

## EFFECT OF KSHEERA SAINDHAVA PARISEKA AND ANU TAILA NASYA IN SHUSHKAKSHIPAKA (DRY EYE SYNDROME): A CASE STUDY

Dr. Sanjeev Padhan\*<sup>1</sup>, Dr. Veerayya R. Hiremath<sup>2</sup>, Dr. Sreenivasulu M.<sup>3</sup>, Dr. Gururaj<sup>4</sup>,  
Dr. Shashikala<sup>5</sup>

<sup>1</sup>3<sup>rd</sup> Year P.G Scholar, <sup>2</sup>Professor and HOD, <sup>3</sup>Professor, <sup>4&5</sup>Asst. Professor,  
Dept. of PG Studies in Shalaky Tantra, S.J.G.A.M.C Koppal, Karnataka.

Article Received on  
06 July 2019,

Revised on 27 July 2019,  
Accepted on 17 August 2019

DOI: 10.20959/wjpr201910-15698

### \*Corresponding Author

Dr. Sanjeev Padhan

3<sup>rd</sup> Year P.G Scholar, Dept.  
of PG Studies in Shalaky  
tantra, S.J.G.A.M.C Koppal,  
Karnataka.

### ABSTRACT

Dry eye is a multifactorial disorder due to inflammation of the ocular surface, neurotrophic deficiency and meibomian gland dysfunction. Dry eye is generally compared to *shushkakshipaka*. Tear secretion is an integral component of the ocular surface physiology; 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. Local and environmental factors play a major role in its pathogenesis. *Vata & Pitta/Rakta* vitiation as per *Ayurvedic* point of view are the major contributing pathological factors in its manifestation. Initial stage where *vata prakopa* over the surface structures of eye due to the

lack of *snigdha bhava* either in the form of abnormal aqueous or lipid component of tearfilm. In the later stage, *pitta* get involved in the pathogenesis and the *samprapti* depends the *dhatus* over the surface structures of eye like conjunctiva and cornea. *Ayurveda* propounds a systematic systemic treatment approach in the treatment of dry eye syndrome. A patient of *shushkakshipaka* was treated with such treatment protocol, is presented as a case study in this article.

**KEYWORDS:** *Ksheera saindava pariseka, Nasya, Ashru, Shushkakshipaka*, dry eye syndrome.

## INTRODUCTION

Changing lifestyle invariably causes metabolic changes that influence the functioning of eye. Dry eye disease is common yet frequently un-recognized clinical condition in which the etiology and management challenge clinicians and researchers alike. 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 lead to the instability of the tear film, resulting in drying of the ocular surface and the syndrome.

*Ayurveda* describes a similar condition called *Shushkakshipaka*, which matches etymological derivation and clinical feature. *Shushkakshipaka*<sup>[1]</sup> is mentioned in the classical literature of *Ayurveda* under *Sarvagata Netraroga*. But in *Ayurvedic* diagnosis of *Shushkakshipaka* strictly depends on the complaints of the patient.

In *Susrutha samhita*, *Shushkakshipaka* consider as *Vata* predominant disease<sup>[2]</sup> whereas *Vagbhata* considers *Shushkakshipaka* as *vata pitta* predominant condition.<sup>[3]</sup> Each patient of dry eye needs a different approach as the etiology and pathology are variable. It is really interesting that even in the early stage of dry eye where *vata* is more predominant *Acharya Vagbhata* consider as *pitta doshas*. The fact is clearer when we analyse the treatment in addition to *snigdha nasya, seka, tarpana, vata samana snehapana*.

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.

Here describe a patient with dry eye who was regularly taking medicines and seeking consultation for the problem for a period of 2 years, which included antibiotics orally and topically, artificial tear supplements, and lubricating eye ointment. However, even after that patient had slight symptomatic relief and turned to *Ayurvedic* medicines for relief.

The patient was 26-year-old female; Muslim by religion, student, living presently in Koppal presented at the OPD of *Netraroga* (Shalakya department) S.J.G.A.M.C Koppal on November 04, 2018. She complained of pain in eyes, foreign body sensation, and dryness in eyes for the past 2 years. She was a pre diagnosed case of dry eye.

On the very first day mild blurriness along with foreign body sensation, burning and whitish discharge in both eyes, more in right eye. At that time of her eye examination the distant visual acuity had become 6/12p in the right eye and Lt. eye 6/9p in the left eye. There was no tear meniscus present and a lot of mucous debris was seen. On fluoresceine staining corneal and conjunctival epithelial defects were seen. The tear film break up time was 3–5 sec in both eyes, and the Schirmer's test was 0 mm in both eyes after 5 min.

### Nidana

Dry eye is caused by *vata* vitiating *nidanas*. Later on, *pitta* vitiating factors also contribute to the disease pathology. There are two types of *nidanas* to be considered. One is the *samanya vata/pitta* vitiating factors and *vishesha achakshushya nidanas* that affects *netra avayava* specifically.

#### 1) Samanya Nidana

- *Vegavinigraha* or suppression of natural urges causes *vata* vitiating.<sup>[4]</sup> Suppression of *mala, mutra* and *nidravega* can initiate ocular pathology.<sup>[5]</sup>
- *Dhoomanishavana* – direct exposure to smoke. Causes vitiating of *pitta dosha* by its *ushna teekshna guna*. Also *vata dosha* is aggravated by its *ruksha, laghu, sookshma*.<sup>[6]</sup> Smoking is an aetiological factor for dry eye.
- *Rajo dhuma nishavana* – exposure to dust and smoke.<sup>[7]</sup>
- *Atisheetha sevana* - may be in the form of air conditioned environment. This leads to *vata prakopa*.
- Hot, dry climate – *Vata Pitta kopa*
- Older age – *Vata prakopa* is common in older age. Old age has been recognised as a cause of dry eye.
- Intake of food predominantly *katu, kashaya* and *tikta rasa*, dried leafy vegetables, roasted meat (*vallura*), pulses like *mudga, masura*.<sup>[8]</sup>

#### 2) Vishesha Nidana

*Nidana* that are responsible for eye disease are mentioned in detail by *Susrutha Samhita*. Amongst these *nidanas*, those that lead to dry eye are

- *Doorekshanata* or looking at distant object for a long time. This results in infrequent blinking resulting in decreased secretion from meibomian glands. Prolonged visual efforts associated with decreased blink rate such as reading or watching TV.

- *Swapna viparyaya* or altered sleep pattern. Night awakening cause *vata pitta prakopa*.
- *Prasakta Samrodana* or continuous weeping. It cause *vata* vitiation.
- *Kopa* and *Shoka* or excessive anger and grief also leads to *pitta* and *vata* vitiation respectively which affects the tear secretion.
- Food like *shuktha*, *amla*, *aranala*, *kulatha* have alcoholic properties, leads to *vata pitta* aggravation.

### Samprapti

In case of dry eye, as the disease name suggests dryness or *rookshatha* is the basic cause of disease. *Nidanas* mainly *viharas* and environmental factors predominantly cause an increase of *ruksha guna* in *netra*. The basic pathological factors as per *Ayurvedic* aspect were thought to be *pittaja* one which led to deranged *dhatwagni* (metabolism) which ultimately lead to malformation and hypo formations of body tissue, resulting in *vata* dominance and *kapha* depletion.

### Chikitsa

All oral and local modern medicines were stopped. Considering this condition as *Shushkakshipaka* (dry eye) wherein vitiation of *vata* and *pitta doshas* is described.<sup>[9]</sup> She was treated with following medicines.

- *Anu taila*<sup>[10]</sup> pratimarsha nasya twice daily
- *Ksheera saindhava seka*<sup>[11]</sup> twice daily

Along with the above medicines, she was advised simple lifestyle modifications that can significantly improve irritation from dry eyes. For example, drinking 8–10 glasses of water each day to keep the body hydrated and flush out impurities, making a conscious effort to blink frequently, especially when reading or watching television and avoiding rubbing the eyes as this only worsens the irritation.

The patient took this treatment for 1 week, with marked relief in symptoms of pain and foreign body sensation. She was advised to continue the same treatment after the gap of one week for 1 more week.

One month later, she had no complaint of pain. Occasional irritation and photophobia were present. Slit lamp examination revealed very few mucus debris and Schirmer's test was 8 mm in both eyes after 5 min.

After two month, patient is not having any type of complaint with both subjective and objective relief and Schirmer's test was 10 mm in both eyes after 5 min. Visual acuity was 6/6 in both eyes.

## CONCLUSION

In the present case study planning the treatment protocol accordingly, has proved much effective than the prevailing management modalities. Subjective and objective parameters clearly indicates that this condition of dry eye, in which the three components of tear film were involved. Hence, systemic approach to treat the disease *Shushkakshipaka* and managing this imbalance, along with local/topical therapeutical procedures, the condition could be managed well.

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* and without normalizing/altering them we cannot treat dry eye syndrome optimally.

*Vata-pittahara* local, *nasya (snehana)* therapy was initiated with medicine. *Vata* was managed first with *anu taila nasya*. Followed by *Ksheera + saindava seka* was added as another local *snehana* and it relieved the mucous debris too. Thus, medicines worked well in relieving the ocular discomfort.

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

## REFERENCES

1. Sushruta: Sushruta Samhita with Dalhana Nibandha Sangraha and Gayadas Nyaya Chandrika Panjika Commentary edited by Vaidya Yadavji Trivikramamtajen Acharya, Krishnadas Academy, Varanasi. Sixth Edition reprint, Uttar tantra, 2014; 6/26: 605.
2. Sushruta: Sushruta Samhita with Dalhana Nibandha Sangraha and Gayadas Nyaya Chandrika Panjika Commentary edited by Vaidya Yadavji Trivikramamtajen Acharya, Krishnadas Academy, Varanasi. Sixth Edition reprint, 2014; Uttar tantra -6/26: 605.

3. Vagbhata. Astanga Hrdayam – with commentaries sarvanga sundara of Arunadatts and Ayurnveda rasayana of Hemadri, edited by Bhisagacharya Harisastri paradakara vaidya, 9th ed. Varanasi: Chaukhamba Orientalia, 2005; Uttartantra 15/16: 829.
4. Vagbhata. Astanga Hrdayam – with commentaries sarvanga sundara of Arunadatts and Ayurnveda rasayana of Hemadri, edited by Bhisagacharya Harisastri paradakara vaidya, 9th ed. Varanasi: Chaukhamba Orientalia, 2005; Nidanasthana 1/14: 444.
5. Vagbhata. Astanga Hrdayam – with commentaries sarvanga sundara of Arunadatts and Ayurnveda rasayana of Hemadri, edited by Bhisagacharya Harisastri paradakara vaidya, 9th ed. Varanasi: Chaukhamba Orientalia, 2005; Sutrasthana 4/2-4,12: 52,55.
6. Vagbhata. Astanga Hrdayam – with commentaries sarvanga sundara of Arunadatts and Ayurnveda rasayana of Hemadri, edited by Bhisagacharya Harisastri paradakara vaidya, 9th ed. Varanasi: Chaukhamba Orientalia, 2005. Sutrasthana 21/4: 295.
7. Bhava Prakash: Bhava Prakash Nighantu of Shri Bhav Mishra Translated by-K.R Srikantha Murthy, Chaukhambha Krishnadas Academy, Varanasi, Mishra Prakarana, Uttara Khanda II, Netrarogadhikara, 6-9: 63.
8. Sushruta: Sushruta Samhita with Dalhana Nibandha Sangraha and Gayadas Nyaya Chandrika Panjika Commentary edited by Vaidya Yadavji Trivikramamtajen Acharya, Krishnadas Academy, Varanasi. Sixth Edition reprint, 2014; Sutrasthana 21/9: 100.
9. Sushruta: Sushruta Samhita with Dalhana Nibandha Sangraha and Gayadas Nyaya Chandrika Panjika Commentary edited by Vaidya Yadavji Trivikramamtajen Acharya, Krishnadas Academy, Varanasi. Sixth Edition reprint, 2014; Uttar tantra -6/26: 605.
10. Vagbhata. Astanga Hrdayam – with commentaries sarvanga sundara of Arunadatts and Ayurnveda rasayana of Hemadri, edited by Bhisagacharya Harisastri paradakara vaidya, 9th ed. Varanasi: Chaukhamba Orientalia, 2005; Uttartantra 16/28: 832.
11. Vagbhata. Astanga Hrdayam – with commentaries sarvanga sundara of Arunadatts and Ayurnveda rasayana of Hemadri, edited by Bhisagacharya Harisastri paradakara vaidya, 9th ed. Varanasi: Chaukhamba Orientalia, 2005. Uttartantra 16/28: 832.