

AYURVEDIC MANAGEMENT OF SHUSHKASHIPAKA (DRY EYE SYNDROME): A CASE REPORT

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ABSTRACT

Shushkakshipaka is described in Ayurveda as a *Sarvagata Netra Roga*, characterized by *Daruna Ruksha Vartma* (hard and rough eyelids), *Avila Darshanam* (blurred vision), and *Daruna Pratibodhana* (difficulty in opening the eyes). Tears play a vital role in maintaining the integrity of the ocular surface. When the quantity or quality of tears is compromised, it leads to Dry Eye Syndrome. Based on similarities in etiopathogenesis and clinical presentation, *Shushkakshipaka* can be correlated with Dry Eye Syndrome. With the increasing global prevalence of dry eye, it poses a therapeutic challenge due to the limited curative options available in conventional medicine. Conventional management primarily includes artificial tear substitutes and lubricants, which provide only temporary symptomatic relief. This study presents a single case report of a 62-year-old male

who attended the OPD of *Shalaky Tantra* with complaints of bilateral ocular dryness, blurred vision, foreign body sensation, and visual fatigue persisting for one year. He was diagnosed with *Shushkakshipaka*. The treatment was planned according to the classical *Chikitsa Sutra* of *Shushkakshipaka*, including *Seka*, *Nasya*, *Tarpana*, along with appropriate *Shamana Oushadhis*. After completion of the treatment protocol, the patient showed marked improvement in both subjective symptoms as well as objective ocular findings. No adverse effects were observed during or after the treatment period. Ayurvedic therapeutic modalities aim at correcting the underlying *dosic* imbalance and restoring normal ocular physiology.

They also provide a holistic, effective, and safer alternative for the long-term management of this modern lifestyle disorder.

KEYWORDS: *Shushkashipaka*, Dry Eye Syndrome, *Nasya*, *Tarpana*, *Seka*.

INTRODUCTION

Dry eye syndrome (DES) is a multifactorial disorder of the ocular surface characterized by loss of tear film homeostasis, leading to ocular discomfort and visual disturbance.^[1] The condition is associated with tear film instability, increased tear osmolarity, inflammation and damage of the ocular surface, and neurosensory abnormalities, all of which play a significant role in its etiopathogenesis.

Dry eye syndrome commonly presents with symptoms such as foreign body sensation, dryness, irritation, burning sensation, eye fatigue, and blurring of vision. The disease can range from mild discomfort to severe, vision-threatening conditions, significantly affecting the quality of life of affected individuals. The prevalence of dry eye is increasing globally, ranging from 5–35% globally and approximately 29.25% in India attributed to changing lifestyles and Environmental factors.

Etiologically, dry eye syndrome is broadly classified into aqueous-deficient dry eye and evaporative dry eye. Aqueous-deficient dry eye results from reduced lacrimal gland secretion, commonly seen in Sjogren's syndrome and non-Sjogren's causes, whereas evaporative dry eye occurs due to excessive tear evaporation, most frequently associated with meibomian gland dysfunction, eyelid disorders, defective blinking, prolonged digital screen exposure, contact lens use and ocular surface diseases such as vitamin A deficiency. Systemic autoimmune disorders like Rheumatoid arthritis, Thyroid disorders, Systemic lupus erythematosus, and certain medications including diuretics and beta blockers further contribute to the development of dry eye.

Conventional management of dry eye primarily focuses on symptomatic relief through the use of tear substitutes and lubricating eye drops.^[2] However, these provide temporary relief, require long-term use, and may cause adverse effects due to preservatives, thereby limiting their prolonged application.

Dry eye syndrome is a condition resembling its clinical features is described as *Shushkakshipaka*. *Acharya Sushrutha* classified ocular diseases under *Sarvagata Netraroga*,

which includes conditions affecting all parts of the eyeball. *Acharya Sushruta* considered it a *Vataja* while *Acharya Vagbhata* described it as *Vata-Pittaja* disorder. These views suggest that *Vata*, *Pitta* vitiation play a major role in its pathogenesis, leading to ocular dryness due to reduced tear secretion or altered tear film quality. The description in *Sushruta Samhitha* indicates an early stage of the disease, whereas *Vagbhatas* account reflects a more advanced inflammatory stage with predominance of *Vata* and *Pitta*.

