A case study: “Efficacy of LaghuTriphala Ghrita Tarpana in Shushkakshipaka W.s.r. to Dry eye in computer user.”

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ABSTRACT-

Introduction: In Ayurveda Shushkakshipaka has been described under Sarvagata roga In Sushruta samhita Shushkakshipaka is vata dominating disease and its clinical feature exactly correlated with dry eye in modern ophthalmology. Dry eye is a disease of ocular surface caused by disturbance of tear film; this is commonest disorder especially in computer users. Dry eyes produces discomfort & reduces vision when tear film becomes chronically unstable & repeatedly break up into dry spot between blinks exposing the corneal and conjunctival epithelium to evaporation.

Objective: To observe the efficacy of LaghuTriphala Ghrita Tarpana in dry eye patients especially in computer users.

Material and Methods: A 22 yr male patient presenting with gradual blurring of vision with head ache, itching in both eye came to OPD of or institute. History and examination lead to the diagnosis of dry eye. So the pts treated by Tarpana therapy using LaghuTriphala ghrita.

Result: Remarkable result observed in the form of improvement in all the chief complaints.
**Key words:** Shushkakshipaka, Dry eye, LaghuTriphala Ghrita, Tarpana.

**INTRODUCTIOIN:**

*Shushkakshipaka* is most common and problematic condition faced by ophthalmologist. *Shushkakshipaka* in Ayurveda has been included in *sarvagata roga* with *vata dosha* dominance and *vata pitaja* according to *Acharya vagabhata*. This both option of *dosha* may be due to stage of severity of disease.\(^1\)

The clinical feature of the disease is exactly correlated with sign and system of dry eye syndrome, earlier know as keratoconjunctivitis sicca. It can affect any age group but mostly 20% up to adult aged of 45 or older and most common in women then man.\(^2\)

According to Acharya the word *Shushkakshipaka*- Shushkta-dryness, Akshi–eyeball, paka- inflammation. It means inflammation of eyeball due to dryness caused by altered coherence of Ashru. The origin of disease believed to be multifunctional and related to pathological condition of any one of the part of the lacrimal functional unit including the tear film, ocular surface (cornea, conjunctiva and accessory lacrimal glands including neural pathway), meibomian glands, main lacrimal glands and lids.\(^3\)

Symptoms of Dry eye can be correlated with Shuskakshipaka e.g.

- **Kunit vartma** - Narrowing of palpebral aperture due to photophobia.
- **Avil darshan** - Transient blurring of vision.
- **Darun ruksha vartma** - Crusting of lids.
- **Sudarun yat pratibodhne** - Eyelids stuck

Tear substitutes are the only treatment modality with modern medical science. The duration of action of these tear substitutes is variable and are advised as per the need, only providing symptomatic relief. The preservative present in these formulation are also a cause of dry eye, where as those available without preservatives (e.g. are not cost effective).

The standard treatment of *Vata Dosha* is *Snehan*. Therefore *Tarpana* with *Ghrita* is recommended effectively.

*Laghu-triphala ghrita* contains *Amalki, Haritaki* and *Bibhitaki*, which are having *Chakshushya, Rasayan, Balya* and *Tridoshaghnna* properties. It
contains both lipid and water soluble constituents of drugs and hence has got very good penetration. Tarpana also provides sufficient time for local drug absorption and eliminates morbid doshas situated in eye siras.\textsuperscript{4}

In Ayurveda Netratarpana is described as purification and rejuvenation treatment as a part of panchakarma treatment. So here a case of dry eye in computer users managed with Laghu-triphalas Ghrita Tarpana is reported.

Case Report

- Name of patient- xyz
- Age / sex- 21 yrs / male
- OPD No-95697
- Place- Nagpur
- Occupation- B.E (Computer science) student
- Date of consultation- 10/12/2019

Chief complaints

- Dryness of eyes
- Foreign body sensation
- Burning sensation
- Blurry vision
  Since 5 month

Present & past history

- H/o using artificial tears drops since 2month
- No H/o DM, RA or any other major illness.
- No H/o any refractive surgery.

LOCAL EXAMINATION

- Visual acuity of RE was 6/9 and of LE was 6/9.

Slit lamp examination

- The slit lamp examination of both eyes revealed –
  - Eyelid – Normal.
  - Conjunctiva – mild congestion and conjunctiva dryness.

TESTS

Tear break-up time (BUT)

- Fluorescein strip moistened with non preserved saline was instilled in lower lid and asked to blink several times.
- Tear film was examined at slit lamp with broad beam using cobalt blue filter. After an interval of >10 seconds black spots appeared in
fluorescein stained film indicating formation of dry areas.

- **RE- 6 Sec**
- **LE- 5 Sec**

**Schirmer-1- test-**

- Schirmer filter paper 5*35mm long folded 5mm from one end was inserted at the junction of middle and outer one third of lower lid without topical anesthetic and asked the patient to keep the eyes closed.
- After 5 minutes the strip was removed and there was > 6 mm wetting of filter papers indicative of dry eye.

**Measurement and score-**

- **Normal** - > or 10 mm
- **Borderline** - 10 to 6 mm
- **Deficient** - < or 6 mm

**Treatment**

- *Laghur-triphala* ghrita Tarpana.
- **Dose** - 20 ml once a day.
- **Route of administration** – Topical
- **Time of administration** – once a day (in morning).

- **Duration of therapy-** (30 days)

The patient was treated with *Laghur-triphala Ghrita Tarpana* of 3 settings of 7 days with 3 days interval.

- **Diet recommendation-** patient were advice to follow *pathya Aahar* and *Vihar* as mentioned in *Netra roga chikitsa* in classics.

**POORVA KARMA**

- **Preparation of the patients-**
- Patients (Rogi) to be treated with *Tarpana* should be placed in a comfortable position i.e. supine position and the part should be cleaned.
- Then *Mrudu Sweda* will be given. Sterile Cotton dipped in lukewarm water after squeezing would be used for *Swedana karma*.

**PRADHANA KARMA**

- **Construct of parimandala (pali or well)** around the eye a height of 2 *Angulis* with *Mashpishti*.
- *Laghur-triphala Ghrita* (Luke warm) is poured into *parimandala* till the eyelash level when eye closed.
• Patient is asked to open and closed the intermittently and steadily up to the 10 min (500 matra).

**PASCHYAT KARMA**

• A small opening made Pali near Apang Sandhi and Gritha is slowly drain out.

• **Symptoms**

<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>symptoms</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dryness of eyes</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Foreign body sensation</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>3</td>
<td>Burning sensation</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>4</td>
<td>Blurry vision</td>
<td>BE -6/9</td>
<td>BE – 6/6</td>
</tr>
</tbody>
</table>

**RESULT**

**Test**

<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>symptoms</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tear film break up time</td>
<td>RE 6 Sec</td>
<td>LE 5 Sec</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RE 12 Sec</td>
<td>LE 12 Sec</td>
</tr>
<tr>
<td>2</td>
<td>Schirmer 1 test score</td>
<td>RE 6 mm</td>
<td>LE 6mm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RE 10 mm</td>
<td>LE 10mm</td>
</tr>
</tbody>
</table>

**CONCLUSION**

• Dry eye syndrome is more common disorder in computer users with asthenopic symptoms without any satisfactory treatment in modern science.

• This study concluded that the above treatment is effective and given symptomatic relief to the patient and improvement in tear break up time and schirmer's test values.
That may be because of increase in stability of lipid layer of tear film. And local snehan and swedan causes improvement in functioning of glands of eye and gives nourishment to the ocular surface.

Reference:


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