



Case Study

www.ijrap.net

(ISSN Online: 2229-3566, ISSN Print: 2277-4343)



AN AYURVEDIC PERSPECTIVE ON SIMPLE MYOPIA: A CASE STUDY WITH EMPHASIS ON TIMIRA

Shivani Prajapati ^{1*}, Shamsa Fiaz ², Naushaba Aijaz Husain ¹, Pooja Chouhan ¹

¹ PG Scholar, Department of Shalaky Tantra, National Institute of Ayurveda, Jaipur, Rajasthan, India

² Professor & HOD, Department of Shalaky Tantra, National Institute of Ayurveda, Jaipur, Rajasthan, India

Received on: 04/12/25 Accepted on: 03/2/26

*Corresponding author

E-mail: prajapati2710@gmail.com

DOI: 10.7897/2277-4343.17110

ABSTRACT

Introduction: Myopia is a visual condition in which nearby objects are clear to you, but distant objects are hazy. In later stages of life high myopia is frequently linked to potentially blinding disorders like retinal detachment or macular degeneration. Myopia is somewhat similar to the disorders of drusthi and is considered as "Timira. Hence, the Ayurvedic science can be explored to find a better alternative to manage this condition. **Material and methods:** A fully conscious female patient age of 23 years visited to Shalaky Tantra OPD, National Institute of Ayurveda, Jaipur, with the complaints of diminished distant vision in bilateral eye associated with halos since 10 yrs. She managed the use of internal medications and ayurvedic therapies which was Chakshushya and Vathahara in nature. The treatment was for 3 months. **Results:** At the end of the study there was significant improvement in the visual acuity, and she also got relief in halos. **Conclusion:** Thus, it can be considered that ayurvedic science is very helpful to control simple myopia.

Keywords Nasya, Parisheka, Simple Myopia, Tarpana, Timira

INTRODUCTION

Simple myopia is a visual condition in which nearby objects are clear to you but distant objects are hazy, simple myopia or developmental myopia is the commonest variety.¹ If proper care is not performed, it interferes with a person's daily activities. In later stage of life high myopia is frequently linked to potentially blinding disorders like retinal detachment or macular degeneration, but simple myopia may be treated with concave contact lenses and glasses so that the clear image formed on the retina.² The prevalence of simple myopia ranging from 6.9% to 19.7%.³ Treatments of Simple Myopia leads to many complications such as corneal infections due to the usage of contact lens, corneal scarring and persistent corneal haze due to surgery.⁴ Refractive surgeries are so costly and not suitable for children and they also do not change axial elongation, which is the commonest cause for Simple Myopia.⁵ Hence, the Ayurvedic science can be explored to find a better alternative to manage this condition. Myopia is somewhat similar to the disorders of drusthi (eyes) and is considered as "Timira" (Myopia). Timira (Myopia) starts with avyakta darshana and results in complete loss of vision. According to Acharya Vagbhata, "sarvairindriyanam naynama pradhanam" which is the most important sense organ among the five sense organs.⁶ All our efforts should be directed to protect the eyes throughout life; for the man who is blind this world is useless, the day and night are the same even though he may have wealth.

Case History

A fully conscious female patient age of 23 years visited to shalaky Tantra OPD, National Institute of Ayurveda, Jaipur, with the complaint of gradually diminution of distant vision in bilateral eye associated with halos since 10 years.

This study was carried out as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants.

History of present illness

Patient was apparently normal 10 years ago and she gradually developed diminution of vision in both eye which was associated with halos. Patient was using spectacles since 10 years.

History of past illness

No history of any systemic disease like Diabetes, Thyroid dysfunction, Hypertension, Asthma, TB.

Surgical history- Not relevant

Family history- no family history

Personal history

Bowel- clear
Appetite- Normal
Sleep- sound
Bladder- Normal

Table 1: Ashtasthana pareeksha

Nadi	72bpm
Muthra	Prakrutha
Mala	Sama
Jiwha	Anupaliptha
Shabdha	Prakrutha
Sparsha	Prakrutha
Druk	Aprakrutha
Akruthi	Prakrutha

Systemic examination: No systemic abnormalities.

Vitals

Blood pressure- 110/70 mmHg
Pulse rate- 72bpm
Temperature- 98.4°F
Respiratory rate- 18/min

Ophthalmoscopic examination

On torch light and slit lamp examination – Bilateral eye lashes, eye lids, conjunctiva, cornea, pupil and lens was normal.

Table 2: Visual acuity

Right eye	BT	Left eye	BT
Dva unaided	c.f 1.5 mt	Dva unaided	c.f 1.5 mt
Pinhole	6/60	Pinhole	6/60
BCVA	-5.25 DS	BCVA	-4.75 DS
Near vision	N/6	Near vision	N/6

BT: Before Treatment

Dilated Fundoscopy

Media- clear

Optic disc – size, shape, color, margin- B/L Normal
CDR- 0.3-0.4 (B/L)

Macula

Fundal glow- B/L normal
General background- B/L normal
Blood vessels- B/L normal

Diagnosis- Vatika Timira

Treatments

Shamana medicines and Ayurvedic therapies

Internal medicines

Guduchi- 2gm
Mustha-2gm
Dhanyak- 3gm
As paniya for 5 days

Sapthamrutha lauha- 500mg
Mahatriphala ghrita- 5ml
Honey- 3 ml
Morning and evening after food with the anupana of milk for 3 months

Eye drop Itone 1 drop/4 times a day for 1 month

Therapies

1. Netra parisheka with kwatha of Triphala chura+ Yasthimadhu churna+ Lodhra churna for 3 days
 2. Marsha Nasya with ksheerbala 101 oil for 3 days
 3. NetraTarpana with Patoladi Ghrita for 7 days
- 3 sittings of 10 days therapies with the gap of 15 days were done
Eye exercise like palming and Blinking also advised to the patient along with the internal medicines and therapies.

