



MANAGEMENT OF *TIMIRA-KACHA-LINGANASA*

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ABSTRACT

The concept of *Timira* has been widely described in our ancient texts, in detail having its etiology, pathogenesis, treatment, even though the technology that we have today was not present in ancient period inspite of that there is exactly same description as we found in today's era. We will go through a short description of specific line of treatment of different stages of cataract as mentioned in our classical texts. *Timira*, *Kacha* and *Linganasha* are the successive stages of the same disease as mentioned in our ancient texts. Blurring of vision is described as *Timira* depending on its severity and *Doshas*, it is classified as subtypes, and when it is associated with raga it is termed as *Kacha* and if not treated in time it is converted to the incurable disease *Lingnasha*. *Kaphaj lingnasha* is considered to be cured through *Shashtra* karma. besides all preventive measures are also described in our texts regarding *Timira*.

KEYWORDS: *Timira*, *Lingnasha*, *Patala*, *Kacha*, *Drishti*.

INTRODUCTION

Cataracts are the leading cause of curable blindness, till date there is no medicine claimed to have the capacity to dissolve the cataractous lens. The researches either to delay the onset or to prevent the progress of cataracts deserve great attention. The goal of WHO is to achieve 0.3% reduction of prevalence rate of blindness by the year 2020, and cataract takes 62.6% of total cause of blindness as per national survey conducted 2001-2002 by WHO. According to *Acharya* all *Timiras* are curable, when its progress is treated to the stage of *Kacha* it is said to be *Yapya* (can be cured by proper treatment) or further prognosis can be prevented and all *Linganasa*s except *Kaphaja Linganasa* are said to be *Asadhya* (incurable).

The treatment modalities of *Timira* include *snehapana* (internal use of oil, ghee) *Rakthamokshan* (bloodletting), *Virechana* (purgation), *Nasya* (medication through nostril) *Anjana*, *Moordhavasthi*, *Vasthi*, *Tarpana*, and *Netraseka*. *Acharya* recommend to do the above mentioned treatments many times.^[1] And *Acharya* gave a very detailed description regarding the management of *Timira* according to their *Doshic* predominance.

As per *Susruta*, *Timira* is considered as *Yapya*. *Raktamokshana* is indicated as the foremost line of treatment and then followed by *Ghritpana* consisting of different *Virechaka* medicines. If not treated in time, *Timira* is converted to *Kacha* and then *Raktamokshana* is contraindicated, as stated by *Vagbhata*. Thus here we can see how minutely our ancient sages observed the different stages of a particular disease and hence indicated different treatment modality for each stage. so we must try to understand deeply their concepts and then do treatment accordingly.^[2,3,4]

Vataj timira –use of *Erand* oil mixed in lukewarm milk for *Virechana Raktaj* and *Pittaj timira* –*Virechana* with *Triphala ghrita*, *Kaphaja timira* –*Virechana* with *Trivrita*. *Tridoshaj timira* –*Tridosha nashaka dravya* Use of *Triphala*

ghrita is indicated in all types of *Timira*. *Ghrita* consisting of *Kalka* and *Kwath* of *Meshashringi* is also useful in all *Timira*. Use of *Triphala churna* with oil in *Vataj timira* and in *Kaphaja* it is indicated with honey.

Some special *Nasya yogas* are as follow.

1. Use of *Ghrita* of goat made of *Kaakolyadi gana aushadhi* in *Pittaja timira*.
2. Use of oil made from *Vidarigandhadi gana* in *Kaphaja timira*.
3. *Ghrita* consisting of oil that is made of *Mudgaparni*, *Ashwagandha*, *Atibala*, *Shatavari* to be used in *Vataj timira* in *Nasya* form.
4. Use of *Tarpana* in *Pittaja timira* with ghee of goats consisting of *Kaakolyadi gana* and *Jangala mamsa*.
5. Use of *Palasha* root, bark of *Rohitak* and *Madhuka* to be mixed with honey is indicated in *Kacha* for its complete cure.
6. Use of *Khasa*, *Triphala*, *Priyangu* in *Tiltaila* in form of *Nasya* is indicated in *Kaphaja timira*.
7. Use of *Kasisa*, *Rasanjana*, *Guda*, *Shunthi* in the form of *Rasakriya* to be applied as *Anjana* in *Kaphaja timira*. It is also concluded that treatment of *Abhishyand* can be tried as per *Doshas* in all forms of *Timira*.

Susruta suggested that the person who consumes *Purana ghrita*, *Triphala*, *Shatavari*, *Patola*, *Mudga*, *Amalaki*, *Yava* is not going to be affected with *Timira roga*. *Jivanti*, *Changeri*, *Tanduliyak*, *Vastuka shaka* are beneficial in *Drishtigata roga*.

