

A STUDY TO ASSESS THE EFFECT OF NARIKELA RASAKRIYA ANJANA IN THE MANAGEMENT OF SHUSHKAKSHIPAKA –A CASE REPORT

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ABSTRACT

Shushkakshipaka (Dry Eye Syndrome) is a common condition that occurs when tears aren't able to provide adequate lubrication for the eyes. Tear secretion is an integral component of the ocular surface physiology; when compromised (quantitatively or qualitatively) leads to *Shushkakshipaka* (Dry Eye Syndrome) with various ocular discomfort symptoms and ultimately the patient may land in corneal blindness. *Vata & Pitta /Rakta* vitiation as per *Ayurvedic* viewpoint is the major contributing pathological factor in its manifestation. *Kriyakalpa* is the basis of the treatment for ophthalmic disorders. When we refer to our classics for therapeutic measures which are adopted for the management of eye diseases, we find that the management includes many topical treatments. Contrary to the available modern medical management; Ayurveda propounds a systematic approach to the treatment of dry eye syndrome. A diagnosed case of *Shushkakshipaka* was treated with the *Ayurvedic* regimen of *Anjana* using *Narikela Rasakriya* as a treatment protocol and the same has been presented as a case study in this article.

Key words: *Shushkakshipaka*, Dry Eye Syndrome, *Narikela Rasakriya Anjana*.

INTRODUCTION

Dry Eye Syndrome (DES) is one of the most common problems observed in ophthalmic practice. It is predominantly observed in middle-aged and elderly people. Dry eye is defined as a multifactorial disease of

the tears and ocular surface that result 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 ⁽¹⁾. *Shushkakshipaka* is mentioned in the classical literature of Ayurveda under *Sarvagata Netraroga* (diseases affecting all parts of the eye) ⁽²⁾. *Shushkakshipaka* is described as a *Vataja roga* by *Sushruta* ⁽³⁾, *Vatapittaja roga* by *Vagbhata* ⁽⁴⁾, and *Vataraktaja* by *Sharangdhara* ⁽⁵⁾. Based on our current knowledge of Dry Eye Syndrome, it is more appropriate to consider it as an ocular surface inflammatory syndrome rather than just a tear film insufficiency ⁽⁶⁾. The ocular surface is covered by the pre-corneal tear film that is a mixture of mucin, aqueous, and lipids produced by various structures. The lipid layer stabilizes the tear film and reduces the evaporation of tears. Evaluation of dry eye is primarily based on the aqueous component of the tear film and includes tests such as tear-film breakup time and Schirmer's tests. In modern medical science tear, substitutes are the only treatment modality to date. The duration of action of these tear substitutes is variable and are prescribed as per the severity, only providing symptomatic relief. Moreover, the preservatives present in these formulations also cause dry eye. On the other hand, those available without preservatives are not cost-effective and there are chances of preservative-induced damage to the epithelial lining and basic secretors. In view of the magnitude of the

problem, this study was undertaken to establish *Narikela Rasakriya Anjana* ⁽⁷⁾ as a cost-effective treatment modality of *Ayurveda* in treating this chronic ailment.

CASE REPORT DETAILS:

A 48-year-old man, an IT professional, approached Shalakyatantra OPD. He was thoroughly examined and systematically reviewed. He complained of ocular discomfort, burning sensation, foreign body sensation, and dryness in his eyes for the past 8 months. He was a prediagnosed case of dry eye and was taking treatment which included topical antibiotics, artificial tear supplements, and lubricating eye ointment, for a year. However, even after that patient had just slight symptomatic relief and therefore turned to *Ayurvedic* medicines for relief.

CLINICAL FINDINGS:

General Examination

- Temperature- Afebrile
- Pulse rate -81/minute
- Respiratory Rate-17/min
- Blood Pressure-120/70mmHg.

Systemic examination was within normal limits.

Ocular examination:

Table 01: Visual acuity evaluation:

	OD	OS	Near Vision
Vn	6/12(P)	6/12(P)	N8 with strain
Vn CC	6/6(P)	6/6	N6
Vn PH	6/6	6/6	-

Table 02: Slit lamp examination

	OD	OS
Lid	Normal	Normal
Conjunctiva	Congestion+	Congestion+
Sclera	Normal	Normal
Cornea	Clear	Clear
Anterior chamber	Maintained	Maintained
Iris	Normal	Normal
Pupil	NSRTL	NSRTL

- IOP

OD- 14.6 mm of Hg

OS- 17.3 mm of Hg

- Diagnostic assessment: Schirmers - I test, Tear film break up time, Fluorescein staining was done before treatment to confirm the diagnosis 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
Rose Bengal staining		Negative

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 Ey

TREATMENT:

Considering this condition as *Shushkakshipaka* (Dry Eye Syndrome) wherein vitiation of *Vata* and *Pitta doshas* is described, the patient was treated with *Narikela Rasakriya Anjana* ⁽⁷⁾.

