IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Therapeutic Regimen for Dry Eye Disease: Deepan, Pachan, Snehapana, and Anu Tail Nasya: A case study

Authors

1. **Dr.Ankita Madhukar Balegave**, PG scholar, Department of Shalakyatantra , Hon Shri Annasaheb Dange Ayurved Medical College, Ashta, Tal- Walwa, Dist- Sangli-416301
2. **Dr. Sujata Deepak Kate**, Ph.D (Ayu), M.S.Shalakya, HOD & Professor, Department of Shalakyatantra, Hon Shri Annasaheb Dange Ayurved Medical College, Ashta, Tal-Walwa,Dist-Sangli-416301

Abstract:

Shushkakshipaka is a *Sarvagatha Netra Roga* characterised by *Daruna Ruksksha Varthma, Avila Darshanam.* The precorneal tear film is a thin layer, about 2–5.5 µm thick, which overlays the corneal andconjunctival epithelium. It functions to lubricate and protect the corneal and eyelid interface from environmental and immunological factors as well as provide an optical medium.

Shushkakshipaka (Sarvagatroga) 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),*RukshaDarunavartma* (Dryness of lids),

Krichronmeelana Nimeelanam(difficulty in opening and closing eyes), *Vishuskatwam*(dryness in eyes), *Seetecha*(desire for cold)and *Paka* (Ulceration) This study explores the efficacy of Anu Tail Nasya, an Ayurvedic nasal therapy, in managing Shushkakshipaka. A case study demonstrates significant improvement in symptoms and tear film stability, highlighting Anu Tail Nasya's potential as a safe and effective treatment for Dry Eye Syndrome.

Keywords: Shushkakshipaka, Dry Eye Syndrome, Anu Tail Nasya, Ayurvedic management

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, 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 preocular 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 *Sushkakshipaka* was successfully treated with below mentioned treatment protocol.

MATERIALS AND METHODS CASE REPORT

A male aged 25 years consulted Shalakya Tantra OPD of Hon Shri Annasaheb Dange Ayurvedic Medical College, Ashta. on 25/2/2026 complaining of *Gharsha*(foreign body sensation) ,*Toda, Bheda*(pricking and piercing pain), *Vishuskatwam*(dryness in eyes) ,ocular discomfort on bilateral eyes since 2 months . He also complaints of redness of eyes, and blurring of vision .

History of Present Illness

The subject was apparently normal 2 months ago and he gradually developed foreign body sensation, pricking sensation, dryness, ocular discomfort on both eyes. It was associated with redness of eyes, and blurring of vision for both eyes. But gradually the severity of dryness increased and he approached shalakya tantra OPD of Hon Shri Annasaheb Dange Ayurvedic Medical College, Ashta.

History of Past Illness

No history of systemic diseases like asthma, hypertension, diabetes. No history of diseases like Sjogren's syndrome, Lagophthalmus, Meibomian gland dysfunction etc. No history of any surgery.

Family history: Nothing significant.

Personal history

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

Ashtasthana Pareeksha

- Nadi: 78/min
- Mutra: 4-5times/day
- Mala: Regular
- Jihwa: Niram
- Shabda: Spashta
- Sparsha: Anushna
- Druk: Vikrutha
- Akruthi: Krusha

Vitals

- Pulse rate: 78/min
- Respiratory rate: 24/min
- Temp: 98.60 F
- BP: 120/80mm of Hg

Systemic examinations: All the systemic examinations revealed no abnormalities.

Ophthalmic examinations
Slit lamp examinations explained in Table Table 1: Slit lamp examination

Ocular structures	Right eye	Left eye
Eye brow	No abnormalities detected	No abnormalities detected
Eye lashes	No abnormalities detected	No abnormalities detected
Eye lid	No abnormalities detected	No abnormalities detected
Conjunctiva	Congestion present	Congestion present
Sclera	No abnormalities detected	No abnormalities detected
Cornea	Clear ,no stain	Clear , no stain
Anterior chamber	Normal depth	Normal depth
Pupil	Round, Regular , Reactive	Round, Regular , Reactive
Ocular structures	**Right eye**	**Left eye**
Lens	Clear	Clear
Iop	15	16

Visual acuity explained in Table Table : Visual acuity

Visual acuity	Without spectacles		With spectacles	
	OD	OS	OD	OS
Distant Vision	6/9	6/9	6/6	6/6
Near Vision	N6	N6	N6	N6

Schirmer's test - before treatment shown in table

Schirmer's test - Before treatment	
OD	8mm
OS	9mm

TBUT Before treatment

TBU-T	
OD	12sec
OS	13sec

Diagnosis: Shushkakshipaka.

