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MANAGEMENT OF *VATAJA PRATHAMA PATALAGATA TIMIRA* (MYOPIC ASTIGMATISM) WITH *KRIYA KALPA*: A CASE STUDY

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ABSTRACT

Introduction: *Timira* is a *Dṛṣṭigata Roga* described in Ayurveda, characterised by *Avyaktadarshana* and gradual visual impairment. Based on classical *Lakṣaṇas* such as difficulty in distant vision without gross ocular pathology, the present case was diagnosed as *Vataja Prathamapatalagata Timira*, an early stage of *Timira* characterised by a functional disturbance of vision. This condition can be clinically correlated with myopic astigmatism in modern ophthalmology. For such early-stage *Dṛṣṭigata Rogas*, Ayurveda advocates *Kriya Kalpa* as the primary line of management. **Methods:** A 12-year-old male presenting with progressive diminution of distant vision was diagnosed with *Vataja Prathamapatalagata Timira*. The patient was treated with *Kriya Kalpa* treatments, including *Marsha Nasya, Seka, Avaguntana, Netra Abhyanga, Tarpana* and *Akshi Bandhana*, administered according to classical guidelines. Supportive eye exercises and lifestyle advice were also given. Visual acuity and ocular parameters were assessed before and after treatment. **Results:** The patient

showed improvement in visual comfort, a reduction in eye strain, and an improvement in best-corrected visual acuity with stabilisation of refractive status. No adverse effects were noted. **Discussion:** The outcome indicates that *Kriya Kalpa* is a safe, effective, and supportive therapy for managing *Vataja Prathamapatalagata Timira*, helping achieve functional visual improvement and prevent disease progression.

KEYWORDS: Myopic astigmatism, *Kriya Kalpa* treatments*, Vātaja Prathamapatalagata Timira.*

INTRODUCTION

Myopic astigmatism is a compound refractive error characterised by the coexistence of myopia and astigmatism, in which light rays fail to focus accurately on the retina due to a combination of axial elongation of the eyeball and an irregular corneal or lenticular curvature. This results in blurred and distorted vision, particularly affecting distant objects, with variation in refractive power across different meridians of the eye.[1] Myopic astigmatism constitutes approximately 13.3% of all refractive errors, making it a significant cause of visual impairment.[2]

In India, the prevalence of astigmatism is approximately 16.54% (1 in 6 individuals), affecting about 45 million individuals. Myopia is the most common refractive error (8%), followed by astigmatism (3%) and hyperopia (1%).[3] No significant gender differences have been reported with this, myopic astigmatism can be correlated with the features of *Prathamapatalagata Timira*.

Kriya Kalpas are Ayurvedic therapeutic regimens prescribed for the treatment of *Netra Rogas* (eye disorders). This case study highlights the effectiveness of *Kriya Kalpa* in managing myopic astigmatism.

MATERIALS AND METHODS

Patient details

- Name: X.Y. Z
- Age: 12 years
- Gender: Male
- Address: Uttar Pradesh
- Occupation: Student

Chief complaints: Difficulty seeing distant objects with both eyes, gradually worsening over the past 7 years.

History of present illness: According to the patient's mother, the patient was healthy until the age of 7. At age 8, she noticed that he stood very close to the television. On consulting an ophthalmologist, he was prescribed glasses for myopic astigmatism. Between 2021 and 2022, he received naturopathic eye treatment for 2 years, where the same status was continued. In March 2024, the patient underwent *Kriya Kalpa* treatment at our hospital for complaints of diminished distant vision. The treatment was administered over 7 days and included ocular procedures, as well as prescribed eye exercises. Following discharge, the patient continued the advised eye exercises regularly at home.

The patient reported subjective improvement in visual comfort after the initial treatment; however, no significant change in refractive power was observed during this period. In December 2024, the patient again presented to the OPD of Shalakya Tantra with persistent difficulty in distant vision and sought further management of these complaints.

There was no history of eye pain, redness, watering, diplopia, headache, photophobia, trauma, systemic illness, or long-term medication use.

Family history: Non-contributory

Medical history: Non-contributory

GENERAL EXAMINATION

- Built: Moderate
- Height: 165 cm
- Weight: 61 kg
- BMI: 22.7 kg/m²

Table 1: Local Examination.

Parts	Right eye	Left eye
Appendages of the eye	Normal	Normal
Conjunctiva	Normal	Normal
Cornea	Normal	Normal
Sclera	Normal	Normal
Anterior chamber	Normal	Normal
Iris	Normal	Normal
Pupil	Normal	Normal
Lens	Normal	Normal

Vitreous	Normal	Normal
IOP (applanation tonometer)	12 mmhg	12 mmhg

Head posture: Normal erect head posture with no abnormal tilt or turn

Facial symmetry: The face is symmetrical on inspection.

