



**IMPROVEMENT IN NETRA RUKSHTA AND VISION BY AYURVEDA AND ITS CO
RELATION WITH MODERN- A RESEARCH ARTICLE**

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Article Received on 21/07/2021

Article Revised on 11/08/2021

Article Accepted on 01/09/2021

ABSTRACT

In Ayurveda Acharya sushruta has mentioned panch gyan indriya's which feels us the senses those are eye (chakshu), ear (shrota), nose(ghrana), tongue(rasana) and skin(twak). Drishti or the vision is given by the combination of Eyes and brain. If our eye doesnot work properly than our vision will be impaired but if eyes is proper but mind is not functioning properly than it may leads to vision impairment. In Ayurveda father of surgery i.e. Sushruta has mentioned very beautifully about the Eyes, Its functions, its anatomy and its physiology, diseases related to eyes and their symptoms and treatment. Anatomy of eye consist of 6 layers and these are related with modern different layers of eyes. Hence an attempt has made to mention a case of Drishtigata vikara treated with Ayurveda and its co relation with modern.

KEYWORDS: Drishti, organs, skin, eye.

INTRODUCTION

- If we see the anatomy of eye Netra Sharira deal with three main part of eye-Mandala, Sandhi and Patala. In Ayurveda it is believed human being is accumulation of three humors (Vata, Pitta & Kapha), seven basic tissues (Rasa, Rakta, Mansa, Meda, Asthi, Majja & Shukra) and the squander produce of the body i.e. mala, mutra and sweda.
- Metabolism and catabolism of body matrix and its constituent rotate psychological mechanism of these rudiments and its equilibrium is main cause of the body health.
- The treatment approach in the Ayurveda system is holistic and individualized having preventive, curative, mitigative, recuperative and rehabilitative aspects.
- The main objectives of Ayurveda is to maintain and promote the health, get rid from disease and to cure the present illness of the body.^[1]

Different Challenges Related to Ayurveda

- **Treatment aspect in Emergency Cases:** due to lack of researches and confidence in Ayurveda scholar's many practitioners lack or inadequacies in treating acute infections and other emergencies including surgery, and lack of meaningful research in therapeutics .In Ayurveda there was much more explained treatments and surgeries and practitioners

are lacking confidence in their pathy that's is why there is a challenge for particular patients in treating them.

- Ayurveda therapeutics is complex and there are too many dos and don'ts which every practitioner have to accept like in treatment of drishti gata vyadhi one has to take proper history and later on analyse the involved dosha's and than treatment.^[2]
- General people think that Ayurvedic medicines are sluggish to act and heal. But none among them knows that giving Ayurveda medicine and Treatment is a science and calculations which is to deeply studied by every graduates. Like we have to see our pathophysiology 1st and later on study the Modern aspect.
- Shalakyatantra is a specialized branch of Astanga Ayurveda-deals with diseases above the clavicle including Netra Vigyana (Ophthalmology)
- Exclusively described in Sushruta samhita Uttaratantra, originally derived from NimiTantra.
- On the basis of nidana and chikitsa, Nertra Sharira is divided into 3 basic parts- Mandala, Sandhi and Patala. Mandala- 5, Sandhi and Patala are each 6 in number.
- Out of 6 patalas 2 are external, restricted to eye lids and 4 others are restricted to internal eye ball i.e. Dristi which is the chair of Timir disease (cataract).

- Dristi is made up of Panchamahabhoot, but Teja mahabhoot is predominant in the form of Alochak Pitta(vision).
- Alochak pitta Chaksyu vaisesik (Dristipatala-which helps in formation of image)
- Buddhi vaisesik (Higher visual centre- image analyse and apparent by budhhi)
- Because of Panchabhautik work of art of Dristi, all the three doshas are involved in vision process physiologically and as well pathologically in vision defect.^[3-5]
- Materials And Method: Case History
- A fully conscious, normal oriented female patient,
- aged 26 years, came to OPD of Shalaky Tantra, IPGT
- & RA, Jamnagar on 20-02-2018 with chief complaints
- of Burning sensation, Itching, Feeling of dryness since
- 2 months in both eyes. She was diagnosed as a case of
- Dry Ey

MATERIALS AND METHOD

A CASE REPORT

A fully conscious, female patient, aged 28 years, came to OPD on 23-03-2021 with chief complaints of Burning sensation, Itching, Feeling of dryness, diminished distance vision since 6 months in both eyes. She was diagnosed drishtigata vikar along with dryness in the eyes.

