

## CASE REPORT

# Ayurvedic Management of *Shushkakshipaka* w.s.r. To Dry Eye Syndrome - A Single Case Study

Poonam Devi<sup>1\*</sup>, Ashu Vinaik<sup>2</sup>, Manoj Tanwar<sup>3</sup>

<sup>1</sup>PG Scholar, Department of Shalakya Tantra, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India.

<sup>2</sup>Professor and HOD, Department of Shalakya Tantra, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India.

<sup>3</sup>Associate Professor, Department of Shalakya Tantra, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India.

### ARTICLE INFO

#### Article history:

Received on: 04-02-2024

Accepted on: 15-03-2024

Published on: 31-03-2024

#### Key words:

Ashru,  
Dry eye syndrome,  
Nasya,  
Shushkakshipaka,  
Tarpana

### ABSTRACT

Eyes are one of the most powerful tools that anyone can have; hence, all efforts should be made to protect the eyes. In today's era, people depend more on machines like computers in all sectors of life. These cause some heat and radiation which certainly causes ill effects on the eyes. Tear (*Ashru*) secretion is an integral component of the ocular surface physiology; when compromised (quantitatively or qualitatively) leads to *shushkakshipaka* (dry eye syndrome) with various ocular discomfort symptoms and ultimately the patient may land in corneal blindness. Local, systemic, and environmental factors majorly affect its pathogenesis. *Vata* and *Pitta/Rakta* vitiation as per *Ayurvedic* viewpoint are the major contributing pathological factors in its manifestation. A 28-year-old female patient approached *Shalakya* OPD of SKGAC and H, Kurukshetra, complaining of irritation, foreign body sensation, eye fatigue, and pain in the periorbital region along with a feeling of dryness for 1 year. The patient had slight symptomatic relief but when medications were discontinued the condition used to reoccur, so she turned to Ayurvedic treatment for relief. In *Ayurveda* classics, specific treatment has been mentioned for *Shushkakshipaka* such as *Snehana* (~in-take of Ghee), *Tarpana* (~retention of ghee over eyes), *Nasya* (~Nasal medication), and *Pariseka* (~ocular irrigation). A patient of *shushkakshipaka* was treated with such treatment protocol, is presented as a case study in this article. Contrary to the available modern medical treatment *Ayurveda* propounds a systematic approach in the treatment of dry eye syndrome.

## 1. INTRODUCTION

Dry eye syndrome is one of the most common problems affecting the general population and can cause problems that range in severity from mildly irritating to debilitating. Dry eye syndrome is a general term that describes the state of the front of the eye, called the tear film. The lacrimal gland, goblet cells, and meibomian glands produce different secretions, which compositely form tear film on the eye. Tear secretion provides continuous moisture and lubrication on the ocular surface to maintain comfort, corneal, and conjunctival health and vision.<sup>[1]</sup> Abnormalities of any of the components of the secretion (quantitatively or qualitatively) lead to instability of the tear film along with symptoms such as irritation, burning sensation, itching, tearing,

foreign body sensation, frequent blinking, redness, eye pain, eye fatigue, and blurring of vision.<sup>[2]</sup>

Dry eye has no direct reference to *Ayurveda* classics. *Ayurveda* describes a similar condition called *Shushkakshipaka* under Sarvagata Netraroga (diseases affecting all parts of the eye).<sup>[3]</sup> It is a *Vata-Pittaja/Raktaja Vyadhi* having symptoms such as *Gharsha* (foreign body sensation), *Vishushkatwama* (feeling of dryness in eyes), and *Kricchronmeela-Nimeelanama* (difficulty in opening the eyes).<sup>[4]</sup>

The overall prevalence of dry eye in India, based on the Ocular Surface Disease Index is 29.25%.<sup>[5]</sup> Tear substitutes are the only treatment modality in modern medical science. The duration of action of these tear substitutes is variable and are advised as per the need, only providing symptomatic relief.

As *Vata-Pitta/Rakta* is the basic pathology due to disturbed system biology which needs a holistic approach to deal with the problem, In *Ayurveda* classics, specific treatment has been mentioned for *Shushkakshipaka*

#### Corresponding Author:

Poonam Devi, PG Scholar,  
Department of Shalakya Tantra, Institute for Ayurved Studies and Research,  
Kurukshetra, Haryana, India.  
Email: [poonamdevi56208@gmail.com](mailto:poonamdevi56208@gmail.com)

such as *Snehana* (~in-take of Ghee), *Tarpana* (~retention of ghee over eyes), *Nasya* (~Nasal medication), and *Pariseka* (~ocular irrigation).<sup>[6]</sup>

In this study, a case of dry eye is treated with *Nasya* with *Ksheerabala 101 Aavarthi Taila*, *Tarpana* with *Jeevantiyadi Ghrita*,<sup>[7]</sup> *Pariseka* with *Saindhavmisrita Ksheer*<sup>[7]</sup> along with Oral medication *Saptamrutprash*, and Capsule with *Uttama Rasayana* and *Snigdhaakshi Eye drop*.

