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TO EVALUATE THE EFFICACY OF SEKA AND SHAMANANGA SNEHAPANA IN THE MANAGEMENT OF SHUSHKAKSHIPAKA (DRY EYE SYNDROME)

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Abstract

Changing lifestyles invariably cause metabolic changes that influence the functioning of eye, resulting in diseased state. Along with lifestyle changes food habits, environmental pollution, industrial and occupational hazards as well as the increased use of systemic and topical medicines made the prevalence of eye diseases very common. Dry eye disease is a common yet frequently un-recognized clinical condition in which the etiology and management challenge clinicians and researchers alike. Epidemiological studies of Dry eye syndrome in the United States and other countries suggest wide differences in prevalence. As such definitions of Dry eye syndrome have differed from study to study, making results incomparable. Tear substitutes and tear stimulants are the main stay of medical management. But these tear lubricants are failed to reproduce the tears, because the natural tear are the complex mixture of lipids, mucin and water. Acharyas has shared very comprehensive idea of dry eye and the treatment strategy for it. Description as per Susrutha Samhita points towards the early phase of the disease (dryness), whereas the Vagbhata's view reflects the advanced phase of the disease with predominance of paka (inflammation). Treatment is designed to relieve the dosha vitiation leading to Dry eye, there by treating the disease at its root. Absence of preservatives and cost effectiveness is an added advantage of Ayurvedic treatment of Dry eye. Yastimadu sarkara sidha Ksheerapaka is mentioned for all the Netrarogas in the form of Seka. Jeevanthyadi ghruta is mentioned in the context of Sushkakshipaka for internal administration. So this study is aimed to prove the effectiveness of these unique drugs in the management of dry eye.

Keywords: Dry eye, Suskakshipaka, Yastimadu sarkara sidha Ksheerapaka, Jeevanthyadi ghrita

Introduction

Dry eye syndrome is one of the most frequent ophthalmic condition. It is a general term used to describe a heterogeneous group of diseases resulting from inadequate wetting of the cornea and conjunctiva by the pre corneal tear film. It can be either due to reduced tear production or excessive tear evaporation, associated with oculardiscomfort or visual symptoms. Researchers have noted a strong connection between Dry eye and advancing age and sex. Women experiences a sharp increase in prevalence earlier than man around age 45, or roughly the onset of menopause.

The incidence of this disease is increasing in recent times. Prevalence of dry eye is estimated to be 14-33% worldwide, i.e.1 out of every 3 to 7 patients could have this condition. In a survey conducted by the American Academy of Ophthalmology, respondents reported that around 30% of patients seeking treatment from an ophthalmologist have symptoms consistent with dry eye disease.[10]In India it is 29.25%. Approximately 1 out of 7 individuals aged 65 to 84 years reports symptoms of dry eye often or all the time. This disease is characterized by deterioration of corneal epithelium with punctuate epithelial erosions. The conjunctival epithelium will have squamous metaplasia with decreased goblet cells. Dry eye causes ocular discomfort by symptoms like foreign body sensation, burning sensation, excess tearing, pain, redness of the eyes, and photophobia in some cases.[2]

Concept of mechanism of dry eye has changed over recent years. Until lately, the condition was thought to be merely due to aqueous tear insufficiency. Today, it is understood that dry eye is a multifactorial disorder. The exact treatment for dry eye syndrome depends on whether symptoms are caused by the decreased production of tears, tears that evaporate too quickly, or an underlying condition. Tear substitutes and tear stimulants are the main stay of medical management. But these tear lubricants failed to reproduce the tears, because the natural tear are the complex mixture of lipids, mucin and water. These drugs can give lubrication to the ocular surface, but will not correct the underlying tissue damage and pathophysiology. In some cases the preservatives containing in these drops can be toxic and allergenic worsening the chemical markers of the disease.

Acharyas has shared very comprehensive idea of dry eye and the treatment strategy for it. When the symptoms of Dry eye are analyzed, the disease Sushkakshipaka mentioned by Acharyas is having striking similarity. Description as per Susrutha Samhita points towards the early phase of the disease (dryness), whereas the Vagbhata's view reflects the advanced phase of the disease with predominance of paka (inflammation). When most of the contemperory treatment options available are intended just to relieve local dryness, Ayurvedic treatment is designed to relieve the dosha vitiation leading to Dry eye, there by treating the disease at its root.

Sushkakshipaka is explained as a Sarvagata Netraroga which is Oushadha sadhya. So the systemic treatment modalities like Snehapana orally, Nasya karma, Basti chikitsa and Rasayana orally as well as topical ocular therapeutic procedures (Kriyakalpa) like Seka (Parisheka), Aschotana, Tarpana, Snehana putapaka and Snehana Anjana are advocated in the literatures. In the first stage, when vatha is predominant, disease is limited to vartma, vatha hara treatment is done giving importance not to vitiate sthanika pitha. Hetuprathyaneeka chikitsa in the form of life style modification also plays akey role. In the second stage,

when pitha and vatha are predominant, vatha pitha hara chikitsa is advised. In Sahasrayoagam, Yastimadu sarkara sidha Ksheerapaka Seka is mentioned for all the Netrarogas. As all the ingredients are vatapithahara, in the present study Yastimadu Sarkarasidha Ksheerapaka Seka along with Jeevanthyadi ghrutapana was taken.

