



Case Study

EFFECT OF AYURVEDIC TREATMENT MODALITIES IN *SHUSHKAKSHIPAKA* (DRY EYE DISEASE)

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ABSTRACT

Dry eye syndrome (DES) is a chronic eye condition arises due to decreased tear production or excessive evaporation of tear, that results discomfort, vision disturbances, and potential damage of the eye surface. DES is a multifactorial disorder of the tear film and ocular surface. Although the term "Dry eye" is not explicitly described in classical Ayurvedic text, the symptom complex closely resembles with *Shushkakshi paka* is one among *Sarvagata Netra Rogas*. The clinical features of *Shushkakshi paka* correlate well with the manifestation of dry eye syndrome described in modern ophthalmology. The present work is a single case study of *Shushkakshipaka* (Dry Eye) in which Ayurvedic therapeutic interventions were employed. **Materials and Methods:** A 26-year-old female patient with full consciousness, presented in *Shalakya Tantra* OPD, NIA, Jaipur with complaints of burning sensation in eyes, itching, ocular dryness in both eyes since 2 months. she was diagnosed as a case of dry eye disease, no significant past medical history was reported. The patient underwent three sittings of *Netra parisheka* using *Shatavari*, *Yasthi*, milk, *Saindhav*, three sittings of *Nasya* with *Anu Taila* and three sittings of *Tarpana* using *Jivantyadi Ghrita* and *Ashchyotan* using *Jivantyadi Ghrita* at bed time. **Results:** At the end of the treatment period, the patient showed mark improvement in both subjective and objective parameters. Significant reduction was observed in burning sensation, itching, dryness of eyes, objective test such as Schirmer's I test, tear film break up time, demonstrated improvement in both eyes, indicating enhanced tear film stability.

INTRODUCTION

Dry eye syndrome is a prevalent ocular condition affecting a large proportion of the general population. Its clinical severity varies widely, ranging from mild discomfort to interferes with daily activities and quality of life. DES is a multifactorial disorder of the tear film and eye surface arises by loss of homeostasis of the tear film, and accompanied by eye symptoms.^[1] Dry eye syndrome is a general term that describes the state of the front surface of the eye, called the tear film. Under normal circumstances, the tear film forms a protective layer over the cornea and

conjunctiva, maintaining ocular surface integrity and shielding the eye from environmental exposure. In the office workers, prolonged exposure to air-conditioned environments and continuous visual task can disrupt this protective mechanism. When the tear film becomes compromised, it undergoes disruption over the cornea and conjunctiva resulting not only in ocular irritation, but also impairment in visual quality.^[2] Tear film instability and hyperosmolarity, ocular surface inflammation and damage, and neurosensory dysfunction are recognized as etiological factors in Dry eye disease.^[3] The overall prevalence of dry eye in India has been reported, based on Ocular Surface Disease Index (OSDI) is 29.25%^[4]. Dry eye disease present with symptoms including ocular dryness, burning, foreign body sensation, redness, photophobia, fluctuating vision, and eye fatigue, if left untreated, it may progress to epithelial damage, increased susceptibility to ocular infections, and decline in overall quality of life.^[5] In conventional science there

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are limited preventive and curative options for this condition, apart from the use of ocular lubricants, protective measures such as computer glasses. Although lubricating eye drops may alleviate the symptoms of Dry Eye, the preservatives they contain can be harmful to ocular surface. Dry Eye has no direct reference in Ayurveda classics. However, comparable clinical features are also described in an Ayurvedic condition known as *Shushkakshipaka*. This disorder is classified as a *Vata- Pittaja Vyadhi* and is characterized by symptoms such as *Gharsha* (foreign body sensation), *Vishushkatwama* (dryness of eyes) and *Kricchronmeela- Nimeelanama* (difficulty in opening and closing of the eyes).[6]

MATERIALS AND METHODS

Case History: A 26-year-old female patient with full consciousness, well orientation, presented to the OPD of Shalakya Tantra, NIA, Jaipur with complaints of burning sensation, itching, and dryness in both eyes

since 2 months. she was diagnosed with Dry Eye disease.

