

A Conceptual Study of *Manashiladi Rasakriyanjana* in *Kaphaj Timira* with Special Reference to Senile Immature Cataract

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Abstract

Acharya Vagbhata has mentioned that, in *Kaphaja Timira*, a person sees objects as *snigdha* (unctuous) and *shweta* (white) in color. He will perceive as if the objects are covered by *kunda*, *kumuda*, or *shankha*. *Acharya Sushruta* has specifically mentioned that the *rugna* (patient) will be able to see only large objects and will not be able to perceive smaller ones. He will feel as if some heavy objects are covering the front of his eyes. He also stated that the patient may perceive objects as if they are seen through water. These symptoms of *Kaphaja Timira* are more or less comparable with senile immature cataract. *Anjana* is one among the seven *Netra Kriyakalpas*. The procedure of applying medicine into the eye which produces clarity of vision is termed as *Anjana*. *Manashiladi Rasakriyanjana* is a unique *yoga* described in *Sushrut Samhita*; administration of this drug may reduce cataractous changes.

Keywords

Anjana, *timira*, cataract, *netra*.

Introduction

Derivation The word cataract (*cataracta*) is derived from the Latin word *cataracta* and the Greek word *katarraktes*, which mean a disease of the eye consisting of opacity of the crystalline lens or its capsule, which impairs or destroys vision.

Definition The term cataract has been used in a non-specific manner to indicate loss of transparency of the lens, usually in the context of vision loss. From a research perspective, cataract actually covers a number of lens changes, and they deserve clarification:

- **Lens opacity** – loss of transparency in a part or all parts of the ocular lens without visual loss or functional consequences.

- **Cataract** – lens opacities plus some level of visual loss.
- **Functional Cataract** – lens opacities causing visual loss sufficient to produce functional disability.

Other Minor Definitions

- Complete or partial opacity of the ocular lens.
- **Immature cataract** – a stage of partial lens opacification.
- **Mature Cataract** – both the nucleus and cortex are completely opacified.

Senile Cataract Also called age-related cataract, this is the commonest type of acquired cataract, affecting equally persons of either sex, usually above the age of 50 years. It is the leading cause of blindness worldwide, accounting for about 42% of all blindness. The incidence and prevalence of cataract are higher in developing countries compared with the developed ones. By the age of 70 years, over 90% of the population develops senile cataract. The condition is bilateral, but almost always one eye is affected earlier than the other. Rapidly developing cataract affects middle-aged persons (*pre-senile* type) and often shows hereditary tendency.

Definition of Timira According to *Shabda Kalpa Druman*, *timira* is a type of eye disease. It means that the eyes become wet. It also means that there is a blackout in the vision.

Risk Factors/Aetiology and Pathophysiology of Timira In authoritative textbooks of *Ayurveda*, there is no special mentioning of the risk factors/aetiology for *timira*. Risk factors/aetiology, in general, for all the eye disorders have been mentioned at the commencement of the description of *netra rogas*. Hence, the same can be considered even for *timira*. Sudden immersion of the body into water after exposure to intense heat, seeing distant objects continuously, improper sleep patterns, emotional disturbances, trauma,

excessive intercourse, intake of *amla* (sour) drugs excessively, exposure to heat, smoke, and other *pitta prakopaka* (*pitta* vitiating) factors that are *achakshushya* (not good for the eye) are the risk factors for *timira*. These, when indulged in, create vitiation of *pitta*, which moves through the *siras* (various channels) to the eyes, resulting in *timira*.

Aim

To evaluate the conceptual efficacy of *Manashiladi Rasakriyanjana* in the management of *Kaphaj Timira* with special reference to senile immature cataract.,

Objectives

1. To study the concept of *Kaphaj Timira* and its correlation with senile immature cataract.
2. To analyze the pharmacological properties of the ingredients of *Manashiladi Rasakriyanjana*.
3. To understand the mode of action of *Anjana* therapy in ocular disorders.

Methodology

This is a conceptual study based on a review of literature from classical *Ayurvedic* texts, including *Sushruta Samhita*, *Astanga Hrudaya*, and *Astanga Sangraha*, as well as modern ophthalmological texts., The study focuses on the classification of *Anjana*, the pathophysiology of *timira*, and the properties of the medicinal ingredients used in *Manashiladi Rasakriyanjana*.,

Classification of Anjana *Anjana* can be classified into various types on different bases. Based on action (*Karma*):

- *Susruta* has classified *Anjana* into 3 types – *Lekhana*, *Ropana*, and *Prasadana*.
- The same classification has been agreed upon by *Vagbhata* in *Astanga Hrudaya*, in which he uses the term

Drishtiprasadana for *Prasadana anjana*.

