



EFFECT OF *NASYA* AND *TARPANA* ALONG WITH EYE EXERCISE IN THE MANAGEMENT OF *SHUSHKAKSHIPAKA* WITH SPECIAL REFERENCE TO DIGITAL VISION SYNDROME / COMPUTER VISION SYNDROME (CVS)

Heena¹, Shamsa Fiaz²

¹PG scholar, ²Prof. & HOD Department of *Shalaky Tantra*

Corresponding Author: nagwanheena95@gmail.com

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ABSTRACT

Introduction -Utilization of digital devices has dramatically increased, particularly in the wake of the pandemic. Therefore, millions of people of all ages are susceptible to developing digital eye syndrome or computer vision syndrome. Its manifestations are dry and irritated eyes, eye strain/fatigue, blurred vision, red eyes, burning eyes, excessive tear secretion, double vision, headache, light or glare sensitivity etc.

A male patient of aged 30 years working in office visited in OPD of *Shalaky tantra* with complaint of eye strain, burning eyes, decreased vision and headache. On proper assessment, he was diagnosed case of CVS. *Nasya*, *Tarpana* & Eye exercises were advised to the patient on OPD basis.

Interventions: For initial first month, 2 sittings of *Nasya* with *Anu taila* and *Tarpana* with *Jivantyadi ghrita* were incorporated. Oral intake of *Saptamrita lauha*, *mukulanjana* eye drop and eye exercise in the form of palming, eye rolling, blinking & focusing etc were advised to the patient during his computer cut off time. Same procedure was followed for another 1 month. **Outcome:** Therefore, after incorporating it, patient had some remarkable relief in his symptoms.

Key words: *Nasya*, *Shushkakshipaka*, *Tarpana*

INTRODUCTION

American Optometric Association (AOA) considers computer vision syndrome (CVS) as Complex of eye and vision problems related to near work, which are experienced during or related to computer use¹.

Burning sensation in eyes, eye strain, headache, blurred vision, contact lens discomfort, slowness in changing focus, changes in color perception and neck, shoulder and backache are the most common features of this disease.

The degree to which people encounter visual symptoms frequently relies on their level of visual ability and the length of time spent looking at a digital screen. Various approaches exist for CVS including correction of refractive error, management of dry eye, regular screen breaks and using blue light filtering spectacles. However, these measures will provide only temporary relief for a short span.

Features of *Shushkakshipaka* clinically can be correlated with CVS which is mentioned in the classical literature of *Ayurveda* under *Sarvagata Netrarogas*²(diseases affecting all parts of the eye)

Ayurveda defines *Snehpana*, *Nasya*, *Tarpana* and oral medicines for the management of *Shushkakshipaka* in order to regress it³

Materials and method-All texts including modern as well as *ayurvedic* were thoroughly reviewed.

Case presentation- A male patient of aged 30 yrs working in IT company came in eye OPD of *Shalakyia* department, NIA, Jaipur with complaint of dryness, difficulty in vision, headache with eye strain for 9 months.

Baseline examination

- 1) Visual acuity
- 2) Slit lamp examination.
- 3) Schimer's test
- 4) Tear film break up time (TBUT)

His headache is majorly localized to frontal region of the head & describes his pain is of moderate intensity. His problem was started 6 months back and that time he was diagnosed of digital vision syndrome/computer vision syndrome and advised to use eye drops like lotepred-LS, refresh liquigel and lubricant (Iacrigel lubricant) for 2months. Although symptoms of the patient resolved that time. But now, patient is having same complaints but with increased intensity and frequency.

His pain gets worsen at the end of the day and he also added that he finds difficulty in opening his eyes. Apart from that patient is having no major illness. Routine hematological investigations, eye examination encompassing visual acuity, intraocular pressure and slit lamp examination were performed to exclude any other associated major pathogenesis especially any inflammatory or infectious. In addition, TBUT and schirmer's test were also performed. All findings were in within limit except TBUT value was 4-5 sec in both eyes and schirmer's test value was 5mm in right eye or 4 mm in left eye. Considering all above findings patient was treated. With all above symptoms, classically it can be correlated under the figure of *Shushkakshipaka*.

Investigations performed.

