

EFFICACY OF KSHEERBALA TAILA NASYA AND JIVANTYADI GHRITA TARPANA IN SUSHKAKSHIPAKA WITH REFERENCE TO DRY EYE – A CASE STUDY

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ABSTRACT

Introduction: Dry eye is a commonly found disorder. As per 2017 TFOS DEWS international workshop “Dry eye is a multifactorial disease of the ocular surface characterized by a loss of homeostasis of the tear film, and accompanied by ocular symptoms, in which tear film instability and hyperosmolarity, ocular surface inflammation and damage, and neurosensory abnormalities play etiological roles”. *Sushkakshipaka* is a *Sarvagata Netra Roga* caused by *Vata Pitta* vitiation. *Sushkakshipaka* is symptomatically correlated to Dry eye. This article is based on a single case study to treat *Sushkakshipaka* (Dry Eye) with *Ksheerbala Taila Nasya* and *Jivantyadi Ghrita Tarpana*. **Materials and Methods:** A 30y/M with symptoms of *Sushkakshipaka* (Dry Eye) in both eyes, since 3 months, had taken carboxymethylcellulose 1% eye drops T.i.d. for 15 days, 2 months back, but symptoms prevailed, hence came to OPD for ayurvedic treatment. No history of past major medical or surgical illness was given. He was treated with *Ksheerbala Taila Nasya* and *Jivantyadi Ghrita Tarpana* for five days, three sittings each with interval of seven days. **Results:** at the end of study, there was improvement in dryness, burning sensation, itching, redness, foreign body sensation, Schirmer’s test, tear film breakup time and Rose Bengal staining.

Keywords: *Sushkakshipaka*, dry eye, *Ksheerbala Taila Nasya*, *Jivantyadi Ghrita Tarpana*

INTRODUCTION

Dry eye syndrome is clinically correlated to *Shushkakshipaka*. It is classified under *Saadhya Sarvagat Netraroga* due to vitiation of *Rakta* and *Vata* according to *Sushrut* and aggravated *Vata-Pitta* according to *Vagbhat*. Symptoms of *Shushkakshipaka* described by *Sushruta* are *Krichonmilan* and dryness of eyes, stiffness and dryness of eyelids and blurred vision¹. *Ash-tanghridaya* has added symptoms like pricking sensation in eyes, burning sensation, sticking of lids, liking towards cold, pain and pus formation². Arundatta has explained *Shushkakshipaka* as *Krichonmilan* and dryness of eyes in his commentary on *Ashtanghriday*.³ Symptoms of dry eye include irritation, foreign body (sandy) sensation, feeling of dryness, itching, non-specific ocular discomfort and chronically dry eyes not responding to a variety of drops instilled earlier.⁴ Signs of dry eye include presence of mucus in the tear film, lusterless ocular surface, conjunctival xerosis, reduced or absent marginal tear strip and corneal changes in the form of punctate epithelial erosions and filaments.⁵ Ayurvedic treatment of *Shushkakshipaka* includes *Snehapan*, *Nasya*, *Tarpan*, *Putapaka*, *Parishek*, *Ashchyotana* and *Anjana*. The overall prevalence of dry eye in India, based on Ocular Surface Disease Index (OSDI) is 29.25%.⁶

Materials and methods:

Case history:

A 30y/M with symptoms of *Sushkakshipaka* (Dry Eye) in both eyes since 3 months had taken Carboxymethyl-cellulose 1% eye drops T.i.d. for 15 days 2 months back, but symptoms prevailed, hence, came to OPD for ayurvedic treatment. No history of past major medical or surgical illness was given.

Table 1: Diagnostic Criteria

Test	OD	OS
Schirmer's test	6 mm	8mm
Tear film break up time (BUT)	5 sec	7 sec
Rose Bengal test	Mild punctate conjunctival stain	Mild punctate conjunctival stain

Treatment:

Purvakarma Stanik Snehana Swedan was performed before *Nasya*. *Snehan* was done by *Tila Taila Abhyanga*.

Chief complaints: dryness, foreign body sensation, redness, itching, burning, pricking pain, eye irritation - since 3 months

Clinical examination: vitals were recorded as follows
Temperature: afebrile, PR: 72/min, RR: 16/min, BP: 120/80 mmHg, Systemic examination was within normal limits.

Visual examination: distant and near visual acuity was recorded with the help of Snellen's 6m distant and near vision charts. Visual acuity was 6/6 N6 OD and 6/6 N6 OS.

