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## **An Integrated Treatment Approach for Dry Eye Syndrome leading to Corneal Ulcer –A Case Report**

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### **ABSTRACT**

A study was conducted for a period of 18 months to evaluate the efficiency and safety of Ayurvedic medical management in diagnosed case of Dry Eye syndrome & corneal ulcer. In-patient treatment was scheduled for 2-3 weeks ( $\pm 2$  days) at every visit along with internal medicines. Significant improvement in dry eye syndrome signs & symptoms were seen. No significant adverse effects of medicines were observed.

**Key Words:** Dry Eye syndrome, corneal ulcer, foreign body, cataract, Ayurvedic Management.

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### **INTRODUCTION**

Dry eye syndrome refers to a group of disorders of the tear film that are due to reduced tear production or excessive tear evaporation that is associated with ocular discomfort and or visual symptoms and may cause disease of the ocular surface. This group of disorders is generally referred to as dry eye.

Dry eye is not merely a ocular surface disorder rather this is one of the manifestation of deranged metabolism/depreciation of body tissues. Ashru is byproduct of Rasa, Meda & Majja dhatu & without normalizing/altering them we cannot treat dry eye syndrome optimally. The strength of Ayurveda in the area of eye ailments is nationally appreciated. There are so many eye ailments, where modern medical system has no solution but Ayurveda system has good management. The aim of the treatment will be promoting the equilibrium of Tri-doshas in the body as well as in the eyes and relieving the dryness, discomfort, inflammatory changes, and nourishing the eyes. Here in present study patient is treated with combination of multiple oral medicines & local therapeutic procedures as patient was suffering with complications of Dry eye syndrome also, and significant improvement occurred in dry eye condition of the patient.

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### **CASE PRESENTATION AND CLINICAL EXAMINATION**

#### **Clinical Profile of the Patient:**

**Initials:** L-S

**Age:** 59 yrs.

**Sex:** Female

**Occupation:** Bank Employee

**IPD No.:** 1775

**Residence:** Gurgaon

**Dietary Habit:** Veg.

The above said patient was brought in March 2012 at our centre with complaint of severe dryness in both eyes, severe photophobia BE, blurred vision BE, mild itching, foreign body sensation and pain in both eyes since 2006. She was diagnosed case of Rheumatoid Arthritis since 1998 & was taking NSAIDS & steroids on & off. In 2006 she was diagnosed as a case of Dry eye syndrome elsewhere & was prescribed refresh tears & gelatin gel drops. But from 2010 onwards dryness got increased which created corneal ulceration, LE > RE, corneal perforation also occurred in LE twice & for that fibrin gluing treatment was done in LE elsewhere. BE visual acuity was very reduced LE > RE. Schirmer's test reading was 0 in BE. H/O cholecystectomy in 2008. No other significant personal history. In family history her mother also had rheumatoid arthritis was found.

General examination and examination of CVS, RS, GI, UGS, Endocrine system, CNS revealed no abnormality clinically. A careful examination of ocular system revealed eyeball normal size, shape and position, signs of conjunctival inflammation were there. Sclera was dry & congested. On Slit Lamp Examination cornea was having Opacity LE > RE, with thinned areas in between, no active ulceration, anterior chamber was shallow. Pupil reaction was sluggish. Direct Fundus examination was not very clear. But B-Scan of BE not shown any signs of Retinal detachment or vitreous hemorrhage. BE had early IMSC also. Uncorrected visual acuity was 6/60 (blurred) in RE & 2/60 blurred LE. AR was showing error due to corneal opacity (LE puncted cornea with glue

patch). She was using antiglare photochromatic plane glasses.

Allopathic doctors suggested her corneal transplantation in RE followed by LE but they were not able to perform surgery as severe dryness & inflammatory changes of eye were not allowing for risk of surgery. So here she visited our hospital for prime focus for reducing the dryness & inflammation & to stop usage of steroids for Eye problem & RA, so that she can opt for surgical intervention for RE first.