- *Vagbhata* in *Astanga Sangraha* classifies it into 4 types – *Lekhana*, *Ropana*, *Prasadana*, and *Snehana*.
- In other texts, the terms *Prasadana*, *Drishtiprasadana*, and *Snehana* are used. *Vagbhata* mentions that *Prasadana anjana* is also termed as *Pratyanjana*, as it is applied to remove the complications to the eye caused by applying *teekshna anjana*.

Discussion

In the present conceptual evaluation, *Manashiladi Rasakriyanjana* has been explored as a therapeutic intervention for *Kaphaj Timira*. *Anjana* therapy holds a significant place among *netra kriyakalpas* due to its direct action on ocular tissues. *Rasakriya Anjana*, owing to its concentrated and potent nature, allows prolonged contact of the drug with ocular structures, facilitating better absorption and a local therapeutic effect.

Ingredients of the Drug *Marich*, *Pippali*, *Shunthi*, *Manashila*, *Kasis*, *Shankha*, *Saindhava*, and honey in equal quantity according to *Shargadhara Samhita*.

Manashila: It is a drug or mineral of the *uparasa* group which occurs as bright red incrustations and coatings on other substances. The color is orange-yellow; transparent to translucent or opaque, but *Manashila* contains 71.1% *As* and 29.90% *S*. It catches fire when heated on charcoal and burns with a light blue flame, giving out dense clouds of arsenic fumes and the odor of *SO₂*. Its bright red color and its reactions for sulfur distinguish it from other minerals, and its softness, low specific gravity, and arsenic fumes distinguish it from cinnabar. On exposure to air and light, realgar gets oxidized, yielding orpiment (*As₂S₃*) and arsenolite (*As₂O₃*). Realgar occurs as bright red incrustations and coatings on other substances, as compact and granular masses, and as crystals

implanted on other minerals. Its crystals are short monoclinic and prismatic. Cleavage is distinct; it is sectile and has a soft conchoidal fracture and resinous luster.

• Properties and Action:

- *Rasa: Tikta, katu*
- *Guna: Snigdha, ushna, guru, sara*
- *Virya: Ushna*
- *Karma: Rasayana, lekha, vishaghana, shoshana, vranakara, bhutopdravanashini*
- Effect on *dosha: Kaphavatahara, kaphaghna*

Shunthi:

- Botanical Name: *Zingiber officinale*
- Family: *Zinziberaceae*
- *Shunthi* consists of the dried rhizome of *Zingiber officinale* Roxb., widely cultivated in India. Rhizomes are dug in January-February, buds and roots are removed, soaked overnight in water, decorticated, and sometimes treated with lime and dried.
- Properties and Action:
 - *Rasa: Katu*
 - *Guna: Laghu, snigdha*
 - *Virya: Ushna*
 - *Vipaka: Madhura*
 - *Karma: Anulomana, deepan, pachan, hrudya, vatakaphaghna*

Maricha:

- Botanical Name: *Piper nigrum* Linn.
- Family Name: *Piperaceae*

- It is a climber cultivated from Konkan southwards, especially in North Konkan, Kerala, and in Assam. Fully mature dried fruits are used. The fruits are grayish-black to black, hard, wrinkled, 0.4-0.5 cm in diameter with an aromatic odor. Its powder is blackish-gray in color and pungent to taste. They contain alkaloids (*Piperine*, *Chavicine*, *Piperidine*, *Piperetine*) and essential oils.

- **Properties and Action:**

- *Rasa: Katu, tikta*
- *Guna: Laghu, rooksha, teekshna*
- *Veerya: Ushna*
- *Vipaka: Katu*
- *Karma: Sleshmahara, deepana, medohara, pittakara, ruchya, kaphavatajit, vatahara, chedana, jantunashana*

Pippali:

- Botanical Name: *Piper longum* Linn.
- Family Name: *Piperaceae*
- It is a slender, aromatic climber with perennial woody roots, occurring in hotter parts of India from the central Himalayas to Assam up to the lower hills of West Bengal and the evergreen forests of the Western Ghats as wild. It is also cultivated in the North East and many parts of the South. The dried, immature, catkin-like fruits with bracts are used. They are greenish-black to black, cylindrical, 2.5 to 5 cm long and 0.4 to 1 cm thick, consisting of minute sessile fruits arranged around an axis. It is aromatic in odor and tastes pungent, producing numbness. Its powder is deep moss green in color. They consist of essential oils and alkaloids.

