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Effect of Kriyakalpa Tarpana with Triphala Ghrita and Padabhyanga in the Mangement of Shushkakshipaka (Dry Eye Disease): A Case Study

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Abstract

Background: Dry Eye Disease (DED) is a common multifactorial disorder of the ocular surface characterized by tear film instability, ocular discomfort, and visual disturbance[1]. In Ayurveda, its clinical features closely resemble Shushkakshipaka, a Vata-Pitta predominant Sarvagata Netra Roga. Triphala Ghrita Tarpana, a Kriyakalpa procedure, is traditionally indicated for nourishing the ocular tissues, improving lubrication, and maintaining ocular health.

Case Presentation: A 25-year-old female presented with complaints of Burning Sensation, Eye irriation with eye strain, Blurring of vision, Itiching, Photophobia in both eyes since 2 months. Clinical evaluation, including Schirmer's Test-I and Tear Break-Up Time (TBUT), confirmed Dry Eye Disease. The condition was diagnosed as Shushkakshipaka based on Ayurvedic principles.

Intervention: The patient underwent Triphala Ghrita Tarpana once daily for 15 consecutive days following classical Ayurvedic guidelines. In addition, Padabhyanga (foot massage) with Triphala Ghrita was advised every night before bedtime as an adjunctive therapy.

Results: After completion of treatment, there was marked improvement in subjective symptoms, including dryness, burning sensation, foreign body sensation, and eye fatigue. Objective assessment also showed improvement in Schirmer's Test-I and TBUT, indicating enhanced tear secretion and improved tear film stability. No adverse effects were observed during the treatment period.

Conclusion: This case suggests that Triphala Ghrita Tarpana, supplemented with nightly Padabhyanga using Triphala Ghrita, may be a safe, effective, and economical Ayurvedic approach for the management of Shushkakshipaka (Dry Eye Disease). However, larger controlled clinical studies are required to validate these findings.

Keywords: Dry Eye Disease, Shushkakshipaka, Triphala Ghrita, Tarpana, Kriyakalpa, Padabhyanga, Ayurveda.

Introduction

Dry Eye Disease (DED) is a common multifactorial disorder of the ocular surface characterized by loss of tear film homeostasis, accompanied by ocular symptoms such as dryness, burning sensation, foreign body sensation, redness, eye fatigue, photophobia, and fluctuating vision. Tear film instability, hyperosmolarity, ocular surface inflammation, and neurosensory abnormalities play important roles in its pathogenesis. The prevalence of Dry Eye Disease has increased worldwide because of prolonged digital screen use, environmental pollution, aging, contact lens wear, hormonal changes, and systemic diseases. If left untreated, DED may impair visual function, reduce quality of life, and predispose patients to corneal epithelial damage and ocular surface complications.

In Ayurveda, the clinical features of Dry Eye Disease closely resemble Shushkakshipaka, one of the Sarvagata Netra Rogas described in the classical texts. It is predominantly a Vata–Pitta disorder, in which vitiated Vata causes Rukshata (dryness), Khara Guna (roughness), and reduced ocular lubrication, while aggravated Pitta leads to Daha (burning sensation), redness, and irritation. The treatment principles include Snehana, Brimhana, Vata-Pitta Shamana, and Netra Poshana to restore the normal function and integrity of the ocular surface.

Among the various Kriyakalpa procedures, Tarpana is one of the most effective local therapies for nourishing the eyes. In this procedure, medicated ghrita is retained over the eyes for a specified duration, allowing prolonged contact with the ocular surface. This promotes lubrication, enhances tear film stability, supports corneal epithelial healing, and relieves symptoms of ocular dryness

In addition to Tarpana, Padabhyanga (foot massage) with Triphala Ghrita was advised as an adjunctive therapy. Ayurveda describes a close relationship between the feet and the eyes, and regular Padabhyanga is believed to pacify Vata Dosha, promote relaxation, improve sleep quality, and support ocular health.

Aims & Objective

Aim: - To evaluate the effect of Triphala Ghrita Tarpana, along with nightly Padabhyanga (foot massage) using Triphala Ghrita, in the management of Shushkakshipaka (Dry Eye Disease).

Objective: -

- Examine Shushkakshipaka in detail.
- To assess the overall safety and tolerability of Triphala Ghrita Tarpana administered for 15 consecutive days.
- To observe the adjunctive role of nightly Padabhyanga with Triphala Ghrita Tarpana

Material and method:

Present work is based on review of classical information, relevant published research work and modern literature.

Place - PG Department of ShalakyaKantra, Laxamanrao kalaspurkar Ayurvedic Hospital, Yavatmal affiliated with D.M.M. ayurvedic College Yavatmal.

