

A CLINICAL STUDY OF *VIDDHAKARMA* IN THE MANAGEMENT OF *PRATHAM PATALGATA TIMIRA* WITH SPECIAL REFERENCE TO SIMPLE MYOPIA

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ABSTRACT

Background: Myopia is one of the most common refractive errors and a major cause of visual impairment worldwide. It is characterized by difficulty in seeing distant objects clearly and may be associated with ocular strain, headache, and visual fatigue. Growing interest in integrative ophthalmic care has encouraged the evaluation of Ayurvedic procedures as supportive therapeutic approaches. Viddhakarma is an Ayurvedic para-surgical procedure involving controlled puncturing at selected therapeutic points, but its role in myopia remains inadequately documented. The present case series aimed to evaluate the clinical response and tolerability of Viddhakarma in patients with myopia.

Case Presentation: Three patients diagnosed with myopia attending the outpatient department underwent Viddhakarma at selected therapeutic points according to Ayurvedic principles and standard aseptic precautions. Baseline assessment included distant vision, refractive status, and associated symptoms such as blurred vision, ocular strain, and visual fatigue. Clinical observations were documented before treatment and during follow-up. Any procedure-related adverse events were also monitored.

Results: Following the intervention, the patients showed improvement in selected visual parameters and reported reduction in blurred distant vision, ocular strain, and visual fatigue. Improvement in day-to-day visual activities was also noted during follow-up. The procedure was well tolerated, and no significant adverse events were observed during the treatment period. However, the degree of improvement varied among the patients.

Conclusion: This case series suggests that Viddhakarma may have potential as an adjunctive Ayurvedic approach in the supportive management of myopia and its associated symptoms. However, the findings are preliminary and cannot establish clinical efficacy. Larger controlled studies with standardized treatment protocols, objective refractive measurements, appropriate comparison groups, and longer follow-up are required to further evaluate the effectiveness and safety of Viddhakarma in myopia.

Keywords: Myopia, *Viddhakarma*, *Timira*, *Ayurveda*, Refractive Error, *Marma*

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INTRODUCTION

In *Ayurveda*, refractive disorders resembling myopia are commonly correlated with *Timira*, particularly involving the early stages of *Drishtigata Roga*, where impairment of distant vision occurs due to vitiation of the *Doshas* affecting the visual apparatus. Management of *Timira* aims not only to improve visual function but also to restore ocular health by correcting the underlying imbalance of *Doshas*.^[1]

Among the para-surgical procedures described in Ayurvedic classics, *Viddhakarma*^[2] is a minimally

invasive therapeutic intervention involving precise therapeutic puncturing at specific anatomical sites to alleviate disease by regulating the flow of *Vata*, relieving obstruction in the channels (*Srotas*), and enhancing local circulation. *Acharya Sushruta* has mentioned the use of *Viddhakarma* in the management of *netragata roga* in *Sushruta Shaarirsthana*.^[3] Although *Viddhakarma* has been successfully employed in various musculoskeletal and neurological disorders, its application in

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ophthalmic diseases, particularly myopia, has received limited scientific attention despite its potential therapeutic benefits.

Myopia is one of the most common refractive errors of the eye, characterized by the formation of the image of distant objects in front of the retina due to excessive axial elongation of the eyeball or increased refractive power of the ocular media. It results in blurred distance vision while near vision remains relatively unaffected.

Over the past few decades, myopia has emerged as a significant global public health concern, with its prevalence increasing at an alarming rate, particularly among children and young adults owing to genetic predisposition, prolonged near work, and reduced outdoor activities. High myopia is associated with sight-threatening complications such as retinal detachment, myopic maculopathy, glaucoma, and choroidal neovascularization, making timely intervention essential.

Although conventional management effectively corrects refractive error, it does not always address the underlying progression of the disease, prompting the exploration of complementary therapeutic approaches.

Current management of myopia primarily focuses on optical correction and strategies to slow disease progression. Conventional treatment includes spectacles and contact lenses for visual rehabilitation, orthokeratology lenses to temporarily reshape the cornea and retard axial elongation, pharmacological interventions such as low-dose atropine in selected patients, and refractive surgical procedures including LASIK and SMILE for eligible adults with stable refractive errors.

While these modalities improve visual acuity and quality of life, they are largely corrective rather than curative and may be associated with limitations such as patient dependence, adverse effects, cost, or ineligibility for surgical intervention.

Therefore, there remains a growing interest in integrative treatment modalities that may provide symptomatic relief and potentially influence disease progression.

The present cases are noteworthy as they explore the role of *Viddhakarma* as an adjunctive Ayurvedic intervention in the management of myopia. With increasing global interest in evidence-based integrative medicine, documenting the clinical outcome of such innovative approaches is essential to expand the existing knowledge base. This case highlights the feasibility, safety, and potential effectiveness of *Viddhakarma* in improving visual function and reducing symptoms associated with myopia. The findings may provide preliminary clinical evidence to support future observational

studies and controlled clinical trials evaluating the role of *Viddhakarma* in the comprehensive management of myopia.