Clinical examination

Temperature	98.6°F
Pulse rate	76/min
Blood pressure	110/70 mmHg
Respiratory rate	16/min

Ocular examination

On torch light and slit lamp examination:

Eye brows - B/L normal
 Eye lashes- B/L normal
 Eye lids - B/L normal
 Conjunctiva - B/L mildly congested
 Cornea - B/L clear
 Pupil- B/L normal size and shape, normal reaction
 Lens - B/L clear
 IOP in Rt eye 14 mmHg and in Lt eye 16 mmHg

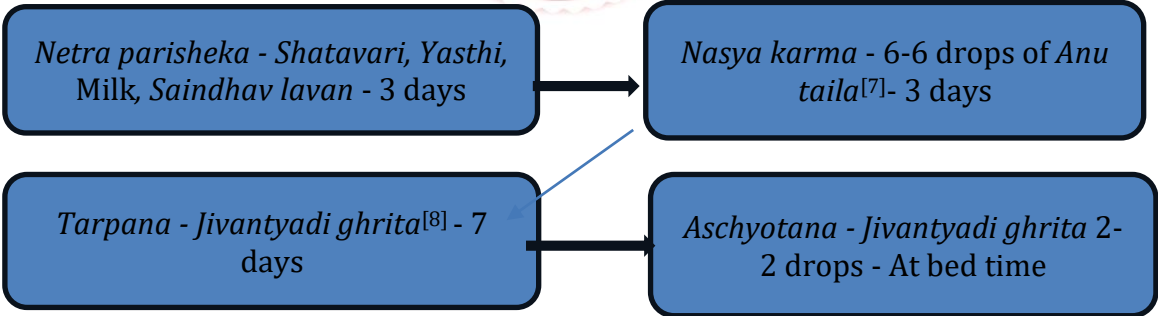
Visual acuity

RT Eye		LT Eye	
DVA	6/6	6/6	
Near vision	N/6	N/6	

Diagnostic assessment: Schirmer- I test, Tear film break up time was done before treatment to confirm the diagnosis of Dry eye.

Name of test	Rt eye	Lt eye
Schirmer-I test	8mm	7mm
Tear film break up time	9sec	8sec

Therapeutic intervention



After a gap of 1 week second sitting was done. Total 3 sittings of therapies were done.

RESULTS

There was improvement in both signs and symptoms. Schirmer-I test and Tear film break up time showed marked improvement.

Diagnostic criteria	Right eye		Left eye	
	BT	AT	BT	AT
Schirmer-I test	8mm	15mm	7mm	14mm
Tear film break up time	9sec	12sec	8sec	14sec

B/T



A/T



DISCUSSION

The therapeutic approach for *Shushkakshipaka* includes procedures such as *Aschyotana*, *Seka*, *Nasya* and *Tarpana*. Prior to *Tarpana Seka* and *Nasya* is essential for proper assimilation of *Sneha*. The medication used for *Seka*, *Nasya* and *Tarpana* were chosen as per the classical Ayurvedic reference.^[9] *Nasya* was administered using *Anu Taila* as it is specifically recommended for the management of *Shushkakshipaka*. *Anu Taila* having *Tridosahara* properties. *Nasya* being the gateway to *Shira*, so the drug administered through nostrils reaches *Shringataka marma* (a *Sira Marma* by *Nase Srota*), spreads in the *Muradha* (brain) taking *Marma of Netra* (eye) scratches the morbid *Doshas* in supra clavicular region and expelled out them from *Utamanga*. Thus, the drug exhibits *Tridosahara* action, hence it interrupts the pathogenesis of *Shushkakshipaka*. *Tarpana* was performed using *Jivantyadi Ghrta* as it is classically indicated for *Shushkakshipaka*. The properties of *Jivantyadi Ghrta* are predominantly *Vata-Pitta shamaka* due to its *Snigdha guna* and *Sheeta virya*. It helps to identify the epithelial damage of cornea and conjunctiva and also provides lubrication to the eye surface. *Aschyotana* with *Jivantyadi ghrta* was selected due to its *Pittanilharam*^[10] properties (*Vata-pitta pacifying*), which address the *Doshas* involved in this condition.

CONCLUSION

Hence, it may be concluded that the Ayurvedic approach is effecting in the management of Dry eye disease. *Netra parisheka*, *Nasya* and *Tarpana* along with *Aschyotana* produced marked improvement in the signs & symptoms of Dry eye disease. This study highlights the significance of the classical Ayurvedic approach in the management of Dry eye disease.

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