

ROLE OF PRATIMARSHA NASYA IN THE MANAGEMENT OF DRY EYE SYNDROME: A CLINICAL CASE REPORT

Dr. Anubhav Jain^{1*}, Dr. Babita Dash² MD (Ayu), PhD

^{1*}PG Scholar (Dept- Panchakarma), Pt. Khushilal Sharma Government Autonomous Ayurveda College and Institute, Bhopal.

²Associate Professor, Dept- Panchakarma, Pt. Khushilal Sharma Government Autonomous Ayurveda College and Institute, Bhopal.

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*Corresponding Author

Dr. Anubhav Jain

PG Scholar (Dept- Panchakarma),
Pt. Khushilal Sharma Government
Autonomous Ayurveda College and
Institute, Bhopal.



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ABSTRACT

Dry Eye Syndrome is a multifactorial ocular surface disorder characterized by tear film instability and symptoms such as dryness, irritation, and itching. In Ayurveda, it can be correlated with *Shushkakshipaka*, a condition arising due to vitiation of *Vata* and *Pitta Dosha* leading to *Rukshata* (dryness) and impaired ocular lubrication. Conventional management primarily includes artificial tear substitutes and anti-inflammatory agents, which provide only symptomatic relief and require long-term dependency without addressing the underlying pathophysiology. Among various Ayurvedic therapies like *Netra Tarpana* and *Aschyotana*, the efficacy of *Pratimarsha Nasya* is evaluated in this study. *Nasya Karma* is considered the prime therapeutic modality for *Urdhva Jatrugata Rogas*, as emphasized in classical texts—“*Nasa hi Shiraso Dwaram*.” It facilitates targeted drug delivery to the cranial region, influencing ocular tissues through

Srotoshodhana, *Snehana*, and *Indriya Prasadana*. From a modern perspective, intranasal administration enables rapid absorption through the nasal mucosa, stimulating the trigeminal and olfactory pathways, thereby modulating lacrimal gland function and improving tear secretion. *Pratimarsha Nasya*, due to its mild and daily applicability, ensures sustained nourishment and lubrication of ocular structures. A 67-year-old female patient presenting with bilateral dryness, irritation, and itching of the eyes, along with sleeplessness, was

subjected for clinical evaluation. The patient was administered *Pratimarsha* Nasya with *Anu Taila* in a dose of 8 drops to each nostril daily in morning time after brushing for 2 months, along with Soft Gel Capsule *Ksheerbala* 101 *Avarti* 300 mg 2 Cap twice daily with lukewarm water as internal medication. Assessment was carried out using subjective parameters and objective evaluation through the Schirmer's tear test before and after intervention. The intervention resulted in marked relief in ocular symptoms and improvement in sleeplessness. Objective findings demonstrated increased tear secretion and enhanced tear film stability, as evidenced by improved Schirmer's test values. *Pratimarsha* Nasya proved to be an effective, safe, and non-invasive therapeutic modality in the management of Dry Eye Syndrome. Its dual action—through Ayurvedic principles of *Snehana* and modern neuro-ophthalmic pathways—highlights its significant role in restoring ocular homeostasis. This study underscores the clinical importance of Nasya and advocates further large-scale studies for validation.

KEYWORDS: *Pratimarsha* Nasya, Nasya Karma, Dry Eye Syndrome, *Shushkakshipaka*, *Anu Taila*, Schirmer's Test, Neuro-ophthalmic pathway.

1. INTRODUCTION

Dry Eye Syndrome (DES), also known as keratoconjunctivitis sicca, is a common chronic disorder of the ocular surface characterized by loss of tear film homeostasis, accompanied by ocular symptoms such as dryness, burning, irritation, and visual disturbance.^[1] According to the TFOS DEWS II report, it is a multifactorial disease involving tear film instability, hyperosmolarity, inflammation, and neurosensory abnormalities.^[1,2]

Tear film plays a crucial role in maintaining ocular surface integrity, providing lubrication, nutrition, and protection. Any disturbance in tear production or increased evaporation leads to tear film instability, resulting in symptoms of dry eye.^[3] The Schirmer's test is a widely used objective tool to assess tear secretion.^[5]