Acharya sushruta clinically described characteristic of disease as *Kunīta Vartma* (difficulty in closing the eyelids), *Daruna Ruksha vartma* (hardness and roughness of the eyelids), *Avila darshana* (blurred vision), and *Daruna pratibhodina* (difficulty in opening the eyelids).^[3] Additionally, *Acharya Vagbhata* described symptoms such as *Gharṣa* (foreign body sensation), *Toda* (pricking pain), *Bheda* (splitting pain), *Upadeha* (stickiness of eyelids), *Rukshatva*, *Darunatva* of *Vartma* and *Akshi* (roughness and hardness of eyelids and eyes), *Sheeteksha* (desire for cold), *Shoola*(pain), and *Paka* (inflammation).^[4]

MATERIALS AND METHODS

This is a case report of 62 years old male who approached OPD of Shalakyā tantra department of Government Ayurveda Medical College and Hospital, Bengaluru.

CASE REPORT

History of Present Illness

A 62-year-old male K/C/O of Sjogren's syndrome for the past 10 years, presented with complaints of bilateral ocular dryness, blurring of vision, foreign body sensation, and visual fatigue for the last 1 year. The symptoms were gradual in onset and progressive in nature. His symptoms were aggravated by exposure to sunlight and prolonged computer use and were relieved on exposure to a cool environment. For these complaints, he had previously consulted modern medical practitioners and was prescribed lubricating eye drops (carboxymethylcellulose), which provided temporary relief, but the symptoms recurred. Due to persistent discomfort and systemic features, he presented to our hospital seeking Ayurvedic management.

History of past illness

- K/C/O Sjogrens syndrome had taken Allopathic medication since 10 years.
- No history of Meibomian gland dysfunction, DM, HTN or other systemic illness.
- No previous C/O ocular trauma, surgery or chronic eye diseases.

Family History: Nothing significant.

Personal History

- Appetite – Reduced
- Bowel – Constipated
- Micturition – 5-6 times /day
- Sleep – Sound

Vitals

- BP – 140/90 mm Hg
- RR – 19 times/min
- Temperature - 98.6° F
- Pulse – 74 bpm

Ashtastaana Pareeksha

- *Nadi – Vatakaphaja*
- *Mala – Vikritha*
- *Mutra – 5-6 times/day*
- *Jihwa –Ishat liptha*
- *Shabda - prakrita*
- *Sparsha - prakrita*
- *Drik - vikruta*
- *Akriti – madyama*

EXAMINATION OF EYE: (CLINICAL FINDINGS)

Table no 1: Before treatment.

Visual Acuity	Unaided Distant vision (Snellen Chart)			Unaided Near vision (Jaeger Chart)		
	OD	OS	OU	OD	OS	OU
Before treatment	6/18	6/12	6/12	N10	N8(p)	N8(p)

Table no 2: Before treatment.

Test	DAY-0 (Before treatment)	
	OD	OS
Schirmer's Test (in 5 minutes)	5 mm	6 mm
Tear film breakup time test(T-BUT)	4 sec	5 sec

Table no -3: Slit lamp examination.

	RIGHT EYE	LEFT EYE
Eyebrows	Normal in position	Normal in position
Eyelashes	Normal, no misalignment	Normal, no misalignment
Eyelids	Normal	Normal
Conjunctiva	Normal	Normal
Sclera	Normal	Normal
Cornea	Normal, no pannus	Normal, no pannus
Anterior chamber	Normal depth and quiet	Normal depth and quiet
Pupil	3mm RRR	3mm RRR
Lens	Clear, SIMC +	Clear, SIMC+
IOP	11mm Hg	13mm Hg

DIAGNOSTIC TEST/ASSESSMENT CRITERIA**Subjective parameters**

Self formulated scale was considered. Assessed parameters before the treatment, after the treatment and during follow up.

OBJECTIVE PARAMETERS

1. Schimmers test
2. Tear film breakup time
3. Visual acuity (distant and near vision)

Table no. 4: Treatment Plan.

