



# “ROLE OF YASHTIMADHU GHRITA TARPANA ALONG WITH YASHTIMADHU GHRITA PAADABHYANGA IN MANAGEMENT OF SHUSHKAAKSHIPAKA”

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## ABSTRACT-

Shushkaakshipaka is vata pitta pradhan sarvagatavyadhi with co-related with dry eye syndrome in modern aspect. modern science has lack of complete curative management done to nature of disease. ayurved brihatrayas and laghutrayas liturates explained disease abundant therapies

regarding management of shushkaakshipaka. as disease increasing day by day due to various causes , there will be active and effective participation of ayurvedic management.dry eye syndrome is group of symptoms which includes ocular irritation, redness, tenderness, and dryness. in padabhyanga two siras from paadmadhya reaches upto the netra so through these siras paadabhyanga done also reaches to the netra so yashtimadhu ghrithais vatapittaghna, chakshushya and having properties of snigdthaguna so we found that use of yashtimadhu ghritha tarpana along with yashtimadhu ghritha padabhyanga treatment in shushkaakshipaak became very useful for patient.

**Keywords:** ashru, shushkakshipaka, *dry eye syndrome*, *yashtimadhu grita tarpana* , *yashtimadhu ghritha padabhyanga*

## INTRODUCTION

shalakyatantra[1] is posseses it's special eminence in ashtang ayurveda[2]which explain various diseases regarding ear, nose, throat, oral cavity and dentistry but briefly explained netravvyadhi. in shalakyatantra eye diseases classified precisely as per location of disease like sandhigatarog, krushnagatrog, shuklagatrog, vartmagatrog, drushtigatarog, shushkaakshipaakvyadhi is classified in sarvagatvyadhi .according to osd i[5] [ ocular surface disease index prevalence rate of dry eye syndrome is :- the prevalence of dry eye in india = 32% the prevalence of dry eye syndrome in india is higher than the global prevalence and range from 18.4% to 54.4% . dry eye syndrome is group of symptoms which includes ocular irritation, redness, tenderness, and dryness. in padabhyanga[4] two siras from paadmadhya reaches upto the netra so through these siras paadabhyanga done also reaches to the netra so yashtimadhu grita[5]is vatapittaghna, chakshushya and having properties

of snigdha guna so we found that use of yashtimadhu grita tarpana along with yashtimadhu ghrita padabhyanga treatment in shushkaakshipaak became very useful for patient.

## **DRY EYE SYNDROME:-**

It is a inflammation of cornea and conjunctiva due to inadequate secretion of tears[16]

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 as a tear film. Abnormalities of any of the components of the secretion (quantitatively or qualitatively) lead to the instability of the tear film, resulting in drying of the ocular surface and the syndrome. Tear substitutes are the only treatment modality with modern medical science. The duration of action of these tear substitutes is variable and are 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 (e.g., are not cost-effective)

### **• SHUSHKAAKSHIPAAK**

- The disease shushkaakshipaak Is included in the sarvagatanetraroga[3] which means that it can affect all parts of the eye if not managed properly
- This eye disease are commonly occurs due to heena , ati and mithyayog
- For example :- excess use of computer, polluted air, viewing of TV and excess of out door work ,excessive driving, so in TARPANA procedure acharya has described use of snigdha and madhur rasatmaka dravya in vatapitta jvyadhies
- Special procedure does in shalakyatantra is kriyakalpa.

- Tarpana is crownly part of kriyakalpa it opens the out of the way method to reach the affected part.
- In padabhyanga[4] two siras from paadmadhya reaches upto the netra so through these siras paadabhyanga done also reaches to the netra So yashtimadhu ghrita[5]is vatapittaghna, chakshushya and having properties of snigdha guna So we found that use of yashtimadhu ghrita tarpana along with yashtimadhu ghrita padabhyanga treatment in shushkaakshipaak became very useful for patient.

Classical review on shushkaakshipaak –

**DUSHYA:-** raktadhatu **DOSHA:-** vatapradhan

**HETU:** vatapittakar aahar vihar

**LAKSHANA:**

- 1) dryness of eye [ rukshana]
- 2) Burning sensation [ daah]
- 3) Blurring of vision [ avildarshan]
- 4) Pain [ toad]
- 5) Unable to open eye easy [ krucchonmilan]

*Tarpana*[5] is one of the important ocular therapeutic (*Kriyakalpa*) which nourishes the eyes and cures the *Vata Pitta* diseases.[6,7] It may be useful in the management of *Shushkakshipaka* due to its oleation (*Snehana*) and *Vata* and *Pitta* pacifying actions.

*Yasthimadhu Ghrita tarpan* and *padabhyangya* are indicated in *Netra Roga* (eye diseases) because of its *Chakshushya* (improves vision), *Snehana* (oleation) and *Rasayana* (rejuvenating) properties.[8] *yasthimadhu Ghrita* contains *yasthimadhu* which has been reported to have the immunomodulator, antimicrobial and antiinflammatory activities[9] and thus may help in checking the progress of dry eye syndrome by preventing T-cells from releasing cytokines (primarily interleukin-6) that incite the inflammatory component of dry eyes.

## TARPANA PROCEDURE-

For the purpose of *Tarpana* procedure, black lentil flour and water were mixed together to form a dough. This dough was then used to create a circular wall around the eyes. Then, the patient was asked to close the eyes and *Ghrita* was filled in the space inside the circular boundary. After pouring *Ghrita*, the patient was asked to open and close the eyes gradually. Approximately 10–15 ml of *yastimadhu Ghrita* was used for *Tarpana* daily in the afternoon for consecutive 7 days for 1000 *Matra Kala*/30 Minutes[12,13,14] Patients were advised not to tilt the head and to blink the eyes intermittently. Patients were not taking any allopathic drugs or any other internal medicines during the course of the treatment.

## FOLLOW-UP

The follow-up was done at an interval of every 15 days up to 60 days and reappearance of the symptoms within the follow-up period was considered as recurrence of the disease.

## DISCUSSION-

Dry eyes are one of the most common causes of chronic low-grade burning, irritation, and discomfort of the eyes. It is caused due to disturbance in the tear film function owing to change in lipid, water, or mucin component of the tears.

*Tarpana* forms an occlusive film over the surface of the eyeball and improves the composition of tear film by enhancing the mucin and aqueous layers. It prevents frictional damage to the ocular surfaces secondary to lid movement or extra ocular movements. It helps by retaining fluid and maintaining hydration of the ocular surface. It is effective in reducing evaporation rate and blinking rate in patients with dry eye syndrome. It prevents desiccation from corneal tear film and reduces burning sensation in patients with dry eye syndrome. It also reduces reflex tearing and the need for artificial tears and warm compressors. It is well

tolerated by the patients and provides a totally new therapeutic approach providing steady levels of medication to the ocular surface which offers additional benefits in the management of dry eye syndrome.[15]

*Yastimadhu Ghrita* as being the best immune-modulator, it confers anti-inflammatory activity and in dry eye syndrome thereby prevents T-cells from releasing cytokines (primarily interleukin-6) that incite the inflammatory component of dry eye. As *yastimadhu Ghrita* is best for its antibiotic activity, it reduces the inflammation and improves lipid production in dry eye syndrome.[16]

Moreover, compared to the artificial tear products, as *yastimadhu Ghrita* is rich in lipid content which reflects mucoadhesive properties, the degree of contact time with the ocular surface is greater. Hence, the effect of *Tarpana* is better as it has got contact time of more than 15 min. *Tarpana* also stimulates the lacrimal glands to produce tears. Mucin layer which is present in tear film allows the *Ghrita* to spread over the ocular surface. This approach provides long lasting relief to the patients with moderate-to-severe dry eye symptoms.[17]

## CONCLUSION-

According to Ayurveda, dry eye is not merely an ocular surface disorder, rather this is one of manifestation of the deranged metabolism/depreciation of body tissues. *Ashru* (tear film) is the byproduct of *Rasa*, *Meda*, and *Majja dhatus*[18] and without normalizing/altering them we cannot treat dry eye syndrome optimally. *Vata-pittahara* , local, *yasthimadhu tarpan* and *padabhyangya* with *yasthimadhu ghruit* therapy initiated.

Thus, as we can conclude that the dry eye is a condition for which modern medicine has no treatment except for the symptomatic management; the holistic approach of *Ayurvedic* system of medicine provided both subjective and objective relief to the patient.

The explanation of clinical features of *Shushkakshipaka* in all classical texts collectively gives complete picture that resembles with dry eye syndrome. The effect of *yastimadhu Ghrita Tarpana* is better in the subsequent follow-up than immediately after effect of the treatment with minimal recurrence, in the cases of dry eye syndrome. The effect of *yasthimadhu ghruit padabhyangya* is shows better effect. Results are highly seen when we treat patients along with tarpana and padhabhangya with yastimadhu ghruit.

## REFERANCES-

1. Acharyatriviramyadavsharma editor(s) (reprint 2008 ed.) shushrutsamhita of acharyashushrut, sutrasthan; vedoupatti: chapter 1 verse 1-10 varanasi: chaukhambasurbharati prakashan,2008; p 2-3.
2. Vaidyayadunandanaupadhyaya Editor(s), Ashtanghridaya of vagbhat, sutrasthan; ayushkamiyaadhyay:chapter 1,verse 5. Varanasi, chaukhamba Sanskrit santhan,2000;p 3
3. Acharyatriviramyadavsharma Editor (s) sushrutsamhita of Acharyasushrut, uttartastra;sarvagatvigyan: chaper 6,verse 3-4. Varanasi: chaukhambasurbhartiprakashan, 2012 ; p.603
4. Vaidyayadunandanaupadhyaya Editor (s), Ashtanghridaya of vagbhat,uttarasthan;sarvaakshirogpratinishedh: chapter 16, verse 66. Varanasi: chaukhamba Sanskrit sansthan, 2000;p. 508
5. Krushnajivithalsoman and vasudev laxmanshastripanshikar Editor, nighanturatnakar, volume 1;gunadoshaprakashana: chapter 1, delhi: chaukhamba Sanskrit pratishthan:2011.p.91
6. www.ijo.in article
7. A comparative study of madhuksiddhagritatarpana and 0.5% CMC eye drop in shushkaakshipaak :- By Patil.S.S MUHS 2015

8. Acharyatriviramyadavsharma Editor (s); sushrutsamhita of acharyasushrut ,uttartantra; sarvarogvigyan: chapter. 6, verse 26. Varanasi: chaukhambasurbhartiprakashan, 2012 ; p.605.
9. Vaidyayadunandanaupadhyaya Editor (s), Ashtanghridaya of vagbhat,uttarsthan,sarvaakshirogpratinishedh: chapter 16; verse.28; Varanasi: chaukhamba Sanskrit sansthan, 2000; p. 508.
10. Acharyatriviramyadavsharma Editor (s),sushrutsamhita of acharyasushrut,uttartantra;kriyakalpa: chapter 18,verse.18. Varanasi: chaukhambasurbhartiprakashan, 2012;p.634.
11. Acharyatriviramyadavsharma Editor (s),sushrutsamhita of acharyasushrut,chikitsasthan;shudrarogchikitsa:chapter 24, verse.70, Varanasi: chaukhambasurbharti prakashan,2012; p.490
12. Acharyatriviramyadavsharmaeditor,sushrutsamhita of acharyasushrut,uttartantra;vataabhishtyandapratinishedh:chapter 9;verse 20-21. Varanasi: chaukhamba prakashan,2012; p 612
13. Shribramhanandtriphatishtanghridayauttartantra 20/20 chaukhamba Sanskrit Varanasi reprint 2015 page no 986 .
14. Coparative study between phenol red thread test and the schirmers test In the diagnosis of dry eye syndrome – by Rev. bras. Oftalmol. Vol.75.no. 6 nov/dec 2016
15. <https://www.surveysystem.com>>samplesize
16. Punctual occlusion for dry eye syndrome – Ervin , am – 2010/ Cochrane library.
17. Acharyatriviramyadavsharma Editor (s), sushrutsamhita of acharyasushrut,uttartanta; kriyakalpaupakrama; chapter 18: verse. 910; Varanasi: chaukhambasurbhartiprakashan; 2012; p. 633.
18. Vidyasagarpanditparshuramshastri Editor(s), sharangdharsamhita of acharyasharangdhar, madhyamkhand, snehparibhasha :chapter .



9, verse. 1, Varanasi: chaukhambasurbhartiprakashn, 2006; p :212.

19. Dr. annamoreswarkunteEditor,Ashtangahridaya of vagbhat, chapter 24, verse 6-8; Varanasi: chaukhambasurbhartiprakashan ; 1997; p. 308.

20. Comparative ophthalmology by A. K,Khurana 4th edition new age international publication new delhi reprint 2007 page no 366

