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Viddha Karma in Timira Roga: A Single Case Study

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Article History	Abstract
Received: 01 June 2023 Revised: 07 Aug 2023 Accepted: 27 Aug 2023	Conditions with gradual loss of vision leading to blindness, is considered as Timira (Myopic Astigmatism). The clinical features of timira are dominated by the type of dosha vitiated where as the severity of the disease is dependant upon the number of patalas involved. As per Acharya Vagbhatta Drishti Mandal of Netra is developed from Kapha and Rakta ^[1] . Drishti Indriya is also developed from Teja Mahabhuta ^[2] . A case study of Timira Roga had been taken for understanding the effect of Vidhha Karma in Timira roga presented by a 21-year old female who came to Shalakya Netra roga OPD in Dr. D.Y. Patil College of Ayurved & Research Centre, Pimpri, Pune – 18 of Dr. D.Y. Patil Vidyapeeth, Pimpri, Pune (Deemed to be University), Maharashtra, India. Alochaka pitta is situated in netra. Rakta dhatu is the ashray sthana of pitta dosha as per ashrayaashrayi bhaav. In Timira roga, vitiated dosha which is located at the patala comes out with the rakta by the help of siravedhana. Sira vedhana or viddha karma causes samprapti- bhang of timira roga and gives clear vision to the patient. In vidhha karma, avyakta rakta srava is always attained, therefore vidhha karma is useful in timira roga.
CC License CC-BY-NC-SA 4.0	Keywords: Timir Roga (Myopic Astigmatism), Vidhha Karma, Siravedhana

1. Introduction

We can correlate timira with myopic astigmatism.

Classification of Timira

Based on the dominance of Dosha; (1) Vataja; (2) Pitaja; (3) Kaphaja; (4) Raktaja (5) Samsargaja (Pitta+Rakta); (6) Sannipatik

Four stages, Based on the involvement of patala; (1) Timira (I Patala); (2) Timira (II Patala); (3) Timira / Kacha (III Patala); (4) Linganasha

Etiological classification: Based on the causative factors like nija (internal) and agantuja (external):

Abhyantara Linganasha (nija); (a) Before getting raga (colour); (b) After Raga (colour)

Bahya Linganasha (agantuja): (a) Sanimitta; (2) Trauma to the head (Shirobhitipa); (3) As a complication of Abhishyanda

(b) Animitta: (1) Darshana of Sura, Rishi, Gandharva; (2) Darshana of Sarpa; (3) Darshana of Sun - 653 -

Prognostic classification; (1) Curable: Kaphaja; (2) Incurable Remaining five types

Clinical features

The clinical features of timira are dependant upon the site of lodging of pathological doshas in patalas. The vision will be disturbed proportionate to this sthana-samsraya.

First Patalagata Timira

When the vitiated doshas will move in upward direction and reach the first patala of the eye, the patient will have blurred vision. This stage is characterised by avyakta darshana. The reduced vision is occasional. This is termed as animitta avyakta rupa darshana by Acharya Vagbhata.

Myopic astigmatism occurs when the cornea is curved too much or the axial length of eye is longer than usual. Light is focused in front of the retina at different points, making distant objects seem blurry. It has become a major public health problem globally, with a prediction of upto 50% of the world population will be myopic by 2050. A case study of Timira Roga had been taken for understanding the effect of Vidhha Karma in Timira roga presented by a 21 year old female who came to Shalakya Netra Roga opd in Dr. D. Y. Patil College Of Ayurved & Research Centre, Pimpri, Pune - 411018 (Deemed to be University).

Case Report

21 years old female patient presented on 11/07/2022 with complaints of Blurred Vision, Headache, Eyestrain without spectacles. Patient wanted to get rid of spectacles. Visual acuity before Viddha Karma: OD-6/9 OS-6/9 without visual aid and OD- 6/6 OS - 6/6 with visual aid.

2. Material and method

Procedure of Viddha Karma can be divided into three steps; (1) Poorva karma (Pre procedure);(2) Pradhan Karma (Main procedure); (3) Paschat Karma (Post Procedure)

Requirements for this Chikitsa⁽⁵⁾; (1) A room; (2) B.P. apparatus; (3) Needle – 26.5 G

Contra-Indications

Rainy or cloudy day, extreme cold environment, immediately after meal.

Selection of Patient; (1) Patient should be mentally fit and physically strong; (2) Patient who has a history of any skin diseases at the site of puncture should be avoided; (3) Who has a history of uncontrolled diabetes and hypertension should be avoided; (4) Patient should be above the age of 10 years; (5) Pregnant woman should be avoided.

