

**ROLE OF *BIBHITAKADI GHRITA ASCHYOTANA* IN *SHUSHKAKSHIPAKA* W.S.R TO DRY EYE SYNDROME A SINGLE CASE REPORT.**

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**ABSTRACT**

*Shushkakshipak* is a very chronic type of *Sarvagata Roga* producing *Rukshata* or dryness of the lids. The mode of action of *Aschyotana* could be elaborated as the instilled medicine will penetrate into the *Sandhi* (*Kaneenika Sandhi*) where the medicine is instilled, then to the *Shuklamandala*, then to *Ghraana*, *Mukha*, and remove the *Mala* present in *Urdhwabhaga*. The dry eye needs a different approach as the etiology and pathology is variable. In modern science, Tear substitutes are the only treatment modality available, and preservatives added to these drops aggravates the dry eye syndrome. A patient of *Shushkakshipaka* was treated with *Bibhitakadi Ghrita Aschyotana* in this case which is presented as a single case study in this article. In the present study, A patient of 58Male having symptoms of dry eye syndrome was randomly selected and treated with *Bibhitakadi Ghrita Aschyotana*, 10 drops i.e., *Snehana* type, twice daily for a period of 30days. There is a significant improvement in the condition especially related to subjective symptoms like severe eye irritation, burning sensation, foreign body sensation, dryness, and eye strain. *Bibhitakadi Ghrita Aschyotana* has proved effective in the management of dry eye syndrome.

**Key words:** *Shushkakshipak*, *Aschyotana*, *Bibhitakadi Ghrita*, Dry eye syndrome, case report

**INTRODUCTION**

“*Shushkakshipaka*”, is explained under *Sarvagata rogas* in *Sushruta Samhita*, *Vagbhata Samhita*, and

*Sharangadhara Samhita*. *Shushkakshipak* is a very chronic type of *Sarvagataroga* producing *Rukshata*

or dryness of the lids. *Ayurveda* describes a similar condition called *Shushkakshipaka*. "Dry eye is a multifactorial syndrome of the ocular surface characterized by 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."<sup>1</sup> Tear secretion provides continuous moisture and lubrication on the ocular surface to maintain comfort, corneal, and conjunctival health and vision. The lacrimal gland, goblet cells, and meibomian glands produce different secretions, which compositely form a layer on the eye termed a tear film. *Aschyotana* means the instillation of a few drops of medicines to the open eye from a height of 2 *Angula* for *Aschyotana* different modes of preparations like *Swarasa*, *Kashaya*, *Rasakriya*, *Pu-*

*tapaka*, *Ghrita* is commonly used. It is the primary treatment for all eye syndromes where *Doshik* vitiation is minimal. The literary meaning of *Aschyotana* is the elimination of *Doshas* by dropping or flowing.<sup>3</sup> Tear substitutes are the only treatment modality with modern medical science. The duration of action of these tear substitutes is variable and is advised as per the need, only providing symptomatic relief. The preservatives present in these formulations are also a cause of dry eye, whereas those available without preservatives but are not cost-effective<sup>6</sup>. As per *Ayurveda*, each patient with dry eye needs a different approach as the etiology and pathology is variable. *Pitta*, *Vata*, *Rakta* vitiation in *Shushkakshipaka* is the basic pathology due to disturbed system biology which needs a holistic approach to deal with the problem<sup>2</sup>.

*Shushkakshipaka* can be correlated with dry eye syndrome<sup>4</sup>.

**Table 1:**

<i>Shushkakshipaka</i>	Dry eye syndrome
<i>Daruna Vartma</i>	Stiff and dry eye lids
<i>Ruksha</i>	Dryness
<i>Avila darshana</i>	Blurred vision
<i>Sudaruna pratibodhane</i>	Difficulty in the opening of eyes
<i>Kunita vartma</i>	Excessive blinking

### Case Presentation

A 58-Year-old male patient came with complaints of *Netragharsha* (severe eye irritation), *NetraDaha* (burning sensation), foreign body sensation, *Rukshata*(dryness), eye strain. There was no history of trauma, no known allergies, and addiction. Their past medical and surgical history was nonspecific. He was already diagnosed with dry eye syndrome for one year and already used lubricating eye drops and lubricating eye ointments after this treatment patient got temporary and symptomatic relief but because of that patient turned to *Ayurvedic* medicines for relief.