Case report: A 25year female patient came at shalakyatantra OPD with chief complaints of :

- Burning Sensation
- Eye irriation with eye strain
- Blurring of vision
- Itiching
- Photophobia

In both eye since 2 to 3 months but patient complain the problem has increased since 1 to 2 weeks.

History of Present illness:
Before the one or two months, patient said to be in good condition, her problem was negligible. Over the course of 2 to 3 weeks, she experienced the gradually began to increase the problems in both eyes. She then came to the shalakyatantra OPD at the L.K. Ayurvedic hospital and DMM ayurvedic Mahavidyalaya, Yavatmal for the treatment.

Past history of illness:
Patient has no any known systemic disorder.
No any history of surgery

Questionaire
1. How often do your eyes feel dry?
A. Never (0)
B. Occasionally (1)
C. Sometimes (2)
D. Often (3)
E. Always (4)
2. Do you experience a F.B. sensation in your eyes?
A. Never (0)
B. Occasionally (1)
C. Sometimes (2)
D. Often (3)
E. Always (4)
3. How often do your eyes burn or sting?
A. Never (0)
B. Occasionally (1)
C. Sometimes (2)
D. Often (3)
E. Always (4)
4. Do you have redness in your eyes?
A. Never (0)
B. Occasionally (1)
C. Sometimes (2)
D. Often (3)
E. Always (4)
5. Do your eyes water excessively despite feeling dry?
A. Never (0)
B. Occasionally (1)
C. Sometimes (2)
D. Often (3)
E. Always (4)

6. Do you experience blurred vision that improves after blinking?
A. Never (0)
B. Occasionally (1)
C. Someties (2)
D. Often (3)
E. Always (4)
7. Do your eyes become uncomfortable while reading or using a mobile/computer?
A. Never (0)
B. Less than 15 minutes (1)
C. After 15–30 minutes (2)
D. After 30–60 minutes (3)
E. Almost immediately (4)
8. Are your eyes sensitive to light (photophobia)?
A. Never (0)
B. Mild (1)
C. Moderate (2)
D. Severe (3)
E. Very severe (4)
9. Do your symptoms worsen in air-conditioned rooms, wind, or smoke?
A. Never (0)
B. Occasionally (1)
C. Sometimes (2)
D. Often (3)
E. Always (4)
10. Overall, how much do your eye symptoms affect your daily activities?
A. Not at all (0)
B. Mildly (1)
C. Moderately (2)
D. Severely (3)
E. Extremely (4)

General Examination

1. Condition-General
2. BP-130/80 mmHg
3. Pulse-76/min
4. RS-NAD
5. CNS- Conscious and oriented

Ocular Examination

Structure	Right eye	Left eye
Eyelid	NAD	NAD
Conjunctiva	Mild congestion and redness	Mid congestion and redness
Cornea	Clear	Clear

AC	NAD	NAD
Pupil	CPN	CPN
Lens	Phakic	Phakic
Visual acuity	6/6P	6/6P

Ashtavidha pariksha
Nadi - 86/ min
Mal - Samyak
Mutra - Samyak
Jivha - Alpasaam
Shabda - Spashta
Sparsh - Samshitoshna
Druka - Samanya
Akruti – Madhyam

Diagnosis: -

Disease	Shushkakshipaka(Dry Eye Syndrome)
Dosha	Vata-Pitta Pradhana
Dushya	Rasaand Rakta Dhatu
Srotas	Rasavahaand Raktavaha Srotas
Roga Marga	Bahya Marga

Criteria for Assessment: -
Subjective Criteria: -

Rukshta (Feeling of dryness)	0- No Dryness 1- Occasional feeling of dryness 2- Persistent does not disturb routine work 3- Disturb routine work
F.B. sensation	0- No F.B. sensation 1- Occasional F.B. sensation 2- Persistent does not disturb routine work 3- Disturb routine work
Avildarshanam (Blurring of vision)	0-No Blurring of vision 1- Occasional Blurring of vision 2- Persistent does not disturb routine work 3- Disturb routine work
(Daha) Burning sensation	0- No burning sensation 1- Mild burning sensation 2- Persistent does not disturb routine work 3- Disturb routine work
Photophobia	0- No Photophobia 1- Occasional Photophobia

	2- Persistent does not disturb routine work 3- Disturb routine work
Kruchounmilana (Difficulty in opening and closing of eye)	0- No difficulty in opening and closing of eye 1- Occasional difficulty in opening and closing of eye 2- Persistent does not disturb routine work 3- Disturb routine work

Objective Criteria: -

Schirmer 1st Test	0- Normal >15mm 1- Mild >8mm and ≤15mm 2- Moderate >4mm and ≤8mm 3- Severe ≤4mm
TBUT Test (Tear Film Break Up Time)	0- Normal >10 sec 1- Mild >8sec and ≤ 10 sec 2- Moderate >5sec and ≤ 8sec 3- Severe ≤ 5sec

Treatment: - Patient was treated with Triphala Ghrita Tarpana for 15 days regularly by following standard kriyakalpa guidelines with proper purva karma and pachat karma at OPD.
As well as patient was advised to perform gentle massage of both feet with Triphala Ghrita nightly before bedtime.

