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# " RANDOMIZED CONTROL STUDY ON THE EFFICACY OF MAHATRIPHALA GHRITA AKSHITARPAN AND SAPTAMRITA LOHA IN TIMIRA"

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### Abstract

Myopia is a major problem pertaining to eye that entails social, personal, educational and economical impact. Various surveys in India have found the prevalence of Myopia ranging from 6.9% to 19.7%. Myopia progression is irreversible and methods of correction of myopia are not without complications. Myopia closely resembles *Timira* involving first and second *patala* in terms of symptoms, anatomical structures involved and pathogenesis of the disease.

The study is aimed at evaluating the efficacy of *Akshi-Tarpana* procedure with *Mahatriphala Ghrita* in fresh and old myopes. Detailed study on total 60 patients which divided into two group.i.e.Group A - 30 Patient treated with *SaptamritaLoha*. Group B - 30 Patient treated with *Mahatriphala Ghrita* and *Saptamrita Loha*. The procedure was done in 30 sittings of 5days each with an equal interval 5 days between each sitting. There were no drop outs. Follow up taken on 0<sup>th</sup>, 10<sup>st</sup>, 20<sup>th</sup>, 30<sup>th</sup> and 45<sup>th</sup> day.*Pathy – Apathya* explained to patients. Discussion was done on basis of age, *prakruti* and assessment criteria. Summary gives idea of all work. Conclusion has been drawn on the basis of observation and result and discussion.

Keywords: Timira, Myopia, Saptamrita Loha, Mahatriphala Ghrita, Tarpan.

### Hypothesis

H<sub>0</sub> – Mahatriphala Ghrita along with SaptamritaLoha&SaptamritaLoha in Timira have no effect.

H<sub>1</sub>- MahatriphalaGhrita along with SaptamritaLoha will be more effective than SaptamritaLoha in timira.

### **INTRODUCTION**

Ayurveda deals with the study of eye diseases and their management. The eye is lamp of the body.As affected this organ there is loss of vision that is day and night are same. And blindness is more distractive in ocular disease. The ophthalmological disease Timira is defined to be most important disease because timira causes difficult in vision. In modern science "Timira" called as "myopia" In the present use of technology to develop era instrument for better knowledge but in ancient era there was no technology to developed well instrument.A recent population-based cross-sectional study Myopia prevalence was 36.8% and was found to be more common in female in (46.0%)than males (29.7%).the prevalence increased in student with myopic parents and myopic siblings. It was also found that myopia correlates strongly with Nearwork and school

performance. But in the age group of 21 to 40 in the myopia is 19%.<sup>1</sup>

In OPD more than 30% of the cases are presenting with Myopia. There is effective conservative treatment no for Myopia so this dissertation work try to explore it. То compare effect of SaptamritaLohaAbhyantaraSevana and MahatriphalaGhrita in the treatment of Simple myopia. The response of the medications can be easily assessed with thehelp of modern science.

### AIMS

To Study the Effect Mahatriphala Ghrita Akshi Tarpana and Saptamrita Loha in Timira

## **OBJECTIVES:**

- 1. To study with the Timiraroga according to Ayurveda.
- 2. To study the Myopia according to the modern science
- To Study effect of MahatriphalaGhritaAkshitarpan along withSaptamritaLoha clinical trials.

# Disease review:

The disease Timira Nidana, Samprapti and Lakshana are explained in, Susrutha Samhitha uttaratantra .<sup>2</sup>

 Timira is one such eye disease, which starts from Avyaktadarshana (blurred vision) and ends in complete loss of vision. The main symptoms Affliction of different patals is blurring vision. the other co-existing symptoms like distant object appear nearer and vice versa inability to thread a needle and a person is seen as if without ear, nose, eyes etc. are caused either due to index myopia. hypermetropia or astigmatism, which are again secondary to lenticular change. But relaying only upon the three symptoms, one can not say that Timir can be compared with refractive error.So clinical features based on involvement of Patalas& of Doshas. So vitiation the treatment of the Timira depends upon the stage and dominance of particular Doshas. For which Local systemic management has & described by of Acharyas stand the etiopathogenesis & management of Timira in this context.<sup>3</sup>

**Drug Review** 

Mahatriphala Ghrita The formulation of Mahatriphala Ghrita is explained in

AstangHridhayamUttarsthana.4,5



Saptamrita Loha: The formulation of Saptamrita Loha is explained in Ras Kamdhenu<sup>6</sup> MATERIALS & METHOD:

MATERIAL:-Drug:-Group A = SaptamritaLoha (GMP approve) Group B = MahatriphalaGhritaAkshitarpana and SaptamritaLoha orally. (GMP approve) Patients: Total 60 known case of Timira patient were selected for study. Study divided in to 2 groups Equipments:- a) AutoRefractometer b) Snellen's Chart

# **METHODOLOGY**

### Group -A: -

SaptamritaLoha :- 30 patients of this group were selected in opd and studied Dose :- 1 guti (250 mg) BD

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<b>Duration :-</b> 45 Day	1.45th 1	21 <sup>th</sup> to 25 <sup>th</sup> day	3 <sup>rd</sup> Tarpan				
Follow up :- 0 <sup>th</sup> 10 <sup>th</sup> 20 <sup>th</sup> 30 <sup>th</sup> Route of Drug Administrat	ion :- Orally	26 <sup>th</sup> to 30 <sup>th</sup> day No Tarpa					
Anupan :-Madhu <sup>7</sup> &Ghrita							
Group B-		30 <sup>th</sup> day	3 <sup>rd</sup> Follow up				
MahatriphalaGhrita and Sapt		-					
30 patients of this group were opd and studied	e selected in	45 <sup>th</sup> day s	4 <sup>th</sup> Follow up				
<b>Dose :-</b> Till the entire eyelash	es are under		0				
the liquefied Mahatriphala		Follow-up:- Follow up were	done on 0 <sup>th</sup>				
<b>Duration :-</b> (45 Days) one se		10 <sup>th</sup> 20 <sup>th</sup> 30 <sup>th</sup> 45 <sup>th</sup> day and ob	servation				
Tarpan dose of filling up to t		recorded.					
once a day for 5 days continu		SELECTION OF THE PATIENT All patient selected in opd by Randomised controlled method.					
day rest. The treatment was g							
sittings and Saptamritaloha1							
BD per day for 45 days	8 (200	Inclusion Criteria :-					
Route Of Drug Administra	tion :- Local	<ul> <li>The age group of 21 to 41 years were selected for proposed.</li> <li>Irrespective of sex and religion and socio economic status.</li> </ul>					
AkshiTarpana and orally.							
The Tarpana for 5 day with r	egular and 5						
day interval							
		Patient having sympt	oms of timira				
1 <sup>st</sup> to 5 <sup>th</sup> day	1 <sup>st</sup> Tarpan	were selected.					
	-	<ul> <li>Patient With spherica</li> </ul>	l refractive				
6 to 10 <sup>th</sup> day	No Tarpan	error.					
10th 1	1 st m	<ul> <li>Refractive error up to</li> </ul>	3D.				
10 <sup>th</sup> day	1 <sup>st</sup> Tarpan	Exclusion Criteria;-					
11 <sup>th</sup> to 15 <sup>th</sup> day	2 <sup>nd</sup> Tarpan	Patient with patholog	0 = 0				
		Patient using any oth	er systemic				
16 <sup>th</sup> to 20 <sup>th</sup> day	No Tarpan	drug.					
	real real real real real real real real	Patient having major	ocular				
20 <sup>th</sup> day	2 <sup>nd</sup> tarpan	disease.					

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- Patients after surgeries like, photo refractive keratectomy, Redial keratectomy, LASIK etc.

### Criteria for Assessment:-

#### **Subjective Parameters:-**

- Avyakta Darshan
- Blurring Time
- Headache

## **Objective Parameters:** - Clinical

Refraction By

- A) Vision
  - Before treatment

After treatment

# **OBSERVATION AND RESULTS:**

Prakruti wise distribution of patients

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2	Pit ta - ka ph a	9	30.00 %	8	26. 67 %	1 7	28. 33 %	IL J( Y he	G ro u	RN TH BT	0	% 0 0 0	6	20. 00 %	1 0	3 3. 3 3	14	4 6. 7
3	Ka ph	8	26.67 %	8	26. 67	1	26. 67		р В	A	6	% 2	8	26.	1	% 3	6	% 2
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3

