



IMPACT OF UNNATHI YOGIC HEALING ON THE REFRACTIVE ERRORS-AN EXPLORATORY STUDY

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ABSTRACT

Background: Refractive errors such as myopia, hypermetropia, and astigmatism are prevalent worldwide due to factors like screen time and modern lifestyles. While glasses and contact lenses offer temporary relief, they fail to stabilize vision or restore it to normalcy. Alternative therapies like Yogic healing, a Bio-field therapy, aim to address this issue and contribute to WHO's vision 2020 initiative. **Objectives:** To estimate the impact of Yogic healing on refractive error in restoring to normal vision. **Methods:** This study involved 25 participants, averaging 24.38 years old with a male-to-female ratio of 3:2. They underwent 15 sessions of Yogic healing therapy on alternate days alongside regular eye exercises for 30 days. Pre-intervention eye exams determined their refractive error status, with a follow-up after the healing period to assess changes. 25 subjects with average age 24.38 years, sex ratio of 3: 2 (Male:Female), underwent 15 sessions of Yogic healing therapy on alternate days and regular eye exercise for a period of 30 days. Pre-intervention eye check-up was done to know the refractive error status. After 30 days of healing, repeat eye check-up was done to assess the changes. **Results:** On completion of therapy, 7 patients (28%) had complete restoration of refractive error with returning to normal vision, 2 patients (8%) had marked improvement of 80-90% and 9 patients (36%) had moderate improvement ranging from 60 to 80% with p value 0.001. Among 9 patients, 6 (66%) had improvement in refractive power by >1.5D and 2 patients (22%) had improvement by >2D as compared to pre healing session. Remaining 6 (24%) people had mild improvement 40-59%. Among the patient's having cylinder, 75% had normalization of vision post therapy. **Conclusions:** Yogic healing shows promise as an adjunct therapy for visual impairment, potentially leading to glass-free vision. It operates as a natural, non-invasive complementary energy therapy based on Panchakosha vidya. However, further research with larger sample sizes and follow-up studies are necessary to validate its clinical implications fully.

KEYWORDS: Yogic healing, Biofield therapy, Glass free vision, Refractive errors, myopia, hypermetropia, astigmatism, alternative therapy, Healing.

List of Abbreviations: CMD-congenital macular degeneration, WHO-World health organization.

INTRODUCTION

Vision imparts a great and essential component in a person's life. As any abnormality in eyes impacts your vision, so affects your quality of life and confidence. Visual impairment incapacitates the person by affecting his or her daily activities like driving, reading, seeing television, learning, socializing etc. According to WHO,

the refractive errors are the leading cause of visual impairment. Refractory errors are 2nd most common cause of visual loss accounting nearly 43% of visual impairments, followed by cataracts 33% and glaucoma 2%.^[1] Globally, about 191 million people are visually impaired and this is one of the top 10 disabilities worldwide. Naidoo *et al.*, 2016 showed that refractive errors which were unaddressed are responsible for visual impairment leading to the morbidity in 101.2 million people and blindness in 6.8 million people in 2010.

WHO talks about “The right to sight” by 2020. Refractive errors need to be addressed among children in order to uplift their learning ability and able to see the world with crystal clear natural eyes than a glass. Keeping this motto of glass free natural vision Unnathi healing foundation, initiated a program to demonstrate the efficacy of Yogic healing, a biofield therapy to bring back the joy of vision without glasses.

A study from urban population in South India reported that 42.16% of the population had refractive errors. The prevalence of myopia and hypermetropia was 17.8% and 18.8% respectively in 40 to 49 year age group and 29.6% and 39.6% in 50 to 59 year age group respectively. Similarly myopia and hypermetropia found in 44.8% and 29.7% among the 60- to 69 year age group, and 50% and 30.4% among age group >70-year age group.^[3] While analysing the causes of refractive errors, the lifestyle, screen addiction, occupation, and unawareness of importance of eye have a great impact on ocular health. Under-corrected refractive error is the most important cause of reversible blindness in India.^[4] One of the studies from urban India suggest that 49.3 million people with age ≥ 15 years may have refractive errors.^[3] Similarly, in another study the prevalence of refractive errors in children was found to be 6.22%. Myopia was most common (94.44%) refractive error. Most often affected age group was between 9-11 years and more in females (52.78%). Only 16.67% were detected early of having refractive error and others remained undiagnosed /undetected. Among the children with refractory errors, only 33.33% were wearing spectacles. Most common reason for not wearing spectacles that they were unable to get it done which was accounting up to 25%. Among the students, 52.78 % who had refractory error had history of watching TV/or computer more than 3 hours.^[5]

