

## THE ROLE OF YASHTIMADHU AND LODHRA IN THE MANAGEMENT OF SHUSHKAKSHIPAKA W.S.R. TO COMPUTER VISION SYNDROME ASSOCIATED DRY EYE DISEASE: A CASE STUDY

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### ABSTRACT

"Computer Vision Syndrome" or "Dry Eye" is becoming more prevalent in young people in the digital age. According to Ayurveda, this is frequently associated with Shushkakshipaka, a Vata-Pitta predominate ailment that affects the Vartma (eyelids) and Akshi (eyes) and is marked by irritation and a lack of moisture. A 14-year-old male presented in shalaky OPD with complaint of Diminished of vision and regular irritation for 1 month and on and off more than 6 months. He has screen time 5 hours/day. He was diagnosed with shushkakshipaka and treated by Ashchyotana method made by Yashtimadhu and Lodhra.

**KEYWORDS:** CVS, DED, Ashchyotana, Ghrita Murchana.

### INTRODUCTION

Dry eye disease (DED), often referred to as dry eye syndrome (DES), keratoconjunctivitis sicca (KCS), and keratitis sicca, is characterised by a lack of tear film homeostasis. It causes a continuing cycle of ocular surface damage and inflammation.<sup>[1]</sup> The condition known as dry eye disease (DED) can manifest

alone or in combination with other illnesses.

Eye problems were categorised by Acharya Sushruta as "diseases affecting all parts of the eyeball, such as Sarvagata Netraroga, which includes disease 'Shushkakshipaka', which is very similar to Ocular surface disease, such as Dry Eye Syndrome in modern ophthalmology." The two primary signs of dry eye are Krichronmeelan and Shushkakshipaka. In Ayurveda, the diagnosis is based on the patient's symptoms. This illness is explained under Vataj vyadhi in Acharya Sushruta, but under Vataj-Pittaj in Acharya Vagabhatta, and under Vataj Raktaja Vyadhi in the Sarangadhara Samhita.

## **MATERIAL AND METHOD**

Method: single case study

Material: Ayurveda literature Samhita

## **AIM AND OBJECTIVE**

To evaluate efficacy of the Ashchyotana made by Yashtimadhu and Lodhra Ayurvedic Drug.

Place: PG department of Shalakya Tantra, Govt. Ayurvedic College and Hospital, Patna.

A Case Report: A 14-year-old male presented in shalakya OPD with chief complaint of

1. Feeling of itchiness in the both eye.
2. Feeling of grittiness in the both eye with watering from eye on and off.
3. Diminish of distance vision.
4. Headache after using computer or watching T.V.
5. Difficulty on seeing board in the classroom.

## **History of present illness**

Patient had a complaint of Shushkakshipaka more than 3 months and experiences same condition sometimes for more than 1 year. He had taken artificial tear drops also known as carboxymethylcellulose but got temporary relief. So he came to shalakya OPD for further treatment.

## **Past history**

NO H/O – DM/ HTN/ Thyroid or any major illness related to eye disease. Also no any history related to eye surgery.

Family history: No any family history related to patient's illness.

**Ocular examination****1. Functional Assessment**

	<b>RE</b>	<b>LE</b>
Visual Acuity	6/24p	6/24p
IOP	18mmhg	18mmhg
Pupillary Reaction	RRR	RRR
Extraocular Motility	well motility in all gaze	well motility in all gaze

**2. Anterior segment (slit lamp examination)**

<b>Adnexa</b>	<b>RE</b>	<b>LE</b>
Eyelids	normal	Normal
Eyelashes	Dry & Brittle	Dry & Brittle
Lacrimal apparatus	normal	normal

<b>Conjunctiva &amp; Sclera</b>	<b>RE</b>	<b>LE</b>
Redness	Yes	Yes
Icterus	No	No
Scarring	No	No

<b>Cornea</b>	<b>RE</b>	<b>LE</b>
Transparency	Yes	Yes
Curvature	Normal	Normal
Presence of ulcers	No	No
Keratic precipitates	No	No

<b>Anterior Chamber</b>	<b>RE</b>	<b>LE</b>
Depth	Normal	Normal
Cells and Flare	Not any found	Not any found

<b>Iris &amp; Lens</b>	<b>Iris</b>		<b>Lens</b>	
	<b>RE</b>	<b>LE</b>	<b>RE</b>	<b>LE</b>
Colour	Brown	Brown	Transparent	Transparent
Symmetry	Normal	Normal	Normal	Normal
Lens clarity			Well	Well

