



# INTERNATIONAL RESEARCH JOURNAL OF HUMANITIES AND INTERDISCIPLINARY STUDIES

( Peer-reviewed, Refereed, Indexed & Open Access Journal )

DOI : 03.2021-11278686

ISSN : 2582-8568

IMPACT FACTOR : 5.828 (SJIF 2022)

## EVALUATION OF SHATAVARYADI CHURNA INTERNALLY & KACHAYAPANAVARTI ANJANA IN THE MANAGEMENT OF TIMIRA – A COMPARATIVE STUDY

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DOI No. **03.2021-11278686** DOI Link :: <https://doi-ds.org/doi/10.2022-57234345/IRJHIS2210017>

### **ABSTRACT:**

*The incidence of cataract is high in every part of the world. Though continuous efforts are in the way for an effective medical management, modern ophthalmology presently depends solely on the surgery. It is still the medical management, most opted by the patients and in conditions where surgery is contraindicated. The ayurvedic approach of the disease mainly concentrates on preventing the progression of the disease and also as curative in early stages. Timira is being considered as one of the most serious disorders among all netra rogas. So this comparative study of Shatavaryadi Churna internally and Kachayapana varthi as anjana was conducted which has the action of both preventive and curative.*

*In present study 45 patients were randomly selected and divided into 3 groups, with 15 patients each. Group A patients were treated with Shatavaryadi Churna internally with eye exercises for 48 days. Group B were treated with Kachayapanamanjanam with eye exercises for 48 days and Group C with Eye exercises only.*

*Subjective parameters like Avyakta darshana, Vihwala darshana, Gochara vibhrama and Dwidha bahuda darshana and objective parameters like functional examination and Slit Lamp Biomicroscopy were adopted. These were suitably graded to assess the results that were statistically analyzed.*

*In the present study, both Group A and Group B have shown moderate response & Group C showed a mild response to the treatment. The details of clinical observations and results are discussed in the complete work presented here forth.*

**Keywords:** *Timira, Cataract, Shatavaryadichurna, Kachayapanavarthianjana, Eye exercises, LOCS Grading.*

### **INTRODUCTION:**

Eyes are the most important square inches of the body both diagnostically and functionally. Though the eyes see what the mind knows, the information to the brain has to reach through the eyes only. Man with highly evolved biological system is considered to be a social animal who responds to the stimuli the external world. Thus, he has developed all his special senses to a high degree of perfection that he is able to receive, absorb and analyze the information coming to him. These

special senses, numbering five have helped him to continually update and develop and thus aptly naming him 'MANAVA' in Sanskrit meaning 'one who acquires new knowledge'.

In the process of jnaantpatti, the very first stage begins with the Indriya and Indriyaartha sannikarsha. Chakshurindriya stands first in the way of gaining knowledge through the Pratyaksha Pramaana. It is in this process, the pratyaksha baadhaka hetus possess a threat to the way of jnaantpatti. Pratyaksha baadhaka hetus may be external or may occur within cakshurindriya in the form of various diseases characterized by Darshanarodha.

Being deprived of sight can have a devastating effect on the psyche, as well as economic and social life- as many blind individuals require significant assistance with activities of daily living and are often unable to continue gainful employment previously held while seeing.

### **OBJECTIVES OF THE STUDY:**

1. To establish the efficacy of Shatavaryadi Churna internally in the management of Timir
2. To establish the efficacy of Kachayaapana anjana in the management of Timira
3. To comparatively evaluate the efficacies of Shatavaryadi Churna and Kachayaapana anjana in the management of Timira. A possible correlation of timira with that of Early stages of senile cataract.

### **1) INTERVENTIONAL PHASE:**

The study was intervened by the following treatments:

- i) Group A : Shatavaryadi Churna internally with eye exercises.
- ii) Group B : Kachayapanamanjanam with eye exercises
- iii) Group C : Eye exercises.

### **SHATAVARYADI CHURNA:**

Group 'A' 15 patients were treated with Shatavaryadi Churna half karsha with madhu and ghrutha internally once daily at night followed by eye exercises for 48 days.

### **KACHAYAPANA VARTHI ANJANA:**

Group 'B' 15 patients were treated with Kachayaapana varthi for anjana in Harenumatra once daily at morning followed by Eye Exercises for 48 days.

### **EYE EXERCISES:**

Group 'C' 15 patients were advised Bate's method of Eye Exercises only, in morning, for 48 days.

### **METHODS:**

Patients of all the 3 groups were advised mrudu virechana with triphala churna, a day prior after confirmation of ama pachana.

### **OBSERVATION AND DISCUSSION:**

45 Patients were selected and divided into 3 groups containing 15 patients each. (Group A, B

and C). Patients belonging to Group A were treated with Shatavaryadi Churna with eye exercises. Patients belonging to Group B were treated with Kachayapanamanjanam with eye exercises. Patients belonging to Group C were treated with eye exercises only. Subjective and objective changes were considered for the assessment of the efficiency of research work.

