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An Ayurvedic management on *Shushkakshipaka* (dry eye syndrome) - A Case Report

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ABSTRACT

Background: *Shalakya Tantra* is one of the eight branches of Ayurveda, which also includes ophthalmology. *Shushkakshipaka* (dry eye syndrome) is one of the diseases, involving all parts of eye (*Sarvagata Netra Roga*) characterized by *Gharsha* (gritty feeling), *Toda* (pricking type of pain), *Kunita* (photophobia), *Avila Darshana* (blurred vision), *Daha* (burning sensation) and *Raktaraji* (congestion in the eye). All these symptoms are like the symptoms of dry eye syndrome. **Aims and Objective:** To evaluate the effect of *Triphala Ghrita Tarpana* (therapeutic procedure done on the eye) in the management of *Shushkakshipaka*. **Materials and Methods:** A 26yr male patient having symptoms of *Shushkakshipaka* were selected OPD of *Shalakyatantra* department, Government Ayurved college, Nagpur. Clinical signs and symptoms were given suitable scores according to their severity, and assessment was based on the relief in these symptoms after the treatment. Patients of dry eye syndrome were allocated for *Tarpana Kriyakalp* was given for 7 consecutive days in afternoon with follow up after 15 days for 2 months. **Results:** Marked Relief in symptoms like *Gharsha* (74%), *Avila Darshana* (65%), *Upadeha* (80%), *Daha* (72%), *Kunita* (78%), *Toda* (59%) and *Raktaraji* (83%) was obtained after *Triphala Ghrita Tarpana*. **Conclusion:** Remarkable result observed after *Triphala Ghrita Tarpana* in the form of improvement in all the chief complaints of *Shushkakshipaka* and provides long lasting relief to the patient.

Key words: *Shushkakshipaka*, Dry eye, *Triphala Ghrita*, *Tarpana*.

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. 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^[3] is a spectrum of disorders ranging from mild eye strain to foreign-body sensation, pain, burning and sight-threatening complications. Patients suffer considerable discomfort due to it, which interfere with daily routine activities. The symptoms of dry eye syndrome aggravate in conditions with pollution and humidity such as in air conditioning and indoor heaters.^[4] Unfortunately, despite of much research being undertaken on dry eye syndrome, permanent cure for dry eyes is still not available nor seems closer.

Tarpana^[5] is one of the important ocular therapeutic (*Kriyakalpa*) which nourishes the eyes and cures the *Vata Pitta* diseases.^[6,7] It may be useful in the

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management of *Shushkakshipaka* due to its oleation (*Snehana*) and *Vata* and *Pitta* pacifying actions.

Triphala Ghrita is indicated in *Netra Roga* (eye diseases) because of its *Chakshushya* (improves vision), *Snehana* (oleation) and *Rasayana* (rejuvenating) properties.^[8] *Triphala Ghrita* contains *Triphala* which has been reported to have the immunomodulator, antimicrobial and anti-inflammatory activities^[9] and thus may help in checking the progress of dry eye syndrome by preventing T-cells from releasing cytokines (primarily interleukin-6) that incite the inflammatory component of dry eyes.

AIM OF THE STUDY

To evaluate the efficacy of *Triphala Ghrita Tarpana* in the management of *Shushkakshipaka*.

Patient Information

A 26yr male patient having classical signs and symptoms of *Shushkakshipaka* like *Gharsha* (gritty feeling), *Toda* (pricking type of pain), *Upadeha* (membrane formation), *Krichronmeelan* (difficulty in blinking), *Vishushkata* (dryness), *Ruksha Daruna Vartma* (rough eyelids) in both eyes came to OPD of *Shalakya Tantra* Department, Government Ayurved College, Nagpur. History and examination lead to the diagnosis of dry eye. So, the patient was treated by *Tarpana* therapy by using *Triphala Ghrita*.

MATERIALS AND METHODS

The diagnosis was established based on history and symptoms mentioned in classical texts. The diagnosis was confirmed by Schirmer's test values by level of wetting of Schirmer's tear strip.