## 2. CASE REPORT

A 28-year-old female patient approached Shalakyia OPD of SKGAC and H, Kurukshetra, complaining of irritation, foreign body sensation, eye fatigue, and pain in the periorbital region along with a feeling of dryness for 1 year. She was regularly taking medicines for a period of 1 year which included artificial tear supplements, and lubricating eye ointment. The patient had slight symptomatic relief but when medications were discontinued the condition used to reoccur, so she turned to *Ayurvedic* treatment for relief.

### 2.1. History

Not significant.

### 2.2. Family History

Not relevant.

### 2.3. Dashvidh Priksha

1. *Prakriti-VaatPittaja*
2. *Vikriti-VaatPitta/rakta*
3. *Sara-Mansa*
4. *Samhanana-Madhyam*
5. *Pramana- Madhyam*
6. *Satmaya-Madhyam*
7. *Satva-Madhyam*
8. *Ahara Shakti-Madhyam*
9. *Vyaam Shakti-Madhyam*
10. *Vaya-Yuvavastha*

### 2.4. Ashtavidha Pariksha

1. *Nadi-Pittaja*
2. *Mootra-Pale yellow*
3. *Mala-Normal in color and consistency*
4. *Jihwa-Pink/Uncoated*
5. *Shabda-Clear, Sharp*
6. *Sparsha-Dry*
7. *Drika-Dry/Lustureless*
8. *Akriti-Madhyam* (Weight-62 kg, Height-5'3").

### 2.5. Clinical Findings

- Temp.-Afebrile.
- Pulse rate-78/min
- Respiratory Rate-15/min
- Blood Pressure-110/80 mmHg
- Systemic examination was within normal limits.

#### 2.5.1. Ocular examination

On torch light examination, the cornea was clear in both eyes, the anterior chamber was normal in both eyes; pupils were of normal size and normal in reaction.

On slit lamp examination, both eyes show mild nasal interpalpebral conjunctival staining with fluorescein.

#### 2.5.2. Visual examination

In both eyes, distant visual acuity was 6/18. The best corrected visual acuity in both eyes was 6/6 with (-1.50/-0.75 at 150°).

IOP in both eyes was 16 mm Hg.

## 2.6. Diagnostic Assessment

Tear Film Tests--Schirmer- Strip test, Tear film break up time, and Fluorescein staining was done before treatment to confirm the diagnosis of Dry Eye.<sup>[1]</sup>

Grading of Dry Eye--Based on the severity of signs and tear film tests recommended by Dry Eye Workshop (DEWS) Report (2007).

1. *Saptamrutprash-Yashtimadhu*, *Haritaki*, *Bibhitaki*, *Amalaki*, *Loha Bhasma*, *Saindhav*, *Pippali*, *Ela*, *Twak*, *Khandasharkara*, *Ghee*, *Honey*.
2. *Uttam Rasayana-Triphala*, *Rasanjan*, *Guduchi*, *Yasthi*, *Yashad*, *Kasis*, *Abhrak*, *Makshik*, *Kantaloha*, *Rajat Bhasma*, *Darvi*, *Satavari*.
3. *Snigdhaakshi eye drop*---*Yasthi*, *Mridvika*, *Durva*, *Cow milk*, *Cow ghee*.

## 3. RESULTS

There was an improvement in both signs and symptoms. Tear Film Tests-Schirmer Strip test, Tear film break-up time, and Fluorescein staining showed marked improvement. No adverse or unanticipated events were reported during the study.

## 4. DISCUSSION

According to *Ayurveda*, dry eye is not merely an ocular surface disorder; rather this is one of manifestation of the deranged metabolism/depreciation of body tissues. Ashru (tear film) is the byproduct of Rasa, Meda, and Majja dhatus<sup>[8]</sup> and without normalizing/altering them we cannot treat dry eye syndrome optimally.

The line of management in *Shushkakshipaka* (Dry eye) includes *Nasya*, *Tarpana*, *Seka*, and *Anjana*. Medicines for *Nasya*, *Tarpana*, and *Seka* were selected as per the classical reference.<sup>[9]</sup> *Nasya* was done with *Ksheerabala Taila* as it is indicated in *Shushkakshipaka*. *Ksheerabala Taila* has *Tridosahara* properties. *Nasa* is the gateway to *Shira*, so the drug administered through the nostrils reaches *Shringataka* (A *Sira Marma* by *Nasa Srota*), Spreads in the *Murdha* (brain) along with *Marma* of *Netra* (eye) scratches the morbid *Doshas* in the supra clavicular region and expels them from *Uttamanga*. Hence, the effect of the drug is *Tridosahara*; hence, it breaks the pathology of *Shushkakshipaka*. *Tarpana* was done with *Jeevantiyadi Ghrita* as it is indicated in *Shushkakshipaka*. Considering the *Dosha karma*, *Jeevantiyadi Ghrita* appears to be predominantly *Vata-Pitta Shamaka* by its *Snigdha Guna* and *Sheeta Virya*. It also gives lubrication to the ocular surface and helps to check the epithelial damage of the conjunctiva and cornea. *Netra seka* was done with *Saindhavmisrita Ksheer (Tridosha Shamaka)* to modify the local tissue pathology by its attributes and mobilize the toxins that are eliminated from the affected tissue. Along with this oral medication also pacifies the *Doshas (Vata-Pitta)* involved in the *Shushkakshipaka* (Dry Eye). Hence, it will break the pathology of *Shushkakshipaka*.