Table 03:

DRUGS	LATIN NAME	RASA	VEERYA	VIPAKA	GUNA
1. Daruharidra	<i>Berberis aristata</i>	Tikta, Kashaya	Ushna	Katu	Laghu, Ruksha
2. Yashtimadhu	<i>Glycyrrhiza glabra</i>	Madhura	Sheeta Madhura	Madhura	Guru, Snigdha
3. Haritaki	<i>Terminalia chebula</i>	Kashaya, Madhura, Amla, Katu, Tikta	Sheeta	Madhura	Laghu, Ruksha
4. Bibhitaki	<i>Terminalia bellerica</i>	Kashaya	Ushna	Madhura	Ruksha, Laghu
5. Amalaki	<i>Embilica officinalis</i>	Amla, Madhura, Katu, Tikta, Kashaya	Sheeta	Madhura	Guru, Ruksha, Sheeta, Chakshushya
6. Narikela	<i>Cocos nucifera</i>	Madhura	Sheeta	Madhura	Snigdha, Laghu
7. Karpoora	<i>Cinnamomun camphora</i>	Tikta, Katu, Madhura	Sheeta	Katu	Laghu, Teekshna, Netrahitkar
8. Saindhava	-	Lavana	Sheeta	Madhura	Laghu, Snigdha
9. Madhu	-	Madhura, Kashaya	Ushna	Madhura	Ruksha, Laghu, Picchila, Chakshushya

- MODE OF ADMINISTRATION: Topical (Local Application), By using *swanguli*
- DOSAGE: *Vellamatra Rasakriya*, (*Vagbhat Sutrasthana 23-14*), i.e., *Vidanga phala matra*= 60mg
- TIME: Once a day
- DURATION: 1 Month

Along with the above line of treatment, he was advised simple lifestyle modifications that can significantly improve the condition of dry eyes. For example, keep himself hydrated by drinking 8–10 glasses of water

each day, making a conscious effort to blink frequently, especially when reading or watching television, and avoiding rubbing the eyes as this only worsens the irritation. He was asked to follow the **20-20-20 Rule** which basically is that after every 20 minutes spent using a screen; you should try to look away at something that is 20 feet away from you for a total of 20 seconds.

OBSERVATION:

The patient took this treatment for 1 week, with marked relief in symptoms of pain and foreign body sensation. He was advised to continue the same treatment for 1 more week. After 14 days, he had no complaint of ocular discomfort. Occasional irritation and

photophobia were present. A slit lamp examination revealed very little mucus debris. Visual acuity was 6/9 Partial in both eyes. After a period of the 1-month patient was not having any type of complaint, with both subjective and objective relief.

Table 04: SCHIRMERS I TEST READING

	Day 0	Day 7	Day 14	Day 21	Day 30
Right eye	5	7	8	11	13
Left eye	6	9	11	12	14

Table 05: OTHER DIAGNOSTIC CRITERIA

	RIGHT EYE		LEFT EYE	
	BT	AT	BT	AT
Tear film break up time	6 sec	12 sec	7 sec	13sec
Fluorescein staining	Positive	Negative	Positive	Negative

RESULT: There was an improvement in both signs & symptoms of *Shushkakshipaka*. There was also improvement in Visual acuity, Schirmer’s-I test, Tear film break-up time and Fluorescein staining showed marked improvement. No adverse events were reported during the study.

DISCUSSION

This drug is having *Chakshushya* and *Tridosha Shamaka* properties. *Madhura* and *Sheeta Veerya* lead to *prasadana karma*. It also acts on the vitiated *Vata* and *rakta / pitta dushti*. The *Vataghna karma* makes an overall attempt to enhance the activity of *Unmesha Nimesha Kriya* of *vartmapatalas* and improves the nourishment of *Prathama Patala (Tejojalashrita patala)*. Also, *Anjana Kriya* improves the qualities of *Tarpaka Kapha* and *Alochaka Pitta* by alleviating the disturbances related to them and enhances the secretions of aqueous, lipid, and mucin contents of the Tear Film of the eye. Because of the above said inherent properties of the drug, after getting absorbed, the ingredients are suspended in tender coconut water, which is akin to plasma concentrate thus facilitating drug absorption by ocular tissue the nutritive elements in coconut water media can nourish the eye as a whole, restoring the overall condition of the eye and promoting tear film maintenance.

CONCLUSION

Anjana karma using *Narikela Rasakriya* showed significant results in signs & symptoms of *Shushkakshipaka*. This line of treatment showed considerable improvement subjectively and objectively. Thus, it can be concluded that the *Ayurvedic* approach is helpful in the treatment of *Shushkakshipaka*.

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