AIM

To evaluate the efficacy of *Viddhakarma* in the management of *Prathama Patalgat Timira* w.s.r to Simple Myopia over 3 weeks.

MATERIALS AND METHODS

Study Design: Total 3 patients in OPD of *Shalakyatantra*, selected on basis of symptoms of *Pratham Patalgata Timira* with prior informed consent.

Inclusion Criteria

1. Patients with symptoms of *Prathama Patalgata Timira* (*Durastha avyakta darshana*, *Vihwala darshana*, *Shirobhitapa*, *Netrayasa*) and simple myopia (myopia from -0.75 to -3 Diopters) were selected.
2. Patients were selected irrespective of their gender, caste or religion.
3. Patients were between the age group of 18 years to 30 years.

Exclusion Criteria

1. Patients having pathological myopia and high myopia with degenerative and gross retinal changes were excluded.
2. Myopia associated with neighbouring structural deformities like corneal opacity was excluded.
3. Patients suffering from any of the systemic disorders were excluded.
4. Patients who have undergone any of the refractive surgeries were excluded.

Subjective Parameters

1. *Durastha avyakta darshana* (indistinct distance vision)
2. *Vihwala darshana* (blurred vision)
3. *Shirobhitapa* (headache)
4. *Netrayasa* (eye strain)

Objective Parameters

1. Visual acuity
2. Auto refractometer readings
3. Subjective Spectacle trial
4. A-Scan findings

Table 1: Assessment of Response

Visual acuity on Snellen's	Assessment on response
One line improvement	Mild
Two-line improvement	Moderate
>2-line improvement	Marked

Table 2 : Subjective Spectacle Trial converted into grades

Readings	Grade
0.0	0
-0.25 to -0.50	1
-0.75 to -1.00	2

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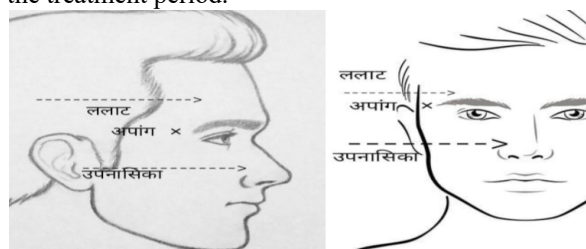
-1.25 to -1.50	3
-1.75 to -2.00	4
-2.25 to -2.50	5
-2.75 to -3.00	6

Table 3 : Patients Details

Patient	Age/Sex	Complaints	Spectacles used
1	20/M	Eye strain, blur vision	1 yr
2	27/M	Eye strain	8 yrs
3	28/F	Headache, blur vision, eye strain	10 yrs

Treatment Planned :

Viddhakarma was performed bilaterally at *Upanasika*, *Lalata* and *Apanga* points. [4]The procedure was carried out three days per week for three weeks. Standard aseptic precautions were followed during the procedure. Patients were observed for local or systemic adverse effects during the treatment period.



OBSERVATIONS

PATIENT	1		2		3	
	Be for e	After	Be for e	Aft er	Befo re	Af ter
COMPLAINTS	Eye strain, blur vision	Relief	Eye strain	Relief	Headache, blur vision, eye strain	Relief
UNAIDED VISION	6/12 OD 6/12[P] OS	B/L 6/9[P]	B/L 10ft	B/L 6/6 0[P]	B/L 10ft	B/L 6/60
BCVa	B/L 6/6	B/L 6/6	B/L 6/6	B/L 6/6	B/L 6/6	B/L 6/6
AUTO REFRAC TOMETE	OD-(-1.25 -0.50	OD-(-1.50	O D-(-	OD-(-3.5	OD-(-2.25	O D-(-

R	70° 43.75 43.00 60 OS- (-1.25) 42.75 43.25 145°	- 0.50 45° 43.7 5 44.0 0 35 0° OS- (-1.25 - 0.25 75° 42.7 5 43.2 5 135°	3.7 5) 45. 25 45. 75 170 ° OS - (-2.7 5) 45. 00 45. 50 5° 5°	0) 45. 25 45. 75 0 ° OS - (-2.7 5) 45. 00 45. 50 5° 5°	-0.50 50°) 42.0 0 42.5 0 175° OS- -2.75 -0.50 125° (42.0 0 42.5 0 165°)	3. 50) 45 .2 5 45 .7 5 17 0° O S- (-2. 2. 75) 45 .0 0 45 .5 0 5°
CORRECTION	B/L [-1.00]	B/L [-0.75]	O D [-3.0 0 D] OS [-2.5 0D]	OD [2.75] OS [-2.2 5]	OD [-2.25] OS [-2.50]	O D [-2.75] O S [-2.25]
A-SCAN	OD-TL 23.88 AC 3.55 OS-TL 23.82 AC- 3.75	OD-TL 23.5 9 AC 3.40 OS-TL 23.7 0 AC- 3.67	O D- TL 24. 16 AC 3.4 9 OS - TL 23. 67 AC - 3.0 1	OD - TL 23. 69 AC 2.9 3 OS - TL 23. 60 AC 2.9 1	OD-TL 24.5 5 AC 3.45 OS-TL 24.2 4 AC 3.00	O D- TL 23 .6 9 A C 2. 93 O S- TL 23 .6 0 A C