Yogic Healing is a complementary; no touch therapy uses the techniques of revitalizing the affected part of body with vital forces called energy or prana, which is a source of healing. It's a powerful tool and effective system to restore normalcy in terms of physiological and pathological conditions. It is based on the principle of inner healing power or self-recovering process, the inherent capacity of the body to heal itself and energy or vital force that accelerates and coordinate their healing process. Yogic healing works on the basis of Panchakosha vidya. Panchakosha vidya reveals the different dimensions of human existence, which talks about our physical body as an Annamayakosha, and the energy body as a Pranamayakosha. Pranamayakosha or the Aura is filled with the energy, which internally affects the physical body via chakras and able control and affects the person's physical and psychological conditions.

OBJECTIVES

Primary objective: To estimate the impact of Yogic healing on refractive error in restoring normalcy.

Secondary objective: To optimize the process of healing the refractive errors as applicable for larger population.

MATERIALS AND METHODS

Ethical clearance: It is retrospective study. The data available in Unnathi healing foundation was analyzed. The study was approved from Independent Human Ethics Committee of Neuberg Anand Academy of laboratory Medicine Pvt. Ltd., Bengaluru (NAALM/EC/2.2/02-2022).

Inclusion criteria: All patients with vision problems secondary to refractory errors. All the patients who were willing to undergo healing was included.

Exclusion criteria: Patients having any lenticular or corneal opacity.

Study design and sample size: The current study is Retrospective healing-based study (no touch drugless therapy). Sample size 25. Recruitment was from patients visiting ophthalmology OPD (Out Patient basis). A total of 25 patients were registered with variable refractory errors like myopia, hypermetropia, astigmatism, and presbyopia, etc., Patients were recruited to study after explaining how the healing and exercises would help. The written consent was obtained from the patients and parents if the children were minor. Healing protocol was explained to patients before starting of the study.

Twenty-five patients underwent yogic healing sessions on alternate days for a period of 30 days. They underwent 15 sessions of healing and regular eye exercise for a period of 30 days. Patients underwent eye check-up before healing to know their the refractive error status. After 30 days of healing, eye examination was done to assess the changes.

Healing procedure: Certified yogic Healer will stand approximately 1 – 2 meters away from the patients and removes the used up/Diseased energies from the eyes/head area and concerned chakras by cleansing with hands and fill the affected part by healthy/ fresh energy with particular techniques as explained in Yogic healing using the coordinated hand movements.

Regular exercise - Eye, neck and upper body exercise were asked to perform daily by all the participants for a period of 15mins.

Therapy

1) Exercises are as follows(each one 5-6 times)-Eye blinking, Eye rotation, Upper Body exercise, Neck exercise, Pranayama.

2) Yogic healing- Bio-field therapy – Used to remove unhealthy energy and replace with healthy energy (Alternate day).

Follow-up: After completion of therapy, patients were followed-up for 1 month in order to observe any changes in vision.

Assessment criteria

- Refractory error state was measured by ophthalmologist
- Format: Sphere: Cylinder: Axis
- Assessment of refractory error state as myopic/hypermetropic /axis, cylinder etc and their ability to read without glass.

Assessments of Effect of Therapy on vision^[6]: Objective assessment- refractive error measurement (Modified)

- Cured: 100% reduction in spherical or cylindrical dioptric power from previous or base line measurement or complete remission.
- Marked improvement :>80% reduction in spherical or cylindrical dioptric power from previous or base line measurement.
- Moderate improvement: >60-79% reduction in spherical or cylindrical dioptric power from previous or base line measurement.
- Mild improvement: <40-59% reduction in spherical or cylindrical dioptric power from previous or base line measurement.
- Unchanged: <40% or No reduction in spherical or cylindrical dioptric power from previous or base line measurement.