Days	Name of the medicine	Dose	Time	Anupana	Duration
1 st -5 th day	<i>Chitrakadi vati</i>	1 tid	Before food	Water	5 days
1 st -5 th day	<i>Avipattikara choorna</i>	3grams HS	After food	Warm water	5 days
6 th -12 th day	<i>Yastimadhu ksheera seka</i>	Q.S	Morning	-	7 days
13 th day-19 th day	<i>Nasyakarma with Panchendriyavardhana taila</i>	8 ⁰ -8 ⁰ to each nostril	Morning (in empty stomach)	-	7 days
20 th day-26 th day	<i>Tarpana with Jeevantyadi gritha</i>	Q.S	Morning	-	7 days

Table no-5: FOLLOW UP MEDICINE.

27 th day-46 th day	<i>Triphala gritha Aschyotana</i>	2 ⁰ -2 ⁰ to each eye	At bed time	-	20 days
27 th day-46 th day	<i>Jeevantyadi gritha pana</i>	10ml -0-10ml	Before food	50ml of warm milk	20 days
27 th day-46 th day	<i>Tab Saphamritha loha</i>	0-0-2	After food	½ tsp ghee+1/4 tsp honey (or in unequal proportion)	20 days
Total period					46 days

OBSERVATION AND RESULTS

The patient underwent Ayurvedic treatment for 46 days, resulting in significant symptomatic and clinical improvement, as presented in the tables below.

Table no-6: Effect of treatment on subjective parameters.

Subjective parameters	Before treatment	After treatment	After follow up
Foreign body sensation	Moderate	Mild	Absent
Dryness in lid and eye	Severe	Moderate	Mild
Burning sensation	Moderate	Mild	Absent
Pricking pain	Severe	Moderate	Mild
Photophobia	Mild	Absent	Absent

Table no 7: Effect of treatment on objective parameters.

VISUAL ACUITY	Without spectacles (Day 0 -before treatment)			Without spectacles (Day 46 – after treatment)		
	OD	OS	OU	OD	OS	OU
Distant vision (Snellen chart)	6/18	6/12	6/12	6/12	6/9	6/9
Near vision (Jaeger chart)	N10	N8(p)	N8(p)	N8	N6(p)	N6(p)

Table no-8: Disease specific examination.

Test	DAY- 0 (Before treatment)		Day 27 (After Treatment)		Day 47 (After follow up)	
	OD	OS	OD	OS	OD	OS
Schirmer's Test (in 5 minutes)	5 mm	6 mm	8 mm	9 mm	13 mm	15 mm
Tear film breakup time test(T-BUT)	4 sec	5 sec	6 sec	8 sec	12 sec	14 sec

DISCUSSION

In *Shushkakshipaka*, *Vata* and *Pitta* along with *Rakta* are the primary doṣhas involved in the pathogenesis. The *Vṛiddhi* of *Vata* and *Pitta* indirectly leads to *Kaphakṣaya*. Reduction of *Snigdha guṇa* and predominance of *Ruksha guṇa* initiate the disease process. To achieve adequate *Netrapoṣaṇa -Seka*, *Nasya*, and *Tarpana* therapies were administered along with shamanoushadis.

Chittrakadi vati, possessing *Laghu*, *Tikshna* and *Uṣṇa guṇas*, prevents *Urdhwajatrugata vikara* by correcting *Agnimandya* and preventing *Ama* formation. *Avipattikara choorna* acts as a *Mṛidu Virecaka* and performs *Srotoshodhana*, thereby facilitating better drug absorption during *Kriyakalpa* procedures.

Yastimadhu ksheera seka^[5] acts in *Shushkakshipaka* by pacifying *Vata–Pitta Doṣa* due to its *Madhura rasa*, *Snigdha guṇa*, *Sheeta virya*, and *Madhura vipaka*. It reduces ocular surface inflammation and oxidative stress owing to the anti-inflammatory and antioxidant properties of *Yaṣṭimadhu*. The *Kṣeera* provides lubrication and nourishment, restoring tear film stability and relieving dryness, burning, and irritation.