A patient having classical signs and symptoms of *Shushkakshipaka* (Dry Eye Syndrome) were allocated for *Tarpana* procedure, for the purpose of *Tarpana* procedure, black lentil flour and water were mixed to form a dough. This dough was then used to create a circular wall around the eyes. Then, the patient was asked to close the eyes and normal warm *Triphala Ghrita* was filled in the space inside the circular boundary. After pouring *Triphala Ghrita*, the patient was asked to open and close the eyes gradually.

Approximately 10-15 ml of *Triphala Ghrita* was used for *Tarpana* daily in the afternoon for consecutive 7 days for 1000 *Matra Kala*/30 Minutes.^[7] Patients were advised not to tilt the head and to blink the eyes intermittently. Patients were not taking any allopathic drugs or any other internal medicines during the treatment. The follow-up was done at an interval of every 15 days up to 60 days.

Assessment of Therapy

The assessment of the therapies was done based on status of signs and symptoms before and after the completion of the treatment, The grading was done of objective parameters graded as per the Table 1. *Gharsha* (gritty feeling in the eyes), *Avila Darshana* (blurred vision), *Upadeha* (excessive stringy mucus / filmy feeling in the eyes), *Daha* (burning sensation in the eyes), *Kunita* (photophobia), *Toda* (pricking type of pain in the eyes) and *Raktaraji* (congestion in the eyes) were included in subjective parameters [Table 2].

Table 1: Grading of objective parameters.

Objective parameters	Grade 0	Grade 1	Grade 2	Grade 3
Schirmer's test	Level of wetting of tear strip above 15 mm in 1 min	Level of wetting of tear strip above 10-15 mm in 1 min	Level of wetting of tear strip above 5-10 mm in 1 min	Level of wetting of tear strip above 1-5 mm in 1 min

Table 2: Grading's of Subjective parameters.

Symptoms	Grade 0	Grade 1	Grade 2	Grade 3
<i>Gharsha</i> (gritty feeling)	Absent	Occasionally present	Frequently present with lacrimation	Continuously present with lacrimation and congestion
<i>Avila Darshana</i> (blurring of vision)	Absent	Occasionally present	Intermittently present	Frequently present

<i>Upadeha</i> (excessive stringy mucus/film y feeling in the eyes)	Absent	Occasionally present and the patient can open the eyes easily	Frequently present and patient can open the eyes easily	Frequently present and patient can open the eyes with much difficulty
<i>Daha</i> (burning sensation in the eye)	No burning sensation in the eye	Occasional burning sensation in eyes	Regular burning sensation in eyes	Severe burning sensation in eyes
<i>Kunita</i> (photophobia)	Absent	Sensitivity to bright light and other bright stimulus	Sensitivity to mild sunlight but comfortable in dim lights	Sensitivity to even dim light with an inability to open eyes
<i>Toda</i> (pricking type of pain in the eyes)	Absence of pricking type pain	Mild tolerable and negligible pricking pain	Moderate constant and tolerable pricking pain	Severe - intolerable and constant pricking pain
<i>Raktaraji</i> (congestion)	Absent	Discrete, thin vessels vascular network limited to palpebral conjunctiva and fornix	Prominent vascular network involving peripheral part of bulbar conjunctiva	Fiery red involving whole bulbar conjunctiva and circumcorneal zone
<i>Daruna and Ruksha Vartma</i>	Absent	Occasionally present	Intermittently present	Frequently present

RESULTS

Dry eye includes a spectrum of disorders ranging from mild eye strain to foreign-body sensation, pain, burning

sensation with sight threatening complications. Patients face considerable discomfort with this affliction which interferes with the daily routine functioning. In this study, patient of *Shushkakshipaka* (dry eye) were treated with *Triphala Ghrita Tarpana*. *Tarpana* applies approximately 10-15 ml in afternoon for consecutive 7 days for 30 minutes. There is significant relief was found in *Gharsha* (74%), *Avila Darshana* (65%), *Upadeha* (80%), *Daha* (72%), *Kunita* (78%), *Toda* (59%), *Raktaraji* (83%), Schirmer's test of right eye (70%), Schirmer's test of left eye (68%), tear break-up time of right eye (70%) and tear break-up time of left eye (69%). The present clinical study has established that *Triphala Ghrita Tarpana* is good result in *Shushkakshipaka* (dry eye).