Raktamokshana is contraindicated in *Ragaj timira*. The *Timira* that has affected first *Patala* only and not associated with *Raga* is *Sadhya*. *Timira* in second *Patala* and associated with *Raga* is *Krichasadhya*, while *Timira* in third *Patala* is *Asadhya* as stated by *Susruta*. *Shashtra karma* is indicated in *Kaphaja lingnasha*.

Here comes the contribution of our vast ancient science that suggests different preventive modalities and also specific point to point treatment for different stages of cataract so that it can be prevented from further progression, although if it progress to advanced stage they also indicated surgery for specific disease, that we are not getting any such description in modern science that is totally getting advancement in surgical steps but there is no scope of its prevention. The management of cataract depends on various factors, as it commences as an age related problem in addition to the management of cataract surely all measures advised by *Acharya* in order to meet the problems of senility deserve great attention. In addition to that care should be given to check the associated systemic diseases like diabetes, hypertension. At the same time the cataract in those patients may not be *Kevalakaphaja* and there may be involvement of other units of *Drishti* like retina so treatment may vary and in case of complicated cataract again it strictly depends on the other signs and symptoms in the eye. In short we have to take in consideration various factors and correct understanding of the *Doshic* status both in the eye and whole over the body is an unavoidable matter before prescribing any medicines for the management of cataract.

It is not possible to design treatment package for all types of cataract, and even in different stages of cataract the treatment may vary. For e.g. in the incipient stage of cataract it exhibit *Pittatimira lakshanas* like glare, coloured haloes etc which are according to the concept of Ayurveda are due to deranged *Pitta* so we can't advise a *Theekhnajana* or *Vasthi* at that time but *Virechana*, *Netra seka*, *Aschyotana*, mentioned in the context of *Pittatimira Chikitsa* are more beneficial or *Rakthamokshan* is also applicable. Keeping everything in mind let us design the treatment plan for a person whose general health is quiet right and devoid of other ocular diseases.

When to start the treatment is the most important of everything, the patient can totally enjoy the benefits of Ayurveda if we implement it in the right time. The right time to start treatment in diseases related to senility is *Madhyama vaya* when *Acharya* insist to start *Rasayana Karma* as it is an age related problem, if possible the early management of cataract can begin from the age of 40yrs when the eye start exhibiting symptoms of presbyopia along with proper *Rasayana* therapy. How to start? What would be the initial step of treatment? No doubt the treatment should start from *Snehapana* as *Acharya* indicate, and the type of *Snehapana* depends on the condition of the patient and we have an enormous source of various varieties of *Ghritha* advised for the management of *Timira*. And the patient is asked to follow all restrictions mentioned for *Snehapana*. The next method insisted by *Acharya* is *Rakthamoksha* Can we suggest *Rakthamoksha* in cataract patients? And when? Surely, because *Acharya* indicate *Rakthamokshna* as a method of treatment for eye care (*Netrasamrakshana*) and indicate the same in the management of *Timira* except *Vata timira*, according to him during *Samprapti doshas* irrespective of involved *Dosha pitta* support the aetiopathogenesis of all diseases related to the eye. And when to do this? Usually *Rakthamokshna* is a procedure which is performed only

when all other methods of treatment failed to cure the condition but in exception to this in the management of eye diseases he himself indicate it just after *Snehapana*, it may be because of the fact that the eye which concerns with the special sense, and preserving vision in all disease is having prime importance and especially in acute conditions like *Kshata sukla*, *Adhimanda*, *Sasopha* where the vision of the patient is in threat there is no time to wait and to get the *Samyaksnidha lakshana* during *Snehapana*, and to do all *Sodhana* therapies just before *Rakthamokshana*, so the approach is somewhat different in the management of eye diseases. So there is permission to do *Snehapana* and *Rakthamoksha* simultaneously in order to pacify the *Pitta* first. In case of treatment of *Timira* especially related to *Drishti* extreme care should be given in maintaining vision of the patient so due to this reason *Raktamokshana* can't be avoided as a treatment method while treating *Timira* where the site of lesion is *Drishti*. *Acharya* recommend it after *Snehapana* and the next step of treatment is *Virechana* and in cataract if there is no indication of involvement of other *Doshas* drugs which are mentioned for relieving *Kapha* vitiation can be selected as *Virechana dravyas*. After *Virechana* in *Kaphatimira*, *Nasya* is advised which is followed by *Anjana*. Though *Acharya* indicate various methods of treatment as a package for the management of *Timira* it is the choice of physician to decide what is to be or not to be administered according to the condition of the patient. Usually *Lekhana anjanas* are preferred in *Sleshma timira* and how long this *Theekshnanjanas* can be applied, and what precautions to be taken if it needs to apply for a long time, whether the same *Anjanas* can be applied in all types of cataract these are the common doubts that arise regarding this particular method of treatment.

