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CLINICAL STUDY OF YASHTIMADHU-SIDHA GHRITA AKSHITARPANA IN SHUSHKAKSHIPAKA

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ABSTRACT

The disease *Shushkakshipaka* is included in the *Sarvagata* Netra *Roga* which means that it can affect all parts of the eye if not managed properly. *Aacharya Sushruta* has described this disease as *Vata* dominating presentation whereas other sages have described it to be a *Vaata-Pittaja* or *Vaata-Raktaja* disease. This discrepancy in *Doshic* attribution reflects that probably *Aacharya* has described different stages of the same disease or dissimilar presentation and unstable manifestation of the same pathology. The descriptions of *Aacharya Sushruta* draw attention to the early stage, while the explanation given by *Aacharya Vagbhata*. Today we are living in a highly sophisticated environment due to the development of science. This has also an effect on our lifestyles and dietary habits. *Shush-kakshipaka* is one of the outcomes of this changing lifestyle, food habits, and environment. Because of these reasons, the disease *Shushkakshipaka* had been selected for a specific study which overall evaluates the efficacy of *Yashtimadhu*-siddha *Ghrita Akshitarpana* and Go-ghrita *Akshitarpana* as *Shamana* drug in *Shushkakshipaka* in a comparative manner as well as assessment of any noticeable side effects during the course of treatment.

Keywords: Shushkakshipaka, Akshitarpana, netra roga, ghrita

INTRODUCTION

According to ancient research methodology, before establishing any theory, the findings should be subjected to some sequential steps. The research work is done to draw some conclusions (Nigamana) from the findings and results. To correlate the findings with the results, a discussion (Upanaya) is needed. Hence, this is the most important part of any research work. It comprises the discussion of important points from the Conceptual Study as well as the results obtained from the Clinical Study. It is the step that helps in understanding and interpreting the subject with reference to its merits and demerits and guides to the conclusive judgment. In this aspect, the discussion becomes a necessary part of any research work. Ayurveda is a well-developed medical science. Shalakya Tantra is a branch that deals with the diseases above the clavicle. From the description of Sushruta Samhita, it is clear that the field of surgery was well developed in the Shalakya branch of Ayurveda in ancient times.

Modern medical science has made tremendous and remarkable progress and advances in the field of Ophthalmology and E.N.T. in recent times. No doubt that the understanding of human anatomy in the recent era has revolutionized medical science and the method of diagnosis. Still, for many diseases, the final solution is not yet achieved. Today we are living in a highly sophisticated environment due to the development of science. This has also an effect on our lifestyles and dietary habits. *Shushkakshipaka* is one of the outcomes of this changing lifestyle, food habits, and environment. Because of these reasons, the disease *Shushkakshipaka* had been selected for the present study.

Chakshushya, the term indicating regeneration of eyesight was in practice in India for centuries. The classics of ancient Indian wisdom have invented and practiced many drugs like *Triphala*, *Saptamrit lauha*, etc. diets, procedures (i.e., *Tarpana*), and regimens for the benefit of the eyes. Promotion of the visual acuity was considered one of the priorities in the branch of *Shalakya* of Ayurveda. *Tarpana* karma has been indicated in several eye diseases by various Acharya, but the main emphasis has been given on *Shushkakshipaka* Hence, here *Shushkakshipaka* selected for the present study to assess the efficacy of *Yashtimadhu*-siddha *Ghrita* (*Tarpana*)¹. The patients were diagnosed with *Shushkakshipaka* on the basis of the signs and symptoms mentioned in different *Ayurvedic* classics. However, in addition, criteria laid down for dry eye are as follows: -

- 1. Gharshan (Foreign Body Sensation)
- 2. *Upadeha* (Sticking of the Eye)
- 3. Rukshta (Dryness)
- 4. Kunita (Shrunken)
- 5. Daruna (Hardness)
- 6. Krichhounmilana (Difficulty in opening & Closing of Eye)
- 7. Toda (Stinging Pain)
- 8. Aavil *Darshana* (Blurring of Vision) and Associated Complaints like *Netra srava* (Watering Eye), *Netradah* (Burning Sensation) etc.