Table 2: Visual Acuity: Before First Course of Treatment.

Distant vision		
	Without power glass	**With power glass**
OD	6/60(B)	6/9(B)
OS	6/120 (P)	6/120(B)

Table 3: IOP and Schirmer's test before the first course of treatment.

Parts	**Right eye**	**Left eye**
IOP	12 mm Hg	13 mm Hg
Schirmers test	12 mm	13 mm

Ophthalmoscopy: Red glow present in both eyes. Optic disc margins were clear, with normal colour and cup–disc ratio. Retinal vessels were normal in calibre and course. Macula appeared normal, with a foveal reflex present. No degenerative changes or retinal pathology suggestive of pathological myopia were observed.

Table 4: Treatment Given (First Visit).

<table>
<tr><td colspan="5">*Marsha Nasya* was done in the early morning, and other eye treatments were done in the afternoon in *Kriyakalpa*.</td></tr>
<tr><th>Dates</th><th>Days</th><th>Treatment</th><th>Medicine</th><th>Duration and time of administration</th></tr>
<tr><td rowspan="5">16/3/24 to 22/3/24</td><td>First 7 days</td><td>Mukhabhyanga and Marsha Nasya</td><td>Kumkumadi Taila and Shadbindu Taila 6/6 Drops in each nostril
Time of administration: morning, 8:30 am</td><td>About 45 minutes at 8:30 am</td></tr>
<tr><td rowspan="4"></td><td>Seka</td><td>Ksheera Saindhava</td><td rowspan="4">Duration 2 hours for overall treatment, done in the afternoon after 2 pm</td></tr>
<tr><td>Avaguntana</td><td>Guduchi + Shatavari +Triphala</td></tr>
<tr><td colspan="2">Shashtika Shali Pinda Sweda – Sthanika on closed eye</td></tr>
<tr><td>Akshi Tarpana</td><td>Vainateya Ghrita + Mahatriphala Ghrita</td></tr>
</table>

18/3/24 to 22/3/24	**3rd to 7th days**	*Shiro Pichu*	*Ashwagandha +Triphala +Shatavari + Brahmi Taila*	

Table 5: Visual Acuity: After First Course of Treatment.

	Distant vision	
	Without power glass	**With power glass**
OD	6/60	6/9
OS	6/60	6/12

Table 6: Best corrected visual acuity: Before and After First Course of Treatment.

		Right Eye				Left Eye			
16/3/2024	**Distant vision**	**Sph**	**Cyl**	**Axis**	**V/A**	**Sph**	**Cyl**	**Axis**	**V/A**
		-8.50	**-2.00**	**5**	**6/9**	**-9.00**	**-2.25**	**180**	**6/12**
24/3/2024		**-8.25**	**-2.25**	**170**	**6/9**	**-9.00**	**-2.00**	**170**	**6/12**

Table 7: Visual Acuity: Before Second Course of Treatment.

	Distant vision	
	Without power glass	**With power glass**
OD	6/60(B)	6/9(P)
OS	6/120(B)	6/12(P)

Table 8: IOP and Schirmer's test before the Second course of treatment.

Parts	**Right eye**	**Left eye**
IOP	17 mm Hg	15 mm Hg
Schirmers test	12 mm	13 mm

Table 9: Treatment Given (Second Visit).

Marsha Nasya was done in the early morning, and other eye treatments were done in the afternoon in *Kriyakalpa*.

Days		**Treatment**	**Medicine**	**Duration and time of administration**
25/12/24 to 31/12/24	**First 7 days**	*Mukhabhyanga* and *Marsha Nasya*	*Kumkumadi Taila* and *Shadbindu Taila 6/6* drops into both nostrils	About 45 minutes at 8:30 am
	3rd to 7th days	*Seka*	*Ksheera Saindhava*	Duration 2 hours for overall treatment, done in the afternoon after 2 pm
		Netra Abhyanga	*Shatadhouta Ghrita*	
		Avaguntana	*Guduchi + Shatavari + Triphala*	
		Shastika Shali Pinda Sweda		
		Akshi Tarpana	*Vainateya Ghrita + Ashwagandha Ghrita*	
		Akshi Bandhana	Rose petals	

Table 10: Visual Acuity: After Second Course of Treatment.

	Distant vision	
	Without power glass	**With power glass**
OD	6/60	6/6(P)
OS	6/60	6/6(P)

Table 11: Best corrected visual acuity: Before and After First Course of Treatment.

