

Function of Ayurveda in the Prevention and Intervention of Timir

Vd. Shital Khairnar¹, Vd. Anil Deshmukh²

PG Scholar, Dept of Shalakyatantra, SST's Ayurved College Sangamner
HOD & Professor, Dept of Shalakyatantra, SST's Ayurved College Sangamner

Date of Submission: 15-09-2024

Date of Acceptance: 25-09-2024

ABSTRACT

In Ayurveda, visual disturbances are referred to as Timira, Kacha, and Linganasha. Timira is an eye disease that starts with Avyaktya Darshana and goes all the way to complete blindness. There are no independent etiological factors present in Timira's eye. Sushruta describes Timira as Ghora Roga, which results in visual disturbances because Doshas build up in different eye Patalas. Timira is a Drusti Mandala disorder that, if left untreated, progresses from vision impairment to complete blindness. The world over is investigating alternative medical systems to prevent surgical complications and preventative ophthalmology to preserve and enhance vision. In this situation, having a thorough understanding of the Timira is critical for appropriate management of the illness. While considering the sign and symptoms it can be correlated with Cataract, Myopia, Keratoconus etc. regarding similarity with modern; different author has different opinions. A review of Timira from several sources has been compiled here, with a focus on cataract and myopia.

Keyword: Patal, Timir, cataract, myopia.

I. INTRODUCTION

Ashtanga Hridaya says that everyone should sincerely try to live until the very end of their life because, to a blind person, day and night are the same, and this beautiful world has no value for them, no matter how wealthy they are.¹ The term "Timira" is derived from the root "Tim," which denotes an increase in watery substance in the eye or a loss of perception of light, and is combined with the suffix "Unadi" to form "Kirach."² Eye illness is far more essential than any other physical condition because once a person's eyesight is lost, they are unable to perform any of their normal tasks; day and night are the same for them. Vision-related illnesses are investigated under the wide category of "Drushtigatarogas" by Acharya Sushruta, who has elucidated 76 Netravadyahi. Sushruta explains 12 Drushtigataroga, whereas Vagbhata explains 27.

Timir is one of them, having been afflicted by the four Abhyantar Patalas. It's called "Param Darun Vyadhi" because it's gradual and irreversible nature, and if left untreated, it can lead to total or partial blindness. Timir's symptom is "Avyktani saroopani sarvanevya prapashyati," or vision blurring, which is a key sign of refractive error.

The most prevalent eye condition worldwide, shortsightedness, also known as myopia, has serious social, educational, and financial ramifications. Myopia is most common in the 11–15-year-old age group in urban areas (15.0% in the last ten years), with a prevalence of 8.5% (95% CI, 7.1–9.9%) in urban children and 6.1% (95% CI, 4.5–7.7%) in rural children. A weak or deteriorating cornea and sclera are major contributors to the development of myopia. Genetic factors play a multifaceted role in the development of myopia. A recent study found that students who engage in a lot of "near work" are at a higher risk of developing myopia. It is believed that stress contributes to the development of myopia. A significant role for nutritional factors plays in the development of myopia.³

Cataract is the most common cause of bilateral blindness in India, where blindness is defined as vision of less than 20/200 in the better eye on presentation.⁴ In India, cataract is said to be accountable for 50-80% of the country's bilaterally blind people. Global agencies working to eliminate avoidable blindness have committed their support for the "Vision 2020: The Right to Sight" effort in operationalizing initiatives to minimize the burden of cataract blindness.⁵ A cataract is a condition that causes a loss of vision owing to opacity in the crystalline lens of the eye. Fading colours, fuzzy vision, halos surrounding light, difficulty with bright lights, and difficulty seeing at night are all possible symptoms.⁶ This can make it difficult to drive, read, or recognise faces. Cataracts can cause blurred vision, which might raise the risk of falling and depression. Kaphaja Timira is a Drusti Mandala illness that begins with hazy vision and progresses to disorders such as Kacha and