Dry eye syndrome, a fast-growing ocular problem has been very well explained in classical Ayurvedic literature centuries ago under the caption of Shushkakshipaka having a similar clinical picture, but with a different viewpoint as far as its origin is concerned. Shushkakshipaka nomenclature itself signifies the dryness (shushkata) and inflammation (paka) of the ocular surface to which tears (ashru) remain adhered. The pathogenesis of the disease does not merely pertain to the ocular surface, but as a result of the drainage system of homeostasis by the provoked Vata or Pitta or both with Rakta². On the contrary, even the latest definition of Dry eye syndrome as reported in the International Dry Eye Workshop (DEWS) 2007 as "a multi factorial disease of the tears and ocular surface that results in symptoms of discomfort, visual disturbance, and tear film instability with potential damage to the ocular surface. It is accompanied by increased osmolarity of the tear film and inflammation of the ocular surface." this is still missing the root cause pathology of the disease.

MATERIALS AND METHODS (A) Selection of the patient:

A total of 40 patients fulfilled the criteria for diagnosis of the disease *Shushkakshipaka* has been selected from the *Shalakya tantra* O.P.D. and I.P.D. of G.A.C.H, Patna.

A total number of 40 patients with signs and symptoms of *Shushkakshipaka* were registered and randomly divided into two groups viz.

Group A: *Yashtimadhu-* siddha *Ghrita*(*Tarpana*) -20 patients

Group B: Go- Ghrita (Tarpana) -20 patients.

The patients were selected irrespective of their sex, religion, occupation, education, etc.

Inclusion Criteria: -

- Age-25-60 years,
- Patients of either sex,
- The patient presents with the classical features of *Shushkakshipaka* as well as symptoms suggestive of Dry Eye Syndrome.

Exclusion Criteria: -

- Age less than 25 years and more than 60 years.
- Pregnancy.
- The patient has symptoms of perforated corneal ulcer, uveitis, and glaucoma.
- Inflammatory conditions like Acute Conjunctivitis.
- Systemic/metabolic disease-causing Dry Eye Syndrome.
- Patient with impaired eyelid function.
- Patient with ocular surgery prior to three months of study.

(B) Criteria for Diagnosis:

The patients were diagnosed with *Shushkakshipaka* on the basis of the signs and symptoms mentioned in different *Ayurvedic* classics. However, in addition, the criteria laid down for dry eye are as follows:

- 1. Gharshan (Foreign Body Sensation)
- 2. Upadeha (Sticking of the Eye)
- 3. Rukshta (Dryness)
- 4. Kunita (Shrunken)
- 5. Daruna (Hardness)
- 6. *Krichhounmilana* (Difficulty in opening & Closing of Eye)
- 7. Toda (Stinging Pain)
- 8. Aavil *Darshana* (Blurring of Vision) and Associated Complaints like *Netrasrava* (Watering Eye), *Netradah* (Burning Sensation), etc.

Consent of the Patients: -

All Patients selected for the trial have explained the nature of the study and their written consent was obtained on the consent form attached with the proforma, before the commencement of the clinical trial.

Preparation of the trial drugs:

Fresh raw Materials of *Yashtimadhu* (Root) and Go-*Ghrita* were collected from the Pharmacy of *Rasashastra*. Then Root of *yashtimadhu* was dried and made *churna* in *Rasashastra* Pharmacy of G.A.C.H. Patna, after that Both drugs were prepared in the Pharmacy of *Rasashastra* under the observation of teachers.

Treatment protocol:

All 40 patients who were diagnosed with *Shush-kakshipaka* were included in the present clinical study and were randomly divided into two groups.