**MATERIALS AND METHOD**

**TYPE OF STUDY** : Open Labeled

**LEVEL OF STUDY** : IPD and OPD

**PURPOSE OF STUDY** : Treatment

**TREATMENTS** : As mentioned below

During First In-Patient Visit (No. of days admitted: 20)			
Sr.	Medicine Name	Purpose	No. of Days
1	Yashti Ksheer paka ( closed eye)	Netradhara	15
2	Nethramrutham	Aschotanam	20
3	Vasa+Nimba+Amruth kalka with Mahatiktam ghrith	Pindi	14
4	Vasa+ Nimba +Bala +Amruth+ Punarnava+ Amla with Amruthadi Thailam	Thalapothishil	9
5	Doorvadi Ghrith	Nasyam	9
6	Triphaladi + Amruthadi Tailam	Shirodhara	5
7	Tulsi + Neem leaves	Kizhiswedan(avgunthana)	5
8	Patoladi ghrith + Mahatiktam ghrith	Pichu BE	7

Some internal medicines which are listed below were also administered along with the topical treatment:

Sr.	Medicine	Dose	Anupana	Schedule
1	Amruttotaram Kashyam + Guggulutiktakam Kashyam	15+15 ml.	60 ml Luke warm water	Twice daily, before food
2	Kamdudha rasa with moti+ Dhatri loha	1+1 tab	With milk	Twice daily, Before food
3	Kasyapa Tab	2 tab	With warm water	Twice daily After food

During the follow up period for 6 months, following medicines were suggested:

Sr.	Medicine	Dose	Anupana	Schedule
1	Amruttotaram ksh + Mahamanjisthadi ksh + Kaishore Guggulu	15+15ml.+1 tab	60 ml Luke warm water	Twice daily, before food
2	Giloy ghan vati + Tab Vaasa	2-2	With water	Twice daily, after food
3	Kamdudharasa with moti	1-1	With water	Twice daily before food
4	Nethramrutham	2 drop in both eyes	---	Four times daily
5	Madhuyashtadi taila	15 ml on head	---	1 hr before bath

During Second In-Patient Visit (No. of days admitted: 15)			
Sr.	Medicine Name	Purpose	No. of Days
1	Yashti + Erandamool Ksheer paka ( Closed eye)	Netradhara	11
2	Fine Eye ( Nagarjuna)	Aschotanam (1 drop in both eyes)	15
3	Daruharidra+yashti+Mukkadi + takra	Pindi	7
4	Doorva Ghrith + Patoladi Ghrith	Pichu BE	7
5	Madhuyashtadi Thailam	Sirodhara	5
6	Anu taila	Nasyam	7
7	Kachoor+ Bala+ Manjistha+ yashti + Triphala with madhuyashti taila	Thalapothichil	7

Following internal medicines were administered along with the topical treatment at 2<sup>nd</sup> visit:

Sr.	Medicine	Dose	Anupana	Schedule
1	Amruttotaram Ksh+ Mahamanjisthadi Kshyam + Kaishore guggulu	15+15 ml.+1tab	60 ml Luke warm water	Twice daily, before food
2.	Cap Guduchi + Tab sudarshan	1-1	With water	After food
3	Kamdudha Rasa with moti	1-1	with water	Before food

**Patient discharged with the following medication and was advised to come for follow up after 6 months:**

Sr.	Medicine	Dose	Anupana	Schedule
1	Amruttotaram Ksh + Patolakaturoini ksh	15+15 ml.	60 ml Luke warm water	Twice daily, before food
2	Cap Guduchi	2-2	With water	After food
3	Avipatti choornam + Manibhadra lehyam	½ Tsp +1/2 Tsp	With warm cow milk	Bed time
4	Nethramrutham	1 drop in both eyes	---	Twice daily
5	Fine Eye	1 drop in both eyes	---	Twice daily Mor. & Eve.
6	Madhuyashtadi taila	For head	---	Before Bath

## INVESTIGATIONS

### Visual Acuity:

Date	RE	LE
22 March 2012	6/60 (blurred)	1/60 (blurred)
28 July 2012	6/36 (blurred)	2/60 (blurred)
09 Sep 2012	6/36 (Blurred)	2 /60
12 march 2013	6/36	2/60
10 sep 2013	6/6 partial	2/60

