

## REVIEW ARTICLE

# Deciphering *Timira*: A Critical appraisal of Visual Pathologies in Ayurveda

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### ARTICLE INFO

#### Article history:

Received on: 11-04-2025

Accepted on: 13-05-2025

Published on: 31-05-2025

#### Key words:

Ayurveda,  
Cataract,  
*Dosha*,  
*Drishtigata Rogas*,  
Refractive Errors,  
*Timira*,  
Visual Disorders

### ABSTRACT

**Introduction:** Visual disturbances are prevalent in ophthalmic practice, significantly impacting daily life. Ayurveda classifies such disorders under *Drishtigata Rogas*, with *Timira* being a primary condition characterized by progressive vision loss due to *Dosha* accumulation in the eye's *Patalas* (layers).

**Methods:** This review analyzes classical Ayurvedic texts – *Sushruta Samhita*, *Charaka Samhita*, and *Ashtanga Hridaya*—to elucidate *Timira*'s etiology, pathogenesis, and clinical features. The *Nidana Panchaka* framework (causative factors, prodromal symptoms, clinical features, therapeutic assessment, and pathogenesis) guides the understanding of *Timira*'s progression and management.

**Results:** *Timira* progresses as vitiated *Doshas* ascend through *Rupavaha Siras* into the ocular *Patalas*, causing sequential visual deterioration across four stages – from blurred vision (early refractive errors) to complete blindness (optic nerve damage). *Dosha*-specific features include *Vataja*: motion-like haziness, *Pittaja*: Light flashes and halos, *Kaphaja*: dull, cloudy vision, and *Raktaja*: multicolored darkness. These manifestations align with modern conditions, such as myopia, cataracts, and retinal diseases.

**Conclusion:** Ayurveda's detailed classification of *Timira* offers a comprehensive framework for understanding visual disorders. The correlation between *Timira*'s stages and modern ophthalmic conditions underscores the potential of integrative approaches in diagnosis and treatment, bridging traditional knowledge with contemporary eye care practices.

## 1. INTRODUCTION

Visual disturbances are among the most common complaints presented by patients in ophthalmic outpatient departments, which can impact daily functioning. In Ayurvedic literature, such disturbances are classified primarily under *Timira*, *Kacha*, and *Linganasha*, as described by all major Acharyas. Acharya Sushruta enumerates 12 types of *Drishtigata Rogas* (diseases affecting the visual apparatus), while Acharya Vagbhata describes 27. Among these, *Timira* is considered a significant clinical entity under the broad category of *Drishtigata Rogas*. Acharya Sushruta regards *Timira* as a *Ghora Roga* (grave disorder), characterized by progressive visual disturbance due to the

pathological accumulation of *Doshas* in the various *Patalas* (layers) of the eye.<sup>[1]</sup> Acharya Charaka includes *Timira* under *Vata-Nanatmaja Vyadhis*,<sup>[2]</sup> highlighting the predominant role of *Vata Dosha* in its pathogenesis, a view further clarified by Chakrapani, who notes the involvement of other *Doshas* in conjunction with *Vata*.<sup>[3]</sup>

In Ayurveda, the understanding of any disease, including *Timira*, is fundamentally structured around the concept of *Nidana Pancaka*, a fivefold diagnostic framework. This includes: (1) *Nidana* (causative factors), referring to the identification of etiological contributors such as improper diet, faulty lifestyle, and environmental exposures; (2) *Purvarupa* (prodromal symptoms), which are subtle early signs that mark the onset of disease; (3) *Rupa* (clinical features), representing the fully developed symptomatology confirming the disease; (4) *Upashaya* (therapeutic assessment), the diagnostic value gained by observing the response to certain therapeutic interventions; and

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(5) *Samprapti* (pathogenesis), the detailed understanding of disease progression through *Dosha* vitiation and its impact on the visual apparatus. These five elements enable a comprehensive approach to diagnosis and individualized treatment planning.

## 2. AYURVEDIC CONCEPTUALIZATION OF *TIMIRA*

### 2.1. Definition and Classical References

*Timira* is considered a *Ghora Roga* (serious disease) in Ayurvedic texts, where visual disturbance arises due to the vitiation and accumulation of *Doshas* in the *Patalas* (layers) of the eye (Sushruta Samhita, Uttara Tantra). Charaka lists *Timira* among *Vata Nanatmaja Vyadhis*, indicating its primary association with *Vata Dosha*, although *Pitta* and *Kapha*'s involvement is also evident (Charaka Samhita, Sutra Sthana).