Table-01: description of selected	l groups for study
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Group	Drugs	Dose	Duration
А	Yashtimadhu-Siddha ghrita	30gm/day/pt.	60 days
В	Go-Ghrita	30 gm/day/pt.	60 days
Follow Up: -	15 days		·

Instruction to the patients: -

- High fluid intake, at least 5 litres of water per day.
- Avoid spicy & oily food,
- Avoid high intensity of light, wear goggles, etc.
- No stress, Proper sleep

- Do regular Eye Exercise like *anulom-vilom* and *pranayama*.
- Apply a warm washcloth to your eyes.
- Use mild soap on your eyelids.
- Patients were advised to consume maximum Ghee, Shatavari, Patola, Mudga, Amalaki, Jivanti

Shaka, *Shigru*, etc. Daily oil massage to feet, use of goggles or sunglasses in the daytime.

• Patients were advised not to consume food substances of *Katu*, *Amla* Rasa, *Tikshna*, *Ushna Padartha*, *Madya*, *Matsya*, and *Vidahi Anupana*.

Criteria for assessment:

All the patients were examined every 15 days during the treatment. Criteria of assessment were kept on the basis of relief in the signs and symptoms of the disease *Shushkakshipaka*. For this purpose, cardinal signs and symptoms were given Grading and scoring system was adopted for assessing each clinical feature before the commencement of the trial and after t the completion of the trial.

Details of scores adopted of the main signs and symptoms in this study were as follows:

Criteria for the assessment of the total effect of the study:

Criteria of assessment have been under Grading of main heading subjective and objective parameter.

1. Subjective: -It has been decided on the basis of intensity, severity, distribution, and heaviness. It has been adopted for assessing each clinical feature such as *Rukshata, Kunita, Darunta*, etc. before and after the completion of the trial.

2. Objective: -

- Lusture of conjunctiva
- Lusture of cornea
- Lid margine appearance
- Schirmers Test strip weting measurement
- Rose Bengal staining corneal surface area.
- TBUT Measurment

Overall assessment:

Complete remission: 100% Relief Marked improvement: \geq 75% Relief. Moderate Improvement: \geq 50% to <75% Relief Mild Improvement: \geq 25% to <50% Relief Unchanged: < 25% Relief

Selection of the problem:

Ayurveda is a well-developed medical science. *Shalakya* Tantra is a branch that deals with the diseases above the clavicle. From the description of *Sushruta* Samhita, it is clear that the field of surgery was well

developed in the *Shalakya* branch of Ayurveda in ancient times.

Modern medical science has made tremendous and remarkable progress and advances in the field of Ophthalmology and E.N.T. in recent times. No doubt that the understanding of human anatomy in the recent era has revolutionized medical science and the method of diagnosis. Still, for many diseases, the final solution is not yet achieved.

Today we are living in a highly sophisticated environment due to the development of science. This has also an effect on our lifestyles and dietary habits. *Shushkakshipaka* is one of the outcomes of this changing lifestyle, food habits, and environment³. Because of these reasons, the disease *Shushkakshipaka ka* had been selected for the present study.

Selection of the drugs:

Chakshushya, the term indicating regeneration of eyesight was in practice in India for centuries. The classics of ancient Indian wisdom have invented and practiced many drugs like *Triphala*, *Saptamrita lauha*, etc. diets, procedures (i.e., *Tarpana*), and regimens for the benefit of the eyes. Promotion of the visual acuity was considered one of the priorities in the branch of *Shalakya* of Ayurveda. *Tarpana* karma has been indicated in several eye diseases by various Acharya, but the main emphasis has been given on *Shushkakshipaka* Hence, here *Shushkakshipaka* selected for the present study to assess the efficacy of *Yashtimadhu-siddha Ghrita (Tarpana)*.