**3. Posterior Segment**

<b>Optic disc</b>	<b>RE</b>	<b>LE</b>
CD ratio	0.3	0.3
Margins	sharp, distinct, and well-defined	sharp, distinct, and well-defined
Colour	Pinkish orange	Pinkish orange

<b>Macula</b>	<b>RE</b>	<b>LE</b>
Foveal reflex	bright, sharp, pinpoint	bright, sharp, pinpoint
Degeneration	No	No
Edema	No	No

Retinal Vasculature	RE	LE
A:V ratio	2:3 or ~0.67	2:3 or ~0.67
Haemorrhages	No	No
Exudates	Not present	Not present
Cotton-wool spots	Not present	Not present

Periphery	RE	LE
Retinal tears	No	No
Holes	No	No
Detachments	No	No

#### 4. Specialized diagnostic tests

	RE	LE
Schirmer's test	9 mm	5 mm
TBUT	10 sec	4 sec
DESS	11 moderates	11 moderates
OSDI	66 severe	66 severe

#### Investigation

HGB – 12.5 g/dl, Plt. –  $62 \times 10^9 / L$ , WBC -  $5.6 \times 10^9 / L$

ESR – 35.0 mm/hr.

Blood sugar – 84.0 mg/dl

Serum total cholesterol – 90.0 mg/dl

Serum HDL – 48.0 mg/dl

Serum LDL – 28.0 mg/dl

Serum VLDL – 14.0 mg/dl

Serum triglyceride – 70.0 mg/dl

#### Treatment

Kriyakalpa Chikitsa – Ashchyotana, made by Yashtimadhu<sup>[2]</sup> and Lodhra.<sup>[3]</sup>

#### Process of making Ashchyotana<sup>[4]</sup>

- The ingredients powder should be cleaned, dried, and then put through sieve number 85 (Kalka dravyas).
- The Matulung should be cleaned, washed, and its juicy flesh should be separated from its rind. To make Svarasa, grind and strain through muslin fabric.
- Move the Kalka dravyas to the wet grinder and process them with enough water to create a uniform mixture.

- Place Ghrta in a stainlesssteel container and gently heat it and then add Kalka in increments. Add the water and Svarasa and stir well.
- Heat for three hours while stirring constantly, keeping the temperature between fifty to ninety degrees for the first hour. Turn off the heat and leave it overnight.
- On the next day, begin heating the combination and keep an eye out for froth subsidence (phena shanti) and varti development (madhyama paka lakshana) in the Kalka.
- When the varti is exposed to flame, make sure there is no cracking sound, which would indicate that there is no moisture present. When the froth disappears and the Kalka creates a varti, stop heating. While heated (around 80 degrees), strain through a muslin cloth and let cool.
- Store it in firmly sealed glass containers to keep moisture and light out.
- Description: A soft, low-melting, yellow-colored medicinal fat that tastes and smells like haridra.
- Yavakuta of yashtimadhu and lodhra is added to murchit ghrta after ghrta murchna, and it is well stirred over heat.
- The mixture was then strained through muslin cloth and put into a vial that resembled a dropper for later use.

#### Aschyotana-vidhi (Procedure)<sup>[5]</sup>

- In the Kriyakalpa Theatre, the patient should be in a comfortable supine position.
- Stretching and applying pressure to the apangapradesa (lateral end) opens the eye.
- Medication is injected into an open eye from the right hand.
- These medications can be contained in a cotton piece, a conch shell, or miniature vessels.
- The medication dropped from a height of two anguli onto the eye.
- If the medication gets in the eye, it should be removed right away (within a minute or two) using a piece of cotton or a soft cloth.
- Kaphaj-vataj disorders benefit from a gentle fomentation with warm water.

#### DISCUSSION

Netraroga Chikitsa is given when it is determined if it appears on its own or in conjunction with another sickness. If the condition is autonomous and just affects the eye, local eye therapy treatments are essential. Netra Roga Chikitsa is separated into two major categories: Samanya Chikitsa and Vishesha Chikitsa. Local external medicinal therapies for the eye that are tailored to the particular features of the eye include Tarpana, Putapaka, Seka, Aschyotana,

Anjana, Vibalaka, and Pindi. Panchakarma is found in Sarvadaihika Chikitsa, while Netra Kriyakalpas is found in Vissha Chikitsa. The term "Kriyakalpa" describes procedures in which various drugs are given as a therapeutic measure in and around the eye. The effectiveness of these processes is influenced by the medicine selection, preparation technique, instillation technique, and ocular drug absorption.