Clinical findings: no fever

Pulse rate was 74/minute.

Respiratory Rate was 16/minute

Blood Pressure was 110/70mmHg.

Systemic examination -normal.

Ocular examination: Cornea was clear in both eyes, anterior chamber was normal in both eyes; pupils were of normal size and normal in reaction.

On slit lamp examination- iris muscle weakness and dryness in mucosal layer were seen.

IOP in both eyes was 15.2 mm Hg.

Visual examination: In both eyes distant visual acuity was 6/12. Best corrected visual acuity in both eyes was 6/6. Pin hole improvement in both eyes was 6/6.

Dashavidha pareeksha: Dosha predominance –Vata pittaj

Vikriti was found to be **Vatapitta**.

She was young- pitta pradhan

Her Satwa, Sara, Samhanana, Aharashakti, Vyayamashakti, Pramana and Satmya were Madhyama.

Ashavidha pareeksha: Her Nadi, Mutra and Shabda were Sadharana.

Mala was Abadha.

Jihwa was lipta + amaja.

Sparsha was khara.

Akrithi was Madhyama and Drik was Samanaya.

Sroto Pareeksha: Rasa, Rakta and Majja Vaha Srotas were involved.

Diagnostic assessment: Schirmer- I test, Tear film break up time, Fluorescein staining, Rose Bengal staining was done before treatment to confirm the diagnosis of Dry Eye.

Name of Test	Right eye	Left eye
Schirmer- I test	7mm	8mm
Tear film break up time	4sec	6sec
Fluorescein staining	+ve	+ve
Rose Bengal staining	-ve	-ve

Therapeutic Intervention

1. Deepana Pachana and strotoshudhi -Shivksara Pachana Churna and chitrakadi vati 2-2, churna were given at dose of 4 gm with hot water once in a day for 5 days.
2. Koshtashodhana was done with Avipattikara churna.
3. Nasya was done with Anutaila.
4. Six drops of the Anutaila was instilled in both nostrils for the next seven days at nine am.followed by massage on nostrils and mild steam
5. Tarpana were done in both the eyes with Jivantyadi Ghrita for 7 days.
6. After a gap of 6days second sitting of Nasya and Tarpana was done.
7. During this gap of seven days triphala Ghrita 4gm was given orally at night. Total three sitting of Nasya and Tarpana was done.

Treatment

If we see the results there was 99% improvement.

Schirmer's-I test, Tear film break up time and Fluorescein staining showed marked improvement. No adverse or unanticipated events were reported during the study.

Schirmer- I test Right eye –BT 8mm AT-18mm

Left Eye –BT 9mm AT-16mm

Staining Test Were – NEGATIVE

DISCUSSION

The line of treatment in diminished vision includes deepan pachan, internal oil intake, Nasya, Tarpana. Shivksara Pachana Churna and chitrakadi vati were used for this purpose. kosthashodhan were done with Avipattikara Churna as the Prakriti and Vikriti was Vatapitta. Medicines for Snehapana, Nasya and Tarpana were selected as per the classical reference.Nasya was done with Anu Taila as it is indicated in Shushkakshipaka. Anu Taila is having Tridoshahara properties. Nasa is the main channel to reach shira, so the drug administred through nostrils reaches marma which is shringataka if we look the pharmacodynamics effect of drug is on tridosha's, Akshi Tarpana was done with Jivantyadi Ghrita as it is told in Shushkakshipaka. Hence Considering the Doshakarma, Jivantyadi Ghrita appears to be predominantly Vata-Pitta shamak and prakruti of

the patient were also vatapittaj so, medicine effect were good. Triphala ghee were given orally , just to pacify tridoshaj and its chakshusya effect and it also gives the lubrication to the ocular surface and definitely helps to check the epithelial damage of conjunctiva and cornea.^[6,9]

CONCLUSION

Hence we can conclude that Ayurvedic approach is helpful in the treatment eye such as diminished vision and dryness of eyes. Nasya and Tarpana with Shamana aushadhi's showed significant results Hence we can conclude the results.

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