### 2.2. Etiology (*Nidana*)

Causes of *Timira* are broadly categorized into general and specific etiological factors:<sup>[4]</sup>

- Overuse, misuse, and disuse of visual organs (*Atiyoga, Mithyayoga, Ayoga*)<sup>[5]</sup>
- Lifestyle and dietary causes such as *Diwaswapna* (day sleeping), *Vegadharana* (suppression of natural urges), *Atimaitihuna* (excessive sexual activity), and intake of *Viruddha Ahara* (incompatible food).<sup>[6]</sup>
- Direct trauma to eye structures, particularly to *Avarta* and *Apanga marmas*.<sup>[7]</sup>
- Environmental exposures, such as bright lights, microscopic visual strain, smoking and extreme temperature changes.

These factors affect ocular function either by increasing oxidative stress (as seen in smoking-induced cataracts) or through local *Dosha* imbalances that impair ocular nutrition and structure (Harita Samhita).

## 3. PATHOGENESIS (*SAMPRAPTI*)

The pathological course of *Timira* begins with *Dosha* accumulation in the head and ascension through *Rupavaha Siras* (visual channels) into the eye.<sup>[8]</sup> The localized presence of *Doshas* in specific *Patalas* progressively impairs vision:

- **First *Patala*:** At this stage, blurring of vision occurs intermittently.<sup>[9]</sup> Acharya Vagbhata describes this condition as *Animitta Avyakta Rupa Darshana*,<sup>[10]</sup> indicating occasional indistinct perception of forms without any obvious cause. Similarly, Acharya Madhava refers to it as *Kadachit Avyakta Darshana*, emphasizing the sporadic nature of the visual disturbance. Acharya Indu illustrates the nature of vision in this stage through the analogy of a lamp covered with a cloth – while the light is dimmed, it is not completely obstructed. In the same way, even with the accumulation of *Doshas* in this *Patala* (ocular layer), the individual retains a degree of visual clarity.
- **Second *Patala*:** This stage is characterized by *Vihwala Darshana* (confused and hazy vision) and *Gochara Vibhrama* (distortion in the perception of distance).<sup>[11]</sup> In *Vihwala Darshana*, the patient experiences visual hallucinations or illusions, such as perceiving non-existent flies, hairs, cobwebs, circles, mirages, or earrings. The individual may feel as though objects are constantly moving around them. Vision becomes progressively diminished, and objects appear as if seen through a veil of rain or clouds. *Gochara Vibhrama* refers to errors in spatial perception, where distant objects appear closer, and nearby objects seem far away.

A diagnostic reference often used is *Suchipasham Na Pashyate*,<sup>[12]</sup> which assesses near vision. The patient is unable to see the eye of a needle clearly, despite making efforts to do so. The symptoms associated with the involvement of the second *Patala* (ocular layer) can correlate clinically with conditions such as choroiditis, cyclitis, vitreous opacities, ciliary muscle paralysis, cataract, chronic irido-choroiditis, refractive errors, and astigmatism.

- **Third *Patala*:** When the vitiated *Doshas* progress further and localize in the deeper ocular structures, the condition is termed *Kacha*. Acharya Sushruta describes several distinct clinical features associated with this stage:<sup>[13]</sup>
  - a. The patient is only able to perceive objects situated above and below their visual axis.<sup>[14]</sup>
  - b. Larger objects appear indistinct or blurred, as though covered by a thin cloth
  - c. The patient perceives human figures as lacking distinct features such as ears, nose, and eyes
  - d. When *Doshas* lodge in the lower part of the *Drishti* (visual axis), near vision becomes impaired, resembling hypermetropia
  - e. When the upper part is affected, distant vision becomes blurred, correlating with conditions such as myopia or astigmatism
  - f. Involvement of the lateral regions of *Drishti* leads to peripheral visual loss, as seen in glaucomatous visual field defects, retinal detachment, and retinitis pigmentosa
  - g. *Doshas* localized in the central part of the *Drishti* may cause diplopia, where objects appear split or doubled
  - h. When *Doshas* are distributed all around the *Drishti*, objects appear overlapped and distorted
  - i. Multiple loci of *Dosha* accumulation may result in polyopia (one object appearing as many), as observed in keratoconus
  - j. In cases of unstable or fluctuating *Dosha* distribution, the patient may perceive several images of a single object, suggestive of unstable vision or ghosting
  - k. Acharya Vagbhata elaborates on these clinical manifestations in the context of *Timira* involving the second *Patala* (deeper ocular tissues).<sup>[15]</sup> At this stage, the condition progresses to *Kacha*, characterized by *Raga* – a loss of transparency of the *Drishti* (visual media). The eye may exhibit multicolored hues or discoloration, indicative of the predominance of specific *Doshas*
  - l. These clinical features have parallels in various ocular pathologies such as lenticular opacities, lens dislocation, retinal detachment, optic neuritis, amblyopia, and pupillary exudates
  - m. Considered as *Kacha*, where larger objects appear blurred and visual field losses manifest.
- **Fourth *Patala*:** Leads to *Linganasha* or total vision loss.