Complete blood count (CBC)
RA Factor

Visual acuity		
	Rt eye	Lt eye
Before TT	6/6	6/6
After TT	6/6	6/6

Structure	Rt eye (BT)	Rt eye (AT)	Lt eye (BT)	Lt eye (AT)
Eye lashes	Normal	Normal	Normal	Normal
Lids	Mild edema	Normal	Mild edema	Normal
Conjunctiva	Mildly congested	Clear	Mildly congested	Clear
Cornea				
Sheen	WNL	WNL	WNL	WNL
Sensation	WNL	WNL	WNL	WNL
Surface	WNL	WNL	WNL	WNL
Pupil	Normal shape, Reactive	Normal shape, Reactive	Normal shape, Reactive	Normal shape, Reactive
Lens	Clear	Clear	Clear	Clear

Schirmer's test (At 5 min.) ⁴		
	Rt eye	Lt eye
Before TT	5mm	4mm
After TT	16mm	23mm

TEAR FILM BREAK UP TIME (TBUT) ⁵		
	Rt eye	Lt eye
Before TT	5sec.	6sec.
After TT	15sec	17sec

Management and outcome- Patient was planned for following treatment:

- *Nasya* with *Anu taila* for 7 days followed by *Tarpana* with *Jivantyadi ghrita*⁶ for next 7 days.
- Note- Oral intake of *Ajmodadichurna* & *Triphaladi Parisheka* (eye wash) were advised for 3 days prior to *Nasya* to achieve *nirama* status in body & eye respectively.
- All these manipulations were incorporated for 2 months by keeping an interval of 7 days in between 2 sittings of *Nasya* and *Tarpana*.
- *Mukulanjana* eye drop 1-1 drop in both eyes.
- *Saptamrita lauha*⁷ 250 mg BD with unequal amount of *ghrita* and honey
- In addition, patient was recommended to practice palming, focusing, eye rolling and eye blinking between computer cutoff times.

All *pathya*(do's) and *apathya*(don'ts) were explained to patient.

Patient had observed relief in eye strain & headache after 5 days of *Nasya*. Following whole therapeutic measures, his all symptoms started to come with low intensity and reduced frequency after first sitting of

Nasya & *Tarpana*. His symptoms almost resolved on following 2nd sitting of *Nasya* & *Tarpana*.

DISCUSSION

Symptoms explained in computer vision syndrome matches with the features of *Shushkakshipaka*. Therefore, all remedial approaches texted in *Shushkakshipakawere* followed in this case. Considering it as *vata pitta* dominant disease, all prophylactics including *Jivantyadi ghrita* and *Anu taila Nasya, mukulanjana* were included. *Nasya* leads the drug to reach *shringatakamarma* and then to ear, nose and throat through connecting *siras*. Also, the nasal mucosa is porous and thin endothelial basal membrane. It also has a rapid blood flow, with a highly vascularized epithelial layer and a vast absorption area with microvilli in epithelial cells. Therefore, drug delivery route "*Nasya*" was selected. In addition, *Nasya* (a form of oleation) with *Anu taila* helps to alleviate *vata dosha* and also to balance *vata pitta*, *Jivantyadi ghrita* was initiated. In addition, *Anu taila* is also having ability of strengthening of all sense organs including eyes. *Jivantyadi Ghrita*, a mixture of *ghrita* and *kwath* (decoction) *dravyas* used for *Tar-*

pana⁸ which can easily cross the corneal epithelium (being hydrophilic) and corneal endothelium (being lipophilic). Also, the *ghrita*⁹ used for *tarpana* is a source of vitamin A, D, E, K helps to keep the eye moist. All along with it, to alleviate aesthenopic symptoms eye exercises were recommended. All these mentioned approaches helped this patient to have appreciable relief in his symptoms.

CONCLUSION

Due to considerable use of electronic devices for both working and leisure activities, people have more tendencies to develop symptoms of computer vision syndrome. Merely using lubricating drops or topical steroid drops could not be fruitful. Therefore, *ayurvedic* ocular therapeutics with eye exercises were incorporated in this study. Although, this single case involving study shows significant result subjectively as well as objectively but does not help us to reach standard outcome. Further research using more individuals is required to get a permanent solution for the patients suffering from computer vision syndrome.

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