Dry Eyes (Shuskakshipaka) and its management through Ayurveda: A case study

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Abstract-

Dry eye is one of the most commonly observed problem in routine ophthalmic practice. At present, the treatment present in modern medicine is not sufficient. The main aim of treatment is to relieve symptoms and give supplementation for existing tears by artificial tear drops, gels and ointments & punctum occlusion. Prevalence from around 5% to 35 % difference that might be due to sampling methods & population demographics.1 Ayurvedic principle and procedure like Pariseka Tarpana and other kriyakalpa may relief symptoms of Dry eyes (Shushka-Akshipaka).

Keywords: Dry Eyes, Asthenopic symptoms, Tarpana, Nasya, Sukshakshipaka.

Introduction-Now-a-days man and science achieved high peaks in field of medicine with help of various equipment and technology. However, Ayurveda having vedic essence, is still sharing high profile in serving mankind with its own principles and philosophy. Shalakya Tantra is the one mainly dealing with diseases and management, occurring above the clavicle.

Acharyas have explained in detail about various Netraroga and its classifications. Shushkakshipaka is one among the Sarvagata, Sadhya Netra Roja2. Characterized by Kunitha (photophobia), Avila Darshana (blurred vision), Gharsha (irritation), and Toda...
(pricking type of pain)\[^3\]. According to Sushruta, Vata Dosha is involved. According to Vaghbhata, Vata and Pitta Dosha are involved. Dry eye is not a disease entity, but a symptom complex occurring as sequelae to deficiency or abnormalities of tear film. In Sushruta Samhita similar condition is termed as Shushkakshipaka, which matches etymological derivation and clinical picture. Shushkakshipaka can be correlated with Dry Eye Syndrome which is characterized by Burning Sensation in the eyes, dryness, foreign body sensation and other ocular discomfort which interfere with normal routine functioning. If left untreated it may lead to many serious complications like corneal ulcer, leucoma and may also lead to sight threatening complications.\[^4\]

Hence there is a need to find a safe and effective medication. Early detection and timely management of this disease is important to prevent long term sequels and sight threatening complications. Hence the present study is taken up to assess the effect of Laghutriphala Ghrita Tarpana and Anutaila Nasya in the management of Shushkakshipaka (Dry Eye Syndrome).

**Aims** – To study role of Ayurveda in management of Dry eyes with special reference to Shushka-akshipaka.

**Objective**- To study role of Ayurveda to reduce Symptoms of Dry eyes with special reference to Shushka-akshipakain modern era.

**Material and Method**- Single clinical trial Tarpana with LaghutriphalaGhrita was given for 7 days with 7 days gap after that Nasya with Anutaila for 7 days with 7 days gap along with 10 min regular eye exercise this treatment was followed alternatively with 2 settings for 2 months.

**Case Study:** A 27 years old male, Hindu by religion, student presented at the OPD of our hospital having complaints of burning sensation in both eyes, foreign body sensation, ocular discomfort both eyes and dryness in eyes since 3 months. Patient was all right before 3 months then gradually he started developing burning sensation of both eyes and dryness in eyes since 3 months. After getting history the patient work daily 2 hr on computer and used smartphone frequently.

**Slit lamp examination**

Right eye- Normal
Left eye-Normal
Conjunctiva- Congestion present
Cornea-Clear
Anterior Chamber-Normal depth
Iris-Colour pattern normal
Pupil-Normal size reacting to light
Lens-No opacity present
Visual acuity- Right eye-6/6

Left eye-6/6
Ophthalmoscopy-B/L Red reflux present, optics Disc, Macula, Blood vessels normal.
G.C. – moderate, afebrile
R.S.-AE=BS
CVS-S1 S2 normal

Table: 1 ASSESSMENT CRITERIA

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>+</td>
<td>++</td>
</tr>
<tr>
<td>1. Foreign body sensation</td>
<td>Absent</td>
<td>On exposure to wind</td>
<td>During work</td>
</tr>
<tr>
<td>2. Ocular discomfort/pain</td>
<td>Absent</td>
<td>On exposure to wind</td>
<td>During work</td>
</tr>
<tr>
<td>3. photophobia</td>
<td>Absent</td>
<td>In diffuse light</td>
<td>In day light</td>
</tr>
<tr>
<td>4. Schirmer Test</td>
<td>15-30 mm</td>
<td>10-15 mm</td>
<td>6-10 mm</td>
</tr>
<tr>
<td>5. TBUT</td>
<td>15-35 second</td>
<td>15-10 second</td>
<td>10-5 second</td>
</tr>
</tbody>
</table>

Investigation-
Vision- 6/6 BE, Conjunctiva- Moderate redness, Cornea- clear.

Blood/Urine Exam

<table>
<thead>
<tr>
<th>Blood</th>
<th>Value</th>
<th>Urine</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb%</td>
<td>12.7gm%</td>
<td>Albumin</td>
<td>Nil</td>
</tr>
<tr>
<td>TLC</td>
<td>8700cu/mm</td>
<td>Sugar</td>
<td>Nil</td>
</tr>
<tr>
<td>ESR</td>
<td>12/mm</td>
<td>Micro</td>
<td>NAD</td>
</tr>
<tr>
<td>BSL-R</td>
<td>88mg/dl</td>
<td>PH</td>
<td>Acidic</td>
</tr>
</tbody>
</table>

DIAGNOSIS: The condition was diagnosed as dry eye syndrome – *Shushkakshipaka*.