- **Properties and Action:**

- *Rasa: Madhura, katu, tikta*
- *Guna: Laghu, snigdha*
- *Virya: Anushna*
- *Vipaka: Madhura*
- *Karma: Deepana, hrudya, kaphahara, ruchya, tridosahara, vrushya, rechana, rasayana*

Shankha: Gastropoda is the largest class of Mollusca, containing 30,000 to 40,000 species and including snails, slugs, limpets, whelks, etc. The most characteristic feature of the class is the spirally coiled shell. These animals have a distinct head bearing tentacles, eyes, and mouth. The body is unsegmented and asymmetrical with a coiled shell. These are enclosed within a shell, and the visceral mass is spirally coiled, exhibiting torsion. The shell is a very hard and dense calcareous structure. It is in oblong or conical form. The oblong form is bulged in the middle and tapering at each end. The upper portion is like a corkscrew, twisted and tapering at the end. The upper surface is highly tuberculated; the undersurface is shining, very brittle, and translucent.

- *Sanskrit: Shankha*
- English Name: Conch
- Hindi: *Shankha*
- Chemical constituents: Carbonate of calcium, iron, magnesium, sulfate, phosphate, and chloride.
- Phylum: Mollusca
- Class: Gastropoda
- Subclass: Opisthobranchia
- Order: Pyramidellacea
- Latin Name: *Turbinella pyrum*
- **Shankha bhasma properties:**

- *Rasa: Katu, kshariya*
- *Guna: Grahi, guru, snigdha*
- *Vipaka: Madhura*
- *Virya: Sheeta*
- *Karma: Tridosahara*

Honey: In *Ayurveda*, honey is known by many names. The names differ from one region to another. However, the most common names are *Madhu, Makshika, Madwikam, Kshaudram, Saradham, Vantham, Varadi, Bringavanthan,* and *pushparasolbhavam*. There are eight different types of honey:

1. **Makshikam:** Used in the treatment of eye diseases, hepatitis, piles, asthma, cough, and tuberculosis.
 2. **Bhraamaram:** Used in the treatment when blood is vomited.
 3. **Kshoudram:** Used in the treatment of diabetes.
 4. **Pauthikam:** Used in the treatment of diabetes and urinary infection.
 5. **Chathram:** Used in the treatment of worm infestation, when blood is vomited and diabetes.
 6. **Aardhyam:** Effective for eye diseases, cough, and anemia.
 7. **Ouddalakam:** Increases taste and *swara shudhi*.
 8. **Daalam:** It increases digestion and helps in the treatment of cough, vomiting, and diabetes.
- Zoological name: *Apis mellifica*
 - Class: Hymenoptera
 - It is collected from beehives or honeycombs, where it is deposited by honeybees. It occurs in the nectarines of flowers where it is sucked by bees and then stored up in the comb.

- **Properties:** It is a viscid, saccharine substance, semi-translucent liquid, of light-yellowish brown color, with an aromatic odor and a sweet acrid taste.

- **Constituents:** Grape sugar or dextrose, fruit sugar or levulose, wax, volatile oil, proteids, mucilage, coloring matter, formic acid, and ash rich in carbohydrates. Some of the substances contained are pollen dust, ethereal oil, various phosphates, lime (calcium), and iron. Most of the elements found in the human body are found in honey in small proportions. Honey contains both fat-soluble and water-soluble principles. Honey contains a special protein secreted by bees. In addition, it contains a diastatic ferment similar to that of saliva having the power of converting starch into sugar. Honey is a demulcent and laxative.

- **Properties and Action:**

- *Rasa: Madhura*
- *Guna: Laghu, ruksha*
- *Virya: Ushna*

Saindhava:

- **Sanskrit Name:** *Saindhava, Sheetashiva* (because it is coolant in nature), *Sindhuja* (found in the Sindh region of Punjab), *Naadeya* (found in the banks of rivers), *Manimantha*.

- **Vernacular Names:**

- English – Himalayan salts, Himalayan rock salts, Himalayan pink salt, Halite.
- Hindi – *Sendha namak, Sendha lon*.
- Marathi – *Shende lon*.
- Gujarati – *Sindhalun*.
- Bengali – *Saindhava lavan*.