DISCUSSION

Dry eyes are one of the most common causes of chronic low-grade burning, irritation, and discomfort of the eyes. It is caused due to disturbance in the tear film function owing to change in lipid, water, or mucin component of the tears.

It is now recognized that dry eye syndrome results from an underlying cytokine and receptor-mediated inflammatory process affecting the lacrimal glands. Inflammation, in turn, can either decrease tear production or alter the contents of the tear film and disrupt homeostasis at the ocular surface, leading to dry eye syndrome. These findings have redirected treatment efforts toward more targeted therapies aimed at resolving the underlying inflammation. Anti-inflammatory/ immunomodulatory treatments are now becoming standard therapy for moderate to severe dry eye syndrome.

Contemporary tear substitutes stimulate the cell surface glycoproteins that maintain ocular hydration and mucoadhesive property due to lipid content in it. It slows the evaporation of the tear film, thus resolves the condition which leads to dry eye.

Moreover, compared to the artificial tear products, as *Triphala Ghrita* is rich in lipid content which reflects mucoadhesive properties, the degree of contact time with the ocular surface is greater. Hence, the effect of

Tarpana is better as it has got contact time of more than 15 min. *Tarpana* also stimulates the lacrimal glands to produce tears. Mucin layer which is present in tear film allows the *Ghrita* to spread over the ocular surface. This approach provides long lasting relief to the patient with moderate-to-severe dry eye symptoms.

CONCLUSION

Tarpana forms an occlusive film over the surface of the eyeball and improves the composition of tear film by enhancing the mucin and aqueous layers. It prevents frictional damage to the ocular surfaces secondary to lid movement or extra ocular movements. It helps by retaining fluid and maintaining hydration of the ocular surface. It is effective in reducing evaporation rate and blinking rate in patients with dry eye syndrome. It prevents desiccation from corneal tear film and reduces burning sensation in patients with dry eye syndrome. It also reduces reflex tearing and the need for artificial tears. and warm compressors. It is well tolerated by the patients and provides a totally new therapeutic approach providing steady levels of medication to the ocular surface which offers additional benefits in the management of dry eye syndrome.

Triphala Ghrita as being the best immune-modulator, it confers anti-inflammatory activity and in dry eye syndrome thereby prevents T-cells from releasing cytokines (primarily interleukin-6) that incite the inflammatory component of dry eye. As *Triphala Ghrita* is best for its antibiotic activity, it reduces the inflammation and improves lipid production in dry eye syndrome.^[9]

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.
4. Shroff Eye Centre. FAQ - What is dry eye syndrome? Available from: <http://www.shroffeyecentre.com/services/faq-what-is-dry-eye-syndrome-2>. [last access date 03/06/2009]
5. Ambikadutta SK, editor. Sushruta Samhita of Sushruta, Uttara Tantra. Ch. 18. Ver. 17-18. Edition 4th. Varanasi: Chaukhamba Sanskrit Sansthana; 2004. p. 149.
6. Acharya YT, editor. Sushruta Samhita of Sushruta, Uttara Tantra. Ch. 18, Ver. 17-18. Edition 3rd. Varanasi: Chaukhamba Surbharati Publication; 2008. p. 634.
7. Shiva Prasad Sharma editor. Ashtanga Samgraha of Vagbhata, Sutra Sthana. Ch. 18, 33. Ver. 17-18, 1st Edition 3rd. Varanasi: Chaukhamba Sanskrit Series; 2006. p. 235.
8. Chouhan B, Kumawat RC, Kotecha M, Nathani S. Triphala – A comprehensive Ayurvedic review. Int J Res Ayurveda Pharm 2013; 4:512-7.
9. Gowda DV, Muruli G, Rangesh PR, Deshapande RD. Phytochemical, and pharmacological actions of Triphala; Ayurvedic formulation - A review. Int J Pharm Sci Rev Res 2012; 15:16-5.

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