



Conceptual Study of Prathama Patalagata Timira (Incipient Presbyopia) – A Review

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ABSTRACT

Timira is a disease of Drishtimandala attributing wide range of clinical condition starting from mild blurring of vision to the potential risk of permanent vision loss. Presbyopia is not an error of refraction but a condition of physiological insufficiency of accommodation leading to a progressive fall in near vision. The concept of Incipient Presbyopia is almost parallel to the concept of prathama patalagata Timira described in the chapter of Drishtigata Roga. Hence an attempt has been made to understand the correlation of Prathamapatalagata Timira with special reference to Incipient Presbyopia.

Keywords: *Prathama palagata Timira, Incipient Presbyopia.*

INTRODUCTION

Timira is one among the drishtigata rogas explained by all Acharyas. Sushruta has described Timira as a Ghora Roga that produce visual disturbance due to vitiation of Doshas in various Patalas of the eye¹. Charaka has included Timira in the Nanathmja Vata Vyadhis, Chakrapani clarifies that Vata has an important role to play in Timira though there is association of other Doshas. Patala is one of the structures in Netra Sharira. There are six netra Patalas, two bahya vartmagata patalas and four abhyantara patalas. When the vitiated doshas will move in upward direction and reach the first patala of the eye, Patient will have blurred vision. The Patalas are considered as important as Drishti, because of the pathogenesis of Drishtigata Rogas, especially Timira has been described in terms of involvement of successive Patala. The prognosis of the disease also depends upon the involvement of respective Patala.

Presbyopia is a natural age-related visual impairment.² It results from the gradual decrease in accommodation expected with age and can have multiple effects on the quality of vision and quality of life. As the amplitude of accommodation diminishes, the range of clear vision may become inadequate for the patient's commonly performed tasks. The impact of this process varies from one person to another. Those who are involved in more frequent or more demanding near vision tasks are likely to have more difficulty. Because the need to read and work at near and intermediate distances is important in all industrialized societies, presbyopia has both clinical and social significance.

PRATHAMA PATALA^{3,4} : The first patala is described as "Tejojalashrita". According to Dalhana, the word Teja means Alochaka Pitta and so Siragata Rakta can be taken as Teja. Jala according to him implies Rasa Dhatu. So it can be considered that the first Patala is the Ashraya for Rasa and Rakta Dhatus. There will be vitiation of Rasa and Rakta Dhatus, in all the clinical conditions where first Patala is involved. This stage is characterized by Avyakta darshana by Acharya Sushruta.⁵ It is also termed as Animitta avyakta rupa darshana by Acharya Vagbhatta.⁶ The anatomical consideration of the patalas as symptoms of vitiated doshas situated in these constitutes Timira. As the disease vitiates the superficial Dhatus only, the prognosis will be good.

PRATHAMAPATALAGATA TIMIRA The disease Timira is produced when the vitiated doshas are situated in the first and second patala. When the vitiated doshas affects the third patala, it is termed as

kacha and when it involves the fourth patala, it is linganasha. Avyakta darshana (Indistinct near vision) is a symptom produced due to affliction of first Patala. Cardinal symptoms of Incipient Presbyopia that is difficulty in near vision is present in Prathama patalagata Timira. Timira, kacha and linganasha are the progressive stages of a disease. When Timira is limited to first patala, it is sadhya and here Prathama patalagata Timira is correlated with Incipient Presbyopia.

PRESBYOPIA: Presbyopia is explained as age-related hardening of the lens substance and an associated inability of the lens to be molded by the tension exerted by capsular forces. Although early studies focused on the roles of lens capsule and the ciliary body, diminution of accommodation with increasing age continues to be attributed to hardening or sclerosing of the nuclear lens tissue and reduced elasticity of accommodative mechanism. Recent A-scan ultrasonography and magnetic resonance imaging (MRI) studies have shown that the lens capsule becomes less elastic after age 35.⁷ The age of onset of presbyopia is usually between 38 to 45 years, and the prevalence is 100 % by age of 55.⁸ The global prevalence of Presbyopia is predicted to increase from 1.04 billion in 2005 to 1.37 billion by 2020 and to 1.78 billion by 2050.⁹ It is the commonest aging defect affecting the eyes leading to impairment of near vision. The onset of Presbyopia is gradual. Typically, between the ages of 38 to 43 years these changes reach the stage at which accommodative amplitude becomes inadequate for his or her visual needs.¹⁰

Presbyopia, affects all primates, blurred vision and the inability to see fine details at the customary near working distance are the hallmarks of presbyopia. Without treatment, it becomes difficult or impossible to see fine details at near distances. Presbyopia can be classified under five types, Incipient Presbyopia, Functional Presbyopia, Absolute Presbyopia, Premature Presbyopia and Nocturnal Presbyopia.

INCIPIENT PRESBYOPIA: Also referred to as borderline, beginning, early, or pre-presbyopia. Incipient presbyopia represents the earliest stage at which symptoms or clinical findings document the near vision effects of the Reading small print requires extra effort. Typically, the patient's history suggests a need for a reading addition, but the patient performs

well visually on testing and, given the choice, may prefer to remain uncorrected.

For the patient with incipient presbyopia, appropriate management depends upon his or her specific vision needs. The patients who does little near work, or who does not experience significant difficulties or discomfort from doing near work, probably does not require correction. Such patients should be advised for periodic re-evaluation. The clinician may also advise them of ways to compensate for reduced accommodative ability, such as increasing the amount of available light or moving the reading material or computer screen further away.¹¹

CONCLUSION: One of the symptom 'Reading small print requires extra effort' has been mentioned under Incipient Presbyopia. The clinical features described for incipient presbyopia are having similarities with the Prathama Patalagata Timira. The evaluation and the management of presbyopia are important because significant functional deficits can occur when the condition is left untreated.

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