IJAYUSH

International Journal of AYUSH

AYURVEDA, YOGA, UNANI, SIDDHA AND HOMEOPATHY

http://internationaljournal.org.in/journal/index.php/ijayush/

Original Research Article	Volume 9 Issue 4	Oct – Dec 2020

ROLE OF ABHIJITA TAILA NASYA IN THE MANAGEMENT OF PRATHAMA PATALAGATA TIMIRA (SIMPLE MYOPIA)

Divya Stuvert[1] and Ashwini.M.J[2]

1. Associate Professor, Department of Shalakya Tantra, S.D.M Institute of Ayurveda and Hospital, Bangalore, divyastuvert@yahoo.co.in, Ph:9481028050
2. Professor and Head, Department of Shalakya Tantra, S.D.M college of Ayurveda and Hospital, Hassan, drashwinidhanpal@gmail.com, Ph: 9448222694

Abstract

Myopia, commonly referred to as short sightedness is the most common eye disease in the world with substantial social, educational, and economic impact. Poor vision for distance - short-sightedness is the main symptom of myopia. *Timira* is one among *Dristhigata Rogas,* which starts from *Avyakta Darshana* and ends in complete loss of vision *Linganasha. Abhijita Taila Nasya* helps in clearing the eyesight and alleviates *Timira.* This *Taila* has been suggested by the great Sage Nimi in *Timira* stating that it restores vision even to the blind. Therefore this study was planned to evaluate the effect of *Abhijita Taila Nasya* in *Prathama Patalagata Timira* with special reference to Simple Myopia.

Key Words: *Timira, Nasya, Prathama Patala*, Myopia, *Taila.*

Introduction

Myopia or short sightedness is a type of refractive error in which parallel rays of light coming from infinity are focused in front of the retina when accommodation is at rest. [1] The World Health Organization has grouped Myopia and uncorrected refractive error, cataract, macular degeneration, infectious diseases and vitamin A deficiency as the leading causes of blindness and vision impairment in the world. The prevalence of Myopia varies with age and other factors. In India prevalence of Myopia in general population has been reported to be only 6.9%. 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. Our results show that there is an increasing trend of myopia in India over the last four decades[2].

Ayurveda has identified three important factors viz *Asatmya Indriyartha Samyoga*, *Pragnyaparadha,* and *Rituviparyaya* being responsible for the causation of all types of diseases, which includes ophthalmic problem too[3]. To overcome these three factors Acharyas mentioned specific *Aahara, Oushadha*, and *Viharas.* In Ayurvedic classics we find the concept of *Chakshushya* & many food items, drugs and therapeutic procedures are explained which are said to improve or enhance the visual acuity as well as improve the health of the eye. Clinical features related to visual disturbances are seen only in *Drishtigata Rogas.* Hence all cases of visual disturbances can be correlated under the broad heading of *Timira – Kacha - Linganasha* complex. The part of clinical feature of *Timira* (First & Second *Patala)* can be correlated with most important refractive error i.e. Myopia.

According to Vagbhatta, all efforts should be made to strengthen the eyes by resorting to *Nasya, Anjana, Tarpana* etc. for once the vision is lost the different kinds of things of the world will all become of one kind- that of darkness. Good numbers of *Nasya Yogas* are described for *Timira* because nose is the gateway of drug administration in *Urdhwajatrugata rogas. Nasya* is the only procedure which directly influences all *Indriyas. Abhijit Taila* is indicated in *Timira* as *Nasya* which is quoted by Chakradatta. Considering the above factors the present study was planned to evaluate the effect of *Abhijita Taila Nasya* in *Prathama Patalagata Timira* (simple Myopia).

Ayurvedic Review on *Timira*

The clinical features of *Timira* are based on involvement of *Patalas* & vitiation of *Doshas*. So the treatment of the *Timira* depends upon the stage and dominance of particular *Doshas*. For which Local & systemic management has described by *Acharyas.*

Clinical features related to visual disturbances are seeing only in *Drishtigata Rogas.* Hence all cases of visual disturbances can be correlated under the broad heading of *Timira - Kacha - Linganasha* complex. The clinical feature of *Timira (Prathama Patala)* can be correlated with most important refractive error i.e. Myopia. The only symptom produced when the *Doshas* are vitiated in the first *Patala* is *Avyakta Darshana*[4]. The patient is not able to appreciate the exact nature of the object and there is slight blurring of vision. Only one clinical feature of the *Prathama Patala* has been described by Acharya Vagbhatta explains blurred/indistinct vision, which becomes clear sometimes without any reason.

