

**EVIDENCE BASED CASE STUDY OF SHUSHKAKSHIPAKA W.S.R.
TO DRY EYE IN SJÖGREN SYNDROME****Dr. Sarala Dudhat*¹, Dr. Swapnil Sankpal² and Dr. Vinod Madavi³**

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ABSTRACT

Tears are important to the overall health of our eyes and our vision. Each time we blink a protective coating of tear is spread like a film over the front of our eyes. It protects & lubricates the eyes, reduces the risk of eye infection, wash away foreign particles and keep the surface of eye smooth and clear. Abnormalities of any of the component of the secretions lead to the instability of tear film resulting in dryness of the ocular surface. Sjögren syndrome (Keratoconjunctivitis sicca) is a general systemic & autoimmune disturbance usually occurring in women after menopause & often associated with Rheumatoid arthritis characterized by deficiency of lacrimal secretion leading to the dryness of the eyes. A 61 years old lady suffering from severe dry eyes due to

KCS treated with 3 cycles of Basti, Tarpana and Nasya provided relief from symptoms of severe dry eyes.

KEYWORDS: Tears are important Basti, Tarpana and Nasya provided relief from symptoms of severe dry eyes.

INTRODUCTION

Sjögren syndrome (SS) is an autoimmune disorder characterized by Lymphatic inflammation and destruction of lacrimal glands, Salivary glands & other exocrine organs. The classic clinical triad consists of dry eyes, dry mouth and parotid gland enlargement. The condition is

classified as Primary when it exists in isolation and secondary when associated with another disease commonly rheumatoid arthritis.

SS is the third most common rheumatic autoimmune disorder, behind rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE). It affects female more than males. Nine out of ten SS patients are reported to be women. Although SS occurs in all age groups, the average age of onset is between ages 40 and 60, although experts note that up to half of all cases may be left undiagnosed or unreported. SS has been known to be reported in 30-50% of people with rheumatoid arthritis.

Most common ocular symptoms are feeling of dryness, grittiness and burning that characteristically worsen over the course of the day. Sticky discharge, transient blurring of vision, redness and crusting of eyelids are also common. The symptoms of KCS are frequently exacerbated on exposure to conditions associated with increased tear evaporation e.g. air-conditioning, wind and central heating or prolonged reading etc. Neither a cure for SS nor a specific treatment is known to permanently restore gland secretion. Instead, treatment is generally symptomatic and supportive.

Acharyas describe a similar condition called *Shushkakshipaka* which matches the clinical picture of Sjögren syndrome. It is mentioned in the classical literature of *Ayurveda* under *Sarvagata Netraroga* (diseases affecting all parts of the eye). As for the cure of disease there is at present no definitive treatment, tear substitutes are the only treatment modality with modern medical science.

As this disease has systemic pathology rather than simply a tear film insufficiency we need a holistic approach to deal with this problem by systemic as well as local (*Netra Kriyakalp*) *Ayurveda* therapy. As per *Ayurveda*, each patient of dry eye needs a different approach as the etiology and pathology are variable. So we presenting a case of a patient with a dry eye due to Sjögren syndrome i.e. *shushkakshipaka* with *Vata-Pitta dosha* Predominance.

Case Presentaion: A 61 years female patient, housewife, coming from Hindu community and presently living in Mumbai was suffering from rheumatoid arthritis for 5 years. She visited the OPD of Shalakyantra Department, with chief complaints of Foreign-body sensation, Grittiness, Redness/ hyperemia, Mucoïd discharge, Ocular irritation/ discomfort, Ocular dryness and Itching in both eyes since 2 years. Dryness was so severe that she was

unable to open eyes completely. She had also known case of DM and HTN since 4 years. The patient was on following allopathic medicine

- Tab. Metformin 500 mg BD
- Tab. Atenolol 50 mg OD
- CMC Eye Drops in both eyes 1 drop 2 hourly

O/E- Patients *Prakruti Vata-Kaphaja*, Wt. 59 kg, Ht. 5ft, B/H 1 time/day, Mic./H 7-8 time/day. In the laboratory investigation, all routine test were done and all test values was WNL except BSL (F-146 PP- 190) and ESR (68 after 1 hr.).

Slit Lamp Examination

L/E-

EYE	Rt	Lt
Eyelashes	N	N
Eyelids	N	N
Conjunctiva	N	Congestion
Sclera	N	N
Cornea	Transparent	Transparent
A.C.	N	N
Iris	N	N
Pupil	RTL	RTL
Lens	N	N

Vision

	Right	Left
Distance	6/12p	6/9p
Near	N.12	N.12
Pinhole	6/12	6/9

IOP:- Rt. Eye – 17.3 mm of Hg

Lt. Eye – 12.2 mm of Hg

Fundoscopy Findings

Fundoscopy findings	Right	Left
Fundus glow	Seen	Seen
Pupils	Fully dilated	Fully dilated
Lens	N	N
Optic Disc	N	N
CDR	1:3	1:3
Macula	N	N
F.R.	Seen	Seen
RBV	N	N

Treatment Protocol

As the case was of *Vata-Pittaja Shushkakshipaka* treatment was done with main treatment of *Vata dosha* i.e. *Basti* which was consist of *Rasnapanchakadi Niruha* containing *Kashaya* of *Rasna*, *Guduchi*, *Erandmol*, *Devdaru*, *Nagar* and *Anuvasan* with *Til Taila*. Local Therapy given to both eyes by *Tarpana* with *Triphala ghruta* and *Nasya* with *Anutaila* along with *shaman* treatment with *Chandraprabha vati* 250 mg 2BD, *Kaishor Guggulu* 250 mg 2BD and *Avipattikar choorna* 1 Tsf HS with luke warm water. The treatment was carried for for 45 days. During this period, she was advised for *Laghu Supachya Ahar*, *Koshna Jalapana*. Avoid of *Dadhi*, bakery products and *Diwaswapna*.

