



SHUSHKAKSHIPAKA AN AYURVEDIC OVERVIEW-A SINGLE CASE REPORT

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Abstract: Background: The precorneal tear film is a thin layer, about 2–5.5 µm thick, which overlays the corneal and conjunctival epithelium. It functions to lubricate and protect the corneal and eyelid interface from environmental and immunological factors as well as provide an optical medium. When compromised (quantitatively or qualitatively) lead to *Shushkakshipaka* (dry eye syndrome) with various ocular discomfort symptoms and ultimately the patient may land in corneal blindness. *Shushkakshipaka* (*Sarvagatrog*) mentioned in *Ayurveda* resembles with dry eye syndrome in which *Vata-Pitta/Rakta* vitiation is there having symptoms like *Gharsha*(foreign body sensation) ,*Toda*, *Bheda*(pricking and piercing pain),*Ruksha Darunavartma* (Dryness of lids), *Krichronmeelana Nimeelanam*(difficulty in opening and closing eyes), *Vishuskatwam*(dryness in eyes), *Seetecha*(desire for cold)and *Paka* (Ulceration) **Materials And Method:** This is the case report of 55 year old Male who approached *Shalakyta Tantra* OPD, complaining of foreign body sensation ,burning sensation and dryness and ocular discomfort on bilateral eyes since 2 months. Eye examination revealed greasy lid margins in both eyes (L>R),locked meibomian orifices with foamy discharge on outer surface and diagnosis of evaporative dry eye due to chronic meibomitis was made and were administered *Snehapana* ,*Mrdu virechana*, *Anutaila Pratimarsha Nasya* , *Tarpana* and *Pariseka* for 2 months. **Result:** Patient showed marked improvement in assessment criteria and BT and AT TBUT and Schirmer's test. **Discussion:** In this case, treatment was planned based on *Chikitsa Sutra* of *Sushkakshipaka*. As *Vata Pitha* vitiation is the basic pathology involved *Snehapana* followed by *Mrdu Virechana* is carried out. *Anutaila Pratimarsha Nasya* and *Sundi Ghrista Dugda Pariseka* to reduce the stingy mucus and particulate matter. *Tharpana* was done with *Jeevanthyadi Ghrita* .The ingredients in *Jeevanthyadi Ghrita* are *Madhura* and *Sheeta* so acts as *Vata-Pitta shamaka*. *Ghrita kalpana* is *Vata-Pitta shamaka* .As a result *Shushkakshipaka* pathology will be broken.

Keywords: *Shushkakshipaka*, Dry eye syndrome, *Pratimarsha Nasya*, *Tarpana*,*Jeevanthyadi Ghrita*

I. INTRODUCTION

Shushkakshipaka is a disease which is described elaborately in *Ayurveda* under the heading of *Sarvakshiroga*. Descriptions of *Sushruta Samhita* details the early phase of the disease, while the descriptions of *Vagbhata* point towards the advanced phase of the disease with preponderance of *Paka* (inflammation).The clinical features of the disease are *Kunitavartma*, *Daruna-Rukshavartma*, *Aviladarshana*, *Gharsha*, *Toda*, *Bheda*, *Upadeha*, *Krichronmeelana*, *Vishushkatwa*, *Shoola* and *Paka*. For the management of this disease, systemic therapies like *Snehapana*, *Nasya*, *Vasti*, *Rasayana* etc. and local medications like *Ksheera Ashchyotana*, *Tarpana*, *Snehana Putapaka*, *Snehananjana* etc. are advocated in *Ayurveda*. Dry eye represents a multi factorial, heterogeneous disorder of the precorneal tear film, which results in ocular surface disease. The dry eye prevalence increased progressively with age and the age group 31-40 years showed a relative peak. This peak reflects a dry eye state induced by environmental exposure, to which this age group, being the most active occupationally. Most studies report a higher prevalence of dry eye in females than males. Coming to the management, Dry eye symptoms are most commonly treated with artificial tear drops contain either cellulose derivatives (e.g. Carboxyl methyl cellulose, Hypromellose) or polyvinyl alcohol, topical cyclosporine which helps by reducing the cell-mediated inflammation of the lacrimal tissue, Mucolytics – 5% acetylcystine which helps by dispersing the mucus threads and decreasing the tear viscosity. While modern ophthalmology is fraught to find a definite cure for DES, *Ayurvedic* texts have given an elaborated description of *Shushkakshipaka* management. In lieu of above facts, it was tempting to evaluate the efficacy of formulations mentioned in classical text for treatment of *Shushkakshipaka*. Here a case of Male patient suffering from *Shushkakshipaka* was successfully treated with below mentioned treatment protocol.

Materials and Methods

A male aged 55 years approached our *Shalakyta Tantra* OPD, complaining of foreign body sensation, burning sensation, dryness, ocular discomfort on bilateral eyes since 2 months. He also had complaint of blurring of vision since 1 month.

History of Present Illness

The subject was apparently normal 2 months ago but he gradually developed foreign body sensation, ocular discomfort and dryness in both eyes. Thus gradually the severity of dryness increased and he was complaining of burning sensation along with mild pain and increased blurring. For these complaints, he approached an ophthalmologist where he was diagnosed with dry eye

disease. He was prescribed with artificial tear drops. The symptoms got relieved, but reappear whenever he stops the medication. With the persisting complaints he approached our *Shalakyta Tantra* OPD for *Ayurvedic* management.

History of Past Illness

Nothing specific

Family history

Nothing significant.

Personal history

- Bowel: Regular
- Appetite: Good
- Micturition: 4-6 times/day
- Sleep: Sound

Ashtasthana Pareeksha

- *Nadi*: 76/min
- *Mutra*: 4-6 times/day
- *Mala*: Regular
- *Jihwa*: *Aliptha*
- *Shabda*: *Prakrutha*
- *Sparsha*: *Anushna Sheetha*
- *Druk*: *Vikrutha and shuskatha*
- *Akruthi*: *Krusha*

Vitals

- Pulse rate: 76/min
- Respiratory rate: 24/min
- Temp: 98.60 F
- BP: 120/80mm of Hg
-

Systemic examinations

All the systemic examinations revealed no abnormalities.

Ophthalmic examination:- Slit lamp examination

Ocular Structures	OD	OS
Ocular Adenexa	No abnormalities	No abnormalities
Eyebrows	Brows clear	Brows clear
Eyelashes	Lashes normal	Lashes normal
Lid margin	Approximate globe, Tiny oil droplets (Meibomian plugs) and Frothy bubbles over Lower lid margin.	Approximate globe, Tiny oil droplets (Meibomian plugs) and Frothy bubbles over Lower lid margin.
Conjunctiva	Congested	Congested
Cornea	Cornea clear ,No stain	Cornea clear ,No stain
Sclera	No abnormalities	No abnormalities
Anterior chamber	Deep and clear,Angles open	Deep and clear,Angles open
Pupil	Round and Reactive	Round and Reactive
Lens	Clear	Clear
IOP	14mmHg	16mmHg

Assessment Criteria

subjective criteria

Parameters	Before treatment
Foreign body sensation	Severe+++
Burning sensation	Severe+++
Blurring of vision	Moderate++
Feeling of dryness	Moderate++
Lacrimation	Mild+
Pain in the eyes	Mild+
Congestion	Mild+

Objective parameters:-

visual acuity:-before treatment

Visual acuity	Without spectacles			With spectacles		
	OD	OS	BE	OD	OS	BE
Distant vision	6/24	6/18	6/18	6/9	6/9	6/6P
Near vision	N12	N12	N9	N6	N6	N6

schirmers test :- before treatment

Schirmers test	
OD	8mm
OS	7mm

TBUT :- before treatment

TBUT	
OD	8sec
OS	6sec

Therapeutic Intervention:

No	Drug	Dose	Route of administration	Duration
1	<i>Gandarvahasthadi Kashaya</i>	90ml Twice daily ,Before meals	Orally with <i>Saindava and Guda</i>	First 3 Days
2	<i>Vaiswanara Choorna</i>	3gm HS Before Meal	Orally with Luke warm Water	
3	<i>Jeevantyadi Ghrita Snehapana</i>	30ml,60ml,75ml,100ml,120ml Early morning in empty stomach	Orally	4 th to 8 th Day
4	<i>Mridu Virechana</i> with <i>Avipathi Choorna</i>	25gm	Orally	9 th Day
5	<i>Jeevantyadi Ghrita</i>		<i>Tarpana</i>	10 th -15 th Day
6	<i>Sundi Ghrista Dugda</i>	Twice Daily	<i>Netra Pariseka</i>	15 Days
7	<i>Anu Taila</i>	2-2 Bindu Twice Daily	<i>Pratimarsha Nasya</i>	
8	<i>Drakshadi Kashaya</i>	90ml Twice Daily Before Meals	Orally	
9	<i>Kaissora Guggulu</i>	1 Tab BD With <i>Kashaya</i>	Orally	

Digital massage of the lids following warm compression and Regular lid hygiene with warm water was also advised.

Results

Total treatment duration was 25 days. Subject showed improvement both subjectively and objectively. After treatment Schirmer's test and Visual acuity are shown in table.

Subjective Parameters	After Treatment
Foreign body sensation	Mild(+)
Burning sensation	Mild(+)
Blurring of vision	Mild(+)
Feeling of dryness	Mild(+)
Lacrimation	Absent(-)
Pain in the eyes	Absent(-)
Congestion	Absent(-)

Objective Parameters		After Treatment	
Visual Acuity (With out Spectacles)	DV	OD	6/18
		OS	6/18
		BE	6/12
	NV	OD	N6
		OS	N6
		BE	N6
Schirmers Test		OD	12mm
		OS	11mm
TBUT		OD	12 Sec
		OS	10 Sec

Discussion

Vata and *Pitta* along with *Raktha* are the factors which get vitiated in *Shushkakshipaka*. The *Vata*, *Pitta*, *Vridhis* indirectly leads to *Kapha Kshaya*. Decrease of *Snigdha Guna* and increase of *Ruksha Guna* initiates the pathology. *Ruksha*, *Laghu*, *Khara*, *Sukshma Gunas* of *Vata* and *Ushna*, *Laghu*, *Tikshna Gunas* of *Pitta* increases and *Kapha Kshaya* sets in which leads to decreased *Netraposhana*. Hence aim of treatment should be *Vata Pitta Shamaka* and *Rasa Rakta Dhatu Prasadana* along with *Sneha Vardhana* effect. The line of management of *Shushkakshipaka* includes *Snehana*, *Nasya*, *Tarpana*, and *Seka*. Prior to *Snehana*, *Deepana Pachana* is essential for proper assimilation of *Sneha*. *Vaishwanara Churna* was given at first for the *Pachana* of *Amadosha*. *Jeevanthyadi Ghrutha* is selected for the *Snehapana*. Even though it was given for bringing *Doshas* to *Koshta* it acts as *Brumhana* also. The ingredients in *Jeevanthyadi Ghrita* are *Madhura* and *Sheeta* so acts as *Vata-Pitta Shamaka*. *Ghritha Kalpana* is *Vata-Pitta Shamaka*. Then *Virechana* was given with *Avipathi Churna*. *Avipathi Churna* is specially indicated in *Pitharoga*. It contains *Sitha* as a major content. So, it can reduce *Vatha Dosh* also along with *Pitha Dosh*. In evaporative dry eye lipid layer of tear film is disturbed, which results in reduction of tear film break up time. *Ayurvedic* management like *Tarpana* and *Ghrithapana* maintain the moisture of the cornea and sclera and thereby preventing corneal scarring. *Ghritha* is having *Chakshusya* properties and when it is medicated with *Chakshusya Dravya* the result are fortified. In *Sthanika Chikitsa* *Ksheeraseka* are known to increase the stability of tear film and give relief from the symptoms of *Shushkakshipaka*.

As there was mucous debris, *Pariseka* with *Shunthi Ghrisht Dugdha* twice daily was given. *Nasya* was done with *Anu Taila* as It is indicated in *Shushkakshipaka*. *Anu Taila* is Having *Tridosahara* Properties. *Drakashadi Kashayam* is used because it is having *Anila Pithahara Karma*. *Kaishora Guggulu* contains *Thriphala* which is *Chakshushya* and *Guduchi* acts as anti-inflammatory. Thus, it helps to reduce the inflammation and damage of ocular surface. Digital massage of the lids following warm compresses allows expression of the thicker meibum from the glands. This manual expression of altered secretions clears the meibomian gland ducts blockage, allowing the meibomian glands to produce normal secretions. Regular lid hygiene with warm water are also recommended to patients. This helps reduce the bacterial load and clearing the meibum, thus reducing resultant inflammation.

Conclusion

Shushkakshipaka described by our respected *Achryas* are very similar to causes, clinical features, and treatment of dry eye described by modern doctors there for *Shushkakshipaka* and dry eye can be correlated, which is a disorder of tear film due to tear deficiency or excess tear evaporation which causes damage to the interpalpebral ocular surface and is associated with symptoms of ocular discomfort as gritty and foreign body sensation in eyes. Hence on the basic of *Shrotodusti Lakshana* it can be concluded that *Shushkakshipaka* is originated by *Sanga* type of *Shrotodusti*. Treatment wise it is a *Ashastrakruta Ausadha Sadhya Vyadhi*. *Ayurvedic* management in dry eye syndrome is effective, safe without side effects. It can be used as alternative to tear supplementation.

ADR Declaration

No any adverse drug reaction was noticed during the treatment and follow up period.

Limitation of Study

As above mentioned, is a single case report there is need of study in larger population for establishing good protocol.

References

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