



RESEARCH ARTICLE

THE STUDY OF SHATAVARI GHRITA AKSHI TARPANA IN DRY EYE SYNDROME

^{1,*}Dr.Brahanand Swamy and ²Dr.Hiremath Sapana²

¹Department of Shalakya Tantra, N.K.Jabsetty Ayurvedic Medical College and PG.Center, Bidar, Karnataka, India

²Department of Shareera Rachana, N.K. Jabsetty Ayurvedic Medical College and PG.Center, Bidar, Karnataka, India

ARTICLE INFO

Article History:

Received 25th February, 2018
Received in revised form
16th March, 2018
Accepted 28th April, 2018
Published online 30th May, 2018

Keywords:

Dry Eye Syndrome, Tarpana,
Shatavarihrita, Shushkakshipaka.

ABSTRACT

In the current scenario of ageing population and increased environmental factors the more prevalent eye disease is 'Dry Eye Syndrome'. It is a tear film disorder caused by tear deficiency or excessive tears evaporation which results in ocular surface damage and there by irritation, discomfort and dimness of vision. The available modern treatment for dry eye has same lacunas like frequent instillation develops drug toxicity and costly regime. To overcome these lacunas and increased prevalence of the disease, it is necessary to look for alternative therapy. According to Ayurveda, the symptoms of dry eye can be co-relate with Vataj netrarog, Pittaj netrarog and Shushka-Akshipak, and at the same time various treatment modalities are described like Tarpan, Aschotana, as line of treatment. Therefore the present study is carried out to evaluate the role of Shatavari Ghrita Netratarpana in the management of dry eye syndrome.

INTRODUCTION

Life has completely changed with the use of advanced technologies like computers, internet surfing, television, use of air conditioners, people are facing to more polluted, dusty, dry and hot environment, over use of vehicles and industrialization. Due to all these unhealthy surrounding and life style changes, the organ of which is first and foremost at the risk is eye, causing disorders like 'Dry Eye'. *Ayurveda* is the science of great potential for the treatment of such life style related disorders. In *Ayurveda* this disease is not clearly mentioned, but diseases like Vataj *Netrarog*, Pittaj *Netrarog* and *Shushka- Akshipak* to same extent with the symptoms of dry eye and at the same time various treatment modalities are described like *Tarpan*, *Aschotana* (Ambikadatta Shastri and Sushruta Samhita, 2014). While working in OPD of *shalakyatantra* NKJ AMC & PG Center-Bidar, it was observed that good no. of patients of dry eye, not satisfied by any other treatment modality present, this provoked to study on this topic.

Prevalence

The prevalence of dry eye ranges from 5% to 35% worldwide. While in India, it is 29.25% based on ocular surface disease index data (Gupta and Prasad, 2010).

*Corresponding author: Dr.Brahanand Swamy,

Department of Shalakya Tantra, N.K.Jabsetty Ayurvedic Medical College and PG.Center, Bidar, Karnataka, India.

Aims and Objectives

- Aim to study the role of *Shatavari Grita Netra Tarpan* in Dry Eye Syndrome
- Aim to study the role of *Shatavari Grita Netra Tarpan* in Dry Eye Syndrome in comparison to conventional treatment.

Objective

- To make efforts to cure dry eye syndrome.
- To study the mode of ancient medicine in modern era.

Disease Review

Dry eye syndrome is a leading cause of ocular discomfort affecting millions of people, with varied aetiology ranging from mild eye strain to very severe dry eyes with sight threatening complications. Younger patients who work on computer can suffer from dry eye more than elderly (Sudi Patel and Kenny J Blades, 2005).

Symptoms of dry eye

- Foreign body sensation in eyes
- Ocular irritation, itching
- Discomfort while blinking
- Soreness and burning of eye
- Stinging and photophobia.

Signs of dry eye

- Bulbar conjunctival vascular dilatation

- Decreased tear meniscus
- Irregular corneal surface
- Decreased tear break up time
- Corneal filaments
- Superficial punctate keratitis with positive fluorescein staining.

