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

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ABSTRACT

Introduction: *Shushkakshipaka* is a *Sarvagatha Netra Roga* characterised by *Daruna Ruksksha Varthma, Avila Darshanam*. Tears are clear liquid which keep the eyes wet, smooth, lubricant and help to see clearly by focusing the light. Dry eye syndrome is a condition when the tears aren't able to provide adequate lubrication for eyes. *Shushkakshipaka* can be correlated with dry eye syndrome. **Materials and Method:** This is a case report of 42 years old woman who approached *Shalakya Tantra* eye OPD of Vaidyaratnam Ayurveda College, Ollur with feeling of dryness on both eyes associated with blurring of vision, redness of eyes and head ache since 2 months. The subject was thoroughly examined and diagnosed as *Shushkakshipaka*. The treatment was planned according to the *Chikitsa Sutra* of *Shushkakshipaka*. The subject was treated with *Virechana, Nasya, Kriyakalpa* and *Shamanoushadhis*. **Result:** The subject had shown good improvement both subjectively and objectively. **Discussion:** The conventional and effective treatment of dry eye are artificial tear drops and lubricants which gives a temporary relief from the symptoms. Here the *Ayurvedic* treatment are adopted which are effective and not having side effects.

Key words: *Shushkakshipaka, Dry eye syndrome, Kriyakalpa, Shamanoushadhis, Case Report*

INTRODUCTION

Dry eye is a multifactorial disease of the ocular surface characterised by a loss of homeostasis of the tear film, and accompanied by ocular symptoms, in which tear film instability and hyper osmolarity, ocular surface inflammation and damage, and neurosensory abnormalities play etiological roles.^[1]

Main causes of dry eye include certain diseases such as Rheumatoid arthritis, Sjogren's syndrome, Thyroid diseases and Lupus, Entropion and Ectropion, Blepharitis,

Increased screen time at computer or mobile, using contact lenses for long time, being in smoke, wind or very dry climate, taking certain medicines such as diuretics, beta blockers etc.^[2]

Etiologically it is divided into aqueous deficiency dry eye and evaporative dry eye.^[3] Causes of aqueous deficiency dry eye includes Sjogren's syndrome and non Sjogren's syndrome. Causes of evaporative dry eye includes Meibomian gland dysfunction, evaporative any eye disorders like Lagophthalmus, defective blinking during increased screen time and ocular surface related diseases such as vitamin A deficiency, contact lens uses. It is managed by tear substitutes and treatment of causative diseases. In extreme condition transplantation of Submandibular gland can be done.

Shushkakshipaka is a *Vatapithaja Sarvagatha Netra Roga*. In this condition eyelid found drooping, hard and dry, vision is turbid, very difficult to open the eyes.^[4] Hence the treatment principle adopted here are the treatments told in *Shushkashipaka* with some *Kriyakalpa* which reduces the *Vata Pitta Doshas*. i.e., *Virechana, Nasya, Tarpana, Aschothana, Seka* and *Vidalaka*.

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MATERIALS AND METHODS

CASE REPORT

A female aged 42 years consulted Shalakya Tantra OPD of Vaidyarathnam Ayurveda College, Thaikkattussery on 24/5/2022 complaining of feeling of dryness on both eyes since 2 months. She also complaints of redness of eyes, frontal head ache and blurring of vision since 6 months.

History of Present Illness

The subject was apparently normal 2 months ago and she gradually developed dryness of bilateral eyes. It was associated with redness of eyes, frontal head ache and blurring of vision for both eyes. But gradually the severity of dryness increased and she approached *shalakya tantra* OPD of Vaidyarathnam Ayurveda College, Thaikkattussery.

History of Past Illness

No history of systemic diseases like asthma, hypertension, diabetes. No history of diseases like Sjogren's syndrome, Lagophthalmus, Meibomian gland dysfunction etc. No history of any surgery.

Family history: Nothing significant.

Personal history

- Bowel: Regular
- Appetite: Good
- Micturition: 4-6 times/day
- Sleep: Sound

Ashtasthana Pareeksha

- *Nadi*: 78/min
- *Mutra*: 4-5times/day
- *Mala*: Regular
- *Jihwa*: Aliptha
- *Shabda*: Prakrutha
- *Sparsha*: Anushna Sheetha
- *Druk*: Vikrutha
- *Akruthi*: Krusha

Vitals

- Pulse rate: 78/min

- Respiratory rate: 24/min
- Temp: 98.60 F
- BP: 120/80mm of Hg

Systemic examinations: All the systemic examinations revealed no abnormalities.

Ophthalmic examinations

Slit lamp examinations explained in Table no: 1

Table 1: Slit lamp examination

Ocular Structures	Right Eye	Left Eye
Eye brow	No abnormalities detected	No abnormalities detected
Eye lashes	No abnormalities detected	No abnormalities detected
Eye lid	No abnormalities detected	No abnormalities detected
Conjunctiva	Congestion present	Congestion present
Sclera	No abnormalities detected	No abnormalities detected
Cornea	No abnormalities detected	No abnormalities detected
Anterior chamber	No abnormalities detected	No abnormalities detected
Pupil	Round, Regular, Reactive	Round, Regular, Reactive
Lens	No abnormalities detected	No abnormalities detected
IOP	Normal	Normal

Visual acuity explained in Table no: 2

Table 2: Visual acuity

Visual acuity	Without spectacles			With spectacles		
	BE	OD	OS	OD	OS	BE
Distant vision	6/24	6/24	6/24	6/12	6/9	6/6
Near vision	N18	N24	N24	N8	N10	N8

Schirmer's test - before treatment shown in table no: 3

Table 3: Schirmer's test - Before treatment

Schirmer's test – Before treatment	
OD	6mm
OS	5mm

Diagnosis: *Shushkakshipaka*.