Table 3: Result; Total duration of treatment was 3month, assessment of visual acuity with 1 month interval.

	BT	After 1 st sitting	After 2 nd sitting	Follow-up
Right eye				
DVa	Cf 1.5 mt	Cf 2 mt	Cf 2.5 mt	Cf 2.5 mt
PH	6/60	6/60	6/24	6/24
BCVA	-5.25 DS	-5.25 DS	-5.00 DS	-4.50 DS
Left eye				
DVa	Cf 1.5 mt	Cf 2 mt	Cf 2.5 mt	Cf 2.5 mt
PH	6/60	6/60	6/18	6/18
BCVA	-4.75 DS	-4.75 DS	-4.50 DS	-4.50 DS

BT: Before Treatment

DISCUSSION

Netra parisheka with Triphaladi kwath, Nasya with ksheerbala101 oil and Netra Tarpana with Patoladi ghrita selected for the present study is mentioned in the Ashtanga Hridaya. For oral medication Saptamrita lauha has been used which is mentioned in the Bhaishajya Ratnavali.⁷ All the ingredients of this formulation are having Chakshushya, Shothahara, rasayana properties. Due to the samsakaranuvartana quality of ghrita it gets easily absorbed than other drugs. Aam pachana and Netra parisheka help to clear the passage. Nasya is also described for Timira because nose is the gateway of drugs administration in all types of Urdhwajatrugata rogas, and to influences all indriyas nasya is the only procedure.⁸ Nasya is considered the prime therapy for Urdhwajatrugata vikaras.⁹ In Ayurveda various kriyakalpa procedures are mentioned which are used to improve or enhance the vision, many kriyakalpa procedures are used in this study, but the Tarpana is the foremost procedure for Timira and it provides dosha shamaka effect, improve vision and strengthen to the eyes. Ghrita, owing to its Samsakaranuvartana guna, enhanced drug bioavailability and penetrates deeper tissue.¹⁰ According to the modern science ghrita is lipophilic as well as hydrophilic in nature and hence it has got good penetration through various layers of the cornea.¹¹ Acharya Charak has quoted as snehoanilamhanti, i.e. in order to pacify vata dosha snehana is the best. He also mentioned Akshi Tarpana as one of the 24 Snehapravicharana.¹²

CONCLUSION

The study concluded that the abovementioned treatment is very effective to improve in visual acuity and give symptomatic relief to the patient. In this study the Parisheka, Nasya and Tarpana showed subjectively appreciable and statistically significant results.

REFERENCES

1. A .K. Khurana, Comprehensive ophthalmology, 9th edition, Jaypee brother's medical publishers (P) Ltd, 2023, Myopia: Introduction p 38
2. A.K. Khurana, Comprehensive ophthalmology., 9th edition, Jaypee brother's medical publishers (P) Ltd, 2023, Myopia: treatment p 40
3. Murthy GV, Gupta SK, Bachani D, Jose R, John N. Current estimates of blindness in India Br J Ophthalmol. 2005;89(3):257-60
4. Ruben M, Khoo CY. Contact lenses: Medical aspects, Chapter 1, 1989 Singapore, PG Publisher: p 12
5. Norton TT. Animal model of myopia: Learning how vision controls the size of the eye Institute for Laboratory Animal Research Journal, 1999;40(2):59-77
6. Ashtanga Hridaya, Acharya Vagbhata, Sutrasthana, Commentary by Arundatta, Sarvangsundara, Edited by Pandit Hari Sadashiv Shastri, Chaukhamba Sanskrita Sansthan Varanasi, Publication year 2018, chapter 11 (Indriya Upakrama Adhyaya)

7. Bhaishjya Ratnavali, Sri Govind Das Sen, Editor Kaviraj Ambikadatta Shastri, Netra Roga Adhikara, Chaukhamba Surbharati Prakashan Varanasi, Publication year 2019, Reprint 2005, 2010, 2014, Chapter 83-84
8. Shasti HS. Ashtanga Hridaya of Vagbhata, Sutra sthana, chapter 20, verse 12, 2005 Varanasi Chaukhamba Sanskritha Sansthan: 287 reprint 2005
9. Charak Samhita, Agnivesha, Siddhi Sthana 9/88-90, revised by Charaka and Dridhabala, Dipika Commentary, Edited by Vaidhya Yadavji Trikamji, Chaukhamba Surbharati Prakashan Varanasi; 2019,
10. Sharangdhara Samhita, Sharangdhara, Purva Khand 9/12-14, Adhamalla's Dipika Commentary, Edited by Pandit Parashurama Shastri Vidyasagar, Reprint ed. Chaukhamba Orientalia, Varanasi; 2018.
11. Govind D. Tundalwar, Kiran Dhere. A case study Effect of Triphala ghrita Tarpana in Timira W.S.R. to Simple Progressive Myopia. International Journal of Pharmaceutical Research and Applications. 2022;7(1):1162-1165. doi: 10.35629/7781-070111621165
12. Agnivesha, Charak Samhita edited by Charakacharya and Redacted by Dhridhabala, translated by Yadavasharma and Prof PV Sharma, Chaukhamba Orientalia, Varanasi first Edition- 2011, Chapter 13.

Cite this article as:

Shivani Prajapati, Shamsa Fiaz, Naushaba Aijaz Husain and Pooja Chouhan. An Ayurvedic Perspective on Simple Myopia: A Case Study with emphasis on Timira. Int. J. Res. Ayurveda Pharm. 2026;17(1):39-41 DOI: <http://dx.doi.org/10.7897/2277-4343.17110>

Source of support: Nil, Conflict of interest: None Declared

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