The progress of the disease *Timira* has been mentioned in terms of involvement of successive *Patalas*[5]. When the vitiated *Doshas* invade first *Patala*, the patient complains of difficulty in seeing objects distinctly. This is the common complaint of myopia, hypermetropia, astigmatism and presbyopia. So the *Timira* of first *Patala* can be correlated to refractive errors.

Timira is a disease when the vitiated *Doshas* are situated in the first and second *Patala* only. The disease progresses to *Kacha* and *Linganasha* when the *Doshas* involve third and fourth *Patala* respectively. The clinical picture of vitiated *Doshas* in first and second *Patalas*, which are analyzed here, simulates very much with refractive errors including Myopia. Therefore *Prathama Patalagata Timira* has been correlated with symptoms of Myopia.

Timira is easily curable when the *Doshas* are limited to first and second *Patala*; it gets the stage of chronicity and becomes *Yapya* by the *Dushti* of third *Patala. Timira* attains the incurability when the *Doshas* reach fourth *Patala* wherein surgical intervention is advocated in case of *Kaphaja Linganasha*. Therefore *Prathama Patalagata Timira* has been taken for study which is *Sadhya Vyadhi*[6].

CHIKITSA OF TIMIRA

Oleation, Blood Letting, *Virechana, Nasya, Anjana, Murdha Basti, Basti, Tarpana, Lepa* and *Seka* – these therapies administered many times, suitable to the *Doshas* is the mode of treatment[7]. The treatment of the *Timira* depends upon the stage and dominance of particular *Dosha.* In early stage of *Timira,* when the symptoms of the vitiated *Doshas* have just manifested but have not involved the whole eye, these should be treated by *Anjana, Nasya* and other purification measures.

Karmukata of *Nasya*

Acharya Vagbhata has stated "*nasa hi shirasodwaram*" ie. Nose is the easiest and nearest opening to convey the potency of medicines to the cranial cavity. He was the first person to narrate the mode of action of drugs by *Nasya Karma.* The drugs administered reach the *Shringataka Marma* and spread through the opening of *Shiras,* eye, ear, throat etc. and to the head. [8] The *Sleshmala Kala* of the *Nasa* extending from *Nasaguha* to *Gala Pradesha* is highly vascular. It has a good absorbing surface, due to its high vascularity the drug is mainly absorbed through capillaries. These capillaries join to the venules, which anatomise each other to form plexus masked over the middle and inferior conchi. Some of these venules open into sphenopalatine veins, others join facial vein. Some end in ophthalmic vein and few communicate with the Shiras and thus are drained into the systemic circulation. Blood brain barriers are highly permeable for lipid substances and so the *Sneha Dravyas* are easily absorbed and these substances pass and exert their actions. Lipids provide energy to the nervous tissue. It is cost effective, safe, quick, acting, very easy to administrate, still definitely efficacious in maintaining health.

Mechanism of production of Myopia: Axial Myopia results from increase in anterio – posterior length of the eyeball. It is the commonest form. Curvatural Myopia occurs due to increased curvature of the cornea, lens or both. Index Myopia results from the increase in the refractive index of crystalline lens associated with nuclear sclerosis. Positional Myopia is produced by anterior placement of crystalline lens in the eye. Myopia due to excessive accommodation occurs in patients with spasm of accommodation. [9]

Signs & Symptoms of Myopia:

Poor vision for distance (short-sightedness) is the main symptom of myopia. Asthenopic symptoms may occur in patients with small degree of myopia. Half shutting of the eyes may be complained by parents of the child. The child does so to achieve the greater clarity of stenopaeic vision. The myopic eyes typically are large and somewhat prominent. Anterior chamber is slightly deeper than normal. Pupils are somewhat large and a bit sluggishly reacting. Fundus is normal; rarely temporal myopic crescent may be seen. Simple myopia usually occurs between 5 and 10 years of age and it keeps on increasing till about 18–20 years of age at a rate of about –0.5 ± 0.30 every year. In simple myopia, usually the error is low to moderate that usually does not exceed –6D. People with Myopia can be classified those with low to moderate Myopia (referred to as "simple" or "school" Myopia, 0 to -6 Dioptres) and those with high or pathological Myopia (greater than -6 Dioptres). [10]

Drug Review

Abhijita Taila*: Abhijita Taila Nasya* helps in clearing the eyesight and alleviates *Timira.* [11] This *Taila* has been suggested by the great Sage Nimi in *Timira* stating that it restores vision even to the blind. [12] So the Study has been selected for *Nasya* purpose as *Abhijita Taila* is indicated in *Timira* for *Nasya Karma*.