AAHAR

The dietary recommendations for managing Shushakshipak involve consuming warm, nourishing foods that help balance Vata and Pitta doshas. Key inclusions are:
- Warm meals cooked with ghee and digestive spices such as cumin and coriander
- Foods with sweet, bitter, and astringent tastes
- Easily digestible options like basmati rice, moong dal, and cooked vegetables
- It's advisable to avoid spicy, sour, and heavy foods.

VIHAR

-Along with medicines, he was advised simple lifestyle that can significantly improve symptoms. With this conscious effort to blink frequently, especially when working on computer, mobile etc.
- Adhering to the 20-20-20 rule: Every 20 minutes, look at something 20 feet away for 20 seconds to reduce eye strain.
- Engaging in specific eye exercises (trataka or eye rotations) to promote eye health and relaxation.

AUSHADHI

Deepan Pachan

Gandharvahasthadi kashaya 90ml twice daily before meal taken orally with Saindava and Guda Vaiswanara Choorna 3gm HS before meal taken orally with Lukewarm water for first 3days.

Jeevantyadi Ghrita

Ashtanga Hridaya Uttara Tantra 13/45 [2]

जीवन्तीयिष्टमधुकैःिसद्धंसिपर् ःप्रयोजयेत्।शुष्काि◌क्षपाके दाहे च िपत्तजेषु िवशेषतः ॥

Take 15 ml of Jivantyadi Ghrita on an empty stomach early in the morning from 4th to 8th day.

Anu taila nasya

2 drops in each nostril in the morning and in the evening with proper pre procedure & the post procedure for next 7 days.

No.	Drug	Dose	Route of administration	Duration
1	Gandharvahasthadi kashaya	90ml Twice daily Before meals	Orally with saindava and guda	First 3 days
2	Vaiswara choorna	3gm hs before meal	Orally with Luke warm water	
3	Jeevantyadi Ghrita Snehapana	15 mL early morning in empty stomach	Orally	4th to 8th day
4	Anu tails	2-2 Bindu twice daily	Pratimarsha Nasya	Next 7 days (9th to 15th day)

The procedure of Nasya Karma:
The procedure of Nasya Karma is conducted in the following three steps:

Purva Karma : Before the administration of Nasya Karma, all the essential required equipment and materials should be gathered and arranged. There should be the provision of a special room to conduct Nasya Karma that is free from dust, direct flow of air, with appropriate lighting, Nasya table, Nasya Dravya (the drugs required for Nasya Karma i.e., Kalka, Churna, Kshira, KwathaUdaka, Sneha, Dhuma etc.), Nasya Yantra, Pichu or Sutika (dropper). Along with the mentioned items, an attendant should be present, dressing materi-als, spittoon, napkins, bowls and towels. The patient should be properly prepared by ensuring that they fully understand the proper procedure of Nasya Karma and are willing (consent) to follow through with the procedure. The patient is then advised to pass the natural urges before lying down on the Nasya table. Mridu Abhyanga should be done on the scalp, forehead, face and neck for approximately 10-15 minutes using medicated oils. Mridu Swedana should be done for the liquefaction of the Dosha. Care must be taken while administering Mridu Swedana since Swedana should not be done on the head region according to Ayurveda classical texts.

Pradhana Karma: The patient should be asked to lie down in a supine position on the Nasya table with the head being in Pra-lambita (hanging downwards) not excessively ex-tended or flexed.
The reason for this is that if the head is not properly lowered the administered drug may not reach the target and if it is lowered too much then there is the risk of the drugs reaching the brain and getting stuck there. The eyes of the patient should be covered with cotton or cloth. Then the physician should raise the tip of the nose with the left thumb and with the right hand, administer the drug by pouring it into the nostrils. The drug should neither be too much nor too little but in the proper dosage. It should be lukewarm, according to the patient's tolerance. The patient should be advised to be calm and composed during the Nasya Karma process and avoid speaking, laughing, sneezing and shaking of the head during the entire duration.

Paschat Karma: After the administration of the Nasya drug the patient should be asked to lie in a supine position for approx-imately 1 minute, the feet, shoulders, palms and ears should be massaged during this time. If there is an excess of the administered drug, it should be spat out and not swallowed. Medicated Gandusha and Dhuma are then administered to expel out any remaining Kapha Dosha which may be lodged in the Kantha and Sringataka Marma. The patient should then be ad-vised to stay in a room devoid of wind, to have a light diet and warm water.

RESULTS

Total treatment duration was 15days, subject showed improvement both subjectively and objectively. After treatment Schirmer's test result are shown in.

