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A CLINICAL STUDY TO EVALUATE THE EFFICACY OF *TRIPHALADI YOGA* IN THE MANAGEMENT OF *DWITIYA PATALAGATA TIMIRA* W.S.R. TO EARLY PRESBYOPIA

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ABSTRACT

Introduction: Early presbyopia is characterized by the premature decline in accommodative ability before the expected age of physiological presbyopia, leading to difficulty in near vision and affecting quality of life. Although conventional management mainly relies on corrective spectacles, *Ayurveda* offers therapeutic approaches aimed at improving ocular health and delaying age-related degeneration. *Dwitiya Patalagata Timira* described in *Ayurvedic* classics closely resembles the clinical presentation of early presbyopia. *Triphaladi Yoga*, owing to its *Chakshushya*, *Rasayana* and *Tridosha*-balancing properties, provide a safe and effective therapeutic option. **Materials and Methods:** In the present study, 30 clinically diagnosed patients of Early Presbyopia / *Dwitiya Patalgat Timira* were selected and randomly divided into two groups (Group –A -15 patients, Group –B-15 patients). Patients of group A were administrated *Triphaladi Yoga* with

Sukhoshana jala. While patients of group B. were administrated *Triphaladi Yoga* with *Madhu* & *Ghrita*. **Result:** The study shows that *Triphaladi Yoga* with *Madhu* & *Ghrita* had much greater potential to ameliorate the symptoms of Early Presbyopia / *Dwitiya Patalgat Timir*.

KEYWORDS: Early Presbyopia, *Dwitiya Patalagata Timira, Triphaladi Yoga, Ayurveda.*

INTRODUCTION

Vision is one of the most vital sensory functions responsible for maintaining independence and quality of life. Near vision plays a crucial role in reading, writing, occupational tasks and digital device usage. In recent decades, increasing visual demands and prolonged exposure to digital screens have contributed to an earlier onset of accommodative insufficiency in many individuals.[1]

Early presbyopia refers to the reduction of accommodative power occurring before the age generally expected for physiological presbyopia. Patients often complain of difficulty in reading fine print, eye strain, headache, watering, blurred near vision and increased dependence on adequate illumination. Conventional ophthalmology primarily manages the condition using near vision correction without addressing the underlying degenerative process.

Ayurveda explains progressive deterioration of vision under the broad concept of *Timira.*[2] Based on symptomatology, *Dwitiya Patalagata Timira* closely resembles the manifestations observed in early presbyopia.[3] The pathogenesis involves vitiation of *Doshas* affecting the ocular *Patalas*, ultimately leading to impaired visual perception.

Triphala has been regarded as one of the best *Chakshushya* drugs in *Ayurvedic* literature. When combined with *Yashtimadhu* and *Lauha Bhasma* in the form of *Triphaladi Yoga*[4], the formulation exhibits *Rasayana*, antioxidant, anti-inflammatory and tissue-nourishing properties.[5] These pharmacological actions improves ocular metabolism, reduce oxidative stress and support accommodative function.

The present study was therefore undertaken to evaluate the efficacy of *Triphaladi Yoga* in patients suffering from *Dwitiya Patalagata Timira* w.s.r. to early presbyopia.

MATERIAL AND METHODS

Patients Selection

Patients attending the O.P.D. & I.P.D. of P.G. Department of *Shalakya Tantra*, R.G.G.P.G. College and Hospital, Paprola with signs and symptoms of Early Presbyopia/*Dwitiya Patalgat Timira.* 30 patients with these symptoms who attended O.P.D./ I.P.D. during this period were selected for present study.

Inclusion criteria

- Patient willing to undergo trial.
- Patient presenting with signs & symptoms of *Dwitiya Patalgat Timir* (Early Presbyopia) were taken into account irrespective of gender.
- Age group between 35-40 years.

Exclusion criteria

- Patients not willing to undergo trial.
- Patients suffering from Early Presbyopia associated with other ocular disease like trichiasis, ectropion, entropion, corneal ulcer, dacryocystitis, scleritis, dry eye, lagophthalmos.
- Patients suffering from any systemic/metabolic disorders i.e., cardiovascular diseases, diabetes, hypertension, anaemia.

Grouping of Patients

In the present study, 30 clinically diagnosed patients of Early Presbyopia / *Dwitiya Patalgat Timir* were selected and randomly divided into two groups (Group A -15 patients, Group B-15 patients). Patients of group A were administrated *Triphaladi Yoga* orally with *Sukhoshana jala.* While patients of group B were administrated *Triphaladi Yoga* orally with *Madhu & Ghrita*. All the cases were examined initially in O.P.D. and were selected for study on the basis of clinical presentation and diagnostic criteria.

Laboratory Investigations

CBC, ESR, FBS were advised to all the patients to rule out any severe pathology and to note the changes, if any.