### Clinical findings on examination

Visual acuity Right eye 6/6 and Left eye 6/6, Near vision N6, Pin hole Right eye 6/6 and Left eye 6/6  
Slit lamp examination

B/L there is meibomian gland blockage, lusterless and keratinization of conjunctiva visualized, in the tear film break up test puddling and delineate lesion is seen on cornea and conjunctiva.

Tear film break-up test Reading was for OD 8 Sec, OS 10 sec.

Schirmer-I test was positive. Schirmer reading was OD 4mm OS 5mm.

Dilated funduscopy- not any abnormalities revealed.

### Why *Aschyotana*

*Aschyotana* is the first line of treatment in eye syndromes which is indicated in, *Ruk* (Painful conditions), *Toda* (Pricking sensation), *Kandu* (Itching), *Gharsha* (Irritation), *Ashru* (Excessive watering), *Daha* (Burning sensation), *Raga* (Redness), *Paka* (Inflammation). When *Doshas* are not severely vitiated and the syndrome is in the early stage, it is benefi-

cial. But it should be done after *Aama Lakshanas* got settled down<sup>6</sup>. Indication of *Aschyotana*, contraindication, method of administration, mode of action, *Kala*, *Matra*, *Guna*, *Samyak Yoga*, *Atiyoga*, and *Ayoga Lakshanas* has already been standardized by ancient authors.

### Samprapti

After the *Nidan Sevana* of *Netraroga Rukshata* of *Vata* will increase and resulting in vitiation of *Vata Dosha*. Vitiating *Vata Dosha* will course the *Sira* and reach upwards and *Sthanasamsraya* in *Sarvaakshi*.

After *Sthanasamsraya Rukshata* of *Vata* again increases, decrease *Dravata* of *Pitta Dosha* and decrease *Jala Mahabhuta* resulting produce a *Shushkakshipaka*<sup>4</sup>.

### Drug review

बिभीतकशिवाधात्रीपटोलारिष्टवासकैः।

पक्रमेभिर्घृतं सर्वानक्षिरोगान् व्यपोहति ॥  
(*Yogaratanakara Uttaradha Netraroganam Chikitsa Adhyay*)

**Table 2:** (Drug contents)

Sr no	Dravya	Quantity
1	<i>Bibhitaki, Haritaki, Aamalaki, Patol Patra, Neem Bark, Vasa Kalka</i>	1 Part
2	<i>Goghrita</i>	4 Part
3	<i>Jala</i>	16 Part

### Preparation of the Bibhitakadi Ghrita

Preparation of the *Bibhitakadi Ghrita* was done as per the description in *Yogaratanakar*. *Bibhitaki, Aamalaki, Haritaki, Patol Leave, Neem Bark* and *Vasa*,

was taken in Equal Parts. Its *Kalka* was prepared. Then, 4 Parts of *Goghrita* and 16 Parts of water was added. *Siddha Ghrita* was prepared (according to *Sharangadhara Ghritapaak Vidhikalpana*).

### Properties of Bibhitakadi Ghrita

**Table 3:**

Drug	<i>Baheda</i> (Terminalia belerica)	<i>Aamalaki</i> (Embllica officinalis)	<i>Haritaki</i> (Terminalia chebula)	<i>Patol</i> (trichosanthes dioica)	<i>Neem</i> (azadirachta indica)	<i>Vasa</i> (adhatoda vasika)
<i>Rasa</i>	<i>Kashay</i>	<i>Amlapradhan Lavanrahit Pancharasas</i>	<i>Kashaypradhana Lavanrahit Pancharasa</i>	<i>Tikta</i>	<i>Tikta Kashay</i>	<i>Tikta Kashy</i>
<i>Guna</i>	<i>Laghu, Ruksha</i>	<i>Guru Ruksha Sheet</i>	<i>Laghu Ruksha</i>	<i>Laghu Ruksha</i>	<i>Laghu Ruksha</i>	<i>Laghu Ruksha</i>
<i>Virya</i>	<i>Ushna</i>	<i>Sheet</i>	<i>Ushna</i>	<i>Ushna</i>	<i>Ushna</i>	<i>Sheet</i>
<i>Vipaka</i>	<i>Madhur</i>	<i>Madhura</i>	<i>Madhur</i>	<i>Madhur</i>	<i>Katu</i>	<i>Katu</i>
<i>Prabhav</i>	<i>Chakshushya</i>	<i>Rasayan, Chakshushya</i>	<i>Chakshushya</i>	-	-	-