Linganasha, which are linked with full loss of eyesight and have the characteristics of cataract if left untreated.⁷

II. MATERIAL AND METHOD

For this literary work, references have been made to various Ayurvedic texts, including Charak Samhita, Sushruta Samhita, Ashtang Sangraha, Ashtang Hridayam, and others, along with their corresponding Sanskrit and Hindi commentaries where the Timir is mentioned. Using articles from various websites, research is also conducted on the prevention and treatment aspects of Timir and its relevance in the modern world. All of the material that was gathered has been rearranged, critically examined, and an attempt has been made to extract some significant insights for the discussion.

Conceptual study

Krishna Mandala is said to have originated from Vayu Mahabhuta, according to Acharya Sushruta.⁸ When Vayu in Garbhavastha gets vitiated due to Dauhrida Vamana leads to Vikrutakshi. The outer layer of the cornea is referred to as Twak by Acharya Vagbhata in his description of Kshata Shukra's Sadhyasadyata.¹⁰ Therefore, Timir should be interpreted as Twagata Vata (Rasa / Indriyagatavata), which may be Beejjanya, as described by Acharya Charaka.¹¹

Patala and Timira are two words in the Dristirogas idea that demand special attention. In the course of the illness, the Patalas are the Ashraya sthan, and the Patalas are restricted to Dhatus. Dosha extends from the first to the second Patala and up to the fourth Patala, becoming more severe as it spreads to the next Patala. Timira is characterised as a condition that begins mildly and progresses to severe blindness if left untreated. Timira causes a painless eyesight loss that might be abrupt or gradual. Adhimantha in an acute stage, such as acute angle, causes the most painful visual loss. Although visual field loss owing to preexisting glaucomatous optic atrophy can be associated with Timir, closer glaucoma with substantial visual field loss does occur.

Charak includes Timir in Vata Nanatmaja Vyadhi because Pranavayu, i.e. Indriyatha Sannikarsha, is the final point of vision. Despite the fact that Patalas are Panchabhutika in nature, they are more prevalent in Agni Mahabhoot. All three Doshas are involved in the process of vision as well as vision defects. Alochaka Pitta is divided into two types: Chakshyuvaisesik, which participates in

picture production, and Buddhivaisesik, which analyses and retains the image using the mind. Pranavayu carry the visual impulse to the visual centre in the brain. Tarpak Kapha is meant for scotopic vision and form sense and Alochaka Pitta for photopic vision and light sense.

Vision defects occur according to the vitiated Dosha and affected Dhatu or Patala. Thus Patalas are explained on the basis of severity of the diseases. Visual field defects are also related to the affected parts of Dristi Kacha or lens, Dristipatala or retina, Dristinadi or optic nerve and Dristimarga or visual pathway. Because Mana, or mind, and Buddhi, or intellect, are both responsible for vision, disruptions in either of these can cause vision problems such as visual hallucinations in fever, migraine, and so on.¹²

Dristigata Roga's symptoms are simply complementary to the disorders discussed in Modern ophthalmology.

Because the Murdha or Shirah (head) is the seat of Pranavayu and the eye is the seat of Alochak Pitta, most Dristi disorders may be treated with Vata Shaman Chikitsa for the head and Pitta Shaman Chikitsa for the eye.¹³

Prevention and treatment of eye diseases:-

Triphala Puranghrita, Yava ,green gram Shatavari, Amlaki, Patol, and other herbs, according to Sushruta, are beneficial in preventing Timir. The Chakradatta introduced Padabhynga (oil massage in foot) to this. Padabhynga is good for eye, Vagabhata identifies 4 major nerves in the feet that connect to the eyes. These transmit the effect of the medicine applied over the feet in the form of massage.¹⁴ Timir may be avoided by taking Shatavari, Aamalaki, Triphladi, and Yavadi Payas (milk) on a daily basis. Nasya,¹⁵ Tarpan,¹⁶ Pindi¹⁷ are the preventive and treatment measurement of all eye disease.