Statistical analysis: IBM -SPSS used for statistical purpose. Mean, standard deviation calculated. Paired T test was used to assess the significance of intervention before and after application of healing with P value <0.05 taken as significant.

RESULTS

The current study was a retrospective analysis where the healing and patient data was collected from Unnathi

healing foundation and analysed. Study was conducted to assess the impact of yogic healing on the refractive errors. In the present study patients underwent serial healing sessions and regular exercise. Exercises were carried out to facilitate the energy flow and healing to accelerate the process of recovery in the form of decreased refractive error in dioptries.

Details of demographic characteristics of the study population are as shown in Table 1. Out of 25 patients (Avg age 24.38 with SD 15.31), 24 had refractive errors and 1 had congenital macular degeneration in this study. 13 (52%) patients were below 20 years and 12 patients (48%) were above 20 years. Male patients accounted for 60% (15 in Numbers) and females were 40% (10 in Numbers).

Table 1: Demographic Characteristics.

Characteristics		No of patients	Total
Gender	Male	15(60%)	15
	Female	10(40%)	10
	Total	25(100%)	25
Age	<20 Years	12 (Refractive error) + 1 CMD	13 (52%)
	>20 years	12	12(48%)
	Total	25	25(100%)

Note: CMD- congenital macular degeneration

Distribution of refractive errors among the study population was explained in Table 2 and figure 1. Among 25 patients, 5(20%) had hypermetropia and 19 had myopia (76%) and one (4%) had congenital macular degeneration. Among hypermetropia patients, two had power > +1.5 to +3.0 D and three had < +1.5. However, among 19 myopic patients 8 had < -1.5, 7 patients had -1.5 to -3 and 4 had >-3.

Table 2: Distribution of refractive errors(Cross table- Refractive type vs Refractive power).

		Refractive error			
		<1.5D	1.5-3D	>3D	Total
Refractive type	Myopia	8(42%)	7(37%)	4(21%)	19(100%)
	Hypermetropia	3(60%)	2(40%)	0	5 (100%)
	CMD				1 (4%)
	Grand total	11(46%)	9(36%)	4(20%)	24 (100%)

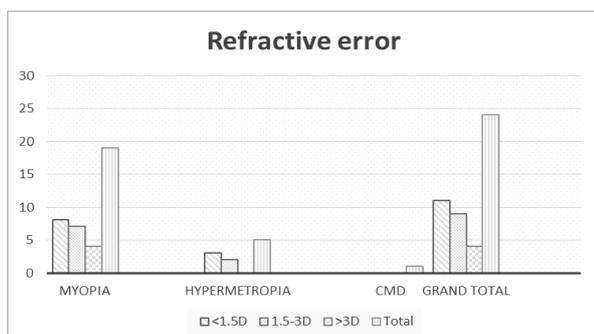


Figure 1: Distribution of refractive errors.

Distribution of refractive errors according to dioptric value was depicted in Table 3, which show that, among 24 patients with refractive errors, 44% had refractive error of <1.5D, 36% had power of 1.5 to 3D and 16% had refractive error of >3D. Among 24 patients, 8(33%) had astigmatism in the form of cylindrical power. Among 8 patients, 6 had <1.5D and 2 had >1.5D. One 14-year-old boy having congenital macular degeneration in both eyes.

Table 3: Refractive errors distribution according to degree of visual impairment.

Refractive error range	Frequency	Percentage
<1.5	11	44%
1.5-3	9	36%
>3	4	16%
Total	24	96%
Congenital macular degeneration	1	4%
	25	100%

Outcome of Yogic healing therapy: Figure 2, Table 4 and Table 5 describe the effect of Yogic Healing Therapy and degrees of visual impairment. The Overall improvement: Among 24 refractive error patients, 7 patients (28%) had 100% improvement and restoration of normal vision and was able to read without glasses. All these patients had refractive error less than 1.5D (4 were myopic and 3 were hypermetropic). 8% (2 patients) had 90% improvement both were myopic group. 36% (9 patients) had 60 to 80% improvement (7 myopic and 2 hypermetropia). Among patients who had improvement of 60-79%, 6(24%) patients had refractive error of 1.5 to

3D, 2 patients had >3D and one patient had refractive error of <1.5D. 24% (6 patients) had >50 % improvement, of which 2 (8%) had refractive error of >3D, 3 patients (12%) had power between 1.5 to 3D and 1 had <1.5D.

