

International Journal of Research Publication and Reviews

Journal homepage: <u>www.ijrpr.com</u> ISSN 2582-7421

A Case Study- Ayurvedic Management in *Sushkakshipaka* W.S.R to Dry Eye Syndrome

Dr. V. G. Dhakate¹, Dr. Megha R. Kamble²

¹Associate Professor, Department of Shalakyatantra, Government Ayurved College, Nagpur ² PG Scholar, Department of Shalakyatantra, Government Ayurved College, Nagpur.

ABSTRACT:

Shushkakshipaka mentioned by Sushruta and Vagbhata under eye disease is caused by Vata and Pitta, which is characterized by Gharsha, Toda, Upadeha, Krichronmeelan, Vishushkata, Ruksha Daruna Vartma etc. These can be correlated with symptoms of dry eyes in modern medicine, which is a leading cause of ocular discomfort affecting millions of people. Dry eye is due to decrease tear production or altered contents of the tear film, disrupt homeostasis at ocular surface. These findings have redirected treatment efforts toward more targeted therapies aimed at resolving the underlying inflammation. Here is an attempt in 26 year old female patient, diagnosed as dry eye to evaluate the effect of Ayurvedic management in shushkaksipaka w.s.r to Dry eye syndrome.

INTRODUCTION:

Shushkakshipaka^[1] is one of the *Sarvagata* Netra *Roga*^[2] mentioned by *Sushruta* as well as *Vagbhata* under eye disease, caused by *Vata* and *Pitta* and characterized of *Gharsha* (gritty feeling), *Toda* (pricking type of pain), *Upadeha* (membrane formation), *Krichronmeelan* (difficulty in blinking), *Vishushkata* (dryness), *Ruksha Daruna Vartma* (rough eyelids) etc.^[1] These symptoms can be correlated with the symptoms of dry eyes in modern medicine, which is a leading cause of ocular discomfort affecting millions of people.

Dry eye syndrome (DES) is a disorder of the preocular tear film that results in damage to the ocular surface and is associated with symptoms of ocular discomfort. It is also called keratoconjunctivitis sicca (KCS), xerophthalmia, ocular surface disease(OSD), dysfunctional tear syndrome (DTS)^[3]. Dry eye disease is characterized by instability of the tear film that can be due to insufficient amount of tear production or due to poor quality of tear film, which results in increased evaporation of the tears. Dry eye therefore can mainly be divided into two groups, namely,

- (1) aqueous production deficient dry eye disease;
- (2) evaporative dry eye disease.

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 preservatives present in these formulations are also a cause of dry eye, whereas those available without preservatives (e.g., are not cost-effective.

As per Ayurveda, each patient of dry eye needs a different approach as the etiology and pathology are variable. *Vata-Pitta/Rakta*^[2] vitation in *shushkaksipaka* is the basic pathology due to disturbed system biology which needs a holistic approach to deal with the problem.

AIM AND OBJECTIVES:

AIM: - To study the efficacy of Ayurvedic management in Shushkakshipaka with reference to Dry Eye Syndrome.

OBJECTIVE:

Detail study of Shushkakshipaka.

Detail study of Dry Eye Syndrome.

Detail study of Ayurvedic management in Shushkakshipaka with reference to Dry Eye Syndrome.

MATERIAL:

CASE REPORT

Name of patient-xyz

Age / sex-26yrs /female

Place- Shalakytantra OPD, GAC, Nagpur

Complaints: Sinces 6-7 months in bilateral eyes

Foreign body sensation

Burning sensation

Intermitant blurring of vision

Sticky discharge from bilateral eyes

Present and past History: H/o using lubricating eye drops since 2month.

No H/o DM, RA or any other major illness.

No H/o any refractive surgery

Ocular Examination

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

The slit lamp examination of both eyes revealed

- Eyelid Erythema and sign of inflammation.
- Conjunctiva mild palpebral congestion and conjunctival dryness.
- Cornea –Bright.
- Anterior chamber -- Normal depth.
- Iris –Colour pattern normal.
- Pupil-Normal size, Reacting to Light
- Lens –Normal

Systemic examination

- G.C. -Moderate, Afebrile
- R.S. -B/L Air entry equal, no added sound all lung field clear.
- C.V.S. -S1 , S2 Normal
- C.N.S Conscious, well oriented to time, place and person

SAMPRAPTI GHATAK

Dosha – Vata and Pitta Dhatu - Rasa, Meda, and Majja dhatus Dushya – Rakta, Ashru (tear film) Strotas – Ashruvaha strotas Sadhyasadhyatwa – Sadhya Upashaya – Shita upachar

METHODS:

TREATMENT PROTOCOL-

All oral and local modern medicines were stopped. Considering this condition as *Shushkakshipaka* (dry eye) wherein vitiation of *Vata* and *Pitta doshas* is described,^[2] she was treated with following medicines.

