CASE REPORT

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

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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.1 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.2

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).3 It is a Vata-Pitta/Rakta Vyadhi having symptoms such as Gharsha (foreign body sensation), Vishushkatwama (feeling of dryness in eyes), and Kricchronmeela-Nimeelanama (difficulty in opening the eyes).4

The overall prevalence of dry eye in India, based on the Ocular Surface Disease Index is 29.25%.5 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.
such as Snehana (–in-take of Ghee), Tarpana (–retention of ghee over eyes), Nasya (–Nasal medication), and Pariseka (–ocular irrigation).\[6\]

In this study, a case of dry eye is treated with Nasya with Ksheerabala 101 Aavarthi Taila, Tarpana with Jeevantyadi Ghrita,\[5\] Pariseka with Saindhavmisrita Ksheer\[8\] along with Oral medication Saptamrutprash, and Capsule with Utama Rasayana and Snigdhaakshi Eye drop.

2. CASE REPORT

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. 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 Priksa

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

2.4. Ashtavidha Pariksha

1. Nadi-Pittaja
2. Moora-Pale yellow
3. Mala-Normal in color and consistency
4. Jihva-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.\[1\]

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

2. Uuttam Rasayana-Triphala, Rasanjana, Guduchi, Yasthi, Yashad, Kasis, Abhirak, 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. Ashra (tear film) is the byproduct of Rasa, Meda, and Majja dhatu\[3\] 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.\[9\] Nasya was done with Ksheerabala Taila as it is indicated in Shushkakshipaka. Ksheerabala Taila has Tridoshahara properties. Nasya is the gateway to Shira, so the drug administered through the nostrils reaches Shringatakha (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 Tridoshahara; hence, it breaks the pathology of Shushkakshipaka.

Tarpana was done with Jeevantyadi Ghrita as it is indicated in Shushkakshipaka. Considering the Doshha karma, Jeevantyadi 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.

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
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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.

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REFERENCES

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### Treatment adopted

<table>
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<th>Treatment given</th>
<th>Drug Name</th>
<th>Duration</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Nasya</em> (2 Sitting)</td>
<td><em>Ksheerabala Taila</em></td>
<td>7 Days</td>
<td>6 Drops Each Nostril</td>
</tr>
<tr>
<td><em>Tarpana</em> (2 Sitting)</td>
<td><em>Jeevanti</em></td>
<td>7 days</td>
<td>30 Gm Each day</td>
</tr>
<tr>
<td><em>Pariseka</em> (2 Sitting)</td>
<td><em>Saindhavmisrita</em></td>
<td>7 days</td>
<td>200ml Each day</td>
</tr>
<tr>
<td>Oral Medication</td>
<td><em>Saptamrutprash</em></td>
<td>30 Days</td>
<td>10 Gm</td>
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<tr>
<td></td>
<td><em>Uttam Rasayana</em></td>
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<td>500 mg</td>
</tr>
<tr>
<td>Eye Drops</td>
<td><em>Snigdhaakshi</em></td>
<td>30 Days</td>
<td>1-1 Drop tds</td>
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</tbody>
</table>

### Improvement in tear film test

<table>
<thead>
<tr>
<th>Diagnostic criteria</th>
<th>Right eye</th>
<th>Left eye</th>
<th>Right eye</th>
<th>Left eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before treatment</td>
<td>After treatment</td>
<td>Before treatment</td>
<td>After treatment</td>
<td></td>
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<tr>
<td>Schirmer-strip test</td>
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<td>13 mm</td>
<td>6 mm</td>
<td>15 mm</td>
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<tr>
<td>Tear film break-up time</td>
<td>4 s</td>
<td>10 s</td>
<td>5 s</td>
<td>12 s</td>
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<tr>
<td>Fluorescein staining</td>
<td>Positive</td>
<td>Negative</td>
<td>Positive</td>
<td>Negative</td>
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