According to Acharya Chakradatta, consuming Triphla Kwath, Kalka or Churna with Ghrita, Madhu (Honey) on a regular basis helps to heal all sorts of Timir. All eye problems can be treated with Netradhawan (washing of eye) and Triphla Kwath. Aside from Gandush, Panital Gharshna (rubbing of hands) after lunch is also beneficial in preventing visual problems.¹⁸ Timir can also be deranged by using Vachadi, Madhuk-Amalakadi, and Krishna Tila Kalka on the head region before bathing.¹⁹ Cooked vegetables of Jeevanti, Changeri, Tanduliyak, Vastuk, Chilli, Mulkapotika, Patol, Karwellak, Vartak, Jangal & Shakun Mamsa etc. are beneficial for visual acuity.

III. DISCUSSION

According to Sushruta, Timir is "Paramdarun Vyadhi," which indicates that blindness will eventually result from it if treatment is not received. Refractive error has been connected to Patalgat Timir symptoms. Refractive error is the root cause of vision problems and a major public health concern. In contemporary medicine, there is no pharmaceutical treatment available for refractive error, and the treatments that are have significant side effects. Therefore, research into Ayurvedic science can be conducted to determine a more effective way to treat this illness. In Ayurveda, Acharyas presented a variety of therapy options such as Netrakarma, Kriyakalpa, Panchkarma, Chakshuya Dravya (medicines), Pathyakar Aahar-Vihar (beneficial diet) and Rasayana Yoga (Rejuvenate combinations), among others. In the case of acute eye problems, Sushruta recommends doing Langhna (light diet), Snehana (Oleation), Nasya (Medication with nasal route), and Virechana (Purgation) for three days for Dehashudhi (Purification of body), followed by Abhishyandokta Tarpana etc Kriyakalpa (Procedure). As we all know, Netra (Eye) is the home of Alochaka Pitta, which is fed by Pachaka Pitta. Since Koshtha shudhi (Purification of abdomen) is advised for three days to break down Timir's Samprapti. Timir's main line of therapy is Snehanottar Virechana, followed by Raktmokshna. Snehana & Swedana are recommended before Virechana because they aid in the breakdown of Doshagnata, Strotavrodha (obstruction of channels) and their opening, softening, dissolving Shleshma, producing vasodilation, and so on. All of these aid in the regular flow of Vatadi Dosha, medication penetration to the cellular level, improved blood circulation, and the elimination of harmful materials from the body. Virechana is beneficial not only for the removal of Pitta Dosha, but also for the elimination of Vata and Kapha Doshas. It aids in the removal of Vata-kapha Awarana and the opening of the body's channels.

IV. CONCLUSION

Timira is a Drusti Mandala disease that, if untreated, can lead to severe vision loss from blurred vision. All of the Kaphaja Timira symptoms may manifest at different stages of immature cataract development. One type of Sadhya Vyadhi that can be treated with surgery and medication is Kaphaja Timira. Because of this, cataracts are not regarded in Ayurveda as diseases, but rather as a group of symptoms brought on by

numerous Doshas in different Patalas (eye layers). Among the Timira Rogas, the bulk of symptoms of Kaphaja Timira may be associated with immature cataract, Kacha with mature cataract, and Linganasha with super mature cataract. From the perspective of symptoms, Patalgat Timir and refractive error can be connected. Thus we can conclude that Timir can be correlated with refractive error, cataract and keratoconus.²⁰ Based on the signs and symptoms keratoconus considered as Vataja Timira.²¹ Treatment modalities described in Ayurvedic text helps to prevent vision disorder and to maintain the visual acuity.