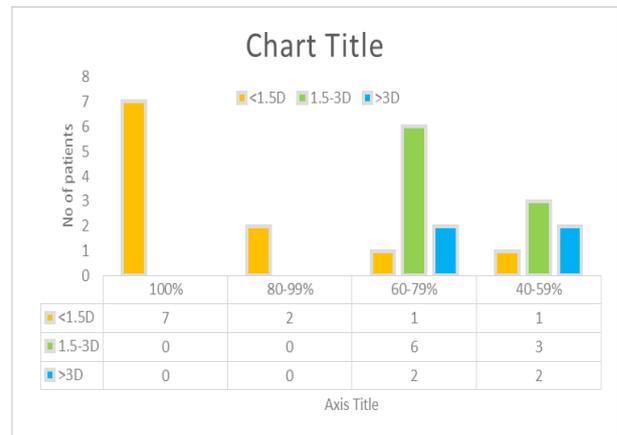


Figure 2: Effect of Yogic healing therapy.

Table 4: Effect of Yogic Healing Therapy.

Valid	Improvement	Frequency	Percent	Valid percent	Cumulative percent
	100%	7	28.0	29.2	29.2
	80-99%	2	8.0	8.3	37.5
	60-79%	9	36.0	37.5	75.0
	40-59%	6	24.0	25.0	100.0
	Total	24	96.0	100.0	
Missing		1	4.0		
Total		25	100.0		

Table 5: Effect of Yogic Healing Therapy and degrees of visual impairment.

Improvement	Refractive type	<1.5	1.5-3	>3	Total
100%	Myopia	4			4
	Hypermetropia	3			3
	Total	7			7
80-99%	Myopia	2			2
	Total	2			2
60-79%	Myopia	1	4	2	7
	Hypermetropia	0	2	0	2
	Total	1	6	2	9
40-59%	Myopia	1	3	2	6
	Total	1	3	2	6
Total	Myopia	8	7	4	19
	Hypermetropia	3	2	0	5
	Total	11	9	4	24

Cross tabulation: Refractive error and improvement across myopia and hypermetropia.

In the individual outcome (Table 6 & Table 7)

a) One 14 year old boy having congenital macular degeneration in both eyes. His vision was assessed by finger counting at a distance of 1 meter in both eyes and needed support for daily activities before healing. After healing for 30 days, he was able to read 4th line, and his

vision was 6/18 in both eyes and nystagmus reduced and night vision improved. The improvement in this case was 400%.

b) Myopics: Among 9 myopic patients, 22% (4 patients) of them had refractory error of <-1.5 and they had 100% recovery with normalization of vision. 2 patients showed

marked improvement and 3 patients showed moderate improvement, none of the patients were unchanged or < 40% improvement.

c) Hypermetropics: Among hypermetropic patients, 3 patients (60%) had 100 percent reversal of vision and 40% (2 patients) showed 60-80% (moderate) improvement. But all the patients who had 100% results had <1.5D both in myopic and hypermetropic group.

Among eight patients who had Cylinder, which represents astigmatism, 6 (75%) patients had 100% reversal and normalization of cylinder values and only 2 patients remain unchanged or mild improvement.

The key points of observations in this study were, excluding the patients (7 patients) who had 100% recovery, 15 patients had >1D reduction in both myopic and hypermetropic group and 4 patients had >2D improvement, which is very significant result as compared to any previous study.

Paired t Test was used to assess the significance among the myopic and hypermetropic group for both left and right eye by comparing Refractive power in diopters before and after healing. The results of the paired t test were summarized in Table 6 as follows: Among myopic patients, In Right eye, The mean refractive power in right eye before healing was $-2.1D \pm 1.3$ and after healing $-0.8D (\pm 0.7)$, showed a mean reduction of 1.3 D from base line which is quite significant. In left eye, mean refractive power before healing was $-1.9D \pm 1.2$ and after healing it was $-0.7D \pm 1.2$, which showed mean improvement in 1.2D. Paired T test comparing both eyes showed statistical significance and P value of <0.001.

