

A Single Case Study of Shushkakshipaka W.S.R. to Dry Eye Syndrome

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Abstract

Shushkakshipaka is one among the Sarvagata, Ashastrakrat-Vataja Sadhya Netraroga described in classical Ayurveda texts. Clinical features of Shushkakshipaka includes Kunitavartma, Daruna-Rukshavartma, Aviladarshana, Gharshan, Toda, Bheda, Upadeha, Krichronmeelana, Vishushkatwa, Shoola and Paka. We can consider the classical symptoms of Shushkakshipaka with reference to dry eye disease.

Materials and Method: This is a case report of 65 yr old woman who approached Shalakya Tantra ophthalmology opd of Mansarovar Ayurvedic Medical College Hospital & Research Centre, Bhopal with complaint of feeling of dryness, itching and burning sensation in bilateral eyes since 8 days. The subject was thoroughly examined and diagnosed as *Shushkakshipaka*. The treatment was planned accordingly. **Result:** The subject had shown good improvement.

Conclusion: Remarkable result observed after *Shatavari Ghrita Netra tarpan* followed by *Anu taila Nasya* with internal medicine in the form of improvement in all the chief complaints of *Shushkakshipaka* and provided long lasting relief to the patient.

Keywords: Children Rights Convention (CRC), National Commission on the Right of Child (NCRC), Child Rights

Introduction

Shushkakshipaka is one among the Sarvagata [1], Ashastrakrat ^[2]-Vataja Sadhya Netraroga ^[3] described in classical Ayurveda texts. Clinical features of Shushkakshipaka includes Daruna-Rukshavartma, Aviladarshana, Kunitavartma, Gharshan, Toda, Bheda, Upadeha, Krichronmeelana, Vishushkatwa, Shoola and Paka^[4]. We can consider the classical symptoms of Shushkakshipaka with reference to dry eye disease. It is a multifactorial disease of the ocular surface ^[5]. According to modern science Dry Eye Syndrome is a condition when the tears aren't able to provide adequate lubrication whereas tears are responsible for keeping the eyes wet, smooth, lubricating and help to see clearly by focusing the light. Clinical symptoms of dry eye disease include irritation, foreign body sensation, feeling or dryness, itching, non-specific ocular discomfort and chronically sore eyes ^[6]. Etiologically it is divided into aqueous deficiency dry eye and evaporative dry eye. Causes of aqueous deficiency dry eye includes Sjogren's syndrome and Non Sjogren's Keratoconjunctivitis Sicca. Causes of evaporative dry eye includes Meibomian gland dysfunction, Lagophthalmos, defective blinking such as low blink rate as seen in prolonged computer users, vitamin A deficiency and other factors affecting ocular surface e.g. topical drugs, contact lens etc. ^[7]. *Tarpana* is the local procedure of application of oily substances through a specially prepared border over the eye⁸. *Ghrita* has smooth, lubricating and nurturing properties.

Materials & Method

This is a case report of 65 yr. old woman who approached *Shalakya Tantra* Ophthalmology OPD of Mansarovar Ayurvedic Medical College Hospital & Research Centre, Bhopal with complaint of feeling of dryness, itching and burning sensation in bilateral eyes since 8 days. The subject was thoroughly examined and diagnosed as *Shushkakshipaka*. The treatment was planned accordingly.

- **History of Present Illness**-complaint of feeling of dryness, itching and burning sensation in bilateral eyes since 8 days.
- **History of Past Illness-**Hypertension and DM since 3-4 yrs. Sjogren's syndrome, Mucormycosis traced 2 yrs. back.
- Family history: Nothing significant.
- Personal history
 - Bowel: Regular
 - Appetite: Good

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- Micturition: 4-5 times/day
- Sleep: Sound

Ashtasthana Pareeksha

- Nadi: 76/min
- Mutra: 4-5times/day
- Mala: Regular
- Jihwa: liptha
- Shabda: Prakrutha
- Sparsha: Anushna Sheetha
- Druk: Vikrutha
- Akruthi: Krusha

Vitals

- Pulse rate: 78/min
- Respiratory rate: 22/min
- Temp: 98.40 F
- BP: 120/80 mm Hg

Systemic Examinations: All the systemic examinations revealed no abnormalities.

Ophthalmic Examination: Slit lamp examinations explained in Table no: 1

Table 1: Slit lamp examination

Ocular Structures	Right Eye	Left Eye
Eyelid	Lid Laxity +	Lid Laxity +
Conjunctiva	Congestion+	Congestion+
Cornea	Vascularization+	Vascularization+
Anterior Chamber	Deep	Deep
Pupil	RRR	RRR
Lens	P'phakia	P'phakia

Table 2:	Visual Acquity
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	Without Spectacles		With Spectacles	
Visual Acquity	Rt. Eye	Lt. Eye	Rt. Eye	Lt. Eye
Distant Vision	6/60 with pH 6/18	6/18 with pH 6/18	6/6	6/6
Near Vision	N-10	N-10	N-6	N-6

Table 3: Schirmer Test-I

Schirmer Test-I (Before Treatment)		
Right Eye	4 mm	
Left Eye	6 mm	

Treatment Given: The treatment given is mentioned in the table given below (Table 4)

S. No.	Treatment Given	Dose	Duration
1.	Nasya with Anu taila	4 drops in each nostril	1st-5th day
2.	Netra tarpan with Shatavari ghrita	1000 matrakaal	6 th -12 th day
3.	Triphala ghrita	1 Tsf BD	15 days
4.	Saptamrit lauh	2 tab BD	15 days

Follow-up I: After 15 days the treatment given is mentioned below.