REFERENCES

- [1]. Murthy KR, Ashtang Hridayam. Uttar Tantra, 13/98 Krishnadas academy Varanasi: 2009.pp.130.
- [2]. Radhakanth D B. Yanjanavarna. In: Vaardaprasad V, Haricharan. V, editors. Shabda kalpa druma , 2nd ed. Delhi: Nag Publishers; 2003. p. 618
- [3]. <http://en.wikipedia.org/wiki/Myopia>.
- [4]. Thulasiraj RD, Nirmalan PK, Ramakrishnan R, Krishandas R, Manimekalai TK, Baburajan NP, et al. Blindness and Vision Impairment in a Rural South Indian Population: The Aravind Comprehensive Eye Survey. *Ophthalmology*. 2003; 110:1491–8.
- [5]. Foster A. Cataract and "Vision 2020 - the right to sight" initiative. *British Journal Ophthalmology*. 2001; 85:635–639.
- [6]. A.K. Khurana, *Comprehensive Ophthalmology*, 4th edition, New Age International (P) Ltd, 2007, Pg no-170.
- [7]. Stuvart D: Ayurvedic Review On Timira With Special Reference To Cataract. *International Ayurvedic Medical Journal* {online} 2018.
- [8]. Acharya YT, Sushruta, Sushruta Samhita, Sharirasthana, 3/15-18, Chaukhambha Surbharati Prakashan: Varanasi; reprint 2008.pp.352.
- [9]. Acharya YT, Sushruta, Sushruta Samhita, Sharirasthana, 3/15-18, Chaukhambha Surbharati Prakashan: Varanasi; reprint 2008.pp.352.
- [10]. Shastri S, Vagbhata, Astanga Hridaya, Sarvanga Sundara of Arunadatta comm-, UttaraSthana, 10/23-25 Chaukhambha Samskrit Sansthan: Varanasi; reprint 2014.pp.811.

- [12]. Acharya YT, Agnivesha, Charaka Samhita, Chakrapanidatta Comm-Chikitsa Sthana, 28/29 Chaukhambha Surbharati Academy: Varanasi; reprint 2005.pp.617.
- [13]. Kumar Sahoo P, Sakshi Kanaujia, Shamsa Fiaz. Concept of dristi and its clinical significance in Ayurveda. J Biol Sci Opin 2015;3(5):200- 203.
- [14]. Santhakumari. P.K, “A text book of ophthalmology in Ayurveda”, Second Edition, Page.No-231.
- [15]. Tripathi B, Ashtanga Hridaya of Acharya Vagabhata, Ashtanga Uttarantara 16/ Chaukhamba Sanskrit pratishthan, Delhi edition 2015.pp.998
- [16]. Shankar U, Text Book of Salakya Tantra, 1st edition, New Delhi, Chaukhambha Vishwabharati publication,2009.pp. 569.
- [17]. Sastri P, Sharangadhara, Sarangdhara Samhita with commenatary Adhamalla’s Dipika and Kashirama’s Gudartha Dipika, Varanasi, Chaukhambha Orientalia; 4th edition, 2000;pp.. 375.
- [18]. Sastri P, Commenatary Adhamalla’s Dipika and Kashirama’s Gudartha Dipika, Varanasi, Chaukhambha Orientalia; 4th edition, 2000; Pg no. 383.
- [19]. Tripathi I, Chakrdatta of Shree Chkrapanidatta with Vaidya prabha hindi commentary, Chaukhmaba Sansthan, Varanasi.1997.pp.357-358.
- [20]. Shastri B, Yogaratnakar with ‘Vidyotini’ Hindi Commentary; Uttarradrha NetrarogChikista, Chaukhamba Sanskrit Prakashan,Varanasi,2007. pp.374.
- [21]. manjusree. R.P. IAMJ.in upload 01.05.08-IAMJ.pdf Jeevanthyadi grhita tarpanaand shigrunava neeta bandana in timira.11/7/2018.
- [22]. Dr. Mariswami, A Case Study on Vataja Timira w.s.r. to Keratoconus. J Ayurveda Integr Med Sci2018;4:220-224