		Right Eye				Left Eye			
24/12/2024	**Distant vision**	**Sph**	**Cyl**	**Axis**	**V/A**	**Sph**	**Cyl**	**Axis**	**V/A**
		-8.50	**-1.50**	**5**	**6/9**	**-9.00**	**-1.50**	**170**	**6/9**
31/12/2024		**-8.50**	**-1.75**	**170**	**6/9**	**-9.25**	**-0.50**	**10**	**6/9**

RESULT

After two courses of *Kriya Kalpa* treatment, the patient showed functional visual improvement and refractive stabilisation. Although unaided visual acuity changed minimally, best-corrected visual acuity improved to 6/6 (partial) in both eyes, indicating better refractive acceptance and visual clarity. Subjective relief in eye strain and visual discomfort was noted, and autorefractive data showed no further refractive progression, suggesting a stabilising effect rather than refractive reversal.

DISCUSSION

The treatment protocol was designed considering features of *Vataja Prathamapatalagata Timira*, presenting with *Avyaktadarsana*, difficulty in distant vision, and functional visual distortion without gross ocular pathology. As the condition was confined to the *Prathama Patala* with *Vata* predominance, *Kriya Kalpa* was selected as the primary line of management, being indicated in early-stage *Drishtigata Rogas* to nourish ocular tissues, pacify *Doshas*, and prevent progression.

Nasya Karma with *Shadbindu Taila* has ten *Kalka dravyas*, most of which are *Kapha-Vatahara* and have mainly *Netriya* action. They provide strength to *Netra* and improve its functions. As we have seen, the pathophysiology of myopia points to the relaxation of the ciliary muscles. These muscles gain strength and nourishment through the drugs of *Shadbindhu thaila*, which is being administered as *Marsha Nasya*. Also, the *Aja Ksheera* in the formulation has a higher concentration of Vitamin A, which is most essential for the health of the eyes. *Tila Thaila* itself has *Chakshushya* property. Route of administration is *Nasa*, i.e., through the nasal route, it is the window of the *Siras*. Also, it is the nearest opening to the eyes, hence that too plays a role in the improvement of the patient.[4]

Seka - *Ksheera Saindhava* plays a significant role in the management of *Vataja Prathamapatalagata Timira* by providing *Snigdhata* (unctuousness), *Shitala* (cooling), and *Brahmana* (nourishing) effects to the ocular tissues. *Kshira* (milk), owing to its *Madhura Rasa, Snigdha* and *Guru Guṇas*, and *Sheeta Virya*, helps in nourishing and stabilising the *Prathama Patala*–associated ocular layers, particularly the tear film and superficial corneal epithelium, thereby it might help in improving lubrication and maintaining ocular surface integrity. The presence of natural proteins and amino acids in *Kṣhira* supports hydration, epithelial stability, and restoration of the ocular surface, which is essential in early functional visual disturbances.

Saindhava Lavana, owing to its *Suksma, Snigdha*, and *Tridoṣahara* properties, facilitates uniform distribution and better penetration of the medicated fluid across the ocular surface. It helps maintain osmotic balance, reduces subtle inflammatory changes, and enhances microcirculation in superficial ocular tissues. The combined action of *Kṣhira* and *Saindhava* might soothe ocular irritation, stabilise the tear film layers, and alleviate symptoms such as dryness, eye strain, and blurred vision associated with *Timira.* The *Seka* procedure, by its continuous and gentle flow, improves local circulation, removes subtle *Srotorodha* (micro-obstruction), and supports functional nourishment of ocular tissues. Through these mechanisms, *Kshira–Saindhava Seka* contributes to symptomatic relief, *Vata-Pitta* pacification, and the prevention of further functional deterioration in the early stage of *Timira.*[5]

Avaguntana with *Guduchi, Shatavari* and *Triphala* is employed in *Vataja Prathamapatalagata Timira* for its *Sitala, Snigdha* and *Samsamana* effects. The procedure creates a warm, enclosed and humid periocular environment that prolongs contact of medicated vapours and decoction with anterior ocular structures. Although direct structural penetration of phytoconstituents is unproven, *Avaguntana* is understood to act through local absorption, sensory stimulation and reflex pathways, contributing to functional nourishment of ocular tissues and pacification of *Vata–Pitta.*[6]

Guduchi provides antioxidant and immunomodulatory terpenoids and alkaloids, supporting metabolic clearance and reducing low-grade inflammation. *Shatavari*, owing to *Madhura Rasa, Snigdha Guna* and *Sita Virya*, supports mucosal hydration and *Vata–Pitta shamana*, improving ocular comfort. *Triphala*, rich in polyphenols, gallic acid and vitamin C, offers potent antioxidant and metabolic support. Collectively, *Avaguntana* stabilises the tear film,

reduces ocular fatigue and irritation, and enhances functional resilience of ocular tissues, thereby slowing early *Timira* progression through maintenance of ocular homeostasis rather than direct structural repair.

