



## AYURVEDIC MANAGEMENT OF SHUSHKAKSHIPAKA- A CASE STUDY

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### ABSTRACT

*Shushkakshipaka* is one among the *Sarvagata netrarogas* explained by *Acharya Sushruta* and *Acharya Vagbhata*. *Acharya Sushruta* has described it as a *Vataja netraroga*. As per *Acharya Vagbhata*, it is a *Vata-Pittaja netraroga*. It is characterized by *Ruksha Daruna Vartma*, *Avila Darshana* and *Kruchronmeelana*. *Shushkakshipaka* can be correlated to Dry Eye Syndrome. Dry Eye Syndrome is considered as a multifactorial disease. It is characterized by eye irritation, gritty sensation, dryness, itching, discomfort. Local, systemic and environmental factors play a major role in its pathogenesis. A 33-year-old female patient with complaints of dryness, foreign body sensation and burning sensation in both eyes for 2 months was taken for this case study. She was treated with *Yashtimadhu ksheeraseka*, *Ksheerabala taila Pratimarsha Nasya*, *Mahatriphala ghrta Ashchyotana* and internal medications. There was a significant relief in signs and symptoms after Ayurveda treatment.

**KEYWORDS:** *Shushkakshipaka*, Dry eye syndrome, *Ksheerabala taila Nasya*, *Netraseka*.

### INTRODUCTION

*Shushkakshipaka* is one among the *Sarvagata netrarogas* explained by *Acharya Sushruta* and *Acharya Vagbhata*. *Acharya Sushruta* has described it as a *Vataja netraroga*.<sup>[1]</sup> As per *Acharya Vagbhata* it is a *Vata-Pittaja netraroga*.<sup>[2]</sup> As per *Acharya Sushruta*, the symptoms observed are *Kunita* (Narrowing of palpebral aperture), *Daruna Ruksha Vartma* (Crusting of lids), *Avila Darshana* (Blurred vision), *Daruna Pratibodhana* (difficulty to open eyes). As per *Acharya Vagbhata*, it is characterized by *Gharsha* (Foreign body sensation), *Toda* (Prickling pain), *Bheda* (cutting pain), *Upadeha* (sticky discharge), *Ruksha Daruna Vartma*, *Kruchronmeelana* (difficulty to open eyes), *Vikshushkatva* (dryness), *Sheetecha* (desire for cold substances), *Shula* (pain), *Paka* (inflammation). *Shushkakshipaka* can be correlated to Dry Eye Syndrome.

According to Tear film and ocular surface society- Dry eye is a multifactorial disease of the ocular surface which is characterized by a loss of homeostasis of the tear film and accompanied by ocular symptoms, in which tear film instability and hyperosmolarity, ocular surface inflammation and damage, and neurosensory abnormalities play etiological roles.<sup>[3]</sup> Global prevalence of dry eye disease was estimated at 11.59% with Eastern Asia being the highest at 42.8%.<sup>[4]</sup>

Symptoms suggestive of dry eye include irritation, foreign body (sandy) sensation, feeling of dryness, itching, nonspecific ocular discomfort and chronically sore eyes not responding to a variety of drops instilled earlier.<sup>[5]</sup> Tear substitutes are the only treatment modality with modern medical science. They only provide symptomatic relief. The preservatives present in these formulations are also a cause of dry eye, whereas those available without preservatives are not cost-effective.

According to Ayurveda, dry eye is not merely an ocular surface disorder, rather this is one of manifestation of impaired metabolism and *dhatu kshaya*. *Ashru* (tear film) is the byproduct of *Rasa*, *Meda*, and *Majja dhatus* and without normalizing/altering them we cannot treat dry eye syndrome optimally.<sup>[6]</sup> Ayurvedic line of treatment consists of *Snehapana*, *Nasya*, *Seka*, *Ashchyotana*, *Anjana* and *Tarpana*. These aim at balancing the *doshas* and *dhatus* of the *netra*.

### MATERIALS AND METHODS

#### CASE REPORT

A 33-year-old female patient, a daily wage worker, visited the *Shalakya OPD* of Government Ayurveda Medical College, Bengaluru, with complaints of dryness, foreign body sensation and burning sensation in both eyes for 2 months.

**Medical history** -The patient did not have any systemic disorders.

**Surgical history**- The patient had no history of any surgery.

**Personal History**- The patient had Vegetarian dietary food habit, Appetite was Good, Bowel was Regular, Micturition and Sleep were found to be Normal. Tongue was Slightly coated.

#### GENERAL PHYSICAL EXAMINATION

Pallor, No Icterus, No Cyanosis, No Koilonychia, No Lymphadenopathy, No Oedema, CVS, RS, CNS- No significant abnormalities.

#### Dashavidha Pareeksha

1. Prakruti- Vata Pitta pradhana
2. Vikruti- Vata Pitta
3. Sara- Avara
4. Samhanana- Avara
5. Satmya- Katu rasa satmya
6. Satva- Madhyama
7. Aharashakti- Madhyama
8. Vyayamashakti- Avara
9. Bala- Madhyama
10. Vaya- Madhyama

**LOCAL EXAMINATION** – Clinical findings have been mentioned in Table 1.

**Table 1: Ocular Examination (Torch light And Slit Lamp).**

	RIGHT EYE	LEFT EYE
Visual Acuity	6/9, N <sub>6</sub>	6/9, N <sub>6</sub>
Head Position	Normal	Normal
Eyelids	Normal position and movements	Normal position and movements
Eyelashes	Normal	Normal
Lacrimal Apparatus	Puncta-Patent	Puncta-Patent
Eyeball	Normal size, gaze, position	Normal size, gaze, position
Conjunctiva	Lustreless	Lustreless
Sclera	Normal	Normal
Cornea	Dry, Lustreless	Dry, Lustreless
Anterior Chamber	Normal depth	Normal depth
Iris	Normal	Normal
Pupil	Round, Regular, Reactive to light	Round, Regular, Reactive to light

#### TREATMENT PLAN

**Table 2: Treatment Plan.**

Day	Drug	Dose	Anupana	Route	Duration
Day 1-Day 5	<i>Chitrakadi vati</i>	1 tablet BD Before food	<i>Sukhoshna jala</i>	Internally	5 days
Day 6- Day 12	<i>Yashtimadhu ksheera paka</i>	Q.S.	-	Locally poured over the eyes	7 days
Day 6- Day 35	<i>Ksheerabala 101 avarta Pratimarsha nasya</i>	2 drops in each nostril on empty stomach	-	Nasally	30 days
Day 6-Day 35	<i>Saptamruta loha</i>	1 tablet BD After food	<i>Ghruta and Madhu</i> (in unequal quantities)	Internally	30 days
Day 13-Day 27	<i>Mahatriphala ghruta Ashchyotana</i>	1 drop to each eye in the evening	-	Locally	15 days

#### RESULT

After treatment, Schirmer's test result are shown in table–

**Table 3: Schirmer's test.**

	Right Eye	Left Eye
Day 1	3 mm	10 mm
Day 8	7 mm	12 mm
Day 36	13 mm	20 mm

Dryness, foreign body sensation and burning sensation were reduced.

#### DISCUSSION

##### MODE OF ACTION

**Chitrakadi vati**- *Deepana, Pachana, Rochana karmas, Katu, Lavana, Tikta, Amla Rasa, Laghu, Tikshna, Ruksha guna, Ushna virya* of this yoga cure the *Mandagni* and regulate the *Anulomana gati* of Vayu. *Amapachana* causes *Srotovishodhana*. *Chitrakadi vati* has hepato-protective, anti-inflammatory, immunomodulatory, anti-oxidant and anti-microbial properties.

**Nasya with Ksheerabala taila-** Nasya is specifically indicated for *Urdhwajatrugata rogas*. *Ksheerabala taila* 101 *avarta* was used for *brumhana* type of *nasya*. It was given due to its *Vata Shamaka*, *Snigdha* and neuro stimulant properties. This stimulates the nerves to produce a healthy tear film.

**Netraseka with Yashtimadhu ksheerapaka-** Seka is a *kriyakalpa* which is indicated in all types of *Netra rogas*. It is the *virya*, *karma* and *prabhava* of drugs which acts, when comes into contact with skin of eyelids, *netrasandhi* and *siras* of *netra*. Principally corneal epithelium which is lipophilic and stroma is hydrophilic, when poured in thin stream provides more drug delivery to cornea. The corneal layer that is stroma allows rapid passage of drug through endothelium into anterior chamber, so it is advised in all inflammatory diseases of eye pertaining to Anterior segment.<sup>[7]</sup>

*Yashtimadhu ksheeraseka* is a *snehana* type of *Netra seka*. *Yashtimadhu* has *Vatapittahara*, *Kandughna*, *Chakshushya* properties and also acts as *Rasayana*. It has anti-microbial, anti-inflammatory, anti-allergic, immunomodulatory and antioxidant properties. *Goksheera* is *Vatapittashamaka* due to its *Madhura Rasa*, *Guru*, *Snigdha Guna*, *Sheeta Virya*, *Madhura Vipaka*, *Chakshushya* and *Rasayana*. It nourishes the *dhatu*.

**Saptamruta loha-** It contains *Triphala*, *Yashtimadhu*, *Loha Bhasma*, *Madhu* and *Ghrta*. This formulation contains Vitamin-A, Vitamin-C, Zinc, Selenium, Carotenoids which act as anti-oxidants.

**Ashchyotana with Mahatriphala ghrta-** *Aschyotana* is indicated in case of *Toda*, *Kandu*, *Gharsha*, *Daha*, *Raga*, *Paka* and *Shopha* of *netra*. *Ghrta* is said to be best *Yogavahi*, *Vatapittashamaka* and *Rasayana*, hence it is the best choice of drugs in the *Netra Rogas*. *Ghrta* having lipophilic property easily facilitates transportation of active principles of medicine to target cells as cell membrane also contains lipid.<sup>[8]</sup>

Most of the drugs in *Mahatriphala ghrta* like *Amalaki*, *Bibhitaki*, *Haritaki* and *Bhringaraja* are *Vata-pitta shamaka* and *Chakshushya* in nature. Most of the drugs have *Madhura rasa*, *Sheeta virya*, and *Madhura vipaka*. The majority of ingredients contain antioxidants, which reduce the free radicals that cause oxidative damage to the eye. Hence, it was given as *Ashchyotana*, to lubricate the ocular surface.<sup>[4]</sup>

## CONCLUSION

*Yashtimadhu ksheeraseka*, *Ksheerabala taila Pratimarsha Nasya*, *Mahatriphala ghrta* *Ashchyotana* and internal medications showed significant results in relieving the signs & symptoms of *Shushkakshipaka*. *Vatapittashamana* along with *Dhatuposhana*, particularly *Rasa*, *Meda* and *Majja* were brought about due to the overall *Madhura*, *Sheeta*, *Snigdha gunas* of

the medications. Hence, we can conclude that Ayurvedic treatment has great efficiency in treatment of Dry eye syndrome.

## REFERENCES

1. Sushruta. (2009). *Sushruta Samhita: Nibandhasamgrahatika of Dalhana and Nyaya Chandrikatika of Gayadasa* (Uttaratantra, Chapter 1). Chowkhamba Krishnadas Academy.
2. Paradakara, H. S. (2015). *Ashtanga Hridaya Sarvangasundara & Ayurveda Rasayana commentary* (Uttaratantra 15/16, 17) [Reprint]. Chaukambha Publications.
3. The Definition and Classification Subcommittee of the International Dry Eye Workshop. (2007). The definition and classification of dry eye disease: Report of the Definition and Classification Subcommittee of the International Dry Eye Workshop. *The Ocular Surface*, 5(2): 75–92.
4. Jinoop, P., Bavalatti, N., & Rajagopala, M. (2024). Ayurvedic management of dry eye syndrome: A case report. *Journal of Ayurveda Case Reports*, 7(4): 219–222. [https://doi.org/10.4103/jacr.jacr\\_32\\_23](https://doi.org/10.4103/jacr.jacr_32_23)
5. Khurana, A. K. (2019). *Comprehensive ophthalmology* (7th ed.). Jaypee Brothers Medical Publishers.
6. Dhiman, K. S. (2011). Shushkakshipaka (dry eye syndrome): A case study. *International Journal of Ayurveda Research*, 2(1): 53–55. <https://doi.org/10.4103/0974-7788.83185>
7. Supriya, T. S., & Sujathamma, K. (2022). Local ocular therapeutics for Netra Rogas (An overview). *World Journal of Pharmaceutical and Life Sciences*, 8(12): 41–53.
8. Apoorva, M. N., & Hamsaveni, V. (2018). Ayurvedic management of corneal foreign body: A case report. *Journal of Ayurveda and Integrated Medical Sciences*, 3(5): 201–204. <https://doi.org/10.21760/jaims.v3i5.13844>