International Journal of Pharmaceutical Research and Applications
Volume 10, Issue 4 July-Aug 2025, pp: 601-604 www.ijprajournal.com ISSN: 2456-4494

Management of Shushkakshipaka W.S.R Dry Eye Syndrome – A Case Report

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Date of Submission: 25-07-2025 Date of Acceptance: 05-08-2025

ABSTRACT
Dry eye syndrome, a common condition causing discomfort, vision problemsand potential eye damage, is on the rise due to increased screen time and environmental shifts. This multifactorial disorder, which affects the tear film and ocular surface has parallels with Shushkakshipaka, an eye ailment described in Ayurvedic texts. This report details a successful Ayurvedic treatment approach for dry eye syndrome.A 28-year-old male patient presented to the outpatient department with heaviness and dryness for 10 months along with foreign body sensation in both eyes. The management protocol adopted in the present case includes shodhana, internal medicines and certain procedures having Vata-pitta shamaka, shoshaharaand Rasayanaproperties, which helped to resolve the chief complaints.

I. INTRODUCTION

Dry Eye Syndrome (DES), also known as keratoconjunctivitis sicca (KCS), is a prevalent eye condition that occurs when the tear film fails to adequately support the ocular surface's biological functions. It's a complex disorder affecting the eye's surface, marked by an imbalance in the tear film. This imbalance leads to discomfort, visual disturbances, and tear film instability, potentially damaging the eye's surface. Common symptoms include sensations of dryness, grittiness and burning, which typically worsen throughout the day. Patients may also experience stringy discharge, temporary blurred vision, redness and crusting of the eyelids. These symptoms often intensify when exposed to conditions that increase tear evaporation or during prolonged activities like reading or using video display units, as these situations reduce blink frequency. Consequently, DES can significantly impact a person's quality of life.

With a global prevalence of 11.59%, dry eye disease is particularly common in Eastern Asia, where it affects 42.8% of the population. In North India, about 32% of people experience dry eye, with the 21–40 age group being most susceptible[1].The contemporary approach to managing dry eye primarily involves the frequent application of lubricant eye drops, which offer short-term comfort. However, Ayurveda provides a more specific therapeutic approach for such conditions.

Shushkakshipaka, an Ayurvedic equivalent of dry eye, is a "Sarvagata Netra Roga" considered manageable by Sushruta and Vagbhata. Sushruta identifies it as Vatapredominant[2], while Vagbhata sees it as Vata-pitta predominant[3]. Symptoms include Kuṇitavartma (inability to close lids), Dāruṇa and Ruksavartma (hard&rough lids), Avila darshana (blurring of vision) and DarunaPratibodhana (difficulty in opening the lids)[4]. Early stages are often Vatapredominant with Pitta involvement. If untreated, it can lead to Pittakopa and ocular inflammation (Paka).The treatment principle for Shushkaakshipaakamentioned in Ayurveda classics are Snehapana, Nasya, Seka, Aschotana, Anjana and Tarpanawhich are known to increase the stability of tear film and give relief from the symptoms of Shushkaakshipaaka.

II. MATERIALS AND METHODS

This is a case report of 28 years old male who approached Shalakya TantraOPD of Govt Ayurveda College, Bengaluru.

III. CASE REPORT

Chief Complaints

The patient reports bilateral ocular heaviness and dryness for the past 10months.Along with foreign body sensation in both eyes and these symptoms have interfered with concentration during work.

History of Present illness

A 28-year-old male IT professional came to the OPD reporting heaviness, dryness along with foreign body sensation in both eyes that had persisted for the past 10 months. Given his

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profession, he spends approximately 7–8 hours daily in front of Visual Display Terminals (VDTs). He initially experienced mild dryness and consulted an ophthalmologist, who prescribed carboxy methylcellulose 0.5% lubricant eye drops three times a day. While these drops provided temporary relief, his symptoms worsened after 8 months. He experienced difficulty in working on computers and came to the OPD for Ayurvedic management.

History of Past illness
Nothing contributing.
Family History
Nothing contributing.