Aushadha Kalpana enhances the effectiveness and quality of pharmaceuticals. For Aschyotana, a number of preparation techniques are commonly used, including Swarasa, Kashaya, Rasakriya, Putapaka, Ksheerapaka, Ghrita Kalpana, and Arka. Because Ghrita Kalpana and Arka remain in the eye for a longer period of time, absorption is increased. For this reason, Goghrita is used as a basis for various medicated raw pharmaceuticals in Yashtimadhwadi Ashchyota through the Ghrutakalpana procedure. Yashtimadhwadi Ashchyotana's contents are straightforward, accessible, and less expensive.

The primary ingredients of this medication are Yashtimadhu and Lodhra, although Goghrit, which is used as a base, also has medicinal qualities following the Ghrutmurchana procedure. Yashtimadhu has properties for Vatapitta Shamaka since it is Madhura Rasa pradhana, Sheeta Virya, and Madhura Vipaka. Acharya Vagbhatta mentions the medication Lodhra in Shushkakshipaka Roga. It is Kashaya Rasapradhana and has Sheeta Virya and Madhura Vipaka, which is how it possesses Vatapitta Shamaka characteristics.

Ayurveda recommends doing Murchana with Goghrita before mixing it with Yavkuta or Churna of the Prakshepa Dravya and performing Ghrutapaka to prepare any medication or preparation used orally, in the eye, or in any other sensitive place. The three dravyas utilised in murchana are Amalaki, which is Pitta pradhana tridosha shamaka, Bivhitaki, which is Kaphapradhana tridosha shamaka, and Hareetaki, which is Vatapradhana tridosha shamaka. Together, these three medications are referred to as triphala and have the quality of tridoshashamaka. Ghruta has Sanskara-anuvartana attributes, Haridra is Kaphavatashamaka and Pittarechaka, Mustaka is Kaphapitta shamaka, Nimbuka is Kaphavata nashana, and it possesses all the characteristics of the murchita medications following murchana. Shushkakshipaka is defined as Raktaja by Madhava Nidana and Bhavaprakasha, Vata pradhana vyadhi by Sushruta Samhita and Ashtang Sangraha, Vatapitta pradhana vyadhi by Ashtanga Hridaya, and Vatarakta pradhana vyadhi by Acharya Karala. A good medication with Tridoshagnata qualities can be helpful in treating illnesses like shushkakshipaka because there are many various perspectives based on different acharyas.

**CONCLUSION**

After using this drug for 45 days, the TBUT is 17 sec., Schirmer test is Rt. eye 10 mm and Lt. eye 17 mm, the BCVA is for Rt eye 6/24 and for Lt. eye 6/18.

The questionnaire results are 0 score for DESS as well as OSDI also scored 0 for this.

From above discussion we can conclude that there were marked reduction on sign and symptoms on Shushkakshipaka w.s.r. CVS associated dry eye.

**REFERENCE**

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## Clinical photographs



**Sunrise Patho Lab**  
 New Central X-Ray, Near, Prafulla Plaza  
 Makhania Kuan Road, Patna – 800 004  
 Mob. : 09430958560 (C), 9431071930  
 (Reg. No. P.T. 84967)

**Name : ADITYA PRAKASH SINGH** Received on : 27/05/2025  
**Sex : M** Age : 14 Years Reported on : 27/05/2025  
**Refd. by : Dr. G.A.C.H**  
**Sunrise Patho Lab ID : 20250527012**

Investigation	Result	Unit	Expected Value
<b>Blood Sugar (Random)</b>	84.0	mg/dl	Upto 140
<b><u>Lipid Profile</u></b>			
<b>Serum Total Cholesterol</b>	90.0	mg/dl	130 - 250 mg/dl
<b>Serum H.D.L. - Cholesterol</b>	48.0	mg/dl	30 - 70 mg/dl
<b>Serum L.D.L. - Cholesterol</b>	(L) 28.0	mg/dl	60 - 130 mg/dl
<b>Serum V.L.D.L. Cholesterol</b>	(L) 14.0	mg/dl	15- 40 mg/dl
<b>Serum Triglycerides</b>	70.0	mg/dl	60 - 200 mg/dl
<b>Total Choles./H.D.L. Ratio</b>	1.9 : 1		Upto 5 : 1
<b>L.D.L./H.D.L. Ratio</b>	0.6 : 1		Men- 1.00; Average- 3.55 Moderate- 6.25; High- 7.99

**NOTE: - Lipid profile ranges as per ncep-atp 111 are:**

Serum cholesterol (Total):  
Desirable: <200mg/dl Borderline: 200-239mg/dl, Elevated: >=250mg/dl.

