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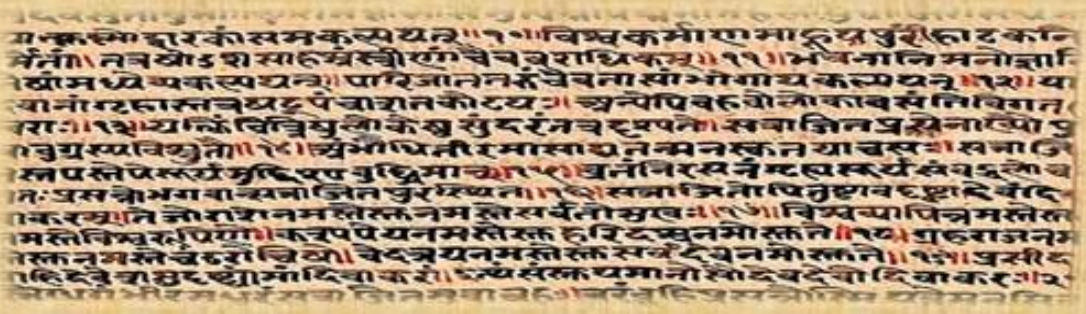

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"A CLINICAL STUDY OF MUSTADI YAPAN BASTI IN VATAJ TIMIR WITH SPECIAL REFERENCE TO PRIMARY OPTIC ATROPHY."

Baswat D

Assistant Professor, Shalakya Department,
R.A.Podar Medical College and Hospital, Dr.A.B.Road, Worli, Mumbai.400018

ABSTRACT:

Optic Atrophy is associated with vision loss. Various vascular, neurological, toxic, nutritional, metabolic, inflammatory, infectious, neoplastic, genetic, traumatic and systemic disorder are causes of this disease. Anything that can compromise function of ganglion cell can cause optic atrophy. Damage in mild form might not affect acuity but may lead to loss of contrast or color vision. Damage in severe form may lead to blindness to no light perception. Increased intraocular pressure (glaucoma), ischemia, compression (tumors), inflammation are related to risk factors of his disease.Among two types; Primary and secondary optic atrophy ;this clinical based study is of primary optic atrophy, which is simple ,non-inflammatory, degenerative and progressive. Primary atrophy said to be when atrophy due to disease of second visual neuron proximal to disk with no evidence of previous local inflammation. The pathology, signs and symptoms etiological features purely suggest that primary optic atrophy is correlated with Vataj Timir. Aim: Mustadi Yapan Basti is stated as Chakshushya in ayurvedic Classical texts. This present study is aimed to improve the visual acuity in Vataj Timir with special reference to Primary Optic Atrophy. Objectives: PRIMARY: To provide better visual acuity. To assess the efficacy of Mustadi yapan Basti in optic atrophy. MATERIALS AND METHODS: Patient was treated with,4 sittings of Kala Basti karma (15 days) with Mustadi Yapan Basti Patient had given internal medications. Conclusion: Primary Optic Atrophy and its treatment; as per ayurvedic and modern view; the disease can be treated with ayurvedic medication.

KEYWORDS: Optic Atrophy, Vataj Timir, Baladi Yapan Basti,Tarpan, Nasya etc

Corresponding Author:

Dr. Dhanashree Baswat
Assistant Professor, Shalakya department,
R.A.Podar Medical College and Hospital,
Dr.A.B. Road, Worli, Mumbai.400018
Email: dr.dhanashree.db@gmail.com

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INTRODUCTION:

According to Tielsch et al; in United States, the prevalence rate of Blindness attributed to Optic Atrophy was 0.8% and according to Munoz et al, the prevalence of visual impairment and blindness attributed to Optic Atrophy was 0.04% and 0.12% respectively. It is more prevalent in African Americans (0.3%) than in whites (0.05%). Optic Atrophy is seen in any age group. In this no sexual predisposition noted.[4] Optic Atrophy refers to the death of the retinal ganglion cell axons that comprise the optic nerve with the resulting picture of pale optic nerve on fundoscopy.[11] Optic atrophy is an end stage that arises from various causes of optic nerve damage anywhere along the path from retina to the lateral geniculate.[5,6] Optic nerve transmit retinal inflammation to the brain, Optic Atrophy is associated with vision loss[1] .Optic Atrophy is somewhat of implies disuse and optic nerve damage; it is better termed as Optic Neuropathy.[1,3,6] In optic nerve atrophy there is loss of axons and shrinkage of myelin leading to gliosis and widening of the optic cup.[7] Optic Nerve is not a true nerve but it is a continuation of central nervous system. Optic Atrophy is a disease which remains incurable in modern medicine. It is caused by various neurological, toxic, inflammatory and systemic disorder[10]. Many patients consult to *ayurvedic* hospitals; and seek *ayurvedic* treatment. While giving treatment for this disease on Ayurvedic principles; it is observed that Optic Atrophy can be correlated with *Vataj Timir*. *Acharya Sushrut*, in *Sushrut Samhita Uttartantra 7-18* and *Acharya Vagbhat* had mentioned in the *shlok (va.utt. 12-8, 9/Su.utt.7-18 /Ashtang sangraha 15-6,9)*; that patient suffering from *vataj timir* visualize objects as blurred, irregular, distorted and flickering. The pathology, signs and symtoms etiological features purely suggest that primary optic atrophy is correlated with *vataj dosha* that is *Vataj Timir*.

- *Samprapti-* [10]

Vaat Prakopak Aahar-Vihar

↓

Sarvadehik Dosh Vikruti

↓

Siranusaari Urdhvajatrugat (Netragat Vaat Vigunata)

↓

Netragat Patal Doshdushti

↓

Kshayjanya Drushti Naadi Shirsh Shosh

↓

Vaataj Timir

In *Samhitas; Samanya* and *vishesh chikitsa* has been mentioned. *Acharyas* has mentioned *vishesh chikitsa* for *Vataj Timir* that is *Sthanik* and *Sarvadehik Shodhan* and *Shaman*.

Case study:

Patient name –XYZ

Age/Sex -56 years Male

Patient came in opd of our institute, having following complaints

1) Diminish of vision for both eyes for 2 years back
2) Headache for 2 years
3) Bilateral pain in both eyes

- **Past history illness and investigations done –**

K/c/o –Primary Optic Atrophy

Investigations- Had done MRI scan on (08/11/15)

Results mentioned were: -Bilateral optic nerves optic chiasma and tracts exhibit diffuse thinning and intraneural signal alteration with no extrinsic compressive pathology. Bilateral chronic optic nerve atrophy. Retinal Detachment in both eyes.MRI Brain +Optics on 22/10/20

Impression –chronic lacunar infracts

Fundus photograph taken on 18/12/22

Result both eye optic atrophy

Fundoscopy reveals optic nerve head palor ++
Patient diagnosed with Lebers congenital anamoly on 16/02/16
BOTH EYES Perimetry test done-Not following any specific pattern of Glaucoma.Patient come to *Shalakya tantra* opd for further treatment

- On examination: -

General condition-Fair, Afebrile
Pulse-82/min
BP-110/74 mmHg

- Systemic examination: -

Respiratory system-AEBE, clear
CVS –S1S2 normal
CNS –Consious and oriented

Local Examination-(22/12/22)

Local examination	Right eye	Left eye
Eyelid	Normal	Normal
Conjunctiva	Normal	Normal
Sclera	Normal	Normal
Cornea	Transparent	Transparent
Iris	Normal	Normal
Pupil	Mild Sluggish reactive to Light	Mild Sluggish reactive to Light
Anterior chamber	Shallow	Shallow
Lens	Lens changes	Lens changes

Follow up:

Date	22/12/22	15/02/23	14/4/23	19/06/23
Vision without spectaculars	Right eye-6/36 Left Eye-6/24	Right eye-6/24 Left eye-6/18	Right eye-6/60 Left Eye-6/36	Right eye-6/36 Left Eye-6/18(p)
Vision with spectaculars	Right Eye-6/36 Left eye-6/24	Right eye-6/24 Left eye-6/18	Right eye-6/24(p) Left eye-6/24	Right eye-6/36 Left eye-6/18
Pin Hole	Right eye-6/24 Left Eye-6/18(p)	Right eye-6/24 Left eye-6/18	Right eye-6/24 Left eye-6/12(p)	Right eye-6/36 Left eye-6/12
Near Vision without spectaculars	Right eye-24 Left eye-18(p)	Right eye-12 Left eye-10	Right eye-18(p) Left Eye-12	Right eye-18(p) Left Eye-18(p)
Near Vision With Spectaculars	Right eye -24 Left eye -10(p)	Right eye-10 Left eye-10	Right eye-10 Left eye-8	Right eye-10 Left eye-8
Colour Blindness	Right eye- All colour Blindness	Right eye-All colour Blindness	Right eye-All Colour Blindness	Right eye-All Colour Blindness

	Left eye –All colour Blindness	Left eye-All Colour Blindness	Lefteye-All colour Blindness	Lefteye-All Colour Blindness

Date	06/07/2023	21/07/2023	10/08/2023	25/08/2023
Vision without spectaculars	Right eye-6/36 Left eye-6/36	Right eye-6/36 Left eye-6/24	Right eye-6/36 Left eye-6/24	Right eye-6/24 Left eye-6/18(p)
Vision with spectaculars	Right eye-6/36 Left eye-6/36	Right eye-6/36 Left eye-6/24	Right eye-6/36 Left eye-6/24	Right eye-6/24 Left eye-6/18
Pin Hole	Right eye-6/36 Left eye-6/24	Right eye-6/36 Left eye-6/18(p)	Right eye-6/36 Left eye-6/24	Right eye-6/24 Left eye-6/18
Near Vision without spectaculars	Right eye-24(p) Left Eye-12	Right eye-36 Left Eye-24	Right eye-24(p) Left Eye-12	Right eye-12 Left Eye-10
Near Vision With Spectaculars	Right eye-18 Left Eye-12	Right eye-24 Left Eye-18	Right eye-18 Left Eye-12	Right eye-10 Left Eye-8
Colour Vision-	Right eye-All colour Blindness Left Eye-All colour Blindness	Right eye- All colour Blindness Left Eye- All colour Blindness	Right eye- All colour Blindness Left Eye- All colour Blindness	Right eye- All colour Blindness Left Eye- All colour Blindness

Intra Occular pressure	**Right eye**	**Left eye**
22/12/22	14.6mmHg	12.2mmHg
15/02/23	13.4mmHg	11.2mmHg
14/04/23	14.6mmHg	14.6mmHg
19/06/23	14.6mmhg	14.6mmhg
06/07/23	17.3mmHg	17.3mmHg
21/07/23	12.2mmHg	13.4mmHg
10/08/23	14.6mmHg	14.6mmHg
25/08/23	17.3mmHg	17.3mmHg
01/09/23	13.4mmHg	13.4mmHg

Pre and Post Funduscopy Under Mydriasis

Result	**Right eye**	**Left eye**
Pupil	Fundus dilated	Fundus dilated

Fundal glow	Seen	Seen
Lens	Lens changes	Lens change
Vitreous	Normal	Normal
Optic disc	Disc pale with crescents	Disc pale with crescents
Cup disc ratio	0.3mm	0.3mm
Foveal reflex	Normal	normal
Macula	Normal	normal
Rbv	Normal	normal

Result	Right eye	Left eye
Pupil	Fundus dilated	Fundus dilated
Fundal glow	Seen	Seen
Lens	Lens changes	Lens change
Vitreous	Normal	Normal
Optic disc	Disc pale with crescents	Disc pale with crescents
Cup disc ratio	0.3mm	0.3mm
Foveal reflex	Normal	normal
Macula	Normal	normal
Rbv	Normal	normal

INVESTIGATIONS-
HB-11.5(g/dl)
RBC-4.06 (10*6/uL)
WBC-7.49(10*3/uL)
NEUT-3.70(10*3/uL)
LYMPHOCYTES –2.81(10*3/uL)
MONOCYTES-0.48 (10*3/uL)
PLATELETS-257 (10*3/uL)
ESR-10 mm/hr
BLOOD SUGAR-
FASTING-90 MG/DL
POSTPRANDIAL-144 MG/dl

Signs and Symtoms-

PRIMARY OPTIC ATROPHY	***VATAJ TIMIR*** **(**signs and symtoms seen in patient)
1)Reduction in acuteness of vision	*Drushtimandya*
2)concentric /irregular contraction of vision	*Vastu Chal,aavil,Tutak drushyaman*
3)Diminishment in light sense	*Aavil darshan*
4)Decrease in colour sensitivity	All colour blindness in patient.
RAPD (Relative Afferent Pupillary Defect	-
Pupils very sluggishly reacting /fixed,Dilated	Sluggish, reacting to light

ETIOPATHOGENESIS-[11,13]
Causes like Injury, multiple sclerosis, retrobulbar neuritis(idiopathic), Leber's, intracranial tumours, Toxic amblyopias and congenital anomalies.

↓
Degeneration or atrophy of axons by direct compression or toxic effect.
↓
Inflammation within or around the nerve.
↓
Ischemia by affecting blood supply.
↓
Disorder that produces swelling /oedema in and around the nerve.
↓
The optic nerve is affected.

TREATMENT-

- *Sarvadehik- SHODHAN SHAMAN*

1) Shodhan chikitsa –After *Aam Paachan* done with Oral medication we conduct,

- *Virechan karma* with *Ichchabhedi rasa* by *snehapan Mahatiktaka ghrut*.
- 4 sittings of
  1) *Mustadi Yapan Bast*

Contents-

Musta –Cyperus rotundus
Patha-Cissampelos Pareira
Amruta- Tinosporia Cordifolia
Bala –Sida cordifolia
Arand –Ricinus Communis
Rasna –Pluchea lanceolata
Punarnava – Boerhavia diffusa
Manjishta –Rubia cordifolia
Aragwadh –Cassia fistula
Usheer –Vetiveria ziazanioidis
Trayman –Gentiana kurroa
Bibhitak- Terminalia Bellirica
Kutki- Picorhiza kurroa
Shaliparni –Desmodium gangeticum
Bruhati- Solanum indicum
Kantakari- Solanum surratence
Gokshur –Tribulus terrestris
Madanphala –Randia spinosa
Kalka dravya –
Yashtimadhu –Glycyrhhiza glabra
Shatpushpa- Anethum sowa
Gavhala –Prunus mahaleb
Indrayava –Holarrhena antidysentrica
Rasanjana
Sarpi
Madhu and Saindhav

Dose -80ml (Basti prepared as per Ashtang Hriday Smhita)
Deepan pachan were given before administration of basti, with help of oral medications.
Time of Administration –After meal
Period of Administration-
4 sittings of Mustadi Yapan of 16 days was given as follows-

- First basti was given by Teel taila (40 ml)
- Sendly 14 consecutive Mustadi yapan basti (80ml) was given
- Then 16th basti was given by Teel taila (40ml)

DISCUSSION:

As discussed earlier the pathogenesis (*samprapti)*occurred in patient was *sarvadehik* followed by *sathanik*. So firstly, we decided for *shodhan karma*. As mentioned in ayurvedic text that *sarvadehika doshprakopa* is definitely responsible for *netragat vyadhi* Keeping above in mind,patient posted for *virechan karma* .For this *snehapan* with *Mahatikta ghrut* having *tikta rasatmak dravyas* was given.The *rakt viguntva* was corrected by *titkta ras.* We decided to do *snehapan* with *Mahatikta Ghrut* (which contains- *Saptaparna, ativisha,shampaka,Tiktarohini,Patha, Musta,Ushira, Triphala, Patola, Neem, Parpataka, Dhanvayasa, Chandan, Pippali,Gajapippali,Padmaka,Haridra, Daruharidra, Ugragandha, Vishaka, Shatavari, Sariva, Vatsakabija, Vasa, Murva, Amruta, Kiratatikta, Yashtimadhu, Trayamana, Amalaki phala, Ghrita) (Bhaishajya Ratnavali Kushta Adhikara* 118-124) and *Virechan karma* with *icchabhedi rasa*.

After *virechan karma,sansarjan krama* strictly followed.
Mustadi Yapan Basti given for 16 days.
The following are the properties of dravyas in *Mustadi yapan basti –*
Arand, Bala,rasna,punarnava ,laghupanchmula –are Vatashamak
Madanphal,manjishtha,Argwadh,usher,laghupanchmula – are Pittashamak
Trayman,Behada,patha,Muta,Madan phal –Kaphashamak
Yashti,Rasanjana –Chakshushya
Amruta,Manjishtha –Rasa –rakt prasadak
Amruta,bala –Rasayana
Mansaras,Ghrita – Bruhaniya
In such type of condition, firstly it Is necessary to treat vitiated *Vata* at its own territory. The drugs like *Madnphal,Argawadh,trayman,arand does srotoshodhan and corrects the kha –vaigunya*.Here we can see tha all six rasa are present in this combination along with *Mansrasa,Ghrita,Taila,Guda* and *Madhu* to show a cumulative effect of whole formulation of *Yapan Karma* is related with *Dharan,Poshan* and *Rogshaman*. The *Sanga* or Obstruction is removed because of *Katu Tikta Rasa*,but excessive use of these *Rasa* would cause *Vata prakop* and hence *madhur,amla,lavan yukt dravyas* will controls *vikrut Vata* and will give effect as *vaat shaman* , gives *bal* to *netrapatalas*,and *netranadi shirsha*.
The given treatment corrects the *dushit doshas, thus* giving nourishment to the *saptadhatu,as netra* is essence of *saptadhatu*.
Mustadi yapan basti has jeevaniya,rasanaya,balya,doshghna and chakushya karma ,hence due to it patient got improvement in visual aquity.Also he got relief from asthenopic symptoms .Also patient got improvement in height and complexion

ORAL MEDICATION-
1.*Saptamrut loha vati* 2 tabs BD with *triphala ghrut* (5ml) and *Madhu* (2.5 ml)
2. *Gandharva Haritaki choorna* 1 tsp with lukewarm water HS.
Triphala contain in triphala *ghrut* has *Nitya Virechan karma,* as *Netra* is *pittaj avayav*; hence *nitya virechan* is *Pathya* for *Netra*.
But *Triphala* as *ruksha gunn*,so with *Jeshthamadh sinagdhata gunn* ,it gets balanced; hence *ruksh gunn* doesn't get raised.
Loha Bhasma controls and increase and stabilize *rakt dhatu* and combination of *Ghrut* and *Madhu* as *anupaan* of *Saptamrut loha* acts as *Rasayan karma* and also create *shukshma gamitva*. Hence decrease the *Netrapatalgat Doshdushti*.

CONCLUSION:
As discussed above about Primary Optic Atrophy and its treatment; as per ayurvedic and modern view; the disease can be treated with *ayurvedic* medication. We can disrupt the pathophysiology *(samprapti bhang)* of disease. We can save the visual acuity of patient. Hence preventing from worsen condition that is Blindness.

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