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# Ayurvedic Management of Dry Eye Syndrome - A Case Study

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## ABSTRACT

Dry eye syndrome is a common condition that results from reduced tear production or excessive tear evaporation or an abnormality in the production of mucus or lipids normally found in the tear layer or combination of these. If blinking is decreased or if the eyelids cannot be closed, they may dry out leading to dry eye. It is accompanied by increased osmolarity of the tear film and inflammation on the surface of the eye may occur if left untreated leading to pain, ulcers or scars on the cornea and loss of vision. Prevalence of dry eye range from 5% to 35% worldwide while in India it is 29.25%. Tear substitute are the only treatment modality with modern medicine, only providing symptomatic relief. Ayurveda describes similar condition called *Sushkakshi Paka* and this patient was treated with *Tarpana* and *Nasya* with *Jeevantyadi Ghrita*.

**Key words:** *Sushkashi Paka, Dry eye syndrome, Jeevantyadi Ghrita, Tarpana, Nasya.*

## INTRODUCTION

Tear secretion provides continuous moisture and lubrication on the ocular surface (cornea and conjunctiva), provides oxygen to the corneal epithelium, prevents infection due to presence of the anti-bacterial substances and facilitate movements of the lids over the globe. The tears are continuously secreted throughout the day by accessory and main lacrimal glands, which compositely form a layer on the eye termed as a tear film. Abnormalities of any of the components of the secretion (qualitatively or quantitatively) lead to discomfort, visual disturbance and instability of the tear film with potential damage

to the ocular surface leads to dry eye syndrome.<sup>[1]</sup> Prevalence of dry eye range from 5% to 35% worldwide while in India it is 29.25%.<sup>[2]</sup>

Ayurveda describes a similar condition called *Shushkakshipaka* mentioned under *Sarvagatha Netraroga* (diseases affecting all parts of the eye). Based on our current knowledge of dry eye syndrome, it is more appropriate to consider it as an ocular surface inflammatory syndrome rather than simply a tear film insufficiency. Initially starts with *Sushkata* (dryness) followed by *Paka* (inflammation of eye).<sup>[3]</sup>

In modern pharmacotherapy, available treatments for dry eye includes tear conservation, tear substitute, reducing tear drainage (by permanent or temporary punctual occlusion) etc., but above treatment modalities have drawback like requirement of frequent instillation.<sup>[4]</sup>

In Ayurveda so many treatment modalities are applicable in *Shushkakshipaka* including *Snehapana, Tarpana, Putapaka, Nasya, Anjana* etc. and this patient was treated with *Tarpana* and *Nasya* with *Jeevantyadi ghrita* and internally *Patoladi Ghrita*.

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**CASE REPORT**

A 13 years old hindu female patient from Andrapradesh previously diagnosed with severe dry eye secondary to Steven's Johnson's syndrome in Sri Satya Sai Institute of Higher Medical Science, Andrapradesh, reported with his father to Shalakya OPD of Government Ayurveda Medical College, Bangalore with an O.P. No. 25152 in August 2016 with the following complaint;

**Chief complaints**

She presented with burning sensation and dryness of eyes associated with mucoid discharge in both the eyes since 4 years.

**History of present illness**

- Patient was apparently normal till the age of 10 years, she suddenly developed fever, rashes in upper and lower extremities, so she consulted local doctor and was diagnosed chicken pox and treated symptomatically.
- She was alright up to a week, then gradually she developed fever, headache, redness, burning sensation, ulcers in the mouth, throat, difficulty in swallowing, for these complaints she took treatment about one week in Puttaparthi Hospital. But Ocular symptoms like redness, burning sensation, photophobia, difficulty to open eyes, these symptoms persisted upto 3 months.
- In spite of taking the medicine, burning sensation, dryness of eyes associated with mucoid discharge persisted.
- She underwent-OU (Both eye) - Punctal cautery under general anaesthesia on 5/01/2015. Punctal cautery done twice to left eye but it failed.
- Presently she is on treatment: optic eye drops 2hrly two drops daily.

**Systemic examination** - Systemic examination was normal.

**Ocular examination**

- Lid - normal
- Corneal - Sensation- Intact
- Surface - Intact

- Sheen - Mild lustreless
- Pupil - 3mm RRR
- Conjunctiva - Congestion absent
- Schirmer's test - RE- 0mm  
LE - 0mm

**Visual acuity**

Before treatment	Without Glass			With Glass	
	DV	NV	PH	DV	NV
Right Eye	4/60	N6	6/18	6/18	N6
Left Eye	4/60	N6	6/18	6/18	N6

**Investigation**

Routine haematological and urine investigations were normal

**Treatment**

1. *Vaishwanara Choorna* - 3 days 1tsp before food for *Amapachanartha*, followed by
2. *Nasya* with *Jeevantyadi Ghrita* - 7days.
3. *Tarpana* with *Jeevantyadi Ghrita* - 7days.
4. *Patoladi Ghrita* internally 1tsp morning in empty stomach and night at bed time in warm water.

**Results**

After Treatment

**Schirmer's test** - RE-1mm

LE - 3mm

**Visual acuity**

After treatment	Without Glass			With Glass	
	DV	NV	PH	DV	NV
Right Eye	6/36	N6	6/18	6/18	N6
Left Eye	6/36	N6	6/18	6/18	N6

**Advice on discharge**

*Pratimarsha Nasya* with *Ksheerabala* 101 oil, *Jeevantyadi Ghrita* for *Ashyothana* (eye drops) and *Patoladi Ghriha* for internally.

**Follow up**

After one month of follow up visual acuity improved to 6/36 to 6/24 in both eye, Schirmer's test is maintained and symptoms of burning sensation and dryness was decreased.

**DISCUSSION**

In this case, treatment was planned based on *Chikitsa Sutra* of *Suhushkakshipaka* which consists of *Snehapana, Tarpana, Nasya, Anjana* etc.<sup>[5]</sup> As *Shushkakshipaka* is a *Vata* and *Pitta Dosh* predominant disease, so *Tarpana* and *Nasya* with *Jeevantyadi Ghrita* were planned. Most of the drugs in *Jeevantyadi Ghrita* are *Madhura Rasa, Guru Guna, Sheetha Veerya, Madhura Vipaka* and having *Rasayana* (rejuvenatives) and *Chakshushya* (good for eyes) properties and alleviates *Vata* and *Pitta Doshas*. It is best immunomodulator, has anti-inflammatory activity, it reduces inflammation and improves lipid production in dry eye syndrome.<sup>[6]</sup>

*Tarpana* also stimulates the lacrimal glands to produce tears. Mucin layer present in tear film allows the *Ghrita* (ghee) to spread over the ocular surface reduces dryness and burning sensation.<sup>[6]</sup>

*Nasya* is the procedure in which medicine is applied through the nasal cavity. It is considered natural route to the head. So it is easy to apply medicine through the nasal cavity and inhaled. *Nasya* has direct and sudden action because respiratory mucosa in nasal cavity absorbs the medicine making it systemic very quickly there is no time delay of digestion of the medicines.<sup>[7]</sup>

*Patoladi Ghrita* is indicated in eye disease specially it reduces burning sensation.<sup>[8]</sup>

**CONCLUSION**

This case study shows that the above treatment helps in production of tears, reduces burning sensation and dryness of eye and also even helps in improvement of

visual acuity. This case study gives a hope that even Ayurvedic treatment can help in Dry eye syndrome with Modern parlance. Further studies should be needed in larger population in order to generalise treatment effect.

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