Schirmer's test - After treatment

Schirmer's Test - After treatment		
OD	15mm	
OS	16mm	
Visual acuity test	**Without spectacles**	
	OD	OS
DISTANT VISION	6/9	6/9
NEAR VISION	N6	N6

TBUT AFTER TREATMENT

TBUT	
OD	12 sec
OS	13sec

DISCUSSION

The present case was Shushkakshipaka and the aim of treatment was to achieve Vata Pithahara and Brunhana.
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*. *Ghrita* Kalpana is Vata-Pitta Shamaka.
-The Anu taila is used for nasya karma
contains dravyas like Jivanti, Devdaru, twak, bilva etc having vatashamak properties. These are useful in case of Shushkakshipaka.

Mode of action of treatments

The action of Anu Taila on Shushkakshipaka can be understood through both Ayurvedic principles and modern physiological perspectives.

1. The Nasal-Ocular Connection (Nasa Hi Shiraso Dwaram)

Ayurveda suggests the nose is the gateway to the head. When Anu Taila is administered via Nasya: Absorption: The medicated oil is absorbed by the nasal mucosa, which is highly vascular.
Stimulation: It stimulates the olfactory nerves and the trigeminal nerve endings. Since the ophthalmic nerve is a branch of the trigeminal nerve, this stimulation helps regulate the sensory and autonomic functions of the eye.

2. Vata-Pitta Shamaka (Balancing the Doshas)
Shushkakshipaka is characterized by Rukshata (dryness), Kharata (roughness), and Daha (burning sensation). Snehana (Lubrication): As a lipid-based preparation (Til Taila base), Anu Taila provides intense "unctuousness" that counters the dry, airy nature of Vata.
Tear Film Stability: By balancing the autonomic nervous system, Anu Taila can help improve the secretion of the Meibomian glands, preventing the premature evaporation of tears—a primary cause of Shushkakshipaka

Key Ingredients & Their Roles

Ingredient Property Benefit for the Eye

-Jivanti / Yashtimadhu Chakshushya (Eye tonic) Nourishes the optic nerves and eye tissues.
-Daru Haridra Anti-inflammatory Reduces the redness and burning (Daha) in the eyes.
-Shatavari Demulcent/Cooling Provides a soothing effect against Pitta-induced irritation.
-Til Taila (Base) Penetrative (Sukshma)

Clinical Benefits in Shushkakshipaka
Reduces Friction: Decreases the "gritty" sensation felt during blinking.
Enhances Visual Clarity: By stabilizing the tear film, it prevents blurred vision caused by dryness. Strengthens Eye Muscles: Regular use provides Bala (strength) to the extraocular muscles and nerves.

CONCLUSION

The descriptions of Shushkakshipaka by traditional Ayurvedic scholars bear striking similarities to the causes, clinical features, and treatment of Dry Eye Syndrome as described by modern ophthalmology. Shushkakshipaka can be correlated with Dry Eye Syndrome, a condition characterized by tear film dysfunction due to reduced tear production or excessive tear evaporation, leading to damage to the ocular surface and symptoms of ocular discomfort, such as grittiness and foreign body sensation.

Based on the Shrotodusti Lakshana, it can be inferred that Shushkakshipaka is a result of Sanga type of Shrotodusti. From a treatment perspective, Shushkakshipaka is considered an Ashastrakruta Ausadha Sadhya Vyadhi, indicating its potential for effective management through Ayurvedic interventions.

Anu taila nasya is beneficial as its marked relief over symptoms & also drug is easily available. This drug is not having adverse reaction during treatment. The study concludes that Anu taila nasya is effective in management of Shushkakshipaka.

Ayurvedic management of Dry Eye Syndrome has been found to be effective, safe, and devoid of adverse effects, positioning it as a viable alternative to conventional tear supplementation therapies.

References

1. Ashtanga Hridaya. Sarvangasundara & ayurvedarasayan commentary edited by Pt. Hari Sadasiva Sastri Paradakara Reprint 2015, Chaukhamba publications New Delhi uttaratantra 15/16-17 pp 829

2. Ashtanga Hridaya. Sarvangasundara & ayurvedarasayan commentary edited by Pt. Hari Sadasiva Sastri Paradakara Reprint 2015, Chaukhamba publications New Delhi uttaratantra 16/28 pp. 832

3. Kaviraj Ambikadatta Shastri. Susrutha samhita of Maharshi Susrutha edited with Ayurveda Tattva Sandipika hindi commentary, scientific analysis notes. Reprint-edition 2015.Varanasi: Choukambha Orientalia; part 2 (uttara tantra), p.39.