body's channels. *Eranda Taila* was employed for *Kostha Shodhana* *Vata* is the predominant *Dosha* in *Timira*. *Eranda Taila* is a *Sadhyo Virechana Dravya* with *Ushna Veerya*, *Vipaka-Madhura Vipaka*, *Snigdha*, *Ushna*, *Teekshna*, *Sara*, *Sukshma guna* *Vata- Kapha Shamaka*.^[15]

C. ***Nasya***- Eye is an organ which should be protected from vitiated *Kapha*. The *Shirah-Shodhana* definitely helps to protect the excessive vitiation of *Kapha*. According to *Ayurveda*, before giving *Nasya*, patient should receive *Abhyanga* with *Dashmoola Taila* and *Swedana*. Modern studies had proved that application of heat and muscular exercise accelerates drug absorption through vascular path by increasing blood flow. As nose is the gateway of *Shiras*, so the drugs administered here stimulate the higher centres of brain which shows action on regulation of nervous system functions. *Shiras Shuddhi* by *Anu Taila Nasya* removes the *Srotorodha* and opens the channels to receive the *Sneha*.

Through *Shodhana*, the active ingredients in the therapy probably eliminate the vitiated *Doshas* at the cellular level and balance the *Vata* and *Kapha Doshas*. This process of clearing channels and pacifying *Vata* and *Kapha* enhances nutrition at specific sites by removing blockages and obstructions.

D. ***Tarpana***- When medicated *Ghritas* are applied in *Tarpana Karma*, they seem to overcome the challenges of drug absorption in ocular tissues. Moreover, the extended contact time ensures that enough of the drug reaches the targeted tissues. In *Sutrasthana Snehadhyaya*, *Acharya Charaka* emphasizes that "*Snehoanilam hanti*" indicates *Snehana* is highly effective against *Vata*. *Charaka* notes that *Ghrita* is beneficial for alleviating *Pittaja* and *Vataja* disorders as well as promoting the nourishment of *Dhatu*s and enhancing *Ojas*. Consequently, *Vata Pradhana Tridoshaja* disorders, like *Timira*, which manifests at the *Pitta* site, can be effectively managed with this procedure. *Sheeta Dravyas* are considered beneficial for the eyes, and since *Ghrita* has a *Sheeta Virya* property, regular application of *Tarpana* with *Ghrita* can help regulate *Alochaka Pitta*, which governs eye function.

The base of *Tarpana Dravya* is usually ghee, which is a lipid and the nature of corneal epithelium is lipophilic.^[16] So, this property favors the drug penetration to the cytoplasm and ultimately to the anterior chamber. Ghee is a lipid, which contains Vit. A, Vit. E, Beta Carotene. Those are essential for ocular tissue and can easily penetrate the corneal epithelium. Ghee is a *Rasayana* that means, it can rejuvenate the damaged tissue or cell, hence restores their function. Each cell membrane of human body consists of biphospholipid layer. The lipid-soluble drugs are absorbed through passive diffusion process. The epithelium and endothelium of human cornea are lipophilic. So, the lipid or lipid soluble drugs like *Go*

Ghrita can be easily absorbed in to the cell cytoplasm or organelle of cornea^[17]. One of the causes of myopia is nutritional deficiency and the word *Chakshushya* can be considered as, the drugs providing nutrition to ocular structures. The *Netra Tarpana* directly provides nutrition to the structures of eye. Therefore, the lipid secreting glands of lid restores its normal secretion and prevents evaporation of the under lying aqueous layer of tear film, which adds in better refraction. Therefore, the ocular tissue is nourished by the property of *Go- Ghrita*, helping in restoring the normal function like proper accommodation (restoring the smooth muscle tonicity), visual perception, ocular movement.

COCLUSION

Timira is considered a *Rasa, Rakta* and *Mamsa Dhatukshaya-janya* and *Kalaja* disorder. Therefore, drugs possessing *Chakshushya, Rasayana*, and *Tridosha-shamaka* properties are especially beneficial. Most *Rasayana* drugs exhibit *Deepana, Pachana, Brimhana*, and *Dhatuvardhaka* actions, which help in the nourishment and replenishment of depleted *Dhatu*. *Chakshushya Rasayana* such as *Triphala* and *Go-Ghrita* are indicated for maintaining the structural and functional integrity of *Netra* and *Chakshu Indriya*. Among them, *Ghrita* is regarded as a best *Rasayana* and *Triphala* as a best *Chakshushya*; hence, their combined use is rational in the management of *Timira* (Simple Myopia). Preparation of *Triphala* in the *Ayasa Patra* is expected to impart *Lauha Guna*, thereby enhancing *Rakta-poshana* and *Chakshushya* action.

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