

## AYURVEDIC MANAGEMENT OF DRY EYE - A CASE STUDY

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### ABSTRACT

**Introduction:** Dry eye is caused by a chronic lack of sufficient lubrication and moisture on the surface of the eye. It is an ocular surface disease due to tear film instability. As per the International Dry Eye Workshop (DEWS) dry eye is defined as a “Multi factorial disease of the tears and ocular surface that results in symptoms of ocular discomfort, visual disturbance, and tears film instability with potential damage to the ocular surface. *Shushkakshipaka* is one among *Sarvagata Netra Rogas*- a disease affecting all parts of the eye can be symptomatically correlated with Dry eye. This is a single case study of *Shushkakshipaka* (Dry Eye) in which Ayurvedic treatment was done. **Materials & Methods:** A fully conscious, normal oriented female patient, aged 26 years, came to OPD of Shalaky Tantra, IPGT &RA, Jamnagar on 20-02-2018 with complaints of burning sensation, itching, feeling of dryness in both eyes since 2 months. She was diagnosed as a case of Dry Eye. Past history have no any relevant past history was found. She was treated with *Deepana Pachana*, *Kosthashodhana*, followed by three sittings of *Nasya* with *Anu Taila* and three sittings of *Tarpana* with *Jivantyadi Ghrita* and orally *Snehapana* with *Jivantyadi Ghrita*. **Results:** At the end of study, improvement in burning sensation, itching, feeling of dryness, schirmer'I test, tear film break up time, fluorescein staining in both eyes were found.

**Keywords:** *Shushkakshipaka*, Dry Eye, Ayurvedic Management, *Nasya*, *Tarpana*.

### INTRODUCTION

Dry eye syndrome is one of the most common problems affecting the general population and can cause problems that range in severity from mildly irritating to debilitating. Dry eye syndrome is a general term that describes the state of the front of the eye, called the tear film. Normally, this layer of tears is stable that not only provides the cornea and conjunctiva a healthy buffer from damage where it constantly exposed to the

air in the office workers, but this interface between the tear film and the air is also responsible for a significant amount of the focusing power of the eye. When the tear film becomes unhealthy, it breaks down in different places on the cornea and conjunctiva leading not only to symptoms of irritation, but also to unstable and intermittently changing vision. Other symptoms of dry eye include burning sensation, itching, tearing,

foreign body sensation, frequent blinking, redness, eye pain, eye fatigue, blurring of vision.<sup>1</sup> The overall prevalence of dry eye in India, based on Ocular Surface Disease Index (OSDI) is 29.25%.<sup>2</sup> No remedial measures for the prevention and cure of this pathology prevail in the domain of modern medicine except using ocular surface lubricants, computer glasses. Though lubricating drops can reduce the effects of Dry Eye, but its preservatives are harmful to eye. Dry Eye has no direct reference in *Ayurveda* classics. However, similar clinical manifestation can be observed in a disease called as *Shushkakshipaka*. It is a *Vata- Pittaja Vyadhi* having symptoms like *Gharsha* (foreign body sensation), *Vishushkatwama* (feeling of dryness in eyes) and *Kricchronmeela-Nimeelanama* (difficulty in opening the eyes)<sup>3</sup>.

In *Ayurveda* classics, specific treatment has been mentioned for *Shushkakshipaka* such as *Snehana* (intake of Ghee), *Tarpana* (~retention of ghee over eyes), with *Jivaniya Ghritha*, *Nasya* (~Nasal medication) with *Anu Taila* and *Pariseka* (~ocular irrigation) with warm milk added with *Saindhava*.<sup>4</sup>

#### MATERIALS AND METHOD: CASE HISTORY:

A fully conscious, normal oriented female patient, aged 26 years, came to OPD of Shalaky Tantra, IPGT & RA, Jamnagar on 20-02-2018 with chief complaints of Burning sensation, Itching, Feeling of dryness since 2 months in both eyes. She was diagnosed as a case of Dry Eye.

**Table 1:** Diagnostic Criteria

Name of Test	Right Eye	Left Eye
Schirmer- I test	8 mm	9 mm
Tear film break up time	5 sec	6 sec
Fluorescein staining	Positive	Positive
Rose Bengal staining	Negative	Negative

#### THERAPEUTIC INTERVENTION:

*Deepana Pachana* was done with *Shivksara Pachana Churna*.<sup>5</sup> Six gm of the medicine was given with hot water twice daily for three days. *Koshtashodhana* was done with *Avipattikara churna*.<sup>6</sup> Twenty gm of the medicine was given with hot water at six am in the morning. *Nasya* was done with *Anutaila*.<sup>7</sup> Six drops of

**Clinical findings:** She was afebrile. The pulse rate was 74/minute. Respiratory Rate was 16/minute and Blood Pressure was 110/70mmHg. Systemic examination was within normal limits.

**Ocular examination:** On torch light examination, cornea was clear in both eyes, anterior chamber was normal in both eyes; pupils were of normal size and normal in reaction. On slit lamp examination, both eyes show mild nasal interpalpebral conjunctival staining with fluorescein. IOP in both eyes was 14.6 mm Hg.