Among hypermetropia patients, in right eye mean refractive power before healing was $+1.6D \pm 0.7$ and after healing mean power was $+0.4D \pm 0.5$. In left eye mean refractive power before healing was $+1.6D \pm 0.7$ and after healing mean refractive error was $+0.4D \pm 0.5$. Mean reduction in both eyes was 1.2D. Paired T test comparing both eyes showed statistical significance with p value of <0.001.

Table 6: Paired T test- Calculated for Sphere in Diopter.

Paired Samples Statistics									
		Mean	N	Std. Deviation	t value	df	p value	Correlation	Sig.
Myopia	Right eye before	-2.10526	19	1.397706	-7.4226	18	<0.001	0.934496	<0.001
	Right eye after healing	-0.82895	19	0.745601					
	Left eye Before healing	-1.90789	19	1.230996	-6.44571	18	<0.001	0.811136	<0.001
	Left eye After healing	-0.74079	19	0.675114					
Paired Samples Statistics									
		Mean	N	Std. Deviation	t value	df	p value	Correlation	Sig.
Hypermetropia	Right eye before	1.6	5	0.762398	8.231932	4	0.001187	0.927961	0.022958
	Right eye after healing	0.4	5	0.547723					
	Left eye Before healing	1.6	5	0.762398	8.231932	4	0.001187	0.927961	0.022958
	Left eye After healing	0.4	5	0.547723					

Table 7: Demographics and results of Yogic healing therapy.

Sl.No	Sex	Age	Before yogic healing		After yogic healing		Improvement
			Right eye	Left eye	Right eye	Left eye	
1	Male	29	-0.5	-0.5	0-Normal	0-Normal	100%
2	Female	13	-2	-2, -0.5x90	-1	-0.75-0.5x90	50%
3	Male	12	-1.25	-1.5	-0.75	-0.75	50%
4	Male	56	+2.5 near add	+2.5	+1	+1	60%
5	Male	08	-4.0	-4.0	-1.5	-1.5	60%
6	Female	09	-4.25	-4.25	-1.5	-1.5	63%
7	Male	31	-0.75	-0.75-0.5x180	Normal	-0.5x180	90%
8	Female	38	-1.25-0.50x30	-1.0	-0.5	Normal	80%
9	Male	40	+1.0 near add	+1.0 near add	Normal	Normal	100%
10	Male	52	+2.25	+2.25	+1.0	+1.0	60%
11	Male	14	-2.5x 150	-0.5-2x160	-1.0x 150	-1.0x160	60%
12	Male	30	-2.5- 0.5 x180	-2.5- 0.5 x180	-1.0	-1.0	75%
13	Male	53	-2	-2	-0.5	-0.5	75%
14	Male	15	-0.75	-1.5	Normal	-0.5	65%
15	Male	24	-5.0 – 3.0 x 30	-3.0 -3.5 x150	-2.5 – 3.0 x30	-1.0 – 3.5 x150	50%
16	Male	34	-1.0	-0.5	Normal	Normal	100%
17	Female	25	-3.0 – 0.75 x90	-3.0 – 1.0x60	-1	-1	65%
18	Female	12	-1.5	-2.0	-1	-1	50%

19	Female	45	Near +1.5	Near +1.5	Normal	Normal	100%
20	Male	6.5	-2.5x10	-2.5x170	-1.5	-1.25	50%
21	Female	15	-4-1.5x160	-3.5-1.5x160	-2 x160	-2.5x160	50%
22	Female	6	-0.75x180	-0.75x180	Normal	Normal	100%
23	Female	15	+0.75x180	+0.75x180	Normal	Normal	100%
24	Male	15	CF 1meter	CF 1meter	6/18	6/18	400%
25	Female	12	-0.5	-0.5	Normal	Normal	100%

DISCUSSION

There are only few studies available in literature survey, about the non-pharmacological modes of therapies to restore the normal vision.^[5-6,8-13] All the studies, which were available, had used therapies like eyes exercise (including Qi-Gong), and visual training in myopic patients. These studies showed that eye exercise alone failed to reduce the refractive power compared to their base line values. Our study, is a no touch drugless bio field therapy called as Yogic healing practiced across the globe with various names, had attempted to restore the vision in both myopic and hypermetropic patients.