Drug Schedule

Triphaladi Yoga.

Dose: 500mg capsule twice a day with *Sukhoshanjal* (Group I) and *Madhu* & *Ghrita* (Group II).

Mode: Oral

Duration: 30 days

Follow up: Periodical follow up were done on 7th day, 15th day, 30th day and after 7 days of completion of trial.

CRITERIA FOR ASSESSMENT

Specific opthalmological examinations were carried out with the help of:

- Snellen's near vision chart reading
- Improvement of signs and symptoms

Subjective symptoms were assessed with the help of following scoring pattern:

1. *Avyakta Darshana*

0 - No feeling of indistinct vision

1 - Occasional indistinct vision

2 - Regular indistinct vision without disturbing routine work

3 - Regular indistinct vision disturbing day to day work

2. *Vihwala Darshana*

0 - No such problem

1 - Occasional blurring or disturbing of vision

2 - Intermittent blurring without disturbing routine work

3 - Regular blurring disturbing day to day work

3. *Netrayasa* (Eye strain)

0 - After >6 hours of near work

1 - After 5-6 hours of near work

2 - After 3-4 hours of near work

3 - Before 2 hours of near work

4. *Shiroabhitapa* (Headache)

0 - No headache

1 - Very occasional headache

2 - Irregular attacks of frequent headache

3 - Regular headache

Statistical Analysis

Various observations made and results obtained were computed statistically using Student t-test, Wilcoxon matched pairs signed ranks test and Mann Whitney test on graph Pad Instat 3 software.

The results obtained were considered Extremely Significant for p value <0.0001, Very highly significant for p <0.001, highly significant for p value <0.01, Statistically significant for p <0.05 and insignificant for p value >0.05.

OBSERVATION

- The present study shows that there was a female sex predominance (76.6%) followed by 23.3% of males.
- In the present study all the patients were Hindu (i.e. 100%) due to geographical distribution because this hospital is situated in Hindu dominated area.
- In the present study all the trial patients were married. As mentioned earlier, all patients fall in the 35–40 years age group, which corresponds to early presbyopia . In Indian society, people usually get married around 20–25 years of age; therefore, it cannot be concluded that married individuals have a higher prevalence of *Timira*– early presbyopia simply on the basis of marital status.
- The present study illustrates that maximum 70% of the patients were graduates followed by 26.7% plus two/metric and 3.3% uneducated.
- The present study reveals that a maximum 60% of the patients were housewives followed by 30% service persons and 10% business man and labourer.

Certain occupations involving prolonged *Sukshma Nirikshana* - such as computer work, tailoring, embroidery, microscopy, or fine office tasks - predispose individuals to early Presbyopia through mechanisms like *Malavarodha* , along with aggravating factors including *Krodha* and *Chinta*. These *Nidana Sevanas* are especially prevalent among service professionals whose daily routines demand sustained near work.

Housewives exhibit a higher susceptibility to early Presbyopia due to frequent indulgences in *Divaswapna*, *Dhumanishevana*, and *Ajirna Ashana* . Notably, *Dhumanishevana* is common place in their routine cooking duties, exerting a direct deleterious effect on the eyes. Thus, occupational factors bear a strong correlation with the onset of early Presbyopia.

- The present study shows that maximum number of the patients i.e. 40% of the patients were having habit of 5-6+ hours of performing near work daily, followed by 36.7% having 3-4 hours and , 23.3% having 1 – 2 hours of near work per day.
- It is observed from the present study that a maximum 60% of the patients were from rural habitat followed by 40% were from urban habitat. It reflects that this area mainly belongs to rural area.
- In the present study, the available data depicts that maximum number of patients i.e.60% belonged to middle class followed by, 23.3% were from lower class 16.7% were from higher class. It reflects that the area of study is predominantly represented by middle economic class.
- In present study, it is observed that maximum number of the patients i.e. 56.7% were having disturbed sleep followed by 43.3% were having sound sleep. This may be due to stress of day to day work as the maximum numbers of patients in this study are housewives.
- Present study shows that maximum no. of patients were having near visual acuity N.6-N.6p (i.e. 66.67%), followed by N.8-N.8p near visual acuity (i.e.23.3%) and N.10-N.10p near visual acuity (i.e. 10%).
- In present study maximum no of patients fall in +0.25-0.50 diopter power range (i.e. 56.67%) followed by 0.75-1 dioptric power range group(i.e. 33.33%) and 10 % patients have 1.25-1.50 dioptric power.
- Present study revealed that maximum number of patients were having *Pitta Kapha Prakriti* i.e.46.7% followed by *Vata Kapha Prakriti* i.e 43.3% and then *Vata Pitta Prakriti* were having minimum no of patients 10%.