Site For Viddha Karma (7)



Upanasika: Nerve: Infraorbital branch of Trigeminal nerve zygomatic branch of facial nerve.

Vessels:- Infra orbital branch of maxillary artery. Lateral nasal branch of facial artery.

In Chinese medicine this site 'नासासमिपस्थे' is shown as Depression of the infra orbital foramen.

Apanga:- Depression of Lateral end of eye brow

Vessels:- Frontal branch of superficial temporal artery and vein

Nerve :- Zygomatic branch of auricular - Temporal Nerve

Lalatyam :- on forehead, one finger above eyebrow mid-point

Vessels:- lateral branch of frontal artery and vein

Nerve: - Lateral branch of frontal nerve.

Assessment criteria

Subjective

The symptoms - Durastha Avyakta Darshana (indistinct distant vision), Vihwala Darshana (blurred vision), Shirobhitapa (headache), Netrasrava (watering), Netrayasa (eye strain), and Netradaha (burning sensation) - were subjectively assessed using the following scoring pattern:

Cured: 100% relief in signs and symptoms and no reocurrence during the follow-up study.

Marked improvement: 76–99% improvement in signs and symptoms.

Moderate improvement: 51–75% improvement in signs and symptoms.

Mild improvement: 26–50% improvement in signs and symptoms.

Unchanged: Up to 25% reduction in signs and symptoms.

Objective

Unaided visual acuity (UAVA) was tested using Snellen's chart and recorded as a numerical convention before being converted to a percentage using Lyle's approach.[19] Snellen's chart was used for refraction:

Cured: 1 D reduction in the cylindrical dioptric power or complete remission.

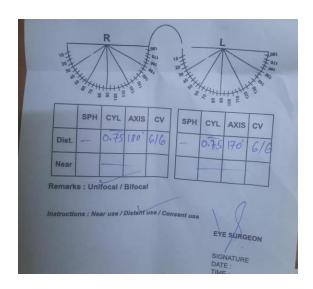
Marked improvement: 0.75 D reduction in the cylindrical dioptric power.

Moderate improvement: 0.50 D reduction in the cylindrical dioptric power.

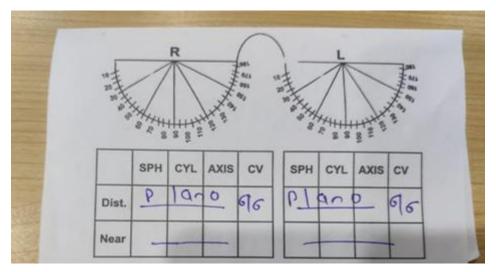
Mild improvement: 0.25 D reduction in the cylindrical dioptric power.

Unchanged: No reduction in the cylindrical dioptric power.

Before treatment



After treatment



It is shown that patient is completely cured in relation to subjective and objective parameter

In Viddha Karma, the hallow fine needle is used for piercing at points given by Acharya Sushruta like Apanga, Lalata and Upanasika. In eye diseases there is vitiation of Vata dosha along with other Doshas like Pitta and Kapha Dosha and Dhatu like Rakta (blood) are also involved. After inserting needle at Apanga Lalat, and Upanasika, patient feel lightness at that site due to Vatanulomana (regulation and alleviation of Vata). Netra is Ashray Sthana of Alochaka Pitta. Rakta Dhatu is the Ashray Sthana of Pitta Dosha as per Ashrayaashrayi Bhaav. In Vidhha Karma there is Sukshma or Avyakta Rakta Srava is always attained.

Stimulation to sensory fibres from peripheral receptors reduces the transmission of irritating signals from the affected area is the main mechanism of action of Viddha karma.

3. Conclusion

Viddha Karma is widely used in Chinese medicine as Acupuncture. Many get confused Viddha as an Acupuncture method. The principles used in Viddha are entirely different than Acupuncture. Viddha points are in relation to Marma points and hollow needles are used for treatment. Viddha points are based on cell morphology as defined in Vaisheshik Darshan, a branch of philosophy accepted in Ayurveda. In India Viddha Karma is done somewhat less. Now some ayurvedic doctors do viddha karma and get very good result by giving the Patient instant Result. It is proved that the ancient knowledge of Ayurveda is very useful. As this Viddha karma shows significant results, large scale clinical study with all laboratory studies need to be initiated for better understanding.

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