## 4. CLASSIFICATION OF *TIMIRA*

### 4.1. Based on *Doshas*

- *Vataja*
- *Pittaja*
- *Kaphaja*
- *Raktaja*
- *Samsargaja* (dual-*Dosha*)
- *Sannipataja* (*Tridosha*).

## 4.2. Based on *Patalagata* Involvement

Clinical features vary with the depth of *Dosha* involvement:

- First *Patala*: Occasional blurred vision akin to early refractive errors
- Second *Patala*: False perception of objects, halos, and light distortions – correlating with incipient cataract or vitreous floaters
- Third *Patala*: Moderate to severe vision loss, visual field defects – similar to immature and hypermature cataracts, retinal disorders
- Fourth *Patala*: Complete loss of vision – correlates with mature cataract, optic nerve damage, or advanced glaucoma.

## 5. DOSHA-SPECIFIC FEATURES AND CORRELATIONS

### 5.1. *Vataja Timira*

*Vataja Timira*, a condition rooted in the vitiation of *Vata Dosha*, presents with a spectrum of visual disturbances described in classical Ayurvedic texts.

Acharya Sushruta describes the hallmark features of *Vataja Timira* as a perception of motion in stationary objects, accompanied by visual haziness and distortion. Objects appear reddish in hue with irregular, tortuous outlines.

Acharya Vagbhata further elaborates the clinical manifestations with greater specificity:<sup>[16]</sup>

- *Vyaviddha Darshana*: Straight lines appear curved, akin to metamorphopsia observed in age-related macular degeneration (ARMD).<sup>[17]</sup>
- *Chala-Avila-Arunabha Darshana*: Objects appear as if moving, hazy, and tinged with orange-red hues. This resembles oscillopsia, often linked to nystagmus or central visual processing disorders, including superior canal dehiscence syndrome.<sup>[18]</sup>
- *Prasannam Chakshur Muhuh*: Intermittent episodes of clear vision are reported.
- Perception of non-existent entities, such as cobwebs, hairs, or flies, comparable to vitreous floaters.

If untreated, *Vataja Timira* may progress to *Vataja Kacha*, characterized by:

Ocular redness and partial visual perception – faces may appear devoid of features, such as ears or nose, indicating cortical misinterpretation as seen in higher visual center dysfunctions involving the temporal, occipital, parietal, and frontal lobes.

Polyopia: Luminous objects, such as the moon or lamps may appear multiplied, a symptom common in cataracts.

- Distortion in line perception, either curved or straight, consistent with forms of metamorphopsia.
- Persistent foggy vision.

In the terminal stage, *Vataja Linganasha*, the visual apparatus deteriorates further:

The eye appears reddish, rough, and unstable, with potential for either mydriasis or miosis. The pupil develops a distinct reddish-orange (*Arunabha*) hue, culminating in complete vision loss due to the contraction of the visual pathways (*Drik Sira Sankocha*).

These detailed classical descriptions not only reflect the profound clinical insight of ancient seers but also exhibit correlations with modern neuro-ophthalmological conditions, warranting further research into integrative diagnostics and therapeutics.

### 5.2. *Pittaja Timira*

In *Pittaja Timira*, patients report visual phenomena such as:

- Flashes of light resembling glow worms (*Khadyota*) or electrical sparks (*Vidyuta*), analogous to photopsia seen in retinal tears, detachment, and migraines.<sup>[19]</sup>
- Colored halos (*Indradhanusha Darshana*), commonly associated with early cataract, acute congestive glaucoma, keratoconus, dry eyes, mucopurulent conjunctivitis, photokeratitis, Fuch's dystrophy, ocular migraines, post-LASIK effects, and contact lens use.
- Visual glare or lightning-like sensations, as observed in cataract and ARMD.
- Perception of variegated colors, such as bluish and blackish hues, similar to peacock feathers.

In the advanced stage of *Pittaja Kacha*, the pupil may appear yellowish or bluish, and visual perception becomes tinted in these hues. Patients may also falsely perceive luminous objects, such as the sun, moon, or rainbow.