Distribution of 30 patients according to *Patalagata* symptoms

Symptomatology	No. of Patients		Percentage
	Group I	Group II	
Avyakta Darshan	15	15	100%
Vihwala Darshan	15	15	100%
Eye Strain	10	11	70%
Headache	6	10	53.3%

RESULT AND DISCUSSION

Effect of Therapy on Subjective Parameters

Relief in the symptom of *Avyakta Darshana* was observed 21.43% in Group A ($p<0.05$), and 31.04% in Group B ($p<0.05$), there was significant difference between BT and AT scoring of

two groups, Groups B showed 9.61% more relief than Group A, which indicated that the *Triphaladi Yoga* with *Madhu* & *Ghrita* is better than *Triphaladi Yoga* with *Sukhoshan Jala* on early presbyopia.

Relief in the symptoms of *Vihwala Darshana* was 29.18% in Group A with a p value <0.05 and 35.53% in Group B with a p value <0.05 and there was difference of 6.35% between the 2 groups, here also Group B showed better result than Group A.

Relief in the symptoms of Headache was observed 21.52% with a p value <0.05 and 29.61% in Group B with a p value <0.05. Relief in the symptoms of Eye Strain was 33.33% with a p value <0.05 and 39.75% in Group B with a p value <0.05.

Statistical inter group comparison subjective criteria

Criterion	%age Relief		%of difference
	Gr I	Gr II	
Avyakta Darshna	21.43%	31.04%	9.61%
Vihwala Darshna	29.18%	35.53%	6.35%
Headache	21.52%	29.61%	8.09%
Eye Strain	33.33%	39.75%	6.42%

On the basis of above results we can say that the improvements in the subjective feeling are better in Group B. Therefore we infer that the drug *Triphaladi Yoga* with *Madhu* & *Ghrita* as *anupana* is more effective for the improvement of the subjective feeling like *Avyakta Darshana, Vihwala Darshana,* Headache, Eye strain.

Effect of Therapy on Objective Parameters

Statistically significant relief were found in near visual acuity value of 10.56% in Group A (p >0.05) and 12.6% in Group B (p>0.05). However there was difference between BT and AT scoring of two groups with Group B Showing 2.04 % better relief than Group A.

Effect on diopter power was found to be 10.71% in Group A (p>0.05) and 12.4% in Group B (p<0.05). However there was difference between BT and AT scoring of two groups with Group B showing 1.69 % better relief than Group A.

Statistical inter group comparison Visual acuity and Dioptric power

Criterion	%age Relief		%of difference
	Gr I	Gr II	
Visual acuity	10.56%	12.6%	2.04%
Dioptric power	10.71%	12.4%	1.69%

Probable Mode of Action

- Neutralizing a problem doesn't truly resolve it, just as treating a symptom fails to eradicate its root cause. This same logic guided the selection of the drug here: since *Timir* involves all three *Doshas*, the compound formulation must possess *Tridoshaghna* properties to counter the vitiated *Doshas* and dismantle the disease's underlying pathology.
- *Triphaladi Yoga* has got predominance of *Madhura* (85%), *Kashaya* (71.43%), *Tikta* (42.86%), *Amla* & *Katu* (28.57%) and *Ruksha* & *Guru* (both 71.43%%) *Gunas, Sheeta Virya* (71.43%) & *Madhura Vipaka* (85.71%). Hence it acts as *Tridoshashamaka*.
- It is a combination of five drugs with the properties mainly *Sheeta Virya, Deepana, Pachana, Chakshushya, Balya, Rasayana* and *Tridoshahara.*[6-8]

The trial drug is

- *Vata Shamaka* by (85.71%) by virtue of its *Rasa, Virya* and *Vipaka.*
- *Pitta Shamaka* (100%) by virtue of its *Rasa* and *Vipaka.*
- *Kapha Shamaka* (85.71%) because of its *Ras, Guna* and *Virya*.
- The compound formulation delivers an overall *Tridosha*-pacifying action, thereby disrupting the underlying pathology of *Timira*—a condition characterized by *Tridoshaj* involvement.
- The clearance of the body channel is also facilitated by *Laghu* and *Ruksha* properties of the drug.
- The drug's constituents stabilize the scleral framework by supplying vital Vitamin C, which supports collagen synthesis and maintenance. Additional ingredients offer antioxidant benefits alongside nutritional support.[9]
- Also increased the activities of antioxidant enzymes, such as superoxide dismutase, catalase, glutathione-S-transferase, & glutathione peroxidase in the lenses.
- *Madhu* and *Ghrita* act as bioenhancers, facilitating deeper tissue penetration and improved drug assimilation.[10-11]
- Drawing from the facts outlined above and the drug's demonstrable effects, *Triphaladi Yoga* operates systemically to improve general vitality, which in turn strengthens the operational coherence of the visual system.

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