

## REVIEW OF SUSHKAKSHIPAKA W.S.R. TO DRY EYE SYNDROME

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Dist- Kolhapur.**ABSTRACT**

*Sushkakshipak* is a *sarvakshigata roga* i.e affecting all parts of the eye. It has been described as a curable disease due to vitiation of *vata* & *pitta* or *vata* alone. The description of the disease in *sushruta samhita* details early stage while the description of *acharya vagbhata* is that of well-established advanced disease with signs & symptoms of *paka* (inflammation) following *sushkata* of *netra*. Changing lifestyle is invariably causing metabolic changes that influence the functioning of eye, resulting in diseased state. Major eye complaints associated with lifestyle disorders are – Cataract, Macular degeneration, Diabetic Retinopathy, Dry Eye and Refractive Errors. Prevalence of dry eye in Indian population is 29%. Dry eye disease is a common yet frequently un-recognized clinical condition in which the etiology and

management challenge clinicians and researchers alike.

**KEYWORDS:** *Sushkakshipak*, Dry Eye, *Sarvakshigata Roga*.**INTRODUCTION**

*Shalakyatantra* is one among the branches of *ashtang* Ayurveda in which *shalaka* is mainly Used for the treatment. *Shalakyatantra* is concerned with the disease of *urdhwanga* which includes eye, ear, throat, nose, oral cavity, head & neck. *Sushkakshipak* is a *sarvakshigataroga* i.e affecting all parts of the eye. It has been described as a curable disease due to vitiation of *vata* & *pitta* or *vata* alone. The description of the disease in *sushruta samhita* details early stage while the description of *acharya vagbhata* is that of well-established advanced disease with signs & symptoms of *paka* (inflammation) following *sushkata* of *netra*.

Ayurvedic diagnosis of dry eye strictly depends on the complaints of the patient, two diseases which exhibit symptoms similar to dry eye are *Krichronmeela* and *Shushkakshipaka*. *Krichronmeela* is a *vata* predominant disease mentioned by *Vagbhata* in *Ashtanga Hridaya*. *Krichronmeela* has not been mentioned by *Susruta*. Instead *Susruta* considers *Shushkakshipaka* as *vata* predominant disease whereas *Vagbhata* considers *Shushkakshipaka* as *vata-pita* predominant condition.<sup>[1]</sup>

In this disease eye lids are closed & are opened with difficulty, lids become hard and rough. Eye looks dirty and lusterless. It is a *vata-pitta* vitiated condition causing difficulty in opening & closing the lids. It is associated with pricking pain, cutting pain, exudation, suppuration & patient likes' cool application over the eye. Mentioned under *Bheshaja Sadhya Vyadhi*, the *lakshan* of *sushkakshipak* can be equated with the signs & symptoms of dry eye syndrome. It is very common condition characterized by disturbances of tear film. This abnormality may result in disruption of ocular surface causing variety of symptoms & signs which interfere with the quality of life. Prevalence of dry eye in Indian population is 29%. Dry eye disease is common yet frequently un-recognized clinical condition.

### Nidan<sup>[2]</sup> (Etiology)

*Shushkakshipaka* is caused by *vata* vitiating *nidanas*. Later on, *pitta* vitiating factors also contribute to the disease pathology. There are two types of *nidanas* to be considered. One is the general *vata/pitta* vitiating factors and *vishesha achakshushya nidanas* that affects *netra avayava* specifically.

### Samanya nidanas

*Nidanas* which can cause vitiation of *vata* and *pitta* are –

1. *Vegavinigraha* or suppression of natural urges
2. *Dhoomanishevana* – Direct exposure to smoke.
3. *Rajodhumanishevanath* – Exposure to dust and smoke.
4. *Atisheegravyanath* – Traveling in vehicles
5. *Atisheetha sevanath*- May be in the form of air conditioned environment.

### Vishesha nidana

1. *Doorekshanata* or looking at distant object for a long time.
2. *Swapna viparyaya* or altered sleep pattern.
3. *Prasakta Samrodana* or continuous weeping.