#### **1. ASSESSMENT OF RESPONSE IN “GROUP A” AFTER TREATMENT:**

1. **AVYAKTA DARSHANA:-** The initial mean score of avyakta darshana was 1.6 which has reduced to 1.1 after the treatment. The percentage of relief is 31.25% which is statistically highly significant at the level of  $p < 0.001$ .
2. **VIHWALA DARSHANA:-** The initial mean score of Vihwala darshana was 1.67 which has reduced to 0.37 after the treatment. The percentage of relief is 68.57% which is statistically highly significant at the level of  $p < 0.001$ .
3. **GOCHARA VIBHRAMA:-** The initial mean score of Gochara Vibhrama was 0.067 which has reduced to 0.033 after the treatment. The percentage of relief is 50% which is statistically not significant at the level of  $p > 0.05$ .
4. **DWIDHA BAHUDA DARSHANA:-** The initial mean score of Dwidha Bahuda darshana was 0.5 which has reduced to 0.13 after the treatment. The percentage of relief is 73.3% which is statistically highly significant at the level of  $p < 0.001$ .
5. **DISTANT VISION:-** The initial mean score of Distant Vision was 0.484 which has reduced to 0.239 after the treatment. The percentage of relief is 42.1% which is statistically highly significant at the level of  $p < 0.001$
6. **NEAR VISION:-** The initial mean score of Near Vision was 0.201 which has reduced to 0.151 after the treatment. The percentage of relief is 24.55% which is statistically not significant at the level of  $p > 0.05$ .  $t = 1.25$

**LOCS GRADING:-** The initial mean score of LoCs Grading was 2.40 which has reduced to 1.30 after the treatment. The percentage of relief is 45.8% which is statistically highly significant at the level of  $p < 0.001$

#### **ASSESSMENT OF RESPONSE IN “GROUP B” AFTER TREATMENT:**

1. **AVYAKTA DARSHANA:-** The initial mean score of Avyakta Darshana was 1.53 which has reduced to 1.06 after the treatment. The percentage of relief is 30.43% which is statistically highly significant at the level of  $p < 0.001$
2. **VIHWALA DARSHANA:-** The initial mean score of Vihwala Darshana was 1.06 which has reduced to 0.5 after the treatment. The percentage of relief is 53% which is statistically highly significant at the level of  $p < 0.001$
3. **GOCHARA VIBHRAMA:-** The initial mean score of Gochara Vibhrama was 0.067 which has reduced to 0.00 after the treatment. i.e, it has reduced completely. The percentage of relief is

100% but this is not statistically significant at  $p > 0.05$  (probably due to small sample size)

4. **DWIDHA BAHUDA DARSHANA:-** The initial mean score of Dwidha bahuda darshana was 0.467 which has reduced to 0.267 after the treatment. The percentage of relief is 43% which is statistically highly significant at the level of  $p < 0.05$
5. **DISTANT VISION:-** The initial mean score of Distant vision was 0.456 which has reduced to 0.334 after the treatment. The percentage of relief is 26.65% which is statistically highly significant at the level of  $p < 0.05$
6. **NEAR VISION:-** The initial mean score of Near Vision was 0.213 which has reduced to 0.0992 after the treatment. The percentage of relief is 53.58% which is statistically significant at the level of  $p < 0.05$
7. **LOCS GRADING:-** The initial mean score of Locs Grading was 1.733 which has reduced to 1.60 after the treatment. The percentage of relief is 7.7% which is statistically significant at the level of  $p < 0.05$ .

#### **ASSESSMENT OF RESPONSE IN “GROUP C” AFTER TREATMENT:**

1. **AVYAKTA DARSHANA:-** The initial mean score of Avyakta Darshana was 1.667 which remained the same after treatment. It is maintained with neither increase nor decrease. Though statistically not significant, with respect to the disease, this result is notable.
2. **VIHWALA DARSHANA:-** The initial mean score of Vihwala Darshana was 0.8 which has reduced to 0.5 after the treatment. The percentage of relief is 37.5% which is statistically highly significant at the level of  $p < 0.001$
3. **GOCHARA VIBHRAMA:-** The initial mean score of Gochara Vibhrama was 0.033 which has reduced to 0.00 after the treatment i.e, it has reduced completely. The percentage of relief is 100% but this is not statistically significant at  $p > 0.05$  (probably due to small sample size)
4. **DWIDHA BAHUDA DARSHANA:-** The initial mean score of Dwidha bahuda darshana was 0.533 which has reduced to 0.333 after the treatment. The percentage of relief is 37.5% which is statistically highly significant at the level of  $p < 0.05$
5. **DISTANT VISION:-** The initial mean score of Distant vision was 0.461 which has reduced to 0.359 after the treatment. The percentage of relief is 22% which is statistically highly significant at the level of  $p < 0.001$
6. **NEAR VISION:-** The initial mean score of Near Vision was 0.254 which has reduced to 0.153 after the treatment. The percentage of relief is 39.62% which is statistically significant at the level of  $p < 0.05$
7. **LOCS GRADING:-** The initial mean score of Locs Grading was 1.833 which has reduced to 1.7 after the treatment. The percentage of relief is 7.3% which is statistically significant at the level

of  $p < 0.05$ .

## CONCLUSION:

1. Timira is one among the drishtigata rogas and has its own special importance in netra rogas. It is a oushada sadhya vyadhi and if not treated at the earliest, will gradually progress towards kacha, linganasha which are yapy and asaadhya respectively.
2. Cataract is a geriatric condition which initially can be reversed. With the gradual development of opacifications, surgery becomes inevitable.
3. No untoward effect was observed in any of the treatment groups.
4. All the 3 groups showed marked improvement in the treatment. There is no significant difference between the group A and group B as both the groups have responded nearly equal to the treatment. Both medicines were found to be effective in reducing the severity of the symptoms and improvement in visual acuity but were not sufficient enough to reduce the density of opacification. Perhaps in fresh patients who were administered both the medications after the treatment period showed more good results.
5. There was significant reduction in the signs and symptoms of timira in both the groups.
6. There was 1-3 lines improvement in snellens chart reading, and a reduction of 0.25D in clinical refraction. The visual acuity, clinical refraction and the grading of opacification remained unchanged in some patients suggesting that there may be an arrest in the further progression of the condition.
7. Patients with immature cataract with short duration showed better response when compared to that of long duration.

If patients follow pathya, along with treatment and do nidana parivarjana, the results would be much better.

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