Examinations and investigation

- Through examination of eye.
- Patients visual acuity (V/A) near and distant.
- Slit lamp bio-microscope examination.
- Schimer's test 1- to reveal level of tear production.
- All routine examination and investigation CBC, BSL, LFT, RFT to rule of any systemic disease.

Ayurvedic aspect

Acharya Sushruta described different types of netrarogas on the basis of vitiated doshas, site of disease according to sadhyasadhyatwa and treatment option (Ambikadatta Shastri and Sushruta Samhita, 2014). In our literature the netrarogas like vatajnetraroga, pittajnetraroga described by Charak and sushkashipak a sarvagatnetraroga and netrashushkta described by Sushrut can be correlated with the symptoms of dry eye.

Sushka-Akshipak

The eye gets contracted, slightly closed feeling of dryness in eyes. Eye lashes becomes dry and rough due to which blinking is painful, diminished of vision, burning sensation of eyes and stickiness of eyes (Ambikadatta Shastri Sushruta Samhita, 2014).

Doshadushti

- Sushruta - Vata
- Vagbhata - Vatapitta.
- Dushya - Rakta.
- Sadhyasadhyatwa - sadhya.

Treatment

According to modern science to prevent dry eye, lubricating eye drop can be used which requires frequent instillation as it has short duration of action and develop sensitivity due to toxicity of preservative present in medicine like BAK. Our Acharyas described Tarpan of Jeevniya Gana's to treat Sushakshipak (Ambikadatta Shastri Sushruta Samhita, 2014) So Shatavari (*Asparagus racemosus*) siddha Ghrita has been taken for the study, as Shatavari has the properties like madhur, tikta rasa, madhur vipak, sheet virya and guru, singdha, mrudu gunas. It is also vatapittashamak and kaphakar. Acharyas mentioned its special properties like Chakshushya and Rasayana (Krushandev Chunekar *et al.*, 2002). Ghrita is also having the same properties (Krushandev Chunekar *et al.*, 2002).

MATERIALS

Shatavari Siddha Ghrita Preparation- Siddhaghrita prepared by samanyasneha siddhi kalpana (Brahmanand Tripathi and Sharangdhar Samhita, 2001).

Kalkadravya

- Shatavari Kalka - 10gms Snehadravya
- Goghrita - 40gms Liquid
- Shatavari Kwatha - 160ml.

METHODOLOGY

The study was performed in Shalaky Tantra unit (OPD/IPD) of NKJ AMC & PG Center, Bidar. Sixty patients of Dry eye syndrome were selected randomly and divided in two group's viz., 1st experimental group and 2nd control group of 30 patients each.

Experimental Group

In experimental group 30 patients of Dry eye syndrome were treated by Shatavari Ghrita Netra Tarpan for 7 days. After that instillation of shatavari ghrita was advised. Tarpan-Vidhi10- Before starting the Tarpan, Purvakarma like Urdhanga Snehana and Swedan was performed and then Shatavari Ghrita was kept in the eye by specific arrangement i.e. Mashakalkapali. After specific time of Tarpan as per matra, medicine was removed; eyes were cleaned and advised to avoid seeing bright light. Necessary instructions were given to the patients.

Control Group

In control group 30 patients of Dry eye syndrome was treated by modern drugs like lubricating eye drop e.g. Hydroxypropyl methyl cellulose.

Follow Up

Tarpan was performed in regime as prescribed in literature of Ayurveda for 7 days. After that weekly follow up of the patient was taken for one month and detailed findings was recorded in the case paper. The same mode was followed in control group.