Sr. No.	Procedure	Dravya	Dose	Duration
1	Ghritapana	Goghrit	15 ml (shaman matra)	1 month
2	Parishek	Haridra, Dev daru siddha dugdha	600 vakmatra	1st 1 week
3	Nasya	Anu tail	6 <i>bindu</i> in each nostril	For 2nd week
4	Tarpan	Yastimadhu Ghrita		

OBSERVATIONS:

Assessment of Therapy

The assessment of the therapies was done on the basis of status of signs and symptoms before and after the completion of the treatment after 1 month. The observation was done as below

Sr. No.	Subjective parameters	Before treatment	After treatment
1	Gharsha (gritty feeling)	Frequently present with lacrimation	Occasionally present
2	Avila Darshana (blurring of vision)	Intermittently present	Absent
3	<i>Upadeha</i> (excessive stringy mucus/filmy feeling in the eyes)	Frequently present and patient is able to open the eyes easily	Absent
4	Daha (burning sensation in the eye)	Regular burning sensation in eyes	No burning sensation in eyes
5	Kunita (photophobia)	Sensitivity to mild sunlight but comfortable in dim lights	Absent
6	<i>Toda</i> (pricking type of pain in the eyes)	Mild - tolerable and negligible pricking pain	Absent
7	Raktaraji (congestion)	Discrete, thin vessels vascular network limited to palpebral conjunctiva and fornix	Absent

Sr. No.	Objective parameters	Before treatment	After treatment
1	Schirmer's test	Level of wetting of tear strip in 5	Level of wetting of tear strip in 5
		min RE- 6mm and LE- 5mm	min RE- 10mm and LE- 11mm
2	Tear break-up time	The appearance of dry spots in RE-	The appearance of dry spots in
		7 sec and LE-5 sec	RE-13 sec and LE-15 sec

DISCUSSION:

Yastimadhu Ghrita being the best immune-modulator, it confers anti-inflammatory activity, thereby prevents T-cells from releasing cytokines (primarily interleukin-6) that incite the inflammatory component of dry eye. It is best for its antibiotic activity and improves lipid production in dry eye syndrome.

Also it has *Netrya* property, which contains K2 and lionelic acid, rich in vitamin A, which reduces and treats dryness. In Netra-tarpan all these properties nourishes the conjunctival as well as corneal layers and avoid dryness and inflammation, also smoothens tissue layer.⁽⁴⁾

Goghrita is *Snehottam* i.e.most important drug in *snehakarma*.It is *Rasayan* and *chakshushya*. It has properties of of *Snigdha*, *Guru* and *mrudu*. Because of which it is very useful for vitiated *pitta* and *vatta* dosha in Dry eye syndrome. It contains 98% glycerides and has lubricating properties which is mainstay of dry eye treatment.It contains vitamin A 3500/100gm, which keeps the outer lining of eye ball moist and prevent blindness. *Goghrita* also contains beta-carotene and Vit E which are well known antioxidants.⁽⁵⁾

Vata-pittahara local *nasya* (*Snehana*) therapy was initiated with the prescribed medicine. Along with *parishek* of *haridra* and *devdaru siddha dugdha* locally on eye is *Vata-pitta hara* and *Rasayana* (anabolic) medicines which worked well in relieving the ocular discomfort.⁽⁶⁾

CONCLUSION:

Thus, as we can conclude that the dry eye is a condition for which modern medicine has no treatment except for the symptomatic management; the holistic approach of Ayurvedic system of medicine provided both subjective and objective relief to the patient.

References:

- 1. Srikanthamurthy KR, editor. Sushruta Samhita of Sushruta, Uttara Tantra. Ch. 6. Ver. 26. Reprint edition. Varanasi: Chaukhamba Orientalia; 2002. p. 137.
- 2. Acharya YT, editor. Sushruta Samhita of Sushruta, Uttara Tantra. Ch. 6. Ver. 26. 9th ed. Varanasi: Chaukhamba Orientalia; 2007. p. 605.
- 3. Khurana AK, Choudhary R, Ahluwalia BK, Gupta S. Hospital epidemiology of dry eye. Indian J Ophthalmol 1991;39:55-8.
- Acharya triviram yadav sharma Editor (s), sushrut samhita of acharya sushrut, uttartanta; kriyakalpaupakrama; chapter 18: verse. 910; Varanasi: chaukhamba surbharti prakashan; 2012; p. 633.
- 5. Tripathi , Brahmanand. (Eds.). (1999). Agnivesha, Charak, Dridhabala, Charak Samhita, Sutra Sthan, Snehadhyaya, 13/14,15, (6th ed.), Varanashi Chaukhamba Surbharati Prakashan;p. 264-265.
- 6. Dhiman KS. Tear secretion in Ayurvedic Perspectives. J Res Wolf Educ India Med 2008;14:39-42.