<u>Detailed description of each drug of <i>Abhijita-Taila:</i></u>

(1*) Amalaki -* Botanical name is Emblica officinalis and family is Euphorbiaceae. Synonyms are *Vayasya, Vrishya, Dhatriphala, Amalaka, Amritaphala,* and *Tishyaphal.* Classification is of drug *Kushtaghna, Virechanopaga, Kasahara, Jvarahara, Vayahsthapana* (Ch). *Parushakadi, Mustadi, Triphala, Amalakyadi* (Su). *Rasa* is *Pancha Rasa* (Alavana), Gunas are *Guru, Ruksha, Sheeta, Veerya* is *Sheeta* and *Vipaka* is *Madhura. Doshaghnata* is *Tridosha Shamaka. Karma* is *Chakshushya, Rasayana, Dahaprashamana, Vrishya* and *Vajikara.* Chemical constituents are Vitamin-C, Carotene, Nicotinic acid, D-fructose, myoinositol and D-galacturonic acid. Pharmacological actions are immunomodulator, anti-inflammatory, antimicrobial, and antioxidant. (Database, Vol-3)

(2) *Yashtimadhu -* Botanical name is Glycyrrhiza glabra and Family is Fabaceae. Synonyms are *Yashtimadhu, Yashti, Madhuyashtika, Madhuka, Kleetaka, Yashtyahva*. A part used is root. *Rasa* is *Madhura, Guna* are *Guru, Snigdha. Veerya* is *Sheeta* and *Vipaka* is *Madhura.*

Doshaghnata is *Vatapittashamaka* and *Rogaghnata* in *Netraroga, Vranashotha, Khalitya*. *Karmas* are *Chakshushya, Dahashamaka, Keshya, Vedanasthapana, Medhya, Mridurechana, Jeevaniya, Rasayana, Balya.* Chemical Constituents are Glycyrrhizine, Prenylated Biaurone, Licoagrone, Quercetin, Kaempferol. Pharmacological activities are Smooth muscle depressant, antimicrobial and anti-oxidant. (Database, Vol-3)

(3) *Tila taila* **-** Botanical name is Sesamum indicum and Family is Pedaliaceae. Part used are seed oil*. Rasa* is *Madhura* and *Gunas* are *Guru, Snigdha, Sukshma, Vyavayi, Vishada. Virya* is *Ushna* and *Vipaka* is *Madhura. Doshaghnata* is *Vata -Kapha Shamaka. Rogaghnata* are *Vatarogahara, Balya, Brimhana, Vishodhaka, Twachya, Keshya, Vedana Stapana. Karma* is *Balya, Sthairyakara, Brimhana, Deepana, Shula Prashamana, Bastikarmartha- Pathya* and *Srotoshodhaka.* Chemical composition is saturated fatty acid is Palmitic acid: 7.8 - 9.4%. Unsaturated fatty acids are Linoleic acid: 37 – 48%, Oleic acid: 35 – 49%, Lignans, Sesamolin, Sesamol, Sesamolin, betasitosterol, and phospholipids. Pharmacodynamics: Its high stability makes it a desirable vehicle for medicine. Tila is a good source of proteins, carbohydrates, calcium, phosphorous, Vitamin A, B and C and it also contains sisamin and sisamal.

(4) *Go-Dugdha - Rasa* is *Madhura, Gunas* are *Guru* and *Snigdha. Virya* is *Sheeta, Vipaka* is *Madhura* and *Doshaghnata* is *Vata-Pitta Shamaka. Karmas* are *Balya, Brimhana, Rasayana, Sandhanakara, Asthapana, Vayah- sthpana, Ojovardhaka* and *Jivaniya*.Composition of milk: Water : 87.3%, Milk fat : 3.9% , Solids- not fat : 8.8% ,Protein : 3.25% , Lactose : 4.6% , Minerals : 0.65% - Ca, P, Mg, K, Na, Zn, CO, Vitamins : A, C, D, thiamine and riboflavin.