Parameters

Irritation of Eyes

No irritation	0
Mild irritation (irritation on exposure)	+
Moderate irritation (irritation during work)	++
Severe irritation (irritation at rest)	+++

Foreign Body Sensation

No	0
Mild	+
Moderate	++
Severe	+++

Schirmer's Tear Test

Schirmer's tear test is the main criteria of assessment which was performed before and after the treatment. Method of Schirmer's Tear Test -Patient was asked to sit in dimly light room and Whatman's No.41 filter paper strips (5- 35mm), rounded from tip, folded and then placed gently over the lower palpebral conjunctiva at its lateral one third. Patient was asked either to keep the eyes open and look up word or to close eyes gently. After 5 min., the strip is removed and amount of wetting measured.

Table 1. Effect of treatment on signs of experimental group

S.No	Signs	N	Means of difference	S.D	S.E	T Value	P Value
1	A	30	2.23	0.62	0.11	20.27	<0.05
2	B	30	2.10	0.80	0.14	15.00	<0.05
3	C	30	1.56	0.81	0.14	11.14	<0.05

Table 2. Effect of treatment on signs of control group

S.No	Signs	N	Means of difference	S.D	S.E	T Value	P Value
1	A	30	2.00	0.87	0.15	13.33	<0.05
2	B	30	1.83	1.01	0.18	10.16	<0.05
3	C	30	1.10	0.71	1.20	09.16	<0.05

Table 3. Applying unpaired 't' test to compare the results achieved by both treatments Group

Group	Experimental Mean	Group	S.D	Control Mean	Group	S.D	S.E	T Value	P Value
A	2.23	0.62	2.00	0.87	0.19	1.21	>0.05		
B	2.10	0.80	1.83	1.01	0.23	1.17	>0.05		
C	1.56	0.81	1.10	0.71	0.19	2.42	>0.05		

Table 4 The result showing total effect of therapy

Groups	Cured Cases	%	Relieved Cases	%	Not cured Cases	%	Total
Experimental	10	33.33	14	46.66	06	20.00	30
Control	07	23.34	13	43.33	10	33.33	30
Total	17	28.33	27	45.00	16	26.64	60

- Normal over 15 mm
- Moderate 5-10 mm
- Severe less than 5 mm

Selection Criteria

- Selection of patient was done on the basis of clinical findings and confirmation of the diagnosis was done by Schirmer's tear test.
- Patient having age 20 to 70 years.
- Patients of both sexes.
- Patients having excessive outdoor work.
- Patients of soft ware profession, those who gets exposed to visual devices.
- Patient willing to take the treatment.

Rejection Criteria

- Patient not ready for drug trial and follow up.
- Patients having complicated eye diseases.
- Patients having severe ocular infections.
- Patients having neurological disorders like Bell's palsy, Lagophthalmos etc.
- Patients having cicatrice scarring of eyelids, due to injury, burns, iatrogenic wounds, exophthalmos etc.
- Patients having auto-immune disorders.
- Patients having systemic diseases like Hypertension, Diabetes Mellitus, Bronchial asthma and Renal disorders, connective tissue disorder etc.

Case record Form

Records of patients included in trial were documented.

Statistical Analysis

All the patients were assessed on 7th,14th, 21st,30th day. Findings were recorded before, during and after completion of therapy.

The most leading clinical features like Irritation of eye (denote as A) and Foreign body sensation (denote as B), taken as subjective parameters and value of Schirmer's tear test (denote as C) taken as objective parameters. It was noted in the form of qualitative data which was converted into quantitative data for the convenience of statistical analysis. As the sample size is small, students paired 't' test applied to determine the significance of improvement of symptom. The level of significance was set at 5% $P < 0.05$ t calculated $> t$ table ($t > p$) indicates significance of findings. Unpaired 't' test applied to compare the effectiveness of both groups and to determine superiority of the treatment. This indicates that there was no significant difference of effect on irritation of eyes (A) and foreign body sensation (B) of both experimental and control group. Means both drugs acted equally. But effect of experimental drug was more than control group on value of Schirmer's test(C). Calculated χ^2 was lower than the χ^2 table hence not significant at 5% level. That means both drugs were equally acting on Dry Eye. $\chi^2=2.56$, $P=>0.05$