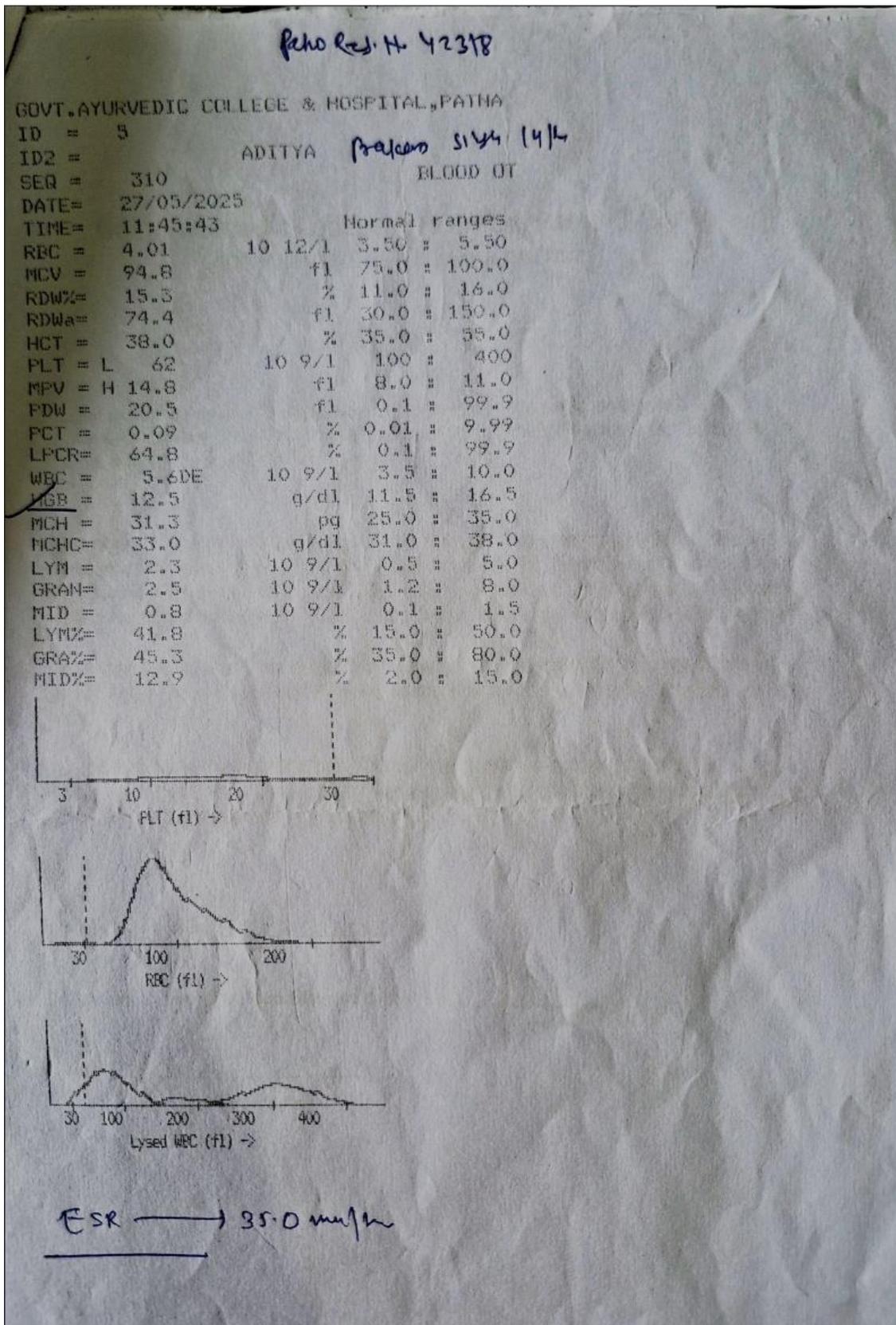
Serum high-density lipoprotein cholterol (HDL):  
Desirable: >60mg/dl, Boderline: 40-60mg/dl, Elevated: >=70mg/dl

TOTAL cholesterol : HDL cholesterol:  
Low risk: 3.3-4.4, Average risk: 4.4-7.1, Moderate risk: 7.1-11.0, High risk: >11.0

Serum low-density lipoprotein (LDL) cholesterol:  
Desirable: <100mg/dl, Boderline: 100-159mg/dl, elevated: >=160mg/dl

Triglycerides:  
Desirable: <150mg/dl, Boderline: 150-199mg/dl, High: 200-g/dl, VeryHigh: >=500mg/dl

HDL measurement done by direct hdl clearance method (CDC approved).  
As per the Friedwald Equation, VLDL & LDL values are not applicable for triglyceride Values above 400mg/dl.