Materials and Methods: To evaluate the effect of *Abhijita Taila Nasya* in simple myopia. To evaluate the effect of *Murcchita Tila Taila Nasya* in simle myopia. To compare the effects of the above two groups to enhance the quantum of relief to the patients of *Prathama Patalagata Timira* (simple Myopia).

Source of Data: The patients with signs and symptoms of *Prathama Patalagata Timira* were selected from OPD and IPD of *Shalakya Tantra* department of S. D. M. College of Ayurveda, Hassan. The patients were examined in detail as per special Performa which includes both Ayurvedic and modern methods of examination of patients. They were

further subjected to criteria of inclusion and exclusion and other investigations to reach the final diagnosis.

Criteria for Diagnosis: Based on the chief complaints i.e distant blurred vision- Snellen's chart reading, Near vision chart reading, Retinoscopy, Slit lamp examination to rule out any diseases in anterior chamber, Fundus examination with cycloplegic agents to exclude retinal and macular diseases were done.

Inclusion Criteria: Patients having -0.25D to -5D of vision were taken for study. Patients aged between 8 to 40 years. Those fit for Nasya. **Exclusion Criteria:** *Dwitiya, Trutiya* and *Chaturtha Patalagata Timira*, high myopia or progressive myopia, congenital myopia, myopia with systemic diseases like T.B., Hypertension and diabetics. Myopic patients more than -5D of vision, hypermetropia and presbyopia

Laboratory Investigation: Blood routine and random blood sugar was done.

Sampling method and Research Design: 40 Patients were randomly selected on the basis of signs and symptoms of *Prathama Patalagata Timira* and Myopia. They were grouped into the following two groups, each comprising of 20 patients. The 20 patients of this group were administered with 8 drops of *Abhijita Taila* in each nostril for 7 days once in the morning in empty stomach. The 20 patients of this group were administered with 8 drops of *Murcchita Tila Taila* in each nostril for 7 days once in the morning in empty stomach. Both the groups were followed for a period of two months with an interval of fifteen days after completion of treatment.

Method of preparation *Abhijita Taila*: One litre of *Murcchita Tila Taila* is taken. To this 250gms of *Kalka* of *Yastimadhu* and two litres each of *Amalaki Swarasa* and *Go Ksheera* is added. Oil is prepared as per *Taila Paka Vidhi.*

**Method of preparation *Murcchita Tila Taila:* Manjistha* 125gm, *Haridra* 30gm, *Lodhra* 30gm, *Musta* 30gm, *Amalaki* 30 gm*, Haritaki* 30gm, *Bibhitaki* 30gm, *Tila Taila* 2 litres, water 8 litres. Two litres of *Tila Taila* is heated over *Mandagni* till the foam and sound is subsided. Then above mentioned drugs are made into *Kalka* and 8 litres of water is added and heated till the *Taila Siddha Lakshanas* are seen. [13]

Observation: Total 21 patients were registered in group A, among them 20 patients completed the treatment and 01 patients was drop out. In group B, 20 patients completed the treatment with 01 drop out, out of 21 registered patients. Hence, the total number of patients registered in the present study was 42, so observation of 42 patients and results of 40 patients are given. It was found that maximum number of patients i.e. 38.09% belonged to age group of 21-25 years, followed by 33.3 % patients belonged to 16-20 years &21.42 % belong to 26-30 age group and 7.14 % patients belonged to 31-35 years of age group. Lastly 2.38% belong to 10-15 years. Out of 42 cases of this series 71.42% were females and 28.57% were males. Religion wise distribution of patients showed that maximum of 73.8% were Hindus followed by 23.8 % were Christian, 2.38% were Jain. Socio-economic status wise distribution of patients showed that maximum of 57.14% belonged to middle class, and 38.09 % belonged to upper- middle class, and 16.6% belonged to lower -middle class and 4.76% belonged to rich. Habitat wise distribution of patients showed that maximum of 61.9 % were residing in urban area followed and 38.09 % patients were residing in Rural area. Amongst 42 patients, maximum i.e. 71.42 % patients were educated up to graduate level, 19.04% patients were post-graduate, 7.14 % patients were higher secondary education level.2.38 % were secondary education level. On considering the nature of occupation, it was found that maximum i.e. 92.85% patients were from student category, while 4.76 % were doing service and 2.38% were labour. None of the patients were farmer & in other category). 35.71% of patients have maternal and paternal family history and 23.81% of patients had maternal family history and 23.81% of patients had no family history and 16.6% had paternal significant. Maximum i.e. 42.85 % patients each were found to be addicted to tea and 19.04% patients were addicted to coffee and 33.3% patients were not having any addiction. Agni wise distribution of patients indicates that most of the patients i.e.57.14 % were of *Madhyamagni,* 26.19 % of patients were of *Teekshanagni* and 16.6 % were of *Mandhagni.* In this study majority of the patients i.e. 64.28% had sound sleep while rest of the 35.71 % patients had disturbed sleep. In this study 40.47% of patients had a habit of reading for 5-6 hours, followed by 26.19% of patients had a habit of 3-4 hours reading, and 26.19% of patients for 1-2 hours of reading. In this study 88% of patients had gradual duration, followed by 11.9 % of sudden duration and none of them had insidious onset. 28.57% of patients had Chronicity for 1-2 years, followed by 26.19%