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						2.
						91

RESULTS

All three patients showed relief in the subjective parameters of *Prathama Patalagata Timira*. Improvement was observed in complaints of *Durastha Ayyakta Darshana* (indistinct distance vision), *Vihwala Darshana* (blurred vision), *Shirobhitapa* (headache) and *Netrayasa* (eye strain), according to the presenting complaints of individual patients.

Improvement in visual acuity was observed following the three-week intervention. As per the predefined Snellen's visual acuity response criteria, a one-line improvement in visual acuity was observed and was graded as mild improvement.

Changes were observed in refractive assessment and subjective spectacle trial following treatment. Based on the predefined grading system, a change of 0.25–0.50 D in refractive power corresponded to Grade 1.

Changes were also observed in the A-scan parameters, including total length (TL) and anterior chamber (AC) measurements. However, these changes cannot be conclusively attributed to *Viddhakarma*, as technique-related and measurement-related variability cannot be excluded.

A-scan was included as an objective biometric assessment to document the ocular parameters and to assess whether the recorded total length and anterior chamber measurements remained within the expected range.

No adverse effects related to *Viddhakarma* were noted during the study period.

DISCUSSION

Acharya Sushruta and *Acharya Vagbhata* have described *Netraroga* (ocular disorders) in detail, including their clinical features and management.^{[1][5]} Among the *Drishtigata Rogas*, *Timira* is considered an important ocular disorder.

According to *Acharya Vagbhata*, when the vitiated *Doshas* involve the *Prathama* and *Dwitiya Patalas* of the eye, the condition is described as *Timira*. The clinical features of *Timira* show similarities with those observed in myopia, particularly blurred vision and difficulty in seeing distant objects clearly.

Based on these similarities, myopia may be correlated with *Prathama–Dwitiya Patalagata Timira*. Myopia is a refractive error in which, when accommodation is relaxed, parallel rays of light originating from distant objects are focused in front of the retina rather than directly on the retinal plane.^[6] As a result, distant objects appear blurred, while near objects may be seen more clearly.

In the present study, *Viddhakarma* was performed bilaterally at *Upanasika*, *Lalata* and *Apanga* using a sterile 26G, ½-inch needle. After cleaning the site, the

needle was held perpendicular to the skin and a single prick was made, followed by immediate withdrawal. The procedure was performed sequentially at all three sites, followed by application of cotton at the bleeding site and brief post-procedure rest.

Probable mode of action: Ayurved point of view- *Timira vyadhi* occurs mainly in association with vitiation of *Pratham* and *Dvitiya Patala*. *Pratham Patala* is *Ashrayasthan* of *Teja* and *Jala*. Here *Teja* is taken in the reference of *Aalochak Pitta* and *Ras Dhatu* with *jala*. After the prick it releases the vitiated *Dosh* mainly *Pitta* and *Vata*. Elongation of Antero-posterior diameter observed in Myopia is due to *Vata Dushti*, which can be controlled with *Viddhakarma*.

Modern view- *Viddhakarma* has similar mode of actions with Chinese acupuncture therapy.^[7] There are many similarities in both the procedures. From a neurophysiological point of view, *Viddhakarma* gives controlled stimulation to the sensory nerve endings present at these points. This stimulation can activate trigeminal sensory pathways and may produce local neurovascular changes, including better blood flow to the surrounding tissues. This may support the normal functioning of ocular tissues and help improve visual function.

The improvement seen in subjective complaints, visual acuity and refractive parameters after *Viddhakarma* indicated a favourable response. These findings warrant further evaluation of *Viddhakarma* using standardized parameters and longer follow-up.

The study was limited by its small sample size, absence of a control group and short intervention period. Larger controlled studies with longer follow-up are needed to validate these findings. Future research may evaluate *Viddhakarma* in progressive myopia, particularly among children and adolescents. Its role may also be studied with appropriate internal medicines, *Panchakarma* procedures and lifestyle. Long-term assessment of refractive status and axial length may further clarify its effects.

CONCLUSION

In the present study, all three patients showed improvement in their subjective complaints following *Viddhakarma*. A mild improvement in visual acuity and refractive parameters was also observed after the three-week intervention. However, as the study included only three patients and had no control group, these findings should be considered preliminary.

The observations suggest that *Viddhakarma* may have a role as an adjunctive approach in patients presenting with symptoms of *Prathama Patalagata Timira* with simple myopia. Further evaluation through larger and longer-duration studies involving different age groups and appropriate therapeutic

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combinations are needed to understand its role more clearly.

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