Table 5: Treatment given on first follow-up.

S. No.	Treatment Given	Dose	Duration	
	Combination of- 1a. <i>Yashtimadhu churna</i>	3gm		
	1b. Guduchi satva	250 mg	For 15 days	
1.	1c. Tankan Bhasma	250 mg	$(16^{th}-30^{th} day)$	
	1d. Praval pishti	250 mg		
	1e. Kamdudha rasa	125 mg		
Note: This combination was given before food with <i>Triphala ghrita</i> (1/2 Tsf)				
2.	E/d-Sunetra	1 drop in each eye TDS	For 15 days (16 th -30 th day)	

Table 6: Schirmer Test-I on First follow-up

Schirmer Test-I (First follow-up)		
Right Eye	6 mm	
Left Eye	8 mm	

Follow-up II: After 30 days the treatment was stopped and the patient got relief from complaint of feeling of dryness, itching and burning sensation in bilateral eyes. Schirmer test-I was performed (Table no. 7)

Table 7: Schirmer Test-I (Second follow-up)

Right Eye	7 mm
Left Eye	9 mm

Results

Table 8: Symptoms

S. No.	Symptoms	Before Treatment	Follow- up I	Follow-up II
1.	Feeling of dryness	+++	+	-
2.	Itching in bilateral eyes	++	-	-
3.	Burning sensation in bilateral eyes	+	-	-

Table 9: Schirmer Test-I

Schirmer Test-I	Before Treatment	Follow-up I	Follow-up II
Right Eye	4 mm	6 mm	7 mm
Left Eye	6 mm	8 mm	9 mm

Discussion

Tarpana is the best method of inducing Tripti (satisfaction) to the eye. It is the local procedure of application of oily substances through a specially prepared border over the eye9. Tarpan is highly efficacious and short-n-easy procedure in which eye is nourished, toned up, strengthened and gets ready to do all the kriyas with all its strength. Shatavari has eminent properties like Balya, Rasayan and Chakshushya¹⁰. Nasya involves the administration of medicated oils, powders, or herbal preparations through the nasal route. According to Ayurveda, the nasal cavity is considered a gateway to the head and has direct connections to various structures in the head region. It provides strengthening to Indrivas (like the eyes, ears, nose, and tongue) and facilitate the immune system¹¹. Triphala Ghrita has Chakshushya, Snehan and Rasayan properties. Saptamrit Lauh, Yashtimadhu churna, Guduchi satva, Tankan Bhasma, Praval Pishti and Kamdudha Rasa exhibit various therapeutic properties like rejuvenation, anti-

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inflammatory, antioxidant, and digestive support based on their individual compositions and actions in the body. exhibit various therapeutic properties like rejuvenation, antiinflammatory, antioxidant, and digestive support, among others, based on their individual compositions and actions in the body.

Conclusion

Ayurveda offers a holistic approach to managing Shushkakshipaka by addressing the underlying imbalances in the body's doshas (energies) and supporting the health of the eyes and surrounding tissues. Shatavari Ghrita Netra Tarpan followed by Anu taila Nasva showed significant results in decreasing sign & symptoms of Shushkakshipaka. Triphala Ghrita, Saptamrit Lauh, Yashtimadhu churna, Guduchi satva, Tankan Bhasma, Praval Pishti and Kandudha Rasa also showed significant results in the treatment of Shushkakshipaka. After 30 days the treatment was stopped and a good improvement was marked. The Schirmer test-I reading remained constant after first follow-up and the patient got relief from complaint of feeling of dryness, itching and burning sensation in bilateral eyes. Hence, Ayurvedic approach is helpful in the treatment of Shushkakshipaka.

References

- 1. Sushruta Samhita-Part-2, Hindi commentary, Ayurveda Tatva Sandipika by Dr. Ambika Dutta Shastry chaukhamba Sanskrit sansthan, 2020, 33.
- 2. Sushruta Samhita-Part-2, Hindi commentary, Ayurveda Tatva Sandipika by Dr. Ambika Dutta Shastry chaukhamba Sanskrit sansthan 2020, 49.
- 3. Sushruta Samhita-Part-2, Hindi commentary, Ayurveda Tatva Sandipika by Dr. Ambika Dutta Shastry chaukhamba Sanskrit sansthan 2020, 16.
- 4. Sushruta Samhita-Part-2, Hindi commentary, Ayurveda Tatva Sandipika by Dr. Ambika Dutta Shastry chaukhamba Sanskrit sansthan 2020, 39.
- 5. Comprehensive Ophthalmology by AK Khurana, eighth edition, Jaypee Brothers Medical Publishers, 2022, 369
- 6. Comprehensive Ophthalmology by AK Khurana, eighth edition, Jaypee Brothers Medical Publishers, 2022, 370
- 7. Comprehensive Ophthalmology by AK Khurana, eighth edition, Jaypee Brothers Medical Publishers, 2022, 370
- 8. Prof. Udaya Shankar-A textbook of Salakya Tantra, Chaukhamba Visvabharati, Reprint 2022, 138
- 9. Prof. Udaya Shankar-A textbook of Salakya Tantra, Chaukhamba Visvabharati, Reprint 2022, 138
- 10. Dravyaguna Vigyan, Vol II, Prof. Priyavrat Sharma, Chaukhambha Bharati Academy, Reprint 2013, 563.
- 11. Prof. Narayan J. Vidwansa, Textbook of Salakya Tantra, Chaukhamba Surbharati Prakashan, Third edition, Reprint 2021, 33.