Saṣṭika Sali Pinda Sveda (SSPS) is a local *Snigdha Swedana* modality indicated in *Vata*-dominant disorders requiring *Brmhana* and *Balya* effects. In *Vataja Prathamapatalagata Timira,* SSPS was applied to reduce functional ocular fatigue and *Vata*-induced instability. *Saṣṭika Sali* with *Madhura Rasa, Guru–Snigdha Guna and Sita Virya,* is *Bṛṃhaṇa* and *Dhatu-posaka,* particularly for *Mamsa Dhatu,* suggesting supportive action on periocular and extraocular muscle endurance. *Ksira* might augment *Snigdha–Brmhana* effects, while *Bala Kvatha* provides *Vatahara* and *Balya* influence. The mild fomentation enhances local *Rakta Samvahana,* reduces subtle *Vata-Kopa* and promotes functional coordination of ocular movements, contributing to *Drsti-Sthirata* during early *Timira* stages.

Tarpana with *Vainateya Ghrita* and *Ashwagandha Ghrita* works in *Timira* through a combination of potent antioxidant, anti-inflammatory and regenerative effects delivered by the *Ghrita* medium and its *Dravyas. Vainateya Ghrita* likely contains ingredients such as Holostemma ada-kodien and other *Netra-Hitayu Dravyas,* contributing triterpenoids, mucoprotective and retinal-supportive agents, *while Ashwagandha Ghrita* provides withanolides, alkaloids and steroidal lactones that support nerve health, reduce oxidative damage and promote cellular repair. The *Ghrita* base may facilitate deep, lipid-soluble delivery of these phytoconstituents into ocular tissues, stabilise the tear film, and nourish retinal and neuronal structures, thereby correcting *Vata-Pitta* derangement, arresting the progression of *Timira* at functional stages, and rejuvenating compromised vision through tissue nourishment, *Dosha* pacification and anti-stress actions.

Aksi Bandhana with rose petals is used in *Vataja Prathamapatalagata Timira* for its *Sitala, Snigdha* and *Samana* effects. Intact petals placed over closed eyes reduce ocular surface heat, dryness and fatigue through contact-based cooling, moisture retention and mild aromatic volatilisation. Rose petals contain flavonoids and phenolic antioxidants with anti-inflammatory properties that offer supportive protection to the ocular surface. By pacifying *Pitta* in the anterior segment and countering *Vata*-induced *Ruksana*, this procedure promotes tear film stability and ocular comfort in early *Timira*.

Eye exercises, such as sunning, grilling, *Trataka*, ball exercises, and reading exercises, help with eye movements like *Urdhva*, *Adhah*, *Tiryaka*, and *Chakra Bhramana*, strengthening the extraocular muscles and maintaining *Netra Bala.*

1. Sunning: Strengthens Ocular ligaments, balances *Vata*, reduces eye strain and improves accommodative flexibility.
2. Grilling: Soothes ocular *Vata*, reduces accommodative spasm and enhances focusing.
3. *Trataka*: Improves *Netra Bala* and ocular ligaments, enhances muscle coordination and visual clarity.
4. Ball exercises: Stimulate extraocular muscles, relieve blurred vision, and improve ocular motility.
5. Reading exercises: Trains accommodation, strengthens ocular ligaments and clarity of vision.[7]

These exercises are supportive therapies and do not directly alter refractive anatomy.

CONCLUSION

This case study revealed that *Kriya Kalpa* therapies significantly improved visual acuity, reduced ocular strain, and enhanced eye health in *Vataja Prathamapatalagata Timira* (myopic astigmatism).

Although it did not provide complete relief from astigmatism, the treatment effectively helped maintain stable refractive power, as assessed by serial Snellen visual acuity (with and without correction) and autorefractive measurements. These showed no deterioration in unaided vision and sustained improvement in best-corrected vision over an approximately 9‑month period, from March 2024 to December 2024. In this case, distant visual acuity improved from 6/60 (OD, blur) and 6/120 (OS, blur) to 6/60 (OD/OS) without glasses, while with prescribed glasses it improved from 6/9 (OD, partial) and 6/12 (OS, partial) to 6/6 (OD/OS), and this status remained stable on follow-up.

The integrated approach of *Nasya*, *Seka*, *Avaguntana*, *Swedana*, and *Tarpana*, along with eye exercises, nourished ocular tissues and supported visual stability, indicating that *Kriya Kalpa* Treatment is a safe, supportive, and holistic approach to managing refractive errors and preserving ocular function.

Larger controlled clinical studies are required to validate these findings, and longer follow-up may clarify its role in refractive stabilisation.

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Conflicts of interest: There are no conflicts of interest.

Ethical Considerations - Written informed consent was obtained from the patient's parent/guardian for publication of this case report. As this was a single observational case study, institutional ethical committee approval was not required.

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