Ocular examination: Slit lamp examination revealed mild conjunctival congestion in both eyes, reduced lustre in both eyes. Lashes, lid margin, lids, cornea, iris, pupil and lens were normal in both eyes.

Ayurvedic Netra Parikshan:

Tejojalashrit Patal: Rukshata

Otherwise, *Mandal*, *Patal* and *Sandhi Parikshan* were normal.

Dashavidha Pareeksha: He was *Vatapitta Prakriti*. *Vikriti* was found to be *Vatapitta*. He was in *Yuvaa-vastha*. His *Satwa*, *Sara*, *Samhanana*, *Aharashakti*, *Vyayamashakti*, *Pramana* and *Satmya* were *Madhyama*.

Ashtavidha Pareeksha: His *Nadi*, *Mala*, *Mutra* and *Shabda* were *Sadharana*. *Jihwa* was *Nirama*. *Sparsha* was *Anushnashita*. *Akriti* was *Madhyama* and *Drik* was *Samanaya*. *Sroto Pareeksha: Rasa, Rakta* and *Majja Vaha Srotas* were involved.

Dosha: *vata, pitta, Dushya: Rasa, Rakta* and *Majja Vaha Srotas*

Swedana was done with *Dashamoola* and *Nirgundi Kwath Nadi Sweda*.

Nasya with *Ksheerbala Taila* and *Jivantyadi Ghrita Tarpana* were given to the patient in morning at 9 am

for 5 consecutive days. Nasya with Ksheerbala Taila 101 Avarthi^{7,8} Six drops were instilled in both nostrils for five days at nine am. Then it was followed Tarpana was done in both the eyes with Jivantyadi Ghrita⁹ in Vardhaman Matra for five days. Eyes were cled with cotton balls dipped in warm water. After a gap of one week second sitting of Nasya and Tarpana was done in

which tarpan was done in fixed matra of 300 Matrakala. Total 3 sittings of Nasya and Tarpan were done. During this period Pathyapatya Palan for Netra Roga was advised to patient. Shaman Snehapana of Jivantyadi Ghrita 5 mg at Night with Anupan of Koshna Godughdha was given.

Results:

There was notable reduction in signs and symptoms. There was negligible conjunctival redness and improvement in lustre of both eyes on slit lamp examination.

Test	OD		OS	
	BT	AT	BT	AT
Schirmer's test	6 mm	18 mm	8mm	18 mm
Tear film break up time (BUT)	5 sec	11s	7 sec	12s
Rose Bengal test	Mild punctate conjunctival stain	negative	Mild punctate conjunctival stain	negative

DISCUSSION

Snehan of Tila Taila is done as it is considered best Vata Shamak and Tila Taila is considered best amongst Taila. Snehan is done for Dosha Utkleshan. Swedan was done with Dashmoola Kwath as it is Tridosha Shamak and Nirgundi Kwath as it is Vata Shamak. It is done for Dosha Vilayan. Ksheerbala Taila 101 Avarthi Nasya was given due to its stress relieving, Vata Shamak, Snigdha and neuro stimulant properties. Nasa being the gateway to Shira, so the drug administered through nostrils reaches Shringataka (a Sira Marma by Nasa Srotas), Spreads in the Murdha (brain) taking Marma of Netra (eye) scratches the morbid Doshas in supra clavicular region and expels them from Uttamanga. So, the effect of drug is Tridoshahara, hence it breaks the pathology of Shushkakshipaka. It is expected to stimulate nerves to produce a healthy and adequate tear film. Jivantyadi Ghrita is Vata-Pitta Shamaka by its Snigdha Guna and Sheeta Virya. And it also gives the lubrication to the ocular surface and definitely helps to regenerate tear film and ocular surface structures. It prevents further epithelial damage of conjunctiva and cornea. Shamana Snehapana was done with Jivantyadi Ghrita as Ghrita is Vata-Pittaharam¹⁰ so pacifying the Doshas (Vata-Pitta) involved in the Shushkakshipaka (Dry Eye). Hence breaking the

pathology of Shushkakshipaka. Cleaning of eyes with cotton dipped in warm water was done instead of Putapaka to remove remaining vitiated Doshas and Glani caused by Tarpana. Pathyapathya was followed to avoid Vyapaka during Nasya Tarpan treatment process and to promote eye health.

CONCLUSION

Thus, it can be concluded that Ayurvedic approach is helpful in the treatment of dry eye. Nasya and Tarpana with Shamana Snehapana are significantly effective in treating sign & symptoms of Sushkakshipaka (dry eye). This study emphasizes on the importance of classical approach of Ayurveda in dry eye.

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