Despite advancements in modern medicine, current treatment strategies—including artificial tears and anti-inflammatory agents—primarily provide temporary symptomatic relief and do not address the underlying pathology.^[3]

In Ayurveda, Dry Eye Syndrome can be correlated with *Shushkakshipaka*, described under *Sarvagata Netra Rogas*. It is primarily caused by vitiation of Vata and Pitta Dosha, leading to

Rukshata (dryness), Daha (burning), Toda (pricking sensation), and Avila Darshana (blurred vision).^[7]

Vata Dosha → causes dryness and roughness

Pitta Dosha → contributes to burning and inflammation

Thus, the management focuses on

Snehana (oleation), Shamana of Vata-Pitta, Restoration of ocular lubrication.

Concept of Nasya

Nasya Karma is one of the Panchakarma procedures specifically indicated for diseases of the head and neck (Urdhva Jatrugata Rogas).

Classical Ayurvedic texts state: “Nasa hi Shiraso Dwaram” — the nose is the gateway to the head.^[6,8]

Nasya facilitates the delivery of medicated substances through the nasal route, which:

Reaches the Shringataka Marma, Influences organs like eyes, ears, and brain, Clears channels (Srotoshodhana), Provides nourishment (Snehana).

Pratimarsha Nasya

Pratimarsha Nasya is a mild and daily applicable form of Nasya, administered in small doses.

It is: safe for long-term use, free from complications, suitable for all age groups.

Its benefits include

Continuous lubrication, Prevention of degeneration, Enhancement of sensory functions (Indriya Prasadana)

Modern Correlation of Nasya

From a modern viewpoint, intranasal drug delivery

Allows rapid absorption through nasal mucosa, Bypasses first-pass metabolism, Stimulates trigeminal and olfactory pathways, Influences lacrimal gland secretion and tear production.^[13,14] Thus, Nasya may play a significant role in improving tear film stability and ocular health.

Aim of the Study

To evaluate the effect of Pratimarsha Nasya with Anu Taila in the management of Dry Eye Syndrome.

2. CASE REPORT

2.1 Patient Information

A 67 years old female patient came to Panchakarma OPD of Pt. Khushilal Sharma Government Ayurveda College and Institute Bhopal.

Rogi Pariksha

Weight- 47Kg, General Body built- Madhyam, Bowel- Clear, Appetite- Good, Nadi- Vatapittaj, B.P.- 130/80 mmHg, Pulse- 74/min, Temp.- 97.8°F.

2.2 Chief Complaints

Dryness in both eyes, Burning sensation, Itching, Foreign body sensation, Blurred vision, Watering, Disturbed sleep from last 3 years.

2.3 Treatment History

The patient had previously received allopathic treatment, which provided only temporary relief. She later visited the Shalakya OPD at Pt. Khushilal Sharma Government Ayurveda Institute, where Netra Tarpana was administered for one month, resulting in partial but unsustainable improvement.

Subsequently, the patient presented to the Panchakarma OPD of the same institute, where further Panchakarma was planned.

2.4 Intervention

Pratimarsha Nasya with Anu Taila 8 drops in each nostril in Morning (after brushing) daily. Patient was advised to avoid consuming anything for at least 30 minutes after the administration of Nasya.

Duration: 2 months

Internal Medication- Ksheerbala 101 Avarti Capsule (300 mg) 2 capsules twice daily (2 BD) with lukewarm water.

2.5 Assessment Criteria

Subjective Parameters

Seven symptoms of Shushkakshipaka were graded from 0–3, for the assessment of disease before and after the treatment.