Personal History
- Appetite –Diminished
- Sleep – Interrupted
- Bowel –Irregular
- Micturition – 5-6 times/day

Vitals
BP -120/90mmhg
R.R - 18/min
Temperature - 98.4F
Pulse – 76/min
Ashtavidha Pareeksha
•Nadi: 76/min •Shabda: Prakruta
•Mala: Vikruta•Sparsha: Prakruta
•Mutra: 5-6 times/day •Drik: Vikruta
•Jihwa: Lipta• Akriti: Madhyama

CLINICAL FINDINGS

Table 1: Visual Acuity

Visual Acuity	Without spectacles			With spectacles		
	OD	OS	OU	OD	OS	OU
Distant vision	$6/6^{(p)}$	$6/6^{(p)}$	$6/6^{(p)}$			
Near vision	N_6	N_6	N_6			

Table 2: On Slit lamp Examination

Ocular structure	Right eye	Left eye
Eye brows	Normal	Normal
Eye lashes	Normal	Normal
Eye lid	Normal	Normal
Conjunctiva	Normal	Normal
Sclera	Normal	Normal
Cornea	Sheen decreased	Sheen decreased
Anterior chamber	Normal depth	Normal depth
Pupil	3mm, RRR	3mm, RRR
Lens	Clear	Clear

MANAGEMENT
1) Amapachanafollowed by Nasya
- Tab. Chitrakadivati1- 1- 1 B/F for 5 days
- Avipattikarachoorna0 – 0 – 5g with warm water A/F for 5 days
- Nasya with Anutaila 8 drops in each nostril for ~~seven~~7 days

~~1)~~2) Treatment modalities during follow-up period
- Pratimarshanasya with Ksheerabala 101 drops – 2 drops in each nostril B/F in the morning
- Ashchotana with Mahatriphalaghrita2 drops in the evening

~~2)~~3) Internal medicines
- Internal administration of Mahatriphalaghrita0 – 0 – 12gwith warm milk A/F
- Saptamritaloha 0 – 0 – 2 with ghee and honey A/F

IV. OBSERVATION AND RESULTS

Total treatment duration was 33 days, subject showed improvement both subjectively and objectively.

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Table 3: Before and After Treatment

SL. NO	TEST	DAY-1 [Before Treatment]		DAY-13 [After Treatment]		DAY-33[After 21 days of internal medications]	
		OD	OS	OD	OS	OD	OS
1	Schirmer Test Readings	3mm	5mm	8mm	9mm	24mm	26mm
2	Tear film break-up time Test Readings	2 s	7 s	6 s	10 s	19 s	20 s

V. DISCUSSION

Extended screen use often reduces blinking, leading to increased tear evaporation and impaired lacrimal function, which ultimately causes dry eyes. If left untreated, this can damage the cornea's deeper layers, potentially causing opacity and visual impairment.From an Ayurvedic perspective, decreased blinking can aggravate Vata dosha, worsening dryness (Rookshata) and resulting in heavy, strained eyes. This is compounded by unavoidable screen time due to profession, as well as lifestyle factors like irregular meals, pungent foods and late nights, all of which further vitiate Vata.The treatment aimed to reduce heaviness, dryness and foreign body sensation that consists of the Vata–pittaharaline of management.

Urdhwajatrugatashodhana using Anutaila was performed to enhance sense organ function, particularly beneficial for dry conditions like Shushkakshipaka and Nasashosha[5]. The patient also received oral medications: Mahatriphalaghrita and Saptamritaloha.Mahatriphalaghrita, primarily characterized by its Madhura rasa, Sheetaviryaand Madhura vipakaacts as a Vata-pitta shamaka and is Chakshushya. Its rich antioxidant content helps mitigate oxidative damage to the eyes [6]. Saptamritaloha, a significant herbo-mineral formulation for Netra roga, is Tridoshahara. To lubricate the ocular surface, Ashchyotana with Mahatriphalaghrita was administered. Additionally, Ksheerabalataila, known for its Vata-pitta shamaka properties, was advised for Pratimarshanasya.

After 33 days of treatment, the patient's chief complaints resolved completely. Their Schirmer's values improved to 24 mm (OD) and 26 mm (OS) and TBUTincreased to 19 seconds (OD) and 20 seconds (OS).To prevent recurrence and reduce visual strain, the patient was advised to follow the "20-20-20 Rule"and make lifestyle changes, including adjusting night sleep timings and avoiding junk food.

VI. CONSLUSION

Tear secretion is crucial for healthy eyes; when compromised, it leads to Shushkakshipaka (dry eye syndrome), causing discomfort and potential corneal blindness. Ayurveda attributes dry eye is due to Vata and Pitta/Rakta vitiation, offering a holistic approach distinct from modern medical treatments.In this case, the patient's VDT-induced dry eye symptoms mirrored Shushkakshipaka. Treatment followedShushkakshipaka principles, incorporating Sodhana, Shamana chikitsa and specific Kriyakalpas. These interventions are Vata-pitta shamaka, ShoshaharaandRasayana, effectively managed the condition. The patient experienced significant relief with no adverse effects, suggesting this protocol's value for others with Shushkakshipaka.

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