In *Pittaja Linganasha*, vision is further compromised, with persistent visual perception in bluish, yellowish, or metallic tones. These symptoms closely resemble clinical presentations of polychromatic cataracts, including cataracta nigra, cataracta brunescens, cataracta rubra, blue dot cataract, and Christmas tree cataract.

### 5.3. *Kaphaja Timira*

*Kaphaja Timira* is characterized by a perception of objects as lusterless, white, and cloud-like. Patients report micropsia (objects appearing smaller), monochromatic white vision, and a sensation of viewing through water, indicative of distorted and veiled visual perception.<sup>[20]</sup>

This condition correlates with early stages of immature cataract, including lamellar separation and the incipient stage. Involvement of the second *Patala* manifests as blurred vision (both near and distance), polyopia, diplopia, visual floaters, glare, and difficulty in tasks, such as threading a needle – symptoms commonly associated with immature cortical cataract. These features also align with early nuclear cataracts, where patients experience veiling luminance and reduced contrast sensitivity, even in the absence of visible lens changes.

Acharya Vagbhata describes the visual field in *Kaphaja Timira* as moist and white, resembling *Shankha* (conch), *Indu* (moon), *Kundakusuma* (jasmine), and *Kumuda* (white lotus), which correlates with slit-lamp findings in early cortical opacities.<sup>[21]</sup>

In *Kaphaja Linganasha*, as per Acharya Sushruta, the pupil and lens become dense, smooth, and white, with descriptions, such as a conch shell or shining water droplet on a lotus leaf.<sup>[22]</sup> Pupil behavior is altered: constricted in sunlight, dilated in dim light, and widens on rubbing—features consistent with a mature cataract.

### 5.4. *Raktaja Timira*

In *Raktaja Timira*, patients perceive objects in variegated hues, such as dark green, grey, black, and smoky tones, often accompanied by a pervasive sense of darkness in the visual field.<sup>[23]</sup>

As the condition advances to *Raktaja Kacha*, the *Drishti* (visual field) develops a blood-red or blackish discoloration. In the terminal stage, *Raktaja Linganasha*, the visual appearance becomes tinted with coral-red or red-lotus petal hues, indicating severe retinal or optic pathology.

These descriptions suggest progressive vascular involvement affecting ocular tissues, possibly correlating with conditions, such as retinal hemorrhages, central retinal vein occlusion, or advanced optic neuropathies.

### 5. 5. Samsargaja and Sannipataja

Samsargaja Timira (also known as Parimalayi Timira), caused by the combined vitiation of Pitta (supported by Rakta) and Vata, is characterized by yellow-tinted vision, with patients perceiving the landscape as bathed in a yellow hue and visualizing only the rising sun. Glow worms and flashes of light appear interspersed among trees.<sup>[24]</sup> Notably, vision may spontaneously improve, suggesting intermittent relief. This presentation aligns with hypermature cataract, where liquefaction and partial absorption of lens matter can transiently improve vision.

In Sannipataja Timira, where all three *Doshas* are involved, patients report variegated colors, scattered or overlapping images, diplopia, polyopia, and persistent visualizations of luminous objects. These features suggest profound disruption of the visual pathway and are indicative of complex or end-stage ocular pathology.<sup>[25]</sup>

### 6. CONCLUSION

*Timira*, as described in Ayurveda, presents a structured progression from subtle visual disturbances to complete vision loss. The depth and specificity of *Dosha* involvement along with *Patala*-based classification offer a unique framework to interpret a wide spectrum of visual disorders. Modern parallels such as refractive errors, various types of cataracts, and degenerative retinal conditions find remarkable descriptions within the Ayurvedic texts. An integrative, research-backed approach can further leads to better understanding and treatment options, benefiting both traditional and contemporary ocular health systems.

### 7. ACKNOWLEDGMENTS

Nil.

### 8. AUTHORS' CONTRIBUTIONS

All the authors contributed equally in the design and execution of the article.

### 9. FUNDING

Nil.

### 10. ETHICAL APPROVALS

This study not required ethical approval as it is a review study.

### 11. CONFLICTS OF INTEREST

Nil.

### 12. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

### 13. PUBLISHERS NOTE

This journal remains neutral with regard to jurisdictional claims in published institutional affiliation.

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**How to cite this article:**

Thakur A, Goud PK, Rajagopala M. Deciphering Timira: A Critical appraisal of Visual Pathologies in Ayurveda. IRJAY. [online] 2025;8(5);64-68.

**Available from:** <https://irjay.com>

**DOI link-** <https://doi.org/10.48165/IRJAY.2025.80511>