

## AYURVEDIC MANAGEMENT OF DRY EYE- A CASE STUDY

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**ABSTRACT**

**Introduction:** Dry eye caused by 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 international Dry Eye workshop dry eye is defined as 'Multifactorial disease of tears and ocular surface that result in symptoms of ocular discomfort, visual disturbance, and tear film instability with potential damage to the ocular surface. Shushkakshipaka is one among sarvagat rogas- a disease affecting all parts of the eye can be symptomatically correlated with dry eye. This is single case study of shushkakshipaka in which ayurvedic treatment

was done. **Materials and Methods:** A fully conscious, normal oriented male patient, aged 25 years, came to OPD of shalakya tantra, ADAMC Ashta on 22-11-2019 with complaints of burning sensation, itching, feeling of dryness in both eyes since 1 month. 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, Koshtashodhana, followed by 3 settings of Nasya with Anu taila and three settings of Tarpana with Jivantyadi ghrita and orally snehapana with Jivantyadi Ghrita, Parishek with Haridra, Devdaru and Saindava siddha dugdha. **Result:** At the end of study, improvement in burning sensation, itching, feeling of dryness, schimer's test, tear film break up time, fluroscein staining in both eye were found.

**KEYWORDS-** Shushkakshipaka, Dry Eye, Ayurvedic management, Nasya, Tarpana, Parisheka.

**INTRODUCTION**

Dry eye syndrome is one of the most common problem 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 tear film become unhealthy, it breaks down in different places on the cornea and conjunctiva leading not only symptoms of irritation, but also to unstable and intermittently changing vision. Other symptoms of dry eye includes burning sensation, itching, tearing, foreign body sensation, frequent blink, 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 is 29.25%.<sup>[2]</sup> No remedial measures for 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 effect 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 vata-pittaj vyadhi having symptoms like Gharsh(foreign body sensation), vishushkatwama (feeling of dryness in eye) and Kricchronmeela-Nimeelanama (difficulty in opening the eyes).<sup>[3]</sup>

In Ayurveda classics, specific treatment has been mentioned for Shushkakshipaka such as Snehana, Tarpana with Jivaniya Ghrita, Nasya with Anu taila and Parisheka with Haridra, Devdaru, Saindhav added in milk.<sup>[4]</sup>

## **MATERIAL AND METHOD:CASE HISTORY**

A fully conscious, normal oriented male patient aged-25years, came to OPD of shalakya tantra, ADAMC, Ashta on 22-11-2019. With chief complaints of Burning sensation, Itching, Feeling of dryness since 1 month in both eyes. he was diagnosed as case of Dry Eye.

## **CLINICAL FINDINGS**

He was afebrile.

Pulse rate-74/min

Respiratory rate was 18/min

Blood pressure-120/80mm of Hg.

Systemic examination was within normal limit.

## **OCULAR EXAMINATION**

On torch light examination-corneal was clear in both eyes.

Anterior chamber-normal in both eyes

Pupils-normal size

Slit lamp examination-mild interpalpebral conjunctival staining with fluorescein.

IOP-12mm Hg.

**VISUAL EXAMINATION**-In both eye distant visual acuity was 6/9

Pinhole improvement in both eye 6/6

**DASHVIDHA PARIKSHA**- He was vatapitta prakruti. His satwa, sara, samhanan, Aharshakti, vyayam shakti, praman and satmya were Madhyam.

Ahtavidha Pariksha- His Nadi, Mutra and Shabda were Sadharan. Mala was Abadha. Jivha was Niram.

Sparsha was Anushnasheet. Akruti was Madhyam. Drik was Samanya.

STROTO PARIKSHA- Rasa, Rakta and Majja vaha strotas were involved.

### DIAGNOSTIC ASSESSMENT

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

**Table 1: Diganostic Criteria.**

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

**THERAPEUTIC INTERVENTION** Deepan pachan was done with Chitrakadi Vati<sup>[5]</sup> 250mg of medicine was given with hot water twice a daily for 3 days. Koshtashodhan was done with Avipattikar churna.<sup>[6]</sup> Twenty gm of medicine was given with hot water at 6am in the morning. Nasya was done with Anutaila<sup>[7]</sup> six drops of Anutaila was instilled in both nostrils for the next seven days at nine am. Then Tarpana was done in both the eyes with Jivantyadi Ghrita<sup>[8]</sup> for 5 days. After a gap of one week second setting of Nasya and Tarpana was done. During this gap of seven days Jivantyadi Ghrita six gm was given orally at night. Total three setting of Nasya and Tarpana was done.

**Table 2: Treatment Adopted.**

Treatment Given	Drug Name	Duration	Dosage
Deepan Pachana	Chitrakadi vati	3days	250mg
Koshthashodhana	Avipattikar Churna	1day	20gm
Nasya(3setting)	Anutaila	7days	6drops each nostrils
Tarpana(3setting)	Jivantyadi Ghrita	5days	30gm
Shaman Snehapana(3setting)	Jivantyadi Ghrita	7days	6gm

**RESULT**

There was improvement in both sign and symptoms. Schirmers-I test, Tear film break up time and Fluorescein 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	9mm	16mm	8mm	18mm
Tear film break up time	6sec	13sec	5sec	1sec
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 Parisheka. Prior to snehana deepan pachana is essential, Chitrakadi vati is useful for this. Prior to nasya koshthashodhana is mandatory and hence koshthashodhan was done with Avipattikar churna as the prakruti and vikruti was vatpitta. Medicines for Snehapana, Nasya and Tarpana were selected as per classical references.<sup>[9]</sup> Nasya was done with Anutaila as it is indicated in Shushkakshipaka. Anutaila having Tridosahar properties. Nasya being the gateway to shira. so the drug administered to nostrils reaches shringataka, spread in murdha taking marmas of netra scratches the morbid dosha 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. Jivantyadi ghrita appears as vatpitta shamak by virtue of its snigdha guna and sheet virya. and it gives lubrication to ocular surface. Hence it all breaks 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 shaman snehapana showed significant result in sign and symptoms of dry eye. This study emphasizes on the importance of classical approach of Ayurveda in Dry eye.

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