### Procedure for Aschyotana

*Bibhitakadi Ghrita Aschyotana* was given 10 drops for 30 days twice a day in a divided dose. Follow-ups on 1,7,14,21,30 days. The patient should be comfortable lying down in a supine position, in the *Kriyakalpa* theatre. The eye is opened by stretching and pressing *Apanga Pradesha* (lateral end) –From

the right hand, medicine is instilled into the open eye. The drugs can be held either in a conch shell, small vessels, or in a piece of cotton. The medicine is put on the eye from a height of two *Angula*. The medicines should fall on the eye, should be wiped out with a piece of cotton or soft cloth immediately (with in one or two min)<sup>6</sup>.

## Observation

**Table 4:** (readings noted of tests at every Follow-ups)

Sr. No	Test	Follow-ups									
		1 <sup>st</sup>		7 <sup>th</sup>		14 <sup>th</sup>		21 <sup>st</sup>		30 <sup>th</sup>	
		RT	LT	RT	LT	RT	LT	RT	LT	RT	LT
1	Schirmer, I test Readings	4mm	5mm	8mm	7mm	13mm	10mm	17mm	15mm	21mm	20mm
2	Tear film break-up time test Readings	8sec	10sec	10sec	12sec	13sec	15sec	16sec	18sec	19sec	20sec

There was relief from symptoms was noted on follow-up. the patient got relief from severe eye irritation, burning sensation, foreign body sensation, dryness, eye strain. on day one after *Aschyotana* irritation and foreign body sensation are decreased as compared to other remaining symptoms. on the 30<sup>th</sup> day, all symptoms subsided, and clarity of vision was noted. In *Shushkakshipaka* there is *Vata, Pitta Dosha Prakopa* and *Rasa, Rakta, Mamsa, Meda* was *Dushya* and also *Netra* is *Majja Dhatu* predominant. so, treatment should be planned accordingly which will do *Shodhan* of *Prakupit Doshas* and will give strength to the eyes. *Ghrita Madhura* and *Sheeta* so best for *Pitta, Vata Dosha* also *Ghrita* will nourish *Majja Dhatu* and give strength to eyes. According to modern pharmacology, drugs enter the eyeball by passing through the cornea. This penetration depends on the permeability of various layers of the cornea. Fat-soluble drugs readily penetrate these layers. These maintain the lipid layer of the tear film which reduces evaporation of the aqueous layer of the tear film.

### Mode of action

The tear film is the main path of observing the medicine. Among 3 layers of the tear film, the lipid layer is the first one, which allows the drugs only to have lipophilic activity, Further penetrating into the aqueous layer to get absorbed in the aqueous solution. Next to the mucus layer to get settled some amount of medicine over here, which surrounds the global surface of the eye. Then it removes the blockages in the meibomian gland, Zeiss, Manz, and mols glands<sup>6</sup>.

*Aschyotana* is considered the first line of treatment for all *Netrarogas*. The drug is topically delivered into the cul-de-sac to achieve greater availability and local quicker action. The dosage of drops selected here is the form of *Snaihika Aschyotana* (10 drops). The drops were divided into doses, twice a day. Since medicated *Ghrita* is used in the form of drops and pH value is said to be neutral and thus helps to comfort and protect the health of the eyes. The medicated *Ghrita* absorbs through conjunctival mucosa and percolates into the palpebral conjunctiva and then to the bulbar conjunctiva and thus helps to lubricate the eye. Since *Ghrita* is in aqueous suspension form it crosses the corneal epithelium and endothelium<sup>5</sup>.

## CONCLUSION

*Aschyotana* should be adopted for preventive and therapeutic purposes. *Aschyotana* is the foremost procedure indicated in all ocular ailments in the prodromal stage of *Netrarogas*<sup>6</sup>. *Aschyotana* of *Bibhitakadi Ghrita* is definitely effective in *Shushkakshipaka w.s.r* dry eye syndrome. Dry eye syndrome can be successfully treated with *Ayurveda* recurrence can be avoided or its intensity can be reduced. A more case series should be conducted in similar cases for the further scope of the study.

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