Symptoms:

The patients were diagnosed with *Shushkakshipaka* on the basis of the signs and symptoms mentioned in different *Ayurvedic* classics⁴. However, in addition, criteria laid down for dry eye are as follows: -

- 1. Gharshan (Foreign Body Sensation)
- 2. *Updeh* (Sticking of the Eye)
- 3. Rukshta (Dryness)
- 4. Kunita (Shrunken)
- 5. Daruna (Hardness)
- 6. Krichhounmilana (Difficulty in opening & Closing of Eye)
- 7. Toda (Stinging Pain)

- 8. Aavil *Darshana* (Blurring of Vision) and Associated Complaints like
- 9. *Netrasrava* (Watering Eye), *Netradah* (Burning Sensation), and others if,

Concept of shushkakshipaka: -

Dry eye syndrome, a fast-growing ocular problem has been very well explained in classical Ayurvedic literature centuries ago under the caption of Shushkakshipaka having a similar clinical picture, but with a different view point as far as its origin is concerned. Shushkakshipaka nomenclature itself signifies the dryness (shushkata) and inflammation (paka) of the ocular surface to which tears (ashru) remain adhered. The pathogenesis of the disease does not merely pertain to the ocular surface, but as a result of the drainage system of homeostasis by the provoked Vata or Pitta or both with Rakta. On the contrary, even the latest definition of Dry eye syndrome as reported in the International Dry Eye Workshop (DEWS) 2007 as "a multi factorial disease of the tears and ocular surface that results in symptoms of discomfort, visual disturbance, and tear film instability with potential damage to the ocular surface⁵. It is accompanied by increased osmolarity of the tear film and inflammation of the ocular surface." this is still missing the root cause pathology of the disease.

DISCUSSION

Yashtimadhu-siddha Ghrita was selected for the present study which is specially mentioned by Sushruta in the context of Shushkakshipaka (Su. Ut.9/22-23). The ingredients of Yashtimadhu-siddha Ghrita are Yashtimadhu and Go-ghrita. This drug contains 33.33 % of Madhura Rasa, 28.57 % of Guru Guna, 66.66 % of Sheeta Veerya, and 100 % of Madhura Vipaka. The Yashtimadhu-siddha Ghrita was prepared by the classical method of Ghrita paka. All the ingredients Yashtimadhu-siddha of Ghrita are having Chakshushva, Rasavana, and Balva properties. Goghrita also has Chakshushya and is very effective in treating eye disorders. Due to the above properties, the present combination is selected in the form of Ghrita to know its effect in treating Shushkakshipaka.

Yashtimadhu-siddha Ghrita is used as *Tarpana* in group A and Go-*Ghrita* in group B as *Tarpana*.

The present study involved 40 patients of *Shush-kakshipaka* out of which 34 patients completed the treatment. The diagnosis was made on the basis of signs and symptoms described in Ayurvedic and modern texts. Modern parameters were used to confirm the diagnosis.

• Group A (Yashtimadhu siddha-Ghrita Akshitarpana):

A total of 16 patients in this group were given *Yash-timadhu* siddha-*Ghrita Tarpana* in a dose of 30gm/patient/day in both eyes for 5 days a week.

• Group B (Go-Ghrita Akshitarpana):

A total of 18 patients in this group were administered *Tarpana* with *Go-Ghrita* as a local therapeutic application in the dose of 30gm/patient/day in both eyes for 5 days a week. The treatment was given in a total of three sittings with an interval of 15 days for each sitting. For the assessment of results, *Ayurvedic*, as well as modern parameters, were followed. The results obtained were statistically analysed by means of mean, percentage, etc., and by using the student's t–test the significance was calculated.

OBSERVATION & RESULTS

The present study shows that none of the patients in *the Yashtimadhu*-siddha *Ghrita* Group were cured completely, but markedly improved by 31.25%, moderately improved by 56.25%, and Minor improved by 12.50% was observed in 16 patients and unchanged was observed in 00 patients. The present study shows that none of the patients in the Go-*Ghrita* Group were cured completely, but markedly improved by 27.77%, Moderate improved by 50.00%, and Minor improved 22.22% was observed in 18 patients and unchanged was observed in 00 patients.

- In the present study, it was observed that a maximum number of patients were in the 31-40 years of age group.
- In this study, it seems that Males are more prone to these diseases 58.83% were Males followed by females i.e., 41.12%.