Theekshnanjanas can't be continued for a long time, but in case of cataract it is having major role and needs a long term application. The treatment methods should be arranged in such a way that it will never lack its priority, apt time of indication, so that it will be more beneficial to the patient.

Acharya advise to administer *Ghratapana* and as *Marsanasya* whenever it necessitates to apply *Theekshnanjana* for a long time. As *Drishti* is *Seetasatmya* it is not wise to advise this *Theekshnanjanas* only, to a patient for long time even though it is purely *Kapha* predominant state.

The patient is advised for admitted treatments for once or twice in yearly for routine procedures like *Achasnehapana* followed by *Rakthamoksha*, *Virechana* and *Marsa nasya* as and after that patient can be discharged with an advice to follow *Anjana*, *Pratimarsanasya* and *Snehapana* in small quantity which is mentioned for *Sleshmatimir*^[5]. *Acharya* indicate various types of methods of administration of *Thriphala*^[6] in order to maintain the health of the eye is also applicable. At the same time he also highlight the need of special eye care, for which he add the pleasant nature of mind, the need of keeping the foot clean and the importance of *Padabhyanga*^[7]. In addition to this the patient is advised to follow the *Pathyahara* especially mentioned for the health of the eye. *Vaghbata* has mentioned *Kokilavarti* and *Vimlavarti* in context to

this. wick prepared from *Sankha, Priyangu, Nepali, Katutrika* and *Phaltrika*. is *Vimlavarti*. *Krishna loharaj, Vyosa, Saindhav, Triphala*, made in a wick used as eye salve is *Kokilavarti*^[11]. in recent years, among major causes of blindness, cataract contribute to 19 million as per NPCB survey, 2001-2002. In developing countries, frequent cause is cataract. 62.6% blindness is due to cataract as per NPCB^[12], so nowadays advancement in cataract surgery carried out day by day as manual small incision cataract surgery, phacoemulsification and laser assisted microsurgery. In spite of all that the world is facing towards other alternative so as to stop the progression of disease so Ayurveda is much beneficial in this way.

CONCLUSION

Although treatment of cataract has now advanced to such a great level that is now beneficial to the patients but it is a matter of surprise that in ancient times when no such diagnostic is available our great ancient scientists were still had such a keen observation and scientific description regarding the management of cataract. Thus Ayurvedic principles and line of treatment are eternal.

REFERENCE

1. Dalhanaacharaya, Susruta samhita uttartastra 1/16 nibandhsanghrahya commentary, editor Varanasi Chaukhambha subharti prakashan reprint 2012, page no.597.
2. Dalhanaacharaya, Susruta samhita uttartastra 17/34 Nibandhsanghrahya commentary editor Varanasi Chaukhambha subharti prakashan reprint 2012, page no.,697.
3. Dalhanaacharaya Susruta samhita uttartastra 17/7 nibandhsanghrahya commentary, editor Varanasi Chaukhambha Subharti Prakashan reprint 2012, page818.
4. Dalhanaacharaya Susruta samhita uttartastra 17/28 Nibandhsanghrahya Commentary, editor Varanasi Chaukhambha Subharti Prakashan reprint 2012, page 60
5. Dalhanaacharaya Susruta samhita uttartastra 17/30-34 Nibandhsanghrahya commentary, editor Varanasi Chaukhambha subharti Prakashan reprint 2012, page 60.
6. Ibid su utt -17/40, 41, 42, 46, 51.52
7. Harishashtri, Astanga hridaya by Vagbhata, commentary by Arundatta, edited by, Chaukhamba Orientalia, Varanasi, seventh edition, 1982.as hr - 12/32, page,no,817.
8. Harishashtri, Astanga hridaya by Vagbhata, commentary by Arundatta, edited by Chaukhamba Orientalia, Varanasi, seventh edition, 1982.as hr - 13/1, page no.818.
9. Harishashtri, Astanga hridaya by Vagbhata, commentary by Arundatta, edited by Chaukhamba Orientalia, Varanasi, seventh edition, 1982.as hr - 13/69,70,71., page no.822.
10. Harishashtri, Astanga hridaya by Vagbhata, commentary by Arundatta, edited by Chaukhamba Orientalia, Varanasi, seventh edition, 1982. as hr - 14/2, 34 page no.826.
11. Murthy Srikanth KR, Astanga Hridaya, volume 3, Krishnadas academy, Varanasi, first edition, 1995, uttar sthana chapter 13/70,71, page.125.
12. Khurana ak, comprehensive ophthalmology, new age international private limited, fourth edition, 2007. pp.445.

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