188

of 3 – 5 years, 16.6 % of 6-8 years, followed by 9.52% of 9 – 11 years and 9.52% of patients had less than one year. In this series 35.7% patients were of *Vata- Pittaja Prakriti,* followed by 33.3% patients were of *Vata- Kaphaja Prakriti* and 30.09% patients were of *Pitta Kaphaja Prakriti. Aharaja Nidana* wise distribution have shown 80% of patients taking excess of *Amla Pradhana Aahara*, followed by 71.19% of patients have a habit of consuming excess of *lavana Aahara*, and 57.14% of patients have a habit of taking excess of *Teekshna Aahara,* and 45.23% of patients have a habit of consuming excess of *Ushna Aahara* in their routine life. *Manasika Nidana* wise distribution have shown 47.62% of patients were reported to indulged in *Krodha,* 45.2% of patients suffered from *Shoka*, 38.09% of patients indulged in *Rodana. Viharaja Nidana* wise distribution have shown 75% of patients have a habit of excessive gazing at near objects, followed by 52.3% of *Ratrijagarana* ,45.2 % of patients have a habit of exposure to hot, 19% of *Diwaswapna* and 16.6 % of patients have a habit of excessive exposure to hot and 9.52% of patients have *Vegadharana.* Symptom wise distribution have shown that all 100% of patients have *Avyakta Darshana*, followed by 80.93% had headache, 88.1% had eye strain and 45.24% had watering from eye. 80.93% of patients had visual acuity between 6/6 to 6/9, followed by 40.47% of 6/12 to 6/18, 40.47% of 6/24 to 6/36 and 40.47 % of patients had 6/60 and less visual acuity.

Results

Avyakta Darshana: It was found that the mean score of *Avyakta Darshana* from 2.1 to 1.4, with 33.33 % mean reduction in ATN Group which is statistically highly significant as the 'p' value is <0.001, While MTTN Group showed a mean reduction of 27.02 % in *Avyakta Darshana* which was statistically significant with the 'p'value <0.01. **Head ache:** Mean score of headache is reduced from 1.6 to 0.75, with 57.57% of mean reduction in ATN Group, which is statistically significant at the level of 'p' < 0.001; where as in MTTN Group is statistically significant with 54.5% of mean reduction in head ache showing the 'p' value < 0.001. **Eye strain:** It was found that the Mean score of eye strain reduced from 2.0 to 0.75; with mean reduction of 37.5% in ATN Group which is statistically significant as the 'p' value is < 0.001, While MTTN Group showed a mean reduction of 33.33% in eye strain and was statistically significant with the 'p' value <0.001. **Watering of eyes:** It was found that