**Visual examination:** In both eyes distant visual acuity was 6/12. Best corrected visual acuity in both eyes was 6/6. Pin hole improvement in both eyes was 6/6.

**Dashavidha pareeksha:** She was *Vatapitta Prakriti*. *Vikriti* was found to be *Vatapitta*. She was in *Yuvaavastha*. Her *Satwa*, *Sara*, *Samhanana*, *Aharashakti*, *Vyayamashakti*, *Pramana* and *Satmya* were *Madhyama*.

**Ashtavidha pareeksha:** Her *Nadi*, *Mutra* and *Shabda* were *Sadharana*. *Mala* was *Abadha*. *Jihwa* was *Anu-palepa*. *Sparsha* was *Anushnaseetha*. *Akrithi* was *Madhyama* and *Drik* was *Samanaya*.

**Sroto Pareeksha:** *Rasa*, *Rakta* and *Majja Vaha Srotas* were involved.

#### Diagnostic assessment:

Schirmer- I test, Tear film break up time, Fluorescein staining, Rose Bengal staining was done before treatment to confirm the diagnosis of Dry Eye.

the *Anutaila* was instilled in both nostrils for the next seven days at nine am. Then *Tarpana* was done in both the eyes with *Jivantiyadi Ghritha*<sup>8</sup> for five days. After a gap of one week second sitting of *Nasya* and *Tarpana* was done. During this gap of seven days *Jivantiyadi Ghritha* six gm was given orally at night. Total three sitting of *Nasya* and *Tarpana* was done.

**Table 2:** Treatment adopted:

Treatment Given	Drug Name	Duration	Dosage
<i>Deepana Pachana</i>	<i>Shivksara Pachana Churna</i>	3 days	6 gm
<i>Koshashodhana</i>	<i>Avipattikara Churna</i>	1 day	20 gm
<i>Nasya</i> (3sitting)	<i>Anutaila</i>	7 days	6 drops each nostril
<i>Tarpana</i> (3sitting)	<i>Jivantyadi Ghrita</i>	5days	30 gm
<i>Shamana Snehpana</i> (3sitting)	<i>Jivantyadi Ghrita</i>	7days	6 gm

**RESULTS:**

There was improvement in both signs & symptoms. Schirmer's-I test, Tear film break up time and Fluoro-

rescein staining showed marked improvement. No adverse or unanticipated events were reported during the study.

**Table 3:** Improvement in diagnostic criteria

DIAGNOSTIC CRITERIA	RIGHT EYE		LEFT EYE	
	BT	AT	BT	AT
Schirmer- I test	8mm	18mm	9mm	16mm
Tear film break up time	5 sec	12 sec	6sec	13sec
Fluorescein staining	Positive	Negative	Positive	Negative
Rose Bengal staining	Negative	Negative	Negative	Negative

**DISCUSSION**

The line of management in *Shushkakshipaka* includes *Snehana*, *Nasya*, *Tarpana*, and *Seka*. Prior to *Snehana*, *Deepana Pachana* is essential for proper assimilation of *Sneha*. *Shivksara Pachana Churna* was used for this purpose. Prior to *Nasya*, *Kayashodhana* is mandatory and hence *Koshashodhana* was done with *Avipattikara Churna* as the *Prakriti* and *Vikriti* was *Vatapitta*. Medicines for *Snehapana*, *Nasya* and *Tarpana* were selected as per the classical reference.<sup>9</sup> *Nasya* was done with *Anu Taila* as it is indicated in *Shushkakshipaka*. *Anu Taila* is having *Tridosahara* properties. *Nasa* being the gateway to *Shira*, so the drug administered through nostrils reaches *Shringataka* (a *Sira Marma* by *Nasa Srota*), 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 *Tridosahara*, hence it breaks the pathology of *Shushkakshipaka*. *Tarpana* was done with *Jivantyadi Ghrita* as it is indicated in *Shushkakshipaka*. Considering the *Doshakarma*, *Jivantyadi Ghrita* appears to be predominantly *Vata-Pitta*

*Shamaka* by virtue of its *Snigdha Guna* and *Sheeta Virya*. And it also gives the lubrication to the ocular surface and definitely helps to check the epithelial damage of conjunctiva and cornea. *Shamana Snehapana* was done with *Jivantyadi Ghrita* as *Ghrita* is *Pittanilaharam*<sup>10</sup> (*Vata-Pitta Shamaka*) so pacifying the *Doshas* (*Vata-Pitta*) involved in the *Shushkakshipaka* (Dry Eye). Hence it will break the pathology of *Shushkakshipaka*.

**CONCLUSION**

Thus, it can be concluded that Ayurvedic approach is helpful in the treatment of dry eye. *Nasya* and *Tarpana* with *Shamana Snehpana* showed significant results in sign & symptoms of dry eye. This study emphasizes on the importance of classical approach of Ayurveda in dry eye.

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