## 5. CONCLUSION

Thus, it can be concluded that the *Ayurvedic* approach is helpful in the treatment of dry eye. *Nasya*, *Tarpana*, and *Pariseka* along with oral medication showed significant results in signs and symptoms of dry

eye. This study emphasizes the importance of the classical approach of *Ayurveda* in dry eye syndrome.

## 6. ACKNOWLEDGMENTS

None.

## 7. AUTHORS' CONTRIBUTIONS

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

## 8. FUNDING

Nil.

## 9. ETHICAL APPROVALS

This study does not require ethical clearance as it is a case report.

## 10. CONFLICTS OF INTEREST

Nil.

## 11. DATA AVAILABILITY

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

## 12. PUBLISHERS NOTE

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

## REFERENCES

1. Khurana AK. Comprehensive Ophthalmology. 8<sup>th</sup> ed., Ch. 16. New Delhi: New Age International; 2022. p. 370.
2. Available from: [https://eyewiki.aao.org/dry\\_eye\\_syndrome](https://eyewiki.aao.org/dry_eye_syndrome) [Last accessed on 2022 Oct 10].
3. Acharya VY, editor. Sushruta, Sushruta Samhita, Uttar Tantra, Sarvagataroga Vijananiyopakrama Adhyaya, 6/26. 9<sup>th</sup> ed. Varanasi: Chaukhambha Orientalia; 2007. p. 605.
4. Paradakara HS. Ashtanga Hridaya. Sarvangasundara & Ayurvedarasayan Commentary. New Delhi Uttaratantra 15/16-17: Chaukhamba Publications; Reprint 2015.
5. Gupta N, Prasad I, Jain R, D'Souza P. Estimating the prevalence of dry eye among Indian patients attending a tertiary ophthalmology clinic. *Ann Trop Med Parasitol* 2010;104:247-55.
6. Paradakara HS. Ashtanga Hridaya. Sarvangasundara & Ayurvedarasayan Commentary. New Delhi Uttaratantra 16/28: Chaukhamba Publications; Reprint 2015.
7. Acharya VY, editor. Sushruta, Sushruta Samhita, Uttar Tantra Kriyakalpopakrama Adhyaya, 18/46. 9<sup>th</sup> ed. Varanasi: Chaukhambha Orientalia; 2007. p. 636.
8. Dhiman KS. Tear secretion in Ayurvedic perspectives. *J Res Wolf Educ India Med* 2008;14:39-42.
9. Paradakara HS. Ashtanga Hridaya. Sarvangasundara & Ayurvedarasayan Commentary. New Delhi Uttaratantra 16/28: Chaukhamba Publications; Reprint 2012.

### How to cite this article:

Devi P, Vainik A, Tanwar M. Ayurvedic Management of *Shushkakshipaka* w.s.r. To Dry Eye Syndrome - A Single Case Study. *IRJAY*. [online] 2024;7(3):14-17.

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

DOI link-<https://doi.org/10.48165/IRJAY.2024.70303>

Level 3 (Severe dry eye)		
Name of test	Right eye	Left eye
Schirmer-strip test	5 Mm	6 Mm
Tear film break-up time	4 Sec	5 Sec
Fluorescein staining	Positive	Positive

Treatment adopted			
Treatment given	Drug Name	Duration	Dosage
Nasya (2 Sitting)	<i>Ksheerabala Taila</i>	7 Days Each	6 Drops Each Nostril
Tarpana (2 Sitting)	<i>Jeevantiyadi Ghrita</i>	7 days Each	30 Gm Each day
Pariseka (2 Sitting)	<i>Saindhavmisrita Ksheer</i>	7 days Each	200ml Each day
Oral Medication	<i>Saptamrutprash Uttam Rasayana</i>	30 Days	10 Gm 500 mg
Eye Drops	<i>Snigdhaakshi</i>	30 Days	1-1 Drop tds

Improvement in tear film test				
Diagnostic criteria	Right eye		Left eye	
	Before treatment	After treatment	Before treatment	After treatment
Schirmer-strip test	5 mm	13 mm	6 mm	15 mm
Tear film break-up time	4 s	10 s	5 s	12 s
Fluorescein staining	Positive	Negative	Positive	Negative