DISCUSSION

In Dry Eye Syndrome, patients having complaints of ocular irritation, foreign body sensation, burning sensation, a stringy mucous discharge, transient blurring of vision, itching, tired and heavy feeling, redness, pain and dryness. By all these symptoms, we can say that, there is predominance of Vata and Pitta Dosha. Eye is the site of Alochaka Pitta and the disease is concerned with Shukla and Krishnagata Mandal, which are made up of rasa, rakta and mamsa¹¹. So the principle of the treatment is vatapittaghna, pittaagnivardhak, chakshushkya, balya, jeevaniya and rasa, rakta, mamsadushtihara. Shatavari (Asparagus racemosus) is madhura, tikta rasatmak, madhur vipaki shita viryatmak, guru, and snighdha gunatmak. So, Shatavari is vatapittaghna. It is also having an action like snehana, balya, agnivardhana, chakshushya, which gives strength to eye and stops degenerative process¹². Recent studies on Shatavari also proves that it contains glycosides

(Shatavari 1-4) having properties like antioxidant, immunomodulation. New treatment regime for dry eye syndrome, also look forward for the use of antioxidant and immunomodulating agents (Shashi Alok and Sanjay Kumar Jain, 2013). Thus Shatavari can be good and effective option for treatment of dry eye syndrome. Goghrita is having same properties like Madhura rasa, Madhura Vipaka, Sheeta Virya and Guru, Snigdha, Yogvahi, Mriduguna. So it is Vaatapitta shamak and Kaphakara. Eye is developed from Majja Dhatu and ghrita is Meda. Majja, Shukra Dhatu Vardhaka and it act as an eye tonic (Krushandev Chunekar and Gangaprasad Pandey Bhavprakash Nighantu, 2002). Goghrita also contains Vitamin A, D, E, K in rich quantity. Vitamin A and E are well known for their antioxidant property and are helpful in preventing tissue damage (<https://www.organicfacts.net/health-benefits/other/ghee-claified-butter.html>).

The prepared Shatavari Siddha Ghrita is having all above properties. Tarpana means nourishment of eye¹⁶. It also relieves tiredness of eyes, improves the eye sight by giving exercise to eye like constant closing and opening in regular and relaxed manner. The mode of action of Tarpana can be better understood by basics of modern Pharmacology. The Shatavarighrita used for Tarpana enters the eyeball by passing through the conjunctiva and cornea. Mucous membrane of conjunctiva is a good absorbing surface. The penetration depends upon the permeability of various layers of cornea. The epithelium and endothelium are highly permeable for lipid content and a fat soluble drug readily penetrates these layers. However only water soluble drugs can penetrate the stromal layer. Therefore drugs should be amphipathic i.e. have both lipophilic and hydrophilic properties (Narayan *et al.*, 2006). Shatavari Ghrita is saturated with decoction of Shatavari kwatha. Hence it has amphipathic property and readily absorb by conjunctiva and cornea. The drug absorption is directly proportional to the vascularity of absorbing surface. Massage or sudation done in Tarpana as a preoperative procedure, which increase the blood flow of that part and absorption of the drug also increased. Also instillation of Shatavari Ghrita, which is rich in lipid forms a uniform layer on ocular surface, which reduces excessive evaporation of tear and prevents Dry Eye.

Conclusion

By statistical analysis, it was concluded that Shatavari Ghrita Tarpana is effective in dry eye syndrome. It is safe economical and easy to perform. It gives same results as compared to prove conventional established treatment which is very costly, so for the treatment of dry eye syndrome this can be alternative treatment of choice.

REFERENCES

Benefits of Ghee, search by <https://www.organicfacts.net/health-benefits/other/ghee-claified-butter.html>.