During Yogic Healing, the healer projects energy or vital force or prana to the Pranamayakosha or Aura of the participant to initiate the reparative and regenerative process of the body. Yogic Healing promotes the healing process by removing the diseased energy from particular chakra and concerned nadis of the eye.^[7]

As compared to previous studies, which showed marginal benefit with respect to Tratakakriya^[6], eye exercise like qi gang^[10], visual training and others, our study showed good response and decrease in refractive error state and improvement in vision in all cases.

The salient feature of our study were 7(28%) patients out of 24 had complete normalization of vision, with 15 patients (62%) (After excluding the patient who had normalization of vision) had decrease in power by 1D or more in both hypermetropia and myopic group. Rest 3 patients had showed reduction by 0.5D and none of the patient had zero improvement. Mean reduction in refractive power was 1.2D in both groups and both eyes. This is quite significant result as compared to any other studies. Patient with congenital macular degeneration demonstrated >400% improvement, which is similar to one of case published in literature.^[8] The outcome of study showed statistically significant improvement in vision with reduction in refractive power among all patients, with p value <0.001. Among the patients having cylinder 75% of the people having complete normalization. In Trataka kriya study for refractive error, anything reduction in refractive power >1D considered as cure or 100% improvement.^[6]

Several previous studies has shown mixed results with respect to the alternative therapy in refractive error management and progression or regression of myopia with ocular training, feedback etc.^[6,8,9,11,12] One of the case study has shown the role of alternative energy healing system in improving vision in a case study from

Jois *et al.*^[8] Gopinathan *et al.*,^[6] found a subjective improvement in eye related problems among hypermetropia and presbyopic patients but failed to demonstrate objective improvement. Goss, *et al.*,^[9] study showed that eye exercise like accommodation and convergence exercise did not reduce the rate of progression of childhood myopia. Conversely, Shih *et al.*,^[10] studied the role of Qi gong eye exercise as visual-training methods in managing the myopia and a possibility of improving the visual acuity. The study showed that Qi-gong eye exercise improved the accommodative amplitude and response slightly, but no effect on the latency of accommodative response.

Hildreth *et al.*,^[11] study showed the impact of visual training among 54 myopic patients. In this study 55% did not show any improvement in visual acuity, 22% showed definite improvement but it was milder degree of myopia and 23% showed marginal improvement.

Previous studies^[8-11] showed that eye exercise alone has failed to demonstrate the improvement in vision of myopic patients. In our study, we have combined the eye exercises along with Yogic healing, showed statistically significant improvement in the refractive errors.

Possible mechanism underlying the Yogic healing: Yogic healing in combination with eye exercise not only relaxes the ocular muscle, but also releases the stress and energize the ocular system along with whole ocular conduction pathway from eyeball, orbit till the occipital cortex). The basic concepts in this healing is removal of diseased energy and replacing with fresh energy, there by harmonizing, rejuvenating and normalizes the ocular system.

Limitations and Clinical significance of the present study

With extensive use of illuminated electronic screen like mobiles, laptops and other electronic devices for communication and education purpose, the eyes which is sensitive and delicate organs are at constant stress from the childhood and more prone for refractive errors compared to the earlier time and previous generation. The glasses from the very young age not only decrease the self confidence of the child also known to increase the already existing stress among them which affect their overall personality including the academic performance. In this context, use of complementary energy healing therapy like Yogic healing with simple guided eye exercises helps to restore the normalcy of vision and is a new hope for refractive errors management. In the long

run it is required to validate the same using large number of samples with various degree of refractory errors.

Novelty of the work: Yogic healing – Bio field therapy is a non invasive method of correction of refractive errors. It is Natural mode, Non touch, contact less therapy. Can be done from distant/ remote area. No external application. Offer cosmetic benefits.

CONCLUSION

Our study suggest that Yogic healing a Yoga based bio-field therapy with Panchakosha vidya principle based treatment, is a promising complementary drug free therapy to overcome the visual problems associated with refractive error by restoration of glass free vision and working towards the vision 2020 of WHO. Results are very encouraging as non-pharmacological treatment which is simple, yet powerful, low-cost technique can improve the quality of vision and checks the progression of the eye disease. The same can be further considered for validation before bringing into routine clinical practice.

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Disclosure statement

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Data availability statement

All data are within the manuscript.

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