the mean score of watering of eyes reduced from 1.0 to 0.7, with a mean reduction70% in ATN Group which is statistically significant with a 'p' value <0.001, While in MTTN Group 50% of mean reduction in watering of eyes showed which is statistically significant with a 'p' value <0.02. **Visual acuity of eye:** The mean score of visual acuity in right eye reduced from 3.5 to 2.9, with a mean reduction of 18.30 % in ATN Group which is statistically significant, as the 'p' value is <0.001,While in MTTN Group 13.55 % of mean reduction in visual acuity by Snellen's reading which is statistically significant as the 'p' value is <0.01 .**Visual Acuity of eye with refractive aid:** The mean score of visual acuity in right eye with refractive aid reduced from 2.45 to 2.15 with a mean reduction of 12.24% in ATN Group which is statistically significant, at the 'p' value <0.02,While in MTTN Group it is reduced from 1.85 to 1.65 with a mean reduction of 10.81% of mean reduction in visual acuity by Snellen's reading, which is also statistically significant, at the 'p' value < 0.05. **Auto refractometer reading of eye:** The mean score of Auto refractometer reading in right eye is 2.45 to 2.3 with 6.12% reduction in ATN Group which is statistically insignificant, as the 'p' value is >0.05, Whereas MTTN Group showed mean score reduced from 1.85 to 1.75, with 5.4 % of mean reduction in Auto refractometer reading which is also statistically insignificant, as the 'p' value is >0.05

Overall Effect of Therapies: In *Abhijita* group, 9 patient's (42.8%)showed mild changes and 8 patient's (38.1%) showed moderate improvement and 3 patient's (14.28%) showed unchanged, and marked improvement and complete relief was not observed in any patients among 20 patients. In *Murcchita Tila Taila Nasya* Group, 11 patients (52.38%) showed mild improvement, 5 patient's (23.81%) showed moderate improvement and 4 patients (19.04 %) showed unchanged and marked improvement and complete relief was not observed in any patients among 20 patients. No patient included in the study had deterioration in symptoms.

Discussion: Simple Myopia affects an accountably large section of the population and involves very young eyes leading to the defective distant vision and has to wear refractive aids or should satisfy with limited visual field works. No remedial measures for the prevention and care of this pathology prevails in the domain of modern ophthalmology; opening the door to the other systems of medicine to suggest, experiment and contribute

the drugs to alleviate or to check the deterioration. *Avyakta Darshana* or blurring of vision for distance is a symptom produced due to affliction of first *Patala* which occurs in Myopia of low degree. All the patients involved in the present study were between the ages of 8 – 40 years. Majority of the patients (38.09%) belonged to age group of 21-25 years; followed by 33.3 % patients belonged to 16-20. It is a significant observation that the disease manifests in teenagers. It is also a proven fact that simple Myopia usually begins in childhood. Since the eyes continue to grow during childhood, Myopia almost always occurs before the age of 20 and then gets stable in adulthood. Majority of the patients involved in this clinical study (92.85%) were students followed by 4.76 % service persons and 2.38% were labour. This is a significant finding because simple Myopia is prevalent in adolescent age group. It usually commences at around the age of 5 or 6, begins to increase rapidly reaching maximum rate of increase at about the age of 13 and reduces its rate until late teens when it usually stabilizes. This study shows *Nasya* has an important role to arrest the progress of refractive error, headache in Myopia, eye strain and *Durastha Avyakta Darshana* in both the groups. *Abhijita Taila Nasya* provided highly significant at P <0.001 relief of 18% in visual acuity, while *Murcchita Tila Taila Nasya* provided 14% which was highly significant at P <0.01. Nasya with Abhijita Taila is more effective than *Murcchita Tila Taila* in improving Dioptric power. The comparison of the results of both the groups showed that *Abhijita Tila Nasya* provided statistically better effect in comparison to *Murcchita Tila Taila Nasya* Group in all the signs and symptoms.

Probable mode of action of *Abhijita Taila Nasya* in *Timira*: The disease *Timira* is *Tridoshaja* and so compound drug employed should also have *Tridoshaghna* qualities, so that it can counteract vitiated *Doshas* to disintegrate the pathophysiology of the disease. In this study, *Abhijita Taila* was used for the *Nasya Karma*. Clinical feature of *Timira, Kacha, Linganasha* complex can be correlated with Myopia and its complications, the most important refractive error. In *Abhijita Taila, Tila taila* is used as a media or vehicle & by virtue of properties like *Vyavayi, Sukshma, Sara,* it can reach to every minute channel. Administration of drug through nose will stimulate the *Shringataka Marma*. Spread of Drugs to deeper structure of eye. Through *Roopavaha Siras* take place. *Abhijita Taila* which is having *Chakshushya* property activates *Chakshurvisheshika Alochaka Pitta* and *Buddirvisheshika Alochaka Pitta.* This will increase power of *Drishti Nadi* (optic nerve) and

191

Activation of Visual Centre in Brain (Occipital Lobe) which helps in overall improvement in visual status of myopia.