Materials and Methods

- For the purpose of the present study, various text books were referred to get the detailed description about Sushkakshipaka and Dry eye mentioned by various authors in different classics. More over several modern text books and other researches already done in the disease werealso included. Forty patients of either gender between the age group of 20- 80 years,satisfying the inclusion criteria were selected for the study. The selected patients were taken for the study under two groups of twenty each. The patients were examined and complaints were recorded in the clinical record format. Self formulated grading scale was prepared and assessed on the basis of improvement in signs and symptoms.

Subjects who had undergone extra or intra ocular surgeries within one month was excluded from this study. Injuries (Mechanical/chemical) or Abhighataja Netraroga, patients with systemic disorders like Rheumatoid arthritis, SLE etc., patients with any stage of corneal ulcers and those associated with any inflammatory and infective ocular conditions were excluded from the study.

For the Group-A Jeevanthyadi Ghrita was given 10 ml. daily at bedtime for 14 days with hot water as anupana and for Group B- Yashtimadhu sarkara sidha ksheerapaka seka was done for 400 matrakala during evening for 14 days. A total period of 30 days was taken for the study, out of which treatment was given for 14 days and follow up was done after 15 days. Assessment was made by observing the improvements in the clinical features based on the gradation before and after the study. Criterias like Netragharsha, Krichronmeela nimeelana, Rooksha varthmakshi, Aavila Darshana and values of Schirmer's Test were assessed before, during and after the treatment.

Observations & Results

Forty cases were observed for prevalence according to Age, Sex, Religion, Socio- economic status, Education, Occupation, Diet, Habitat, Addiction, Nutrition, Prakruti, Visual acuity of both eyes, Nidana, Severity of Netra gharsha, Avila darsana, Rooksha varthmakshi, Krichronmeela nimeelana and Schimer's test of right and left eye. Dry was found to be maximum (57.5%) in the age group of 30-40 and in those who are working regularly with computers (27.5%). 50% of subjects were of Vata- Pithaja prakruthi. Among 40 patients of Sushkakhipaka, 97.5% of patients had Netrgharsha, 90% of patients had Avila darsana, 92.5%of patients had Rooksha varthmakshi and 85% of patients had Krichronmeela nimeelana. In this present study 2.5% were having mild, 47.5% were having moderate and 50% were having severe Shushkakshipaka.

Effect of Seka and ghrithapana was found to be highly significant in reducing the Netragharsha, Aviladarsana, Rooksha varthmakshi and Krichronmeela nimeelana with p value < 0.05, < 0.05, < 0.05,<0.05 respectively, at the end of 15 days of treatment and after the follow up. Result of Schimers test was also found to be significant with p value < 0.05.

Comparison of Improvement in Group A and Group B

Criteria	Percentage of Improvement			
	Group A		Group B	
	15Days	30Days	15Days	30Days
Netragharsha	63.26	77.55	65.30	77.55
Aviladarsana	85.18	88.89	82.35	91.18
Rookshavartmakshi	85.71	89.28	77.78	77.78
Krichronmeela Nimeelana	71.05	86.84	71.43	80.00

Considering the overall effect of both the treatments, remission was found in 45%, marked improvement in 20% and moderate improvement in 35% of patients.

Discussion

At the end of 15 days of treatment the effect of Seka was found to be significant ($p<0.05$) in reducing Netragharsha, Aviladarsana, Rooksha varthmakshi and Krichronmeela nimeelana with 63.26%, 85.18%, 85.7% and 71.05% improvement respectively and the result was maintained with a mild improvement on the 30th day of treatment after follow up.

Ghrithapana was found to be significant ($p<0.05$) in reducing Netragharsha, Aviladarsana, Rooksha varthmakshi and Krichronmeela nimeelana at the end of 15days with improvement of 65.30%, 82.35%, 77.78% and 71.43% respectively and the result was maintained after follow up (on the 30th day of treatment).

Considering the overall results of Yashtimadhu Ksheerapaka Seka in Group A, 9 patients got complete result, 4 patients got marked improvement and 7 patients got moderate improvement. In Group B with Jeevanthyadi Ghritapana**,** 5 patients got complete remission, 13 patients got marked improvement, moderate improvement in one patient and a mild improvement was seen in 1 patient.

Conclusion

On the basis of above results it can be concluded that Yashtimadhu Ksheerapaka seka and Jeevanthyadi ghruthapana proves to be effective in treating Sushkakshipaka. Both controls the inflammation, reconstructs the tear film, thereby producing optimal hydration in the eye offering a promise of long-lasting relief to patients with moderate to severe dry eye symptoms. However further study with larger sample is required to prove the efficacy.

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