Therapy/ Drug	Dose	Kala	Duration	cycles
1) Basti				
<i>Niruh -Rasnapanchantikta Kashaya</i>	960 ml	Morning	8 days	1st, 2nd, 3rd
<i>Anuvasan Basti – Til taila</i>	60 ml	Morning After laghu Ahar		
2)Tarapana	100 Matra increasing per day by 50 matras	Evening	7 days	1st, 2nd, 3rd
3)Nasya	6 drops in each nostril	Morning	7 days	1st, 2nd, 3rd

RESULTS

Objective Assessment

Objective Assessment	Rt. Eye			Lt. Eye		
	Vision	Schirmer test	Fluorescence staining	Vision	Schirmer test	Fluorescence staining
After 1st cycle of <i>Basti</i> , <i>Tarpan</i> & <i>Nasya</i>	Dist. – 6/12p Near – N.12	0	Negative	Dist. – 6/9p Near – N.12	0	Negative
After 2nd cycle of <i>Basti</i> , <i>Tarpan</i> & <i>Nasya</i>	Dist. – 6/12 Near – N.12	1	Negative	Dist. – 6/9p Near – N.12	2	Negative
After 3rd cycle of <i>Basti</i> , <i>Tarpan</i> & <i>Nasya</i>	Dist. – 6/12 Near – N.12	3	Negative	Dist. – 6/9 Near – N.12	3	Negative

Subjective Assessment

Subjective Assessment	Before Treatment		After 1st cycle of <i>Basti</i> , <i>Tarpan</i> & <i>Nasya</i>		After 2nd cycle of <i>Basti</i> , <i>Tarpan</i> & <i>Nasya</i>		After 3rd cycle of <i>Basti</i> , <i>Tarpan</i> & <i>Nasya</i>	
	Rt. Eye	Lt. Eye	Rt. Eye	Lt. Eye	Rt. Eye	Lt. Eye	Rt. Eye	Lt. Eye
F.B. sensation	++	+++	+	++	-	+	-	-
Grittiness	++	++	++	++	+	+	-	-
Redness	+	+++	-	++	-	+	-	+
Mucoid discharge	++	++	++	++	+	+	-	-
Ocular dryness	+++	+++	++	++	+	+	-	-
Ocular irritation	++	++	+	+	+	+	-	-
Itching	-	+	-	+	-	-	-	-

DISCUSSION

The sign and symptoms of dry eye syndrome due to secondary Sjögren syndrome can be correlated with *Shushkakshipaka* under *Sarvagata Netraroga* (diseases affecting all parts of the eye). In the present case thus taking a holistic approach in the understanding of the disease *shushkakshipaka* (dry eye syndrome) and planning the treatment protocol accordingly in the present case; it has been proved much effective than the prevailing management modalities. Subjective and objective parameters clearly indicates that this condition of dry eye, in which the three components of tear film were involved, was not only due to local cause but due to autoimmune reaction too. Hence, systemic and holistic approach to treat the disease *Shushkakshipaka*, (*Sarvagata Vata-Pitta/Raktaja Netra Roga*) and managing this humeral imbalance, along with local/ topical therapeutic procedures, the condition could be managed well.

Probable Mode of Action

According to *Ayurveda*, dry eye is not merely an ocular surface disorder, rather this is one of manifestation of the deranged metabolism/depreciation of body tissues. *Ashru* (tear film) is the byproduct of *Rasa*, *Meda* and *Majja dhatus* and without normalizing/altering them we cannot treat dry eye syndrome optimally.

Vata-pittahara oral medicine, *Nasya* (*Snehana*), *Tarpana* therapy was initiated. But before that *Vata dosha* was managed first with *Basti* (after the *Pachana*) which is the main treatment for *Vata dosha*. A close watch on *Jatharagni* (digestion) was kept and corrected as well. *Avipattikar choorna* was added for *pitta dosha* for *mrudu virechana* action. *Anu taila nasya* started as *Snehana* & *Brihmana nasya*. *Tarpana* with *Triphala ghruta* was added as another local *snehana* and it relieved the mucous debris too. With this treatment, ocular discomfort was relieved.

Thus, *snehana* with *Anutaila* and *Tarpana* by *Trifala Ghrita*, locally on eye, *Shodhan* and *Shaman* of *Vata dosha* by *Basti* and *Pitta-virechana* along with *Vata-pitta hara* oral medicines worked well in relieving the ocular discomfort.

CONCLUSION

The clinical study has shown systemic and holistic approach to treat the disease *Shushkakshipaka* and managing along with local/ topical therapeutic procedures, the condition could be managed well.

Thus, as we can conclude that the dry eye is a condition for which modern medicine has no treatment except for the symptomatic management; the holistic approach of *Ayurvedic* system of medicine provided both subjective and objective relief to the patient.

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