Conclusion: Myopia, a form of refractive error, is a highly significant problem which prevents the individual from seeing distant objects clearly. *Nasya* is an effective procedure for *Timira* and provides *Vatashamaka* properties and nourishment to the eyes and improves visual acuity. In the present study, *Abhijitha Taila Nasya* was taken to evaluate the effect in Myopia. In *Abhijita Taila Nasya* group, complete remission and marked relief was not observed in any patient (0.00%), 9 patient's (42.8%)showed mild changes and 8 patient's (38.1%) showed moderate improvement and 3 patient's (14.28%) showed unchanged, among 20 patients. In *Murcchita Tila Taila Nasya* Group, complete remission and marked relief was not observed in any patient (0.00%), 11 patients (52.38%) showed mild improvement, 5 patient's (23.81%) showed moderate improvement and 4 patients (19.04 %) showed unchanged among 20 patients. No patient included in the study had deterioration in symptoms. *Abhijita Taila Nasya* can be used in *Pratimarsha Nasya* for long run in all Refractive error, Headache, *Netrayasa, Netrasrava*. Since the study has shown interesting results, it is recommended that the study should be carried out in large number of patients with longer duration to evaluate and analyze the results.

References

1. A.K. Khurana, Comprehensive Ophthalmology, 4th edition, pg no: 32.

2. Divya Agarwal, Rohit Saxena, Vivek Gupta, Kalaivani Mani, Rebika Dhiman, Amit Bhardawaj, Praveen Vashist , Prevalence of myopia in Indian school children: Meta-analysis of last four decades, October 19, 2020.

3. Dr. Ram Karan Sharna and Vaidya Bhagwan Dash editor. Charaka Samhita of Agnivesha, Sutra Sthana, Ch. 1, English translation, Vol-I, Varanasi: Chaukhamba Sanskrit Series, Varanasi 2019, Pg.no. 39

4. Kaviraj Kunjalal Bhishagratna editor. Sushrutha Samhitha of Sushruta, Uttaratantra, English Translation, Ch.7, Vol III, 4th ed. Varanasi: Chaukhambha Sanskrit Series,2009, Pg.no.142

5. Prof. K.R. Srikantha Murthy editor. Vagbhata's Ashtanga Hrdayam, English Translation, Uttara Sthana, Ch.12, Vol-III, 9th ed. Varanasi: Chaukhambha Sanskrit Series 2017, Pg.No.107.

6. Kaviraj Kunjalal Bhishagratna editor. Sushrutha Samhitha of Sushruta, Uttaratantra, English Translation, Ch.17, Vol III, 4th ed. Varanasi: Chaukhamba Sanskrit Series,2009, Pg.no.205

7. Prof. K.R. Srikantha Murthy editor. Vagbhata's Ashtanga Hrdayam, English Translation, Uttara Sthana, Ch.12, Vol-III, 9th ed. Varanasi: Chaukhamba Sanskrit Series, 2017, Pg.no.121.

8. Prof. K.R. Srikantha Murthy editor. Vagbhata's Ashtanga Hrdayam, English Translation, Sutra Sthana, Ch.20, Vol-I, Varanasi: Chaukhamba Sanskrit Series, Re-print 2019, Pg.no.255.

9. A.K. Khurana, Comprehensive Ophthalmology, 4th ed. pg no: 32.

10. A.K. Khurana, Comprehensive Ophthalmology, 4th ed. pg no: 34.

11. Priya Vrat Sharma, Chakradatta, English Translation, Netraroga Chikithsa, Ch.59, ed. I, Varanasi: Chaukhambha Orientalia ,2013, Pg.no 508.

12. Prof. Gyanendra Pandey editor. Kaviraj Sri Vinodlalsen's Bhaisajya Ratnavali, English commentary, Netrarogadhikarah, Vol-3, 1st ed. Varanasi: Chaukhambha Sanskrit Series, 2008, Pg.no.800.

13. Prof. Gyanendra Pandey editor. Kaviraj Sri Vinodlalsen's Bhaisajya Ratnavali, English commentary, Jwaradhikara, Vol-1, 2nd ed. Varanasi: Chaukhamba Sanskrit Series, 2016, Pg.no.192.