Dr. Ambikadatta Shastri and Sushruta Samhita, 2014. Ayurved tatvasandipika Hindi Tika, Part-2 Uttartantra Adhyaya 6/26-27, Reprint Edition, Choukhamba Sanskrit sansthan, Varanasi, Page-39.

Dr. Ambikadatta Shastri and Sushruta Samhita, 2014. Ayurved tatvasandipika Hindi Tika, Part-2 Uttartantra Adhyaya 1/28-44, Reprint Edition, Choukhamba Sanskrit sansthan, Varanasi, Page-17.

Dr. Ambikadatta Shastri Sushruta Samhita, 2014. Ayurved tatvasandipika Hindi Tika, Part-2 Uttartantra Adhyaya 6/26, Reprint Edition, Choukhamba Sanskrit sansthan, Varanasi, Page-39.

Dr. Ambikadatta Shastri Sushruta Samhita, 2014. Ayurved tatvasandipika Hindi Tika, Part-2 Uttartantra Adhyaya 9/20-23, Reprint Edition, Choukhamba Sanskrit sansthan, Varanasi, Page-53.

Dr. Ambikadatta Shastri Sushruta Samhita, 2014. Ayurved tatvasandipika Hindi Tika, Part-2 Uttartantra Adhyaya 18/13, Reprint Edition, Choukhamba Sanskrit sansthan, Varanasi, Page94.

Dr. Ambikadatta Shastri Sushruta Samhita, 2014. Ayurvedtatvasandipika Hindi Tika, Part-2 Uttartantra Adhyaya 18/5-8, Reprint Edition, Choukhamba Sanskrit sansthan, Varanasi, Page93.

Dr. Brahmanand Tripathi and Sharangdhar Samhita, 2001. with DIPIKA Hindi Tika, Madhyamkhand, Adhyaya 9/1, Revised Ed., Chaukhambha Surbharti Prakashan, Varanasi, Page no.218.

Dr. Krushandev Chunekar, Dr. Gangaprasad Pandey and Bhavprakash Nighantu, 2002. Guduchyadivarg 186-188, Reprint Edition, Choukhamba Visvabharati, Varanasi, Page no.392.

Dr. Krushandev Chunekar, Dr. Gangaprasad Pandey and Bhavprakash Nighantu, 2002. Ghritavarg1-3, Reprint Edition, Choukhamba Visvabharati, Varanasi, Page no.775.

Dr. Krushandev Chunekar, Dr. Gangaprasad Pandey and Bhavprakash Nighantu, 2002. Guduchyadivarg 186-188, Reprint Edition, Choukhamba Visvabharati, Varanasi, Page no.392.

Dr. Krushandev Chunekar, Dr. Gangaprasad Pandey and Bhavprakash Nighantu, 2002, Ghritavarg 1-3, Reprint Edition, Choukhamba Visvabharati, Varanasi, Page no.775.

Dr. Laxmidhar Dwivedi and Sushruta Samhita with Dalhana Tika, 2005. Part-1 Sutasthan, Adhyaya 21/12, Reprint Edition, Choukhamba Sanskrit series office, Varanasi. Page187.

Dr. Narayan and Vidhavanse, J. 2006. Netra-rog vigyan, Third Ed. Aanand Prakashan, Amaravati. Page no.358.

Gupta, N. and Prasad, I. 2010. Article-Estimating the prevalence of dry eye among Indian patients attending a tertiary ophthalmology clinic, <https://www.ncbi.nlm.nih.gov/pubmed>, NCB I, April104(3):247-55

Shashi Alok and Sanjay Kumar Jain, 2013. Article –Plant profile, phytochemistry and pharmacology of *Asparagus racemosus* (Shatavari), *Asian Pac J Trop Dis.*, Jun;3(3):doi:10.1016/s2222-1808(13)60049-3, Page no.242-251.

Sudi Patel and Kenny J Blades, 2005. The Dry Eye, A Practical Approach by–Butterworth- Heinemann an imprint of Elsevier, Reprinted, Page-14.