- A maximum number of patients i.e., 58.82 % were from the Middle class followed by the Rich class i.e., 32.35 %, and 8.82 % were from the Poor class.
- A maximum number of patients i.e., 47.06 % were undergraduates followed by 32.35% of patients who Graduated and only 20.59 % of patients were Uneducated.64.70 % of patients were from Rural areas and the rest 35.30 % were from Urban areas.
- The maximum number of patients i.e.,67.65 % were taking a vegetarian diet while 32.35 % were taking a mixed type of diet.
- A maximum percentage of patients i.e.,61.77% reported Regular dietary habits and 38.23 % were having Irregular diets.
- Maximum number of patients had Madhyama Abhyaharan Sakti i.e.,64.70 % and Madhyama Jarana sakti i.e. 70.58%, followed by Avara Abhyaharan sakti i.e. 26.48 % and Avara Jarana sakti i.e. 26.48 % and only 8.82 % were having Pravara Abhyaharan sakti and 2.94% Jarana sakti.
- A maximum number of patients i.e.,67.65 % were found *with krura kostha*, followed by 23.52 % of patients found with *Madhyama kostha*, whereas 8.83 % of patients were found with *Mrdu kostha*.
- 61.77% of patients reported having sound sleep and 38.23% have disturbed sleep.

An apparent difference of improvement in all the Cardinal symptoms is observed, in this respect treatment schedule of Group A is proved to be better than the test drug of Group B to some extent and viceversa. Statistically, significant differences are found in Both Groups, so from the obtained data it may be observed that the treatment schedule of group A is more effective than the test drug of group B. On comparing the effect of therapy, it can be concluded that to some extent Group B is more effective than Group A, similarly to some extent Group A is more effective than Group B.

CONCLUSION

The clinical study reveals that the use of *Netratarpan* with *Yashtimadhu*-siddha *ghrit* in patients to cure dryness also improves the health status of the eyes. The discussion on ocular and non-ocular symptoms of *shushkakshipaka* helps in the perspectives of Ayurveda and is clearly suggestive of *vata* dominating *pittaja* vitiation in the eye and body as a whole. These pathological factors give rise to *vata-pittaja* ocular surface symptoms like *vataja*, *pittaja*, *Raktaja Abhishyanda*, as well as *shushkakshipaka* (dry eye syndrome). The generalized or physical symptoms of *shushkakshipaka* are also in the manifestations of *vata* and pitta. As per the given fundamentals regarding naming an unknown disease, *shushkakshipaka may* be coined as "*Sanganak Atiyoga-Janya Netra Samlakshana*".

Yashtimadhu-siddha *ghrita Tarpana* was more effective in relieving the different ocular features of *shushkakshipaka*. Changing the working style and standard alone was the least effective in relieving the *shushkakshipaka*. During the *course* of the study, no significant adverse effects were observed. To sum up, it can be concluded that *shushkakshipaka* is *vata* – Pitta vitiation pathology and needs to be managed by lubricating (*snigdha*) measures locally.

It is hoped that the observations made in this work will be helpful for future studies and mankind as a whole. All the subtypes of *Vata* are involved either earlier or in the later stages of Shushkakshipaka. All the Nidanas of Shushkakshipaka ultimately result in Vataprakopa initiating further pathogenesis. From this *study*, it is concluded that non-compliance with the code of healthy diet, selection, and eating plays a major role in the causation of disease. Hence, we can say that code and conduct of healthy eating must be followed to achieve early and better results for the disease. Shushkakshipaka is a disease having Vata and pitta predominance. But, in fact, it is Tridoshika. Statistically, significant differences are found in all the Groups. On comparing the effect of therapy, it can be concluded that Group A (yashtimadhu-siddha *ghrita*) is more effective than group *B.This* study is focused on the role of both drugs *yashtimadhu*-siddha ghrita & Go-Ghrita. The trial drugs have given promising results by showing improvement in signs and symptoms of Shushkakshipaka. It is very encouraging and further research on these drugs must be carried on so that their efficacy could be evaluated and assessed more widely and scientifically in favour of human beings, those suffering from *Shushkakshipaka* because this work has been completed within limited time and facilities.

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