MANAGEMENT AND OBSERVATIONS-
Considering this condition as *Shushkakshipaka* where in vitiation of *Vata* and *Pitta* is described, he was treated with following medicines.
### Observation-

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>After</th>
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</thead>
<tbody>
<tr>
<td>1 FOREIGN BODY SENSATION</td>
<td>During work</td>
<td>Abent</td>
</tr>
<tr>
<td>2 OCULAR DISCOMFORT/PAIN</td>
<td>On exposure to wind</td>
<td>Absent</td>
</tr>
<tr>
<td>3 PHOTOPHOBIA</td>
<td>In diffuse light</td>
<td>Absent</td>
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<td>4 SCHIRMER TEST</td>
<td>10-15mm</td>
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</tr>
<tr>
<td>5 TBUT TEST</td>
<td>15-10mm</td>
<td>15-35mm</td>
</tr>
</tbody>
</table>

- Tarpana was performed by Laghutriphalaghrita\(^5\). Procedure was done at early morning after sunrise, when the patient has not taken her food. Local mridhuabyanga and swedana were done after arrangement of materials. The masapali was prepared from the masa churna, and liquefied lukewarm LaghutriphalaGhrita poured over the closed eyes very slowly till the entire eyelashes are under the liquefied Ghrita. Patient was asked to close and open her eyes. After retaining for the stipulated time, the Ghrita was drained out through the hole made near the outer canthus then the Masapali was removed. The eyes were irrigated by lukewarm water fomentation. Then patient advised to avoid direct exposure to excessive wind, heat, breeze, bright objects. This procedure was done 100 matra kala for 7 days with 7 day’s gap.

- After that Anutaila\(^6\) for 7 days Nasya at morning with 7 day’s gap. After arrangement of the material and equipments, Mriduabhyanga and swedha done on scalp, forehead, face and neck for 5 minutes for liquification of Doshas. Patient was lie down on table in supine position with chin raised. After that patient nose raised the tip, the lukewarm Anutaila was poured in both the nostrils in proper way. Patient advised to avoid swallowing the drug, speech, anger, sneezing, laughing and head shaking during procedure. After administration of medication patient was lie supine for 2 minutes. After administration of Nasya- feet’s, shoulders, palms and ears was massaged. This treatment was followed alternatively with 2 settings for 2 months.
Along with above medicines, he was advised to do eye exercise like *Trataka*\(^7\) for 5 min. sit in front of candle, open the eyes and look at flame without blinking, simple lifestyle modifications that can significantly improve symptoms. For example, drinking 8 – 10 glasses of water each day to keep body hydrated and conscious effort to blink frequently, especially when working on computer, mobile and avoid rubbing of eyes.

Pathyaahaaar – Avoid spicy, *pitta vardhak Aahar*. Use lite and nutritious foods.

**Result** - A 27 years old male patient came to OPD with above complaints. All laboratory findings are normal. The patient was treated with *Tarpana* with *LaghuTriphala* for 7 days with 7 days gap after that *Nasya* with *Anutaila* for 7 days with 7 days gap for 2 months along with *Trataka* exercise the symptoms diminished.

**Discussion** - *Shushkakshipaka* is *SarvagatNetragoga* which is mentioned in *Sushruta Samhita*. And *Nasya karma* treatment is mentioned for *Shushkakshipaka*. *Tarpana* is one among *Netra Kriyakalpa* which is highly potential in the management of *Netra Roga*. It prevents frictional damage to the ocular surfaces secondary to lid movement or extra ocular movements. *Tarpana* also stimulates the lacrimal glands to produce tears. Mucin layer which is present in Tear film allows the *Ghrita* to spread over the ocular surface. This approach offers promise of long lasting relief to patients with moderate to severe dry eye symptoms.

*Sharangdharacharya* mentioned that *Triphala* is a drug of choice for all types of *Netraroga*. *Acharya Gayadasa* quoted in *Dalhana* commentary that *Triphala* and *Ghrita* are *Chakshushya Dravya* these both gives *Bala* to *Netra*. *Ghrita* has its lubricating action by *Snigdha Guna* and also as it is *Sanskaranuvarti*. it carries the properties of *Triphala* and act as a good mediator. Fat soluble factors can penetrate *Krishnamandala* and *Shuklamandala*. so if *Snigdha* drugs especially *Ghritakalpana* is applied, it penetrates the Mandal so the *Laghu, Ruksha Guna* are counter acted.

*Nasya* increases local circulation, due to this nourishment of organ occurs and diseased subsides. *Nasya Dravya* are having *Katu, Ushna* and *Tikshna Guna*. These *Gunas* produced
Dravikaran and Chedan of vitatieddoshas.

Hence both treatment are effective in Shushkakshipaka. (Dry Eye Syndrome)

**Conclusion**-

The effect of LaghutriphalaGhritaTarpana was better after the treatment and that was maintained in subsequent follow-up with no recurrence. AnutailaNasyawas beneficial as its mark relief over symptoms and also drug is easily available and no adverse reaction has been reported during treatment. Tarpana and Nasyawas done in only 2 sittings each, which show it is more convenient. these Ayurveda therapies and medicines can help in curing Dry eyes.

**Reference**-

1. Dr. Gupta N. Estimating the Prevalence of Dry Eye Syndrome and trop med parasitol, 2010; (3)247-55

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