### Schirmer's Test

Date	RE	LE
22 March 2012	0	0
28 july 2012	5	3
25 sep 2012	12	6
10 Sep 2013	14	7

### B- Scan Both eyes (March 2012)

No any signs of Retinal detachment & Vitreous hemorrhage in both eyes

## OBSERVATIONS AND RESULTS

Patient came with the history of severe dryness BE, Photophobia, foreign body sensation & dimness of vision in both eyes. Patient was having opacity in both eyes cornea with severe inflammatory changes in both eyes. Visual acuity was not improving with correction. Signs of old corneal ulceration patches (no active lesion) were seen. Visual Acuity (checked with the help of Snellen's chart) was 6/60 (blurred) in RE & 1/60 blurred in LE. B-Scan test of BE revealed that there is no signs of Retinal Detachment & vitreous hemorrhage in BE. Patient was scheduled to topical treatment and internal medicine mentioned for first visit. Schirmer's test reading was 5 RE & 3 in LE, & visual acuity was 6/36 blurred RE & 2/60 blurred LE at the end of first visit. Patient was kept under observation and was asked to come once every 2 month for the In-Patient visit, Visual Acuity test & schirmer's test. Patient came after 6 month for an In-patient visit and was scheduled to topical treatment and internal medicine mentioned for second visit. Visual Acuity was RE: 6/36 and LE: 2/60 & schirmer's test reading was 12 in RE & 6 in LE at the **end of second visit**. Patient was again asked to come after 6 month for the In-Patient visit and Visual Acuity test. But Pt didn't come for 3<sup>rd</sup> time Indoor treatments. As in meanwhile when she was visiting for follow-ups, I suggested her to take opinion for surgical intervention & she was being posted for surgery of corneal transplant in RE in Aug 2013. In sep 2013 when she visited our hospital after corneal transplant surgery, her vision in RE was 6/6 partial in RE & 2/60 in LE. Between the visits, patient was taking prescribed medicines. Schirmer's test reading in this visit after surgical intervention in august 2013 was 14 in RE & 7 in LE. She was using all ayurvedic medicines orally & topical allopathic medicines as prescribed by surgeon. There was significant improvement seen in Visual Acuity after the surgery & dryness of eyes was also much reduced, significant improvement was noticed. Although there was not much improvement seen in LE schirmer's test status & visual acuity also but there was marked reduction in photophobia & foreign body sensation in BE. There were not much adverse events noticed during the study, only she was having little irritation in eyes when kizhiswedana was being

done so that was stopped after 5 days. She was very comfortable with other treatments, She was having mild constipation in 2<sup>nd</sup> visit, then she was being advised to take manibhadra lehyam with avipatti choornam.

## DISCUSSION

A large number of ayurvedic drugs are used in this treatment. The present study was aimed to evaluate the therapeutic efficacy of the Ayurvedic Management which is followed by Sreedhareeyam Ayurvedic Eye Hospital & Research Centre, in treating Dry Eye Syndrome (shushakshipaka). All treatments are primarily aimed to stabilize Vata & Pitta condition and secondarily to balance Rasa & rakta dhatu. Amruttotaram kashyam, Manjisthadi kashyam are best vata & pitta shamaka & very well known for anti-inflammatory action, Durvadi ghrith is also pitta & vata shamaka, here used topically to relieve shushkashipaka. All other kriyakalpas are also focused on vata & pitta shaman & well known as chaksushya medicines. Aama condition of patient eye here treated by amruttotaram kashyam & patolkaturohini kashyam also acted as an anti-inflammatory. So here a effort was made to reduce the dryness & inflammation of the eye so that she can be the right candidate for the surgical intervention of corneal transplant surgery. So here all oral & topical medications helped in reduction of present symptoms. Finally efficacy of ayurvedic medicines & therapy was appreciated by allopathic surgeons also & they operated for corneal transplantation & got successful in getting her vision back.

## COCLUSION

Ayurvedic drugs & topical kriyakalpa management has a great potential in managing dry eye syndrome without significant side effects. A coordinated approach of Ayurvedic & modern management resulted in best results for the patient after a gap of 7 yrs. In the present scenario, Ayurvedic management represents a true alternative & supportive method for a problem that provides better solution. Like in this case without ayurveda support advanced surgical intervention would not have been possible.

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