Bṛimhaṇa Nasya helps pacify *Vata* and *Pitta Doṣas* and lubricates ocular tissues. *Acharya Kashyapa* mentions *Pancendriyavardhana Taila* in *Kalpasthanā*.^[6] for the management of *Chakṣhu Vikara*. Most of its ingredients possess *Vatahara*, *Vata-Pittaghna*, and *Srotoshodhana* properties. The formulation includes *Vidanga*, *Pippali*, *Drakṣha*, *Bala* etc which predominantly exhibit *Laghu* and *Snigdha guṇa*, *Madhura rasa* and *Sheeta virya* properties thus does *Vata-Pitta shamana* actions.

According to the Ayurvedic principle “*Naasa hi shiraso dvaram*,” the nose acts as the gateway to the head. Drugs administered through the nasal route are absorbed via the nasal mucosa and reach the ocular tissues through ophthalmic circulation. *Nasya* also acts on the lacrimal system, improving both the quality and quantity of tears, thereby alleviating lid stiffness and ocular dryness characteristic of *Shuṣkakṣipaka*. The *Snigdha guṇa* of *Taila* ensures proper nourishment of the ocular surface and enhances tear film stability.

Jeevantyadi gritha Tarpana mentioned by *Acharya Vabhata* in *Uttaratantra*.^[7] *Jeevantyadi Ghṛitha* contains *Triphala*, *Devadaru*, *Go-dugdha*, and *Go-ghṛta*, which possess *Madhura rasa*, *Laghu guṇa*, *Sheeta virya*, and *Madhura vipaka*. These ingredients are *Chakṣuṣhya*, *Vata-Pitta Shamaka*, and exhibit *Bṛimhaṇa* and *Snehana* properties. *Tarpana* with this *Ghṛita* provides deep lubrication and nourishment, stabilizes the tear film, increases ocular moisture, and rapidly reduces dryness, burning sensation, and gritty feeling. Additionally, *Tarpana* enhances drug bioavailability compared to conventional eye drops.

As a follow-up therapy to prevent disease progression, *Triphala Ghṛta Aschyotana* was administered daily. It acts as a natural tear substitute, is *Netra Prasadaka* and *Cakṣuṣya*, and promotes healing of the corneal and conjunctival epithelium.

Jivantyadi Ghṛita Pana mentioned by *Acharya Vagbhata* in *Sushkakshipaka Chikista* in *Uttaratantra*.^[8] It does *Dhatu-varhdhana*, *Puṣṭi-varhdhana*, *Dhatu-poṣaṇa*, and *Dhatu-prasadana* properties. For normalization of *Rasa Dhatu*, systemic administration of

medicated *Ghṛita* is essential. After oral intake, *Ghṛita* is absorbed into systemic circulation and, due to its *Cakṣuṣhya* and lipid-soluble nature, crosses blood-ocular barriers. It exhibits anti-inflammatory, antibacterial, antioxidant, antimicrobial, and detoxifying properties, thereby correcting ocular tissue abnormalities and rejuvenating the eye.

Saptamṛitha Lauha is an important herbo-mineral formulation used in ocular disorders. Its major ingredients *Loha Bhasma*, *Triphala Curṇa*, and *Yaṣṭimadhu* possess *Tridoṣa-hara*, *Rasayana*, and *Cakṣuṣhya* properties. *Loha Bhasma* enhances *Rasa–Rakta Dhatu poṣaṇa* and corrects *Dhatu kṣaya*, thereby improving ocular nourishment and functional integrity.

CONCLUSION

The present case demonstrates that Ayurvedic management using *Seka*, *Nasya*, and *Tarpana* provides effective and sustained relief in *Suṣkakṣipaka* correlated with dry eye syndrome. By correcting *Vata–Pitta* vitiation, restoring *Snigdha guṇa*, and enhancing *Netrapoṣaṇa*, these therapies improve lacrimal gland function and stabilize the aqueous and lipid layer of tear film. The integrated use of internal medications and ocular *Kriyakalpa* not only alleviates symptoms such as dryness, burning sensation, and foreign body sensation but also addresses the root pathology of the disease. This holistic approach offers long-term benefits with minimal adverse effects and may serve as a promising therapeutic option for the management of dry eye syndrome.

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