

Ayurveda Management of Amblyopia [Vataja Timira]-A Case Report

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ABSTRACT

Introduction: Amblyopia, it is characterized by reversible loss of vision affecting one or both the eyes. Structural and functional examination of eye is important to rule out any defects in various parts of the eye. In Ayurveda, many of the visual defects are coined under *Timira* characterized by blurred vision. *Vataja Timira* symptoms can be correlated to Amblyopia hence the management.

Objectives: The study aims to evaluate the efficacy of Ayurvedic management along with alternative methods like eye patching in reducing the symptoms of Amblyopia in paediatric patient in combination with dietary guidelines and lifestyle modification.

Methods: A 9-year-old female diagnosed as Amblyopia 4 months back, complaints of blurred distant vision, headache since 9 months was advised with:

1. *Vatanulomana*: *Avipattikara churna* 3gm with *madhu* at night A/F.

2. *Netra kriyakalpas*: *Netra Seka* with *Triphala Kwatha* and *Ksheera* for 7 days, *Netra Tarpana* with *Triphala Ghrita* for 7 days, *Aschyotana* with *Sunetra* junior eyedrops 1 drop TID for 1 month

3. Internally: *Tab. Saptamrita loha* 1BD A/F for 1 month

4. Adjuvant therapy: Eye exercises (10 in number) to strengthen ocular muscles and accommodative power. Patching of right eye for 4 hours every day, Dietary and lifestyle modifications like limiting screen time, Incorporating outdoor activities.

Findings: Patient showed symptomatic improvement and improved visual acuity of 2 lines in Snellen's and marked improvement in near vision with reduced headache and constant autorefractometer readings.

Conclusion: This case highlights the potential of Ayurvedic management with integration of alternative methods like Eye patching, eye exercises will give a promising result.

Keywords: Amblyopia, Ayurveda, Netrakriyakalpa, Triphala

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INTRODUCTION

Amblyopia (ambly-dull, ops-vision) or "lazy eye" is a condition where eye and brain don't work together. It is a developmental defect of spatial visual processing that occurs in the central visual pathway. It is defined as a condition with unilateral or bilateral subnormal vision (at

least two lines less than 'normal' or two lines less than the fellow eye in unilateral cases) without any local ophthalmoscopic abnormality, which is reversible if treated appropriately at proper time^[1]. Amblyopia is produced by certain amblyogenic factors operating during the critical period of visual development (birth to 6-7 years of age). During this period, the visual pathway continues

to develop and brain learns to interpret the signals from the eye. If, for any reason, a child cannot use one or both eyes normally, then the vision is hampered completely and leads to Amblyopia^[2]. Depending on the cause Amblyopia can be classified as Stimulus deprivation, Strabismic, Anisometropic, Isoametropic, Meridional Amblyopia^[3]. Amblyopia is very common in childhood, with worldwide prevalence of 0.2% to 6.2%^[4]. The principles of managements in contemporary science are removal of opacity in the media, correction of refractive errors, occlusion therapy with atropine penalization, pleoptic exercises and Computerized visiontherapy^[5]. There are different interventions including surgery but have their own limitations in the Paediatric cases hence Ayurvedic interventions can be opted to get satisfactory results without mere side-effect.

In Ayurveda, direct reference to Amblyopia is not available but closely resembles *Timira*. *Timira* is a broad term given to diminution of vision in one or both the eyes. Under *Timira* by correlating the symptoms it can be considered as *Vataja* type. General management in classics include *Snehana*, *Virechana*, *Nasya*, *Basti*, *Murdha basti* etc and special topical treatments called *Kriyakalpas* such as *Aschyotana*, *Seka*, *Tarpana*, *Putapaka* and *Anjana* ^[6]. Hence in current study along with traditional treatments the alternative methods like Eye exercises, Eye patching, Dietary and lifestyle modifications like limiting screen time, incorporating outdoor activities have been planned.

CASE STUDY:

A 9 years old female child's parents came to Shalakya Department OPD Of JSS AMCH Mysuru with chief complaints that child has difficulty in viewing distant

objects since 9 months associated with headache on and off since 9 months. History of present illness reveals that the child was apparently alright 9 months back, then she developed Blurring of vision in both eyes while viewing the distant objects. Blurring of vision was more in the left eye than the right eye and associated with on and off headache since 9 months. After consulting an ophthalmologist at a private hospital, she was diagnosed with Amblyopia in the left eye 4 months back and was advised spectacles. But she didn't get much relief even after using spectacles, so approached our hospital for further management.

Birth History: Mode of delivery: LSCS

Born to: Primi

Gestational Age: Preterm 33 weeks

Weight: 2.25kg

Ocular examination:

All ocular structures appeared normal, with full ocular motility and trichromatic colour vision.