42313 (5)  
विभाग: आर्य समाज संत

2

Govt. Ayurvedic College Hospital, Patna  
Kadam Kawan, Patna-800 103

दिनांक: 20

विभाग: आर्य समाज संत

रोगी का नाम: (35331) ...

पंजीकरण नंबर: 25-05-2025 11:31AM

नाम: Aditya Prakash Singh ...

पिता: ...

व्यक्तिगत: ...

धर्म: Hindu

रोगी का रोग: DOV for DV ... 1 months.

आधि (Diagnosis): ...

जान आधि (Known case of): ...

BP (mmHg): / Pulse: per minute

ऊँचाई (Ht): cm वजन (Wt): Kg

Doctor's Name: UMA PANDAY

रोगी मो. नं.: 9431268414

नाड़ी: R (निर्देश) PH - Screening time - 5h/days.

① ... B.D. — 0/0/0/0  
(1 drop x 4 times)  
④ eye.

On Examination:  
A 3/5 JUN 2025  
6/24P  
T < 10 mm  
5 mm.  
ET < 18 mmHg  
18 mmHg.

Adv  
CBC ✓  
ESR ✓  
RBS ✓  
Lipid Profile ✓

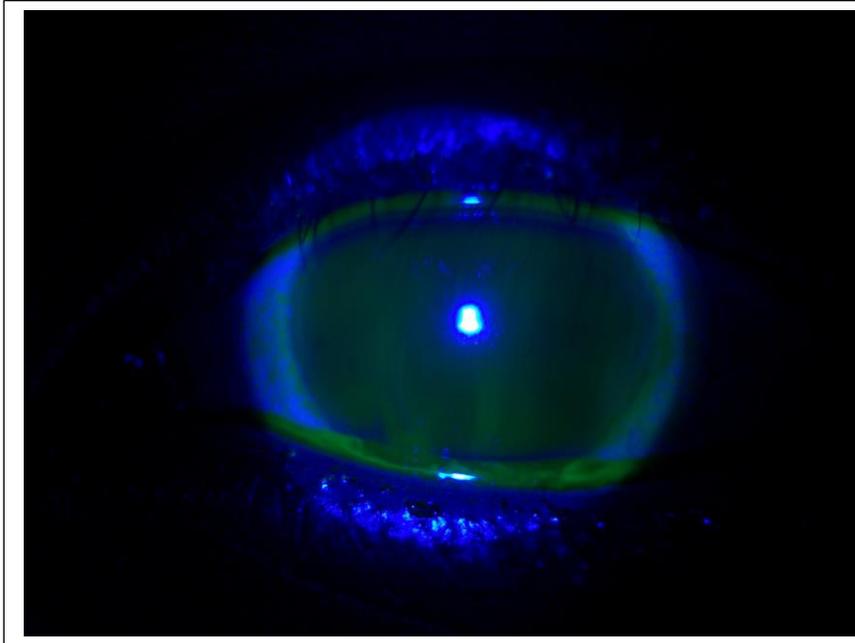
30m 29/6/25  
30m 25/6/25  
30m 9/25  
Complete

पुनः परामर्श दिवस (Follow up Day) सोम मंगल बुध गुरु शुक्र शनि SOS

सहमति के रूप में स्वयं/अपने रोगी (संबंध) ... पूर्ण वृद्धि विवेक से उपर्युक्त चिकित्सक/सहयोगी चिकित्सक/उनके द्वारा रेफर चिकित्सक को भंगे हित के लिए यथोचित चिकित्सीय परामर्श हेतु अपनी सहमति देना/देती हूँ। यह परामर्श पत्रक मेडिको लीगल (चिकित्सीय न्यायिक परि) के दायरे में लागू नहीं होगा - इत्यादि/अंगुठे का निशान

डा. उमा पंडित का मो. नं. - 06122686378

Before treatment



After treatment