Treatment

1. *Ama Pachana* with *Vaishwanara Churana* 1 tsp before food at night for 3 days
2. *Snehapana* with *Jeevanthyadi Ghrutha* for 3 days at the dosage of 30ml, 60ml, and 90ml respectively.
3. *Virechana* with *Avipathichurna*.
4. *Nasya* with *Anuthaila* 8 drops in each nostrils for 7 days.
5. *Tarpana* with *Jeevanthyadi Ghrutha*^[5] for 5 days.
6. *Seka* with *Yashtimadhu Ksheerapaka* for 14 days
7. *Vidalaka* with *Yashtimadhu Churna* with *Ghrutha* for 14 days
8. Internal medicines
 - *Drakshadi Kashayam*^[6] 15ml BD with 60ml luke warm water.
 - *Kaishora Guggulu*^[7] 1 BD with *Kashaya*.
 - *Sapthamrutha Loha*^[8] 2 tablet with honey and ghee at night.
 - *Avipathi Churna*^[9] 1/2 tsp with luke warm water.

RESULTS

Total treatment duration was 22 days, subject showed improvement both subjectively and objectively. After treatment Schirmer's test^[10] result are shown in table no: 4. After treatment Visual acuity are shown in table no: 5.

Table 4: Schirmer's test - After treatment

Schirmer's test – After treatment	
OD	30mm
OS	30mm

Table 5: After treatment Visual acuity test

Visual acuity test	Without spectacles		
	BE	OD	OS
Distant vision	6/12	6/12	6/12
Near vision	N6	N6	N6(P)

DISCUSSION

The present case was *Shushkakshipaka* and the aim of treatment was to achieve *Vata Pithahara* and *Brumhana* action through proper *Shodhana*, *Shamana Chikitsa* and certain *Kriyakalpas*.

Mode of action of treatments

Vaishwanara Churna was given at first for the *Pachana* of *Amadosha* prior to *Snehapana*. *Jeevanthyadi Ghrutha* is selected for the *Snehapana*. Even though it was given for bringing *Doshas* to *Koshta* it acts as *Brumhana* also. Then *Virechana* was given with *Avipathi Churna*. *Avipathi Churna* is specially indicated in *Pitharoga*. It contains *Sitha* as a major content. So, it can reduce *Vatha Dosh* also along with *Pitha Dosh*. *Sushkakshipaka* is a *Vatha Pithaja Saravagatha Netra Roga*.^[11] After *Kaya Shodhana Urdhwa Shodhana* was planned with *Anuthaila*. *Anuthaila Nasya* is indicted in the *Shushkakshipaka* and *Urdhwa Jathrugatha Vikaras*.

After *Urdhwashodhana*, *Tarpana* with *Jeevanthyadi Ghrutha* was adopted for 5 days. Dry eye is a ocular surface disease and by doing *Tarpana* the medicines directly coming contact with ocular surface and there by easy absorption of medicine occurs. Here, the selected medicine is *Jeevanthyadi Ghrutha*. It contains drugs like *Jeevanthi*, *Prapoundareeka*, *Kakaoli*, *Sitha*, *Ksheera*, *Madhuka*, *Draksha* which are having *Vatha Pithahara* and *Brumhana* action. It contains *Thriphala*

also which is a *Chakshushya Dravya*. *Lodhra* has *Seetha Veerya* and it reduces *Pitha Dosha*. Thus, it helps to increase the moisture content of ocular surface and repair the tissue damage occurred due to excessive evaporation.

Seka was selected for *Sthanika Brumhana*. Here, the formulation used are *Yashtimadhu Ksheerapaka*. *Madhuka* is a *Chakshushya Dravya* and *Vatha Pittahara* in action. *Yashti* in *Ksheerapaka* form helps the tear film to maintain the homeostasis by providing lipids and aqueous. *Vidalaka* was done with *Yashti Churna* mixed with *Ghrutha*. This helps to increase the *Snehamsha* of *Netra* and mitigating *Vatha* and *Pitha Dosha*.

Drakashadi Kashayam is used because it is having *Anila Pithahara Karma*. *Kaishora Guggulu* contains *Thriphala* which is *Chakshushya* and *Guduchi* acts as anti-inflammatory. Thus, it helps to reduce the inflammation and damage of ocular surface. *Sapthamrutha Loha* contains *Ghrutha*, *Thriphala* and *Madhuka*. They are *Netrya* and *Pithanilahara*. Since, it is indicated for *Timira*, it helps to reduce the *Aviladarshana* present in the *Shushkakshipaka*.

CONCLUSION

Tear film has three layers mucous, aqueous and lipid layer produced by goblet cells, Lacrimal gland and Meibomian gland respectively. In dry eye, homeostasis of this layer is lost due to different reasons. In Ayurveda, *Netra Snehamsha* is the *Mala* of *Majja Dhadhu*. So, *Snehana* and *Brumhana* line of treatment is essential for increasing the *Snehamsha*. Thus, it helps to maintain the homeostasis of tear film and improve the vision by rejuvenating the damaged and inflamed ocular surface and stabilising the tear film.

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