No

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# Distribution according to

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# Avyaktadarshana

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adarsh

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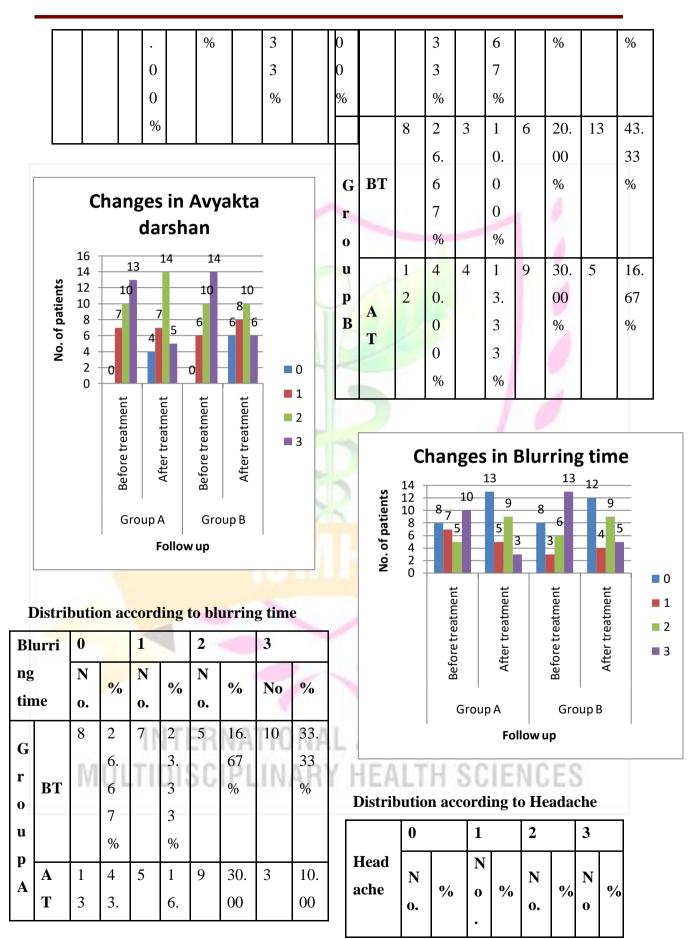
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essment:meters:-

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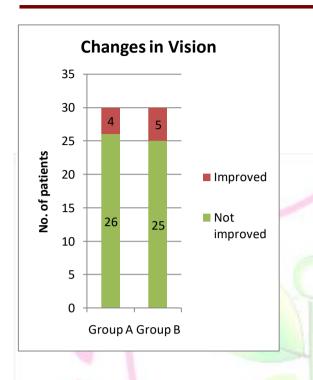


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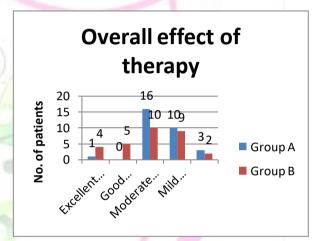
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# Distribution of patients according to relief:

Overall	No. of patients								
Effect	Grou	рA	Group B						
(patient	Cou	%	Coun	%					
wise)	nt		t						
Excellent	1		04	13.33%					
improvem		03.3							
ent	01	<mark>3%</mark>	-						
Good	1		05	16.67%					
improvem		00.0							
ent	00	0%	ERN	ATIONA					
Moderate	ULT	IDI	SCIE	LINAR					
improvem		53.3							
ent	16	3%	10	33.33%					
Mild									
improvem		33.3							
ent	10	3%	09	30.00%					

	30	%	30	100.00%
Total		00		
		100.		
ent	03	0%	02	06.67%
improvem		10.0		
No				



# **OVERALL EFFECT OF THERAPY**

Distribution of patients according to relief:

Overall	No. o	No. of patients							
Effect	0	-							
(patien	-	1							
t wise)	Grou	рА	Group B						
JOUI	Cou	%	Count	%					
HEAL	nt	SCI	ENCES						
Excelle	01	03.3	04	13.33%					
nt		3%							
improv									
ement									

			n	
Good	00	00.0	05	16.67%
improv		0%		
ement				
Moder	16	53.3	10	33.33%
ate		3%		
improv				
ement				
Mild	10	33.3	09	30.00%
improv	0	3%		
ement				
No	03	10.0	02	06.67%
improv		0%		1
ement				
Total	30	100.	30	100.00
		00%		%

### DISCUSSION:

In group A, 1 patient (3%) was observed with excellent improvement. 16 patients (53%) were observed with moderate improvement.10 patients (33%) were observed with mild improvement .While 3 patients (10%) were with no improvement.In group B, 26 4 patients observed with excellent (13%) was improvement, 5 patients (17%) were observed with good improvement, 10 patients (33%) were observed with moderate improvement, 9 patients (30%) were observed with mild improvement while 2 patients (7%) were with no improvement..Over all result show that Statistically group B more effective than group A.

#### **CONCLUSION:**

Under the broad caption of Timira, more of symptoms are explained, a small fraction of which can be somewhat correlated to myopia. Both the groups showed almost equal potency in reducing the symptom of Headache as well as Eyestrain, while improvement in unaided visual acuity was better in Abhyantara sevana with Tarpana.In Reduction in refractive power Tarpana group showed slightly better results but not statisticallysignificant.MahatriphalaGhrita can be beneficial in Myopia.

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