• Rukshata (Dryness)

Grade 0 — No dryness

Grade 1 — Occasional dryness

Grade 2 — Frequent dryness, relieved by blinking

Grade 3 — Persistent dryness, disturbing activities

• Daha (Burning)

0 — Absent

1 — Mild, occasional burning

2 — Moderate, frequent burning

3 — Severe, continuous burning

• Toda (Pricking sensation)

0 — Absent

1 — Occasional irritation

2 — Frequent pricking sensation

3 — Constant foreign body sensation

• Avila Darshana (Blurred vision)

0 — Clear vision

1 — Occasional blurring

2 — Frequent blurring

3 — Persistent blurred vision

• Raga (Redness)

0 — No redness

1 — Mild congestion

2 — Moderate redness

3 — Severe congestion

• Kandu (Itching)

0 — Absent

1 — Mild itching

2 — Moderate itching

3 — Severe itching

Interpretation of Total Score

0–7 → Mild

8–14 → Moderate

15–21 → Severe

Objective Parameter

Schirmer's Tear Test: It is a quantitative diagnostic test used in ophthalmology to assess aqueous tear production by the lacrimal glands. It is one of the most commonly performed clinical tests for evaluating dry eye disease.

Wetting (5 min)	Interpretation
>15 mm	Normal
10–15 mm	Borderline
5–10 mm	Mild–Moderate Dry Eye
<5 mm	Severe Dry Eye

3. RESULTS

Subjective Findings

Parameter	BT	AT
Rukshata	3	1
Daha	3	1
Toda	2	1
Avila Darshana	2	1
Raga	2	0
Kandu	2	1
Total Score	14	05

Total Score (BT): 14 → Severe Dry Eye

Total Score (AT): 5 → Mild Dry Eye

Improvement: 64.3%

Objective Findings

BT: <5 mm → Severe Dry Eye

AT: 8 mm → Mild–Moderate Dry Eye

Overall Outcome

Marked improvement in symptoms and tear secretion was observed without any adverse effects.

Follow up period- Patient was followed up for another 1 month after completion of treatment and found no major eye complaints like before. Patient was advised to continue the Nasya Karma for 6 months.

4. DISCUSSION

Dry Eye Syndrome involves tear deficiency, instability, and inflammation. Ayurveda explains it as Vata-Pitta Dushti, leading to dryness and irritation.

Pratimarsha Nasya acts through

Lubrication (Snehana), Channel cleansing (Srotoshodhana), Neuro-ophthalmic stimulation

Modern science supports this via

Trigeminal pathway activation, Lacrimal gland stimulation, Improved tear secretion. The combined use of Anu Taila and Ksheerbala 101 Avarti provided both local and systemic benefits.

In the present case, the patient exhibited classical features of Vata-Pitta Dushti, which justified the use of Snehana and Vata-Pitta Shamana therapy. Pratimarsha Nasya was selected as the main intervention due to its suitability for daily administration and its targeted action on Urdhva Jatrugata Rogas with disease chronicity.

Pratimarsha Nasya plays a crucial role in the management of such conditions due to its mild, safe, and sustainable effect. It nourishes the tissue by Snehana, thereby counteracting dryness and improving ocular lubrication. By acting through the nasal route, it reaches the Shringataka Marma and facilitates nourishment of the sense organs, leading to Indriya Prasadana. It also aids in Srotoshodhana, ensuring proper circulation and functioning of channels supplying the ocular structures.

In Ayurvedic pharmaceutical avarita Sneha is highly effective in oleation and nourishing tissues. Each cycle of processing enhances its potency, making it more subtle (sukshma), penetrative, and therapeutically powerful than common sneha.

Ksheerbala 101 Avarti acts as a potent Vata-Pitta Shamak and Brimhana formulation, helping to counteract dryness and inflammation associated with Shushkakshipaka. Its Snigdha and nourishing properties support systemic lubrication, while the presence of Ksheera provides a cooling effect, reducing burning sensation. Additionally, its action on the nervous system aids in improving sleep. Thus, it complements Pratimarsha Nasya by addressing both systemic and local pathology, contributing to overall therapeutic efficacy.

5. CONCLUSION

Pratimarsha Nasya is a safe, effective, and non-invasive therapy for Dry Eye Syndrome. Further studies on a larger sample size are recommended to validate and generalize the findings for more reliable outcomes.

6. Patient Consent

Obtained.

7. Conflict of Interest

None.

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