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AYURVEDIC MANAGEMENT OF *SHUSHKAKSHIPAKA* W.S.R. TO DRY EYE SYNDROME – A SINGLE CASE STUDY

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ABSTRACT

Background: Dry Eye Syndrome, also known as *Keratoconjunctivitis Sicca*, is a multifactorial disorder of the ocular surface characterized by tear film instability, hyperosmolarity, and ocular discomfort. Modern management primarily relies on artificial tear substitutes, which offer only temporary symptomatic relief. Ayurveda describes a comparable condition, *Shushkakshipaka*, under *Sarvagata Netraroga*, marked by *Gharsha* (irritation), *Avila Darshana* (blurred vision), *Daha* (burning sensation), and *Raktharaji* (congestion), caused by *Vata-Pitta-Rakta* vitiation. **Materials and Methods:** A 30-year-old male patient presenting with blurring of vision, burning sensation, irritation, and redness of both eyes was diagnosed with *Shushkakshipaka*. The patient had a history of LASIK surgery and previous use of lubricating eye drops with minimal relief. The treatment regimen included *Jivantyadi Ghrita Tarpana* locally for 7 days, supported with oral administration of *Saptamrita Lauha* (250 mg twice daily with honey) and *Muktapishti* (125 mg twice daily with rose water) for 15 days. Symptomatic assessment and ocular evaluation (visual acuity and IOP) were performed before and after treatment. **Results:** After completion of therapy, significant improvement was observed in dryness, burning, redness, irritation, and blurred vision. Both near and distant visual acuity returned to normal, and IOP remained within normal limits. No adverse reactions were noted during or after treatment. **Conclusion:** The combined therapy of *Jivantyadi Ghrita Tarpana*, *Saptamrita Lauha*, and *Muktapishti* effectively relieved the symptoms of *Shushkakshipaka* by pacifying *Vata-Pitta Dosha*, nourishing ocular tissues, and restoring tear film stability. This case highlights the potential of Ayurvedic management as a safe and holistic alternative to conventional tear substitutes in Dry Eye Syndrome.

Keywords: *Shushkakshipaka*, Dry Eye Syndrome, *Jivantyadi Ghrita Tarpana*, *Saptamrita Lauha*, *Muktapishti*, *Netra Kriyakalpa*

INTRODUCTION

Dry Eye Syndrome, also known as *Keratoconjunctivitis Sicca*, is a common ocular disorder characterized by tear film instability, hyperosmolarity, and inflammation of the ocular surface. It manifests as burning, foreign body sensation, photophobia, and visual fatigue. In contemporary ophthalmology, the condition is often linked to environmental factors, prolonged screen exposure, refractive surgeries, and autoimmune diseases. Although artificial tear substitutes and lubricants are routinely prescribed, they offer only temporary relief and fail to address the underlying cause of tear film imbalance.[1]

In Ayurveda, a similar condition is described as *Shushkakshipaka*, classified under *Sarvagata Netraroga* (diseases involving all parts of the eye). The term *Shushkakshipaka* is derived from "Shushka" meaning dryness and "Akshi" meaning eye, indicating a pathological dryness of the ocular surface. The symptoms include *Gharsha* (irritation), *Avila Darshana* (blurred vision), *Daha* (burning), *Toda* (pricking pain), and *Raktaraji* (congestion), which closely resemble those of modern Dry Eye Syndrome. *Acharya Sushruta* considered it a *Vataja Netraroga*, while *Vagbhata* described it as *Vata-Pittaja*, *Sharangadhara* as *Vata-Raktaja*, and *Charaka* as *Raktaja Netraroga*.[2]

From the Ayurvedic standpoint, the vitiation of *Vata*, *Pitta*, and *Rakta* leads to depletion of *Rasa* and *Rakta Dhatus*, resulting in diminished *Ashru Srava* (tear secretion) and subsequent ocular dryness. The disease process involves the loss of lubrication, irritation, and inflammation of ocular tissues, culminating in discomfort and impaired vision. Therefore, the line of management focuses on *Vata-Pitta Shamana*, *Rakta-Shodhana*, and *Netra-Poshana* through both systemic and local therapies to restore tear film integrity and ocular homeostasis.[3]

Among *Netra Kriyakalpa* procedures, *Tarpana* holds a significant role due to its lubricating and nourishing properties. *Jivantyadi Ghrita*, mentioned in *Ashtanga Hridaya*, possesses *Tridosha-Shamaka*, *Vranaropana*, and *Netra-Hitakara* actions. When combined with oral formulations like *Saptamrita Lauha* and *Muktapishti*, it provides both local and systemic support to counter ocular dryness. Hence, this case study aims to evaluate the efficacy of *Jivantyadi Ghrita Tarpana* along with *Saptamrita Lauha* and *Muktapishti* in the management of *Shushkakshipaka* (Dry Eye Syndrome) as a safe and effective Ayurvedic approach.[4]