4. *Kopa* and *Shoka* or excessive anger and grief.
5. Foods like *shuktha*, *amla*, *aranala* have alcoholic properties, leads to *vata-pitta* aggravation.
6. *Kulatha* is *kashya rasa*, *ushna veerya* and *amla vipaki*. If taken for long time causes *raktha* and *pitta* disorders.
7. *Asatmendriyarthasamyoga* especially *athiyoga* and *mithya yoga* of *chakshur-indriya*.
8. Intake of food predominantly *katu*, *kashaya* and *tikta rasa*, dried leafy vegetables, roasted meat (*vallura*), pulses like *mudga*, *masura*, *kalaya*.

### Causes of dry eye<sup>[3]</sup>

Dry eye occurs when either the eye does not produce enough tears or when the tears evaporate too quickly. This can result from

1. Contact lens use
2. Meibomian gland dysfunction
3. Allergies
4. Pregnancy
5. Sjögren syndrome
6. Vitamin A deficiency
7. LASIK surgery
8. Certain medications such as antihistamines, some blood pressure medication, hormone replacement therapy and antidepressants.
9. Chronic conjunctivitis such as from tobacco smoke exposure or infection may also lead to the condition.

### Samprapty<sup>[4]</sup>

As the disease name suggests dryness or *rookshata* is the basic cause of disease. *Nidanas* mainly *viharas* and environmental factors predominantly cause an increase of *ruksha guna* in *netra*. This *rukshata* is responsible for *chaya* of *vata* which affects the ocular surface and the normal movements of lids especially *unmeelana* is hampered. Gradually *pitta* get involved in the *samprapty*. If the condition is not addressed properly the *samprapty* penetrate deeper *dhatu*s of conjunctiva and cornea so that more inflammatory changes develop resulting into *Shushkakshipaka*.

**Pathophysiology<sup>[5]</sup>**

Having dry eyes for a while can lead to tiny abrasions on the surface of the eyes. In advanced cases, the epithelium undergoes pathologic changes, namely squamous metaplasia and loss of goblet cells. Some severe cases result in thickening of the corneal surface, corneal erosion, punctate keratopathy, epithelial defects, corneal ulceration (sterile and infected), corneal neovascularization, corneal scarring, corneal thinning and even corneal perforation. Another contributing factor may be lacritin monomer deficiency. Lacritin monomer an active form of lacritin, is selectively decreased in aqueous deficient dry eye, Sjögren syndrome dry eye, contact lens-related dry eye and in blepharitis.

**Lakshanas<sup>[6]</sup>**

From the ayurvedic point of view the symptoms of dry eye can be grouped in two stages. In the first stage the symptoms are a manifestation of *vata* vitiation on the *vartma* (ocular surface) and in the second stage ocular inflammation due to *pitta* involvement is responsible for the symptoms.

**Stage I**

1. Pain and Difficulty to move lids after waking from sleep.
2. Gritty sensation inside the eye.
3. Difficulty to open lids.
4. Watering
5. Vigorous rubbing reduces symptoms – Vigorous rubbing helps in releasing secretions from the meibomian glands , thereby wetting the ocular surface

**Stage II**

1. Grittiness
2. Pricking and cutting pain
3. Sticky feeling
4. Difficulty to open and close lids
5. Roughness of lid
6. Dryness
7. Inclination for cold
8. Pain
9. Inflammation
10. Stiff and dry lids

11. Blurred vision
12. Opening of eye is difficult and painful

### Signs and Symptoms

Dryness, burning and a sandy-gritty eye irritation that gets worse as the day goes on. Symptoms may also be described as itchy, scratchy, stinging or tired eyes. Other symptoms are pain, redness, pulling sensation and pressure behind the eye. There may be a feeling that something, such as a speck of dirt, is in the eye.

### Management

*Hetupratyanika chikitsa* plays a major role. Hence along with the treatment necessary lifestyle modifications have to be advised. Some of the required changes are:

1. Avoid excessive movement in air: windy conditions – outside or inside
2. Avoid hot, dry environments. Air conditioning is as bad as heaters as they increase the evaporation of tears.
3. Wear glasses on windy days and goggles while swimming. Take frequent breaks: While watching TV, reading or working at a computer.
4. Position the computer screen below eye level: Computer screen below eye level keeps the eye open narrowly. This may help slow the evaporation of tears between eye blinks.
5. Stop smoking and avoid passive smoking

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