Table No 1: Autorefraction – before treatment

Right			Left		
SPH	CYL	AXIS	SPH	CYL	AXIS
-1.50			-8.00	-1.50	45°

Table No 2: Visual Acuity – before treatment

	Distant vision			Near vision	
	Without glass	With glass	Pin hole	Without glass	With glass
OD	6/12	6/9	6/9p	N6	N6
OS	6/48	6/36P	6/48p	N24	N24
OU	6/18	6/12		N6	N6

Table No 3: Treatment given

<i>Vatanulomana</i> -27/5/24	<i>Avipattikara churna</i> 3gm with <i>madhu</i> at night A/F.
<i>Netra kriyakalpas</i> -28/5/24	1] <i>Netra Seka</i> with <i>Triphala kwatha</i> and <i>ksheera</i> 2] <i>Netra Tarpana</i> with <i>Triphala ghritha</i> 3] <i>Aschyotana</i> with <i>Sunetra junior eye drops</i> 1 drop tid for 1 month } 7 days
Adjuvant therapies	1] Right eye patching (4 hrs daily) 2] Eye exercises (10 in number daily)

	3]Dietary and life style modifications- limiting screen time, Incorporating outdoor activities
Internally	1]Tab. <i>Saptamruta louha</i> 1 bd/af with <i>madhu</i> and <i>ghrita</i> for 1 month.
1 st 2 nd & 3 rd Follow-up	1]Tab. <i>Saptamruta louha</i> 1bd/af with <i>madhu</i> and <i>ghrita</i> for 2 months 2] <i>Aschyotana</i> with Sunetra junior eye drops 1 drop tid 3]Right eye patching (4 hrs daily) 4]Eye excercises (10 in number daily) 5]Dietary and life style modifications-limiting screen time, Incorporating outdoor activities

RESULTS:

Patient showed symptomatic improvement and improved visual acuity of 2 lines in Snellen's chart in distant vision and marked improvement in the near vision with reduced headache and constant autorefractometer readings.

Table No 4: Visual acuity after treatment

	Distant vision		Near vision	
	Without glass	With glass	Without glass	With glass
OD	6/12	6/9	N6	N6
OS	6/12p	6/9	N6	N6
OU	6/12p	6/7.5p	N6	N6

DISCUSSION:

Amblyopia in paediatric group is of paramount importance. If left untreated, can lead to permanent vision loss. Early treatment can significantly improve vision in the affected eye and reduce complications. In Ayurveda *acharyas* have mentioned many non-invasive, safe and cost-effective managements with dietary supplements called *Chakshushya dravyas* for the condition *Timira* which are adopted here as it can be corelated to *vajata timira*.

Avipattikara churna having- *Triphala*, *Musta*, *Vidanga*, *Lavanga*, *Trivrut*, *Khanda sharkara* etc acts as a *deepana*, *amapachana*, *vatanulomana*.

Netra seka is more suggested in *Amavastha* of *Netra vikaras*. It increases the circulation of eye by causing vasodilatation. Main aim of *Seka* is to attain an effective absorption at site for sufficient period of time to elicit response^[7], here *triphala kwatha* and *ksheera* provides soothing effect to eyes and increase circulation.

In *Netra Tarpana* the *ghrita* properties- *balya*, *brimhana* and *rasayana* nourishes the eye and due to *Madhura rasa*, *sheeta virya*, *Madhura vipaka* it mitigates *vata-pitta doshas*. *Ghrita* contains vitamin A, D, E, K and carotene. Vitamin A&E are antioxidants, preserve the outer lining of eyeball and improve ocular health. The lipophilic action of *ghrita* facilitates the transportation of the drug to the target organ and finally reaches the cell as the cell membrane also contains lipids. *Triphala* being *Rasayana*, *Chakshushya*, *Indriya-prasadaka* and *sarvarogahara* along with

Tridoshashamaka when used in the form of *Netra tarpana* provides nutrition to eye structures and ocular tissue get nourished by the property of *Triphala ghrita*, helping in restoring the normal function like proper accommodation (restoring the smooth muscle tonicity), visual perception, ocular movement, lid movement, corneal and lid sensation.^[8]

Aschyotana, one among the *dinacharyas* should be practised daily. Sunetra junior eye drops (*Padmaka*, *Kathakabeeja*, *Daruharidra*, *Gulabjal*, *haridra*, *madhu*) helps in soothing digital eye fatigue, promote eye health and development which is essential particularly in today's digital age.

In *Saptamrita lauha* the combine effect of *triphala* and *yashti* is *tridosahara* and *lauha* i.e. iron is having the property of maintaining the power of eye and maintain overall cellular health.^[9]

Part time occlusion of sound eye has been most effective therapy in Amblyopia. Eye patching works by forcing the brain to rely on lazy eye and stimulating its development. It stimulates the neural connections between the eye and the brain by stimulating photoreceptor cells, improving the vision. It also reduces the inhibition of the weaker eye, allowing it to develop and improve.

Eye exercises strengthen ocular and ciliary muscles to improve accommodation which is power of changing the focus of eye for vision.

Dietary and lifestyle modifications like limiting screen time, incorporating outdoor activities will reduce the further deterioration of eye health.

CONCLUSION:

This case study concludes that eye exercise and occlusion therapy are effective in improving amblyopic symptoms along with *Kriyakalpas* like *Aschyotana*, *Seka* and *Tarpana* and internal administration of *Chakshushya dravyas*. These modalities work upon both the causes behind amblyopia such as, stimulus deprivation that it stimulates the retinal photoreceptor cells & visual cortex and by correcting the vision bilaterally in abnormal binocular interaction. As Amblyopia develops in the first few years of life. It is important to diagnose and treat amblyopia as early as possible. Otherwise, a child with amblyopia will not develop normal, healthy vision.

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