Observation and Result: -

Subjective Criteria	Treatment	Before Treatment	After Treatment
Rukshta (Feeling of dryness)	Triphala Ghrita Tarpan and Feet massage	2	0
F.B. sensation		2	0
Avildarshanam (Blurring of vision)		1	0
(Daha) Burning sensation		2	0
Photophobia		2	1
Kruchounmilana		1	0

Objective Criteria	**Treatment**	**Before Treatment**	**After Treatment**
Schirmer 1st Test	Triphala Ghrita Tarpan and Feet massage	1	0
TBUT Test (Tear Film Break Up Time)		1	0

Result:

- Patient reported marked relief from burning sensation, eye irritation with eye strain, Itching, photophobia and blurring of vision – visual acuity is improved from 6/6P to 6/6 of both eyes.
- Patient experienced overall relief from ocular discomfort after tarpan.

DISCUSSION:

Dry Eye Disease is a multifactorial disorder of the ocular surface characterized by tear film instability, hyperosmolarity, inflammation, and neurosensory abnormalities. Patients commonly present with dryness, burning sensation, foreign body sensation, redness, eye fatigue, photophobia, and fluctuating vision. In Ayurveda, these clinical manifestations closely resemble Shushkakshipaka, a Sarvagata Netra Roga predominantly caused by aggravation of Vata and Pitta Dosha. Vitiated Vata produces Rukshata (dryness), Khara Guna (roughness), and reduced ocular lubrication, whereas aggravated Pitta causes Daha (burning sensation), redness, and irritation. If left untreated, chronic dryness may affect the corneal and conjunctival tissues, leading to deterioration of ocular surface health.

The management of Shushkakshipaka aims to pacify the vitiated Doshas, restore ocular lubrication, nourish the ocular tissues, and improve visual comfort. Among the various Kriyakalpa procedures, Tarpana is regarded as one of the most effective therapies for disorders caused by Vata and Pitta affecting the eyes. During Tarpana, medicated ghrita remains in direct contact with the ocular surface for an extended period, allowing sustained therapeutic action. The prolonged retention of the medicated ghrita facilitates better penetration through the corneal epithelium, improves hydration of the ocular surface, and reduces friction between the eyelids and cornea during blinking. This extended contact time also enhances drug bioavailability compared with conventional eye drop instillation, which is rapidly washed away by tears.

Triphala Ghrita is an ideal formulation for Tarpana because of the combined properties of Triphala and Ghrita. Triphala, consisting of Haritaki (Terminalia chebula), Bibhitaki (Terminalia bellirica), and Amalaki (Emblica officinalis), is described in Ayurveda as Chakshushya, Rasayana, Tridoshaghna, and Ropana. It possesses antioxidant, anti-inflammatory, antimicrobial, and wound-healing activities that help reduce ocular surface inflammation and support epithelial repair.

Ghrita serves as an excellent drug delivery medium because of its Snigdha, Mridu, Sukshma, and Yogavahi properties. Its unctuous nature counteracts the dryness produced by aggravated Vata and helps restore the normal lipid component of the tear film.

From a modern perspective, Tarpana acts as an ocular lubricant and protective reservoir. The medicated ghrita forms a stable layer over the ocular surface, minimizing tear evaporation and maintaining hydration. The prolonged retention of ghrita increases tear film stability, thereby improving Tear Break-Up Time (TBUT). Reduced ocular surface inflammation may also improve lacrimal gland function and tear secretion, contributing to better Schirmer's Test values. Improved epithelial integrity and reduced inflammatory mediators further relieve symptoms such as burning sensation, foreign body sensation, redness, and eye fatigue.

In addition to Triphala Ghrita Tarpana, the patient was advised to perform Padabhyanga (foot massage) with Triphala Ghrita every night before bedtime as an adjunctive Ayurvedic measure. According to Ayurvedic classics, the feet and eyes share a close physiological relationship, and regular Padabhyanga is considered beneficial for maintaining ocular health. It helps pacify Vata Dosha, promotes relaxation, improves peripheral circulation, and reduces physical and मानसिक (mental) fatigue, which may indirectly alleviate symptoms associated with Dry Eye Disease. The unctuous (Snigdha) and Vata-pacifying properties of Triphala Ghrita help