- As per *Charaka*, it is one of those ingredients that can be taken on a daily basis (*pathya*).
- **Properties:** *Rochana* (improves taste), *dipana* (improves digestion strength), *vrushya* (acts as aphrodisiac), *chakshushya* (good for eyes, helps to reduce infections), *avidahi* (unlike regular salts, *Saindhava lavana* does not cause a burning sensation), *hrudya* (good for heart), *hikkanashana* (useful in hiccups).
- As per *Sushruta Samhita* 45/132 and *Ashtanga Hridaya Sutrasthana* 5/51-52, *Saindhava lavana* is *madhura* (sweet), *kashaya anuras* (astringent sub-taste), *sheeta* (coolant), improves appetite and digestive fire (*agnideepana*), *varnya* (improves skin complexion), improves voice quality, and is *laghu* (light to digest). *Saindhava lavana* or rock salt is considered best among all salts. It is advised for daily use as per *Ayurveda*.

Kasisa: *Kasisa* is a green-colored mineral of iron which is chemically ferrous sulfate. In *Rasaratnasumuchaya*, its two varieties, *valuka kasisa* and *pushpa kasisa*, are mentioned; *valuka kasisa* and *pushpa kasisa* are the same and may be called *dhatukasisa* also. It is greenish and granular; the *pushpa kasisa* is yellowish. *Valuka kasisa* converts itself into *pushpa kasisa* over time on account of exposure to the atmosphere. *Valuka kasisa* is soluble in water while *pushpa kasisa* is insoluble. In the local market, it is sold by the name of *Hirakasa* and is available in the form of big crystals. Nowadays, it is also prepared artificially by the reaction of sulfuric acid on iron. In *Rasaarnava*, its white and black varieties are also mentioned along with the yellow variety. The white variety is due to the mixture of chalk, or it may be an intermediate state of conversion of *valuka kasisa* to *pushpa kasisa*. The black variety is due to the mixture of black soil with *kasisa*.

- **Pharmacological Properties:**

- *Rasa: Amla, kashaya*
- *Guna: Snigdha*
- *Virya: Ushna*
- *Karma: Balya, netrya, keshranjana, aartavjanana, vatashlemahara*

Conclusion

Kaphaj Timira described in *Ayurveda* closely correlates with senile immature cataract based on clinical features and disease progression. *Manashiladi Rasakriyanjana*, owing to its *kapha shamak*, *lekhana*, and *chakshushya* properties, acts directly on ocular tissues and helps in reducing visual disturbances such as blurred vision. Although reversal of lens opacity is not anticipated, early intervention may slow disease progression and improve functional vision. *Rasakriyanjana* offers a non-invasive and cost-effective therapeutic option in the initial stages, potentially delaying surgical intervention. Further clinical studies are required to substantiate its efficacy and therapeutic role.

References

1. Badrinath S. Sharma T, Biswas J, Srinivas V. A case control study of senile cataract in a hospital based population. *Indian J Ophthalmol* 1996;44:213-7.
2. Sadashiva HS, editor. *Ashtanga Hridaya* of *Vagbhata, Uttara Sthana; Linganasha pratishedham*. 1st ed., Ch. 14, Verse 1. Varanasi: Chaukhambha Sanskrit Sansthan; 2011. p. 826.
3. Anant Ram Sharma editors. *Sushruta Samhita* of *Sushruta, Uttara Sthana; Drishtigataroga Pratishedhadhyay*. 1st ed., Ch. 17. Verse 43 Varanasi: Chaukhambha Sanskrit Sansthan; 2010. p. 113.

4. Sihota R, Tandon R editors. The Lens. In: Parson's diseases of the eye. 21st ed. Uttar Pradesh. Elsevier Publications; 2011. pp. 256.
5. Shun-Shun GA. Lens and Cataract: Anatomy of the Lens. In: John MS, David LE editors. Oxford textbook of Ophthalmology. 1st ed. Oxford: Oxford University Press; 1999. p. 453-6.
6. Khurana AK. Diseases of the Lens. In: Comprehensive Ophthalmology. 4th ed. New Delhi: New Age International Limited; 2007. p. 168-9.
7. Darren WA, John JH. Lens and Cataract: Physiology and Biochemistry. In: John MS, David LE editors. Oxford textbook of Ophthalmology. 1st ed. Oxford: Oxford University Press; 1999. p. 458.
8. Robert AW. Lens and Cataract: Ageing changes in the lens. In: John MS, David LE editors. Oxford textbook of Ophthalmology. 1st ed. Oxford: Oxford University Press; 1999. pp 465.
9. Khurana AK. Physiology of eye and vision. In: Comprehensive Ophthalmology. 4th ed. New Delhi: New Age International Limited; 2007. p. 170.

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