Case Report

A 30-year-old male patient visited the *Shalakya Tantra* OPD of Sanskaram Ayurvedic Medical College & Hospital, Patauda, Jhajjar, Haryana, presenting with complaints of burning sensation, irritation, redness, heaviness in the head, blurring of vision, and occasional lacrimation while working on a computer for the past 15 days. The patient had a history of bilateral LASIK eye surgery performed eight years ago. Initially, he had been prescribed antioxidant tablets, lubricating ointments, and artificial tear substitutes by an ophthalmologist, but these provided only mild and temporary relief. On examination, the ocular surface appeared dry with mild conjunctival congestion and reduced tear meniscus height, suggestive of *Shushkakshipaka* (Dry Eye Syndrome). Considering the predominance of *Vata-Pitta Dosha* in the pathogenesis, all modern medicines were discontinued, and Ayurvedic management was initiated. The treatment included *Jivantyadi Ghrita Tarpana* locally once daily for seven days, along with oral administration of *Saptamrita Lauha* (250 mg twice daily with honey) and *Muktapishti* (125 mg twice daily with rose water) for fifteen days. The patient was advised to avoid excessive screen exposure and maintain eye hygiene. After completion of the treatment, significant improvement was observed in burning, redness, irritation, and photophobia. Visual acuity and intraocular pressure returned to normal, and no adverse effects were noted during the treatment or follow-up period.

Table 1. Patient Information

Particulars	**Details**
Name	XYZ
Age / Sex	30 years / Male
Occupation	Software professional (8–10 hrs screen exposure)
Address	Jhajjar, Haryana
Institution	*Sanskaram Ayurvedic Medical College & Hospital, Patauda, Jhajjar, Haryana*

Table 2. Chief Complaints

Complaint	**Duration**
Burning sensation in both eyes	15 days
Redness and irritation	15 days

Blurring of vision	15 days
Heaviness of head	10 days
Lacrimation on prolonged computer use	10 days

Table 3. History of Present Illness

Description

The patient was asymptomatic 15 days earlier. Gradually developed dryness, irritation, and burning in both eyes, aggravated by prolonged computer work. Redness and occasional watering were noticed after long screen exposure. Previously treated with artificial tears, lubricants, and antioxidant tablets with only partial and temporary relief.

Table 3. Past, Family, and Personal History

Parameter	**Observation**
Past Ocular History	Bilateral LASIK eye surgery 8 years ago
Systemic History	No diabetes, hypertension, or thyroid disorder
Allergic History	No known allergies
Family History	Non-contributory
Diet	Mixed, spicy, irregular
Appetite	Moderate
Bowel	Regular
Micturition	Normal
Sleep	Disturbed (screen exposure)
Habits	Prolonged digital exposure
Addiction	None

Table 4. General Examination (Vitals)

Parameter	Observation
Built	Moderate
Height	168 cm
Weight	67 kg
Pulse	76/min
Blood Pressure	118/78 mmHg
Temperature	98.4°F
Respiratory Rate	18/min
Pallor / Icterus / Cyanosis / Clubbing	Absent
Lymph Nodes	Not palpable

Table 5. Systemic Examination

System	Findings
Respiratory System	Normal vesicular breath sounds
Cardiovascular System	S1, S2 normal; no murmurs
Abdomen	Soft, non-tender, no organomegaly
Central Nervous System	Conscious, oriented, normal reflexes
Musculoskeletal System	No abnormality detected

Table 6. Ayurvedic Diagnosis

Particulars	Details
Disease	*Shushkakshipaka* (Dry Eye Syndrome)

Dosha	*Vata-Pitta Pradhana*
Dushya	*Rasa* and *Rakta Dhatu*
Srotas Involved	*Rasavaha* and *Raktavaha Srotas*
Srotodushti Type	*Sangha* and *Kshaya*
Roga Marga	*Bahya Marga*
Rogabheda	*Sarvagata Netraroga*

Table 7. Ocular Examination

Parameter	**Before Treatment (Right Eye - OD)**	**Before Treatment (Left Eye - OS)**	**After Treatment (Right Eye - OD)**	**After Treatment (Left Eye - OS)**
Visual Acuity (Distant)	6/9	6/9	6/6	6/6
Visual Acuity (Near)	N6	N6	N6	N6
Conjunctiva	Mild congestion	Mild congestion	Clear	Clear
Cornea	Dry, lustreless	Dry, lustreless	Clear and moist	Clear and moist
Tear Meniscus Height	Reduced	Reduced	Normal	Normal
Schirmer's Test I (5 min)	6 mm	7 mm	13 mm	14 mm
TBUT (Tear Break-Up Time)	7 sec	8 sec	12 sec	13 sec
Fluorescein Staining	Mild punctate	Mild punctate	Absent	Absent
IOP (Intraocular Pressure)	16 mmHg	17 mmHg	16 mmHg	16 mmHg
Burning Sensation	Severe	Severe	Absent	Absent

Irritation	Moderate	Moderate	Absent	Absent
Redness	Mild–Moderate	Mild–Moderate	Absent	Absent
Blurring of Vision	Occasional	Occasional	Nil	Nil
Lacrimation	Frequent	Frequent	Rare	Rare
Corneal Staining	Present	Present	Absent	Absent
Conjunctival Congestion	Present	Present	Absent	Absent

Table 8. Treatment Plan

Medicine / Procedure	**Dose / Route**	**Duration**	**Anupana / Vehicle**	**Probable Action**
Jivantyadi Ghrita Tarpana	Local *Tarpana Karma* (once daily)	7 days	—	*Vata-Pittahara*, *Snigdha*, *Netra-Poshaka*
Saptamrita Lauha	250 mg twice daily	15 days	With honey	*Drishti-Prasadana*, *Rasayana*
Muktapishti	125 mg twice daily	15 days	With rose water	*Pittahara*, *Shitalakara*, *Dahashamana*
Pathya (Advised Diet)	Cow ghee, green vegetables, hydration, screen breaks	—	—	Supportive
Apathya (Avoid)	Spicy, dry food, late nights, excessive screen time	—	—	Prevent aggravation of *Vata-Pitta*

Table 9. Final Observation

Observation	**Outcome**
Subjective Improvement	Complete relief from burning, redness, irritation, and photophobia
Objective Improvement	Tear film stability and corneal clarity restored

Visual Acuity	Normal (6/6 both eyes)
IOP	Normal (16 mmHg)
Adverse Events	None
Overall Result	*Excellent improvement with Ayurvedic management of Shushkakshipaka*

Table 10. Laboratory Investigation

Investigations	**Normal Range**	**Before Treatment**	**After Treatment**
Hemoglobin (Hb%)	13–17 g/dL	13.4 g/dL	13.8 g/dL
Total Leukocyte Count (TLC)	4,000–10,000 /cmm	7,200 /cmm	6,800 /cmm
Differential Count (N/L/E/M/B)	N: 40–75%, L: 20–45%, E: 1–6%, M: 2–10%, B: 0–1%	N: 64%, L: 29%, E: 3%, M: 4%, B: 0%	N: 60%, L: 33%, E: 3%, M: 4%, B: 0%
Erythrocyte Sedimentation Rate (ESR)	0–15 mm/hr	18 mm/hr	12 mm/hr
Random Blood Sugar (RBS)	70–140 mg/dL	112 mg/dL	108 mg/dL
Blood Urea	15–40 mg/dL	28 mg/dL	27 mg/dL
Serum Creatinine	0.6–1.2 mg/dL	0.8 mg/dL	0.8 mg/dL
Total Cholesterol	<200 mg/dL	182 mg/dL	179 mg/dL
SGOT / SGPT	<40 U/L	32 / 29 U/L	30 / 28 U/L
Thyroid Profile (TSH)	0.4–4.5 µIU/mL	2.1 µIU/mL	2.0 µIU/mL
Rheumatoid Factor (RA Test)	Negative	Negative	Negative
Antinuclear Antibody (ANA Test)	Negative	Negative	Negative
C-Reactive Protein (CRP)	<6 mg/L	5 mg/L	3 mg/L
Tear Osmolarity	275–295 mOsm/L	315 mOsm/L	290 mOsm/L

RESULT AND FINDINGS

- The patient reported marked relief from burning sensation, irritation, and redness within 7 days of therapy.
- Blurring of vision and heaviness of head completely resolved after 15 days of treatment.
- Lacrimation during computer work reduced significantly, indicating improved tear film quality.
- The patient experienced overall ocular comfort and visual stability after Ayurvedic management.
- No recurrence of dryness or irritation was reported during follow-up.
- Tear Meniscus Height improved from reduced to normal, indicating restored tear secretion.
- Schirmer's Test I value increased from 6–7 mm to 13–14 mm, showing about 90% improvement in tear production.
- Tear Break-Up Time (TBUT) increased from 7–8 seconds to 12–13 seconds, showing better tear film stability.
- Fluorescein Staining showed complete disappearance of punctate epithelial erosions, confirming corneal healing.
- Conjunctival congestion subsided completely, and corneal surface became moist and clear.
- Intraocular Pressure (IOP) remained stable (16 mmHg), ensuring the safety of treatment.
- ESR reduced from 18 mm/hr to 12 mm/hr, and CRP decreased from 5 mg/L to 3 mg/L, indicating reduced inflammatory response.
- Tear osmolarity normalized from 315 mOsm/L to 290 mOsm/L, confirming restoration of tear film balance.
- Other hematological and biochemical parameters (Hb, RBS, LFT, RFT, Thyroid, Lipid Profile) remained within normal limits, showing no systemic adverse effects of the therapy.

- Autoimmune markers (ANA, RA Test) remained negative, ruling out systemic autoimmune cause.
- Overall improvement in both subjective and objective parameters was above 90%.
- The combined therapy of *Jivantyadi Ghrita Tarpana*, *Saptamrita Lauha*, and *Muktapishti* effectively managed *Vata-Pitta* imbalance responsible for *Shushkakshipaka*.
- Ocular surface integrity, tear stability, and visual comfort were completely restored.
- The patient achieved normal distant and near visual acuity (6/6, N6) after therapy.
- No adverse reactions or complications were noted during or after treatment.

DISCUSSION

In this present case study, the clinical features such as dryness, irritation, redness, and burning sensation of the eyes corresponded closely to the condition described as *Shushkakshipaka* in Ayurvedic classics. According to *Sushruta Samhita*, *Shushkakshipaka* is a *Vataja Netraroga*, while *Vagbhata* and *Charaka* have described *Pitta* and *Rakta* involvement respectively. The patient's occupational history of prolonged screen exposure, prior LASIK surgery, and irregular lifestyle acted as *Vata-Pitta Prakopaka Nidana*. Hence, the pathogenesis involved *Vata-Pitta vitiation* leading to *Rasa-Rakta Kshaya*, resulting in *Ashru Kshaya* (tear deficiency) and ocular surface inflammation. This supports the Ayurvedic view that tear film disturbance is not merely a local defect but a manifestation of *Dosha-Dhatu Vaishamya*.[5]

The therapy was planned to address both local and systemic involvement through *Vata-Pitta Shamana* and *Netra-Poshana* principles. *Jivantyadi Ghrita Tarpana* served as the main local therapy, providing direct lubrication, nourishment, and cooling effects on the ocular tissues. Being *Snigdha*, *Sheeta*, and *Tridoshahara*, the Ghrita improved *Ashru Srava* (tear secretion) and restored the *Sneha Bhava* of *Rasa Dhatu*. The ghee-based medium facilitated deeper tissue penetration, enhanced ocular surface healing, and reduced inflammation. Its content herbs such as *Jivanti*, *Yashtimadhu*, and *Haridra* possess *Vranaropana* and *Shothahara* properties, which helped in repairing the corneal epithelium and stabilizing the tear film.[6]

Internal administration of *Saptamrita Lauha* and *Muktapishti* further supported ocular tissue repair and systemic balance. *Saptamrita Lauha*, described as *Drishti-Prasadana* and

Rasayana, nourished *Rasa* and *Rakta Dhatus*, thereby improving visual clarity and tissue metabolism. It also balanced *Pitta Dosha* and enhanced microcirculation to ocular tissues. *Muktapishti*, being *Sheeta Virya* and *Pittahara*, reduced ocular burning, photophobia, and redness by pacifying *Pitta* and stabilizing the ocular surface. Together, these internal and external therapies corrected the *Dosha-Dhatu* imbalance responsible for *Shushkakshipaka* and promoted physiological tear production.[7]

After treatment, both subjective and objective improvements were observed — *Schirmer's test* and *TBUT* values significantly improved, indicating restored tear secretion and stability. The reduction in *ESR*, *CRP*, and tear osmolarity confirmed decreased ocular inflammation and normalized tear composition. The holistic approach not only relieved symptoms but also addressed the root cause of the disease. Hence, this case demonstrates that Ayurvedic therapies, when applied with proper *Dosha-Dhatu* assessment, can provide effective, safe, and sustainable management in *Dry Eye Syndrome (Shushkakshipaka)*, which remains inadequately managed by modern tear substitutes.[8]

CONCLUSION

In this present case study, the Ayurvedic management of *Shushkakshipaka* (Dry Eye Syndrome) through *Jivantyadi Ghrita Tarpana* along with oral administration of *Saptamrita Lauha* and *Muktapishti* produced remarkable clinical improvement in both subjective and objective parameters. The therapy effectively alleviated symptoms such as burning, redness, irritation, and blurring of vision, while restoring normal tear secretion and tear film stability without any adverse effects. The results indicate that *Vata-Pitta Shamana* and *Rasa-Rakta Dhatu Poshana* play a key role in re-establishing ocular homeostasis. This case highlights that Ayurveda, with its holistic and root-cause-oriented approach, offers a safe, effective, and sustainable alternative to conventional tear substitutes in the management of *Shushkakshipaka* (Dry Eye Syndrome).

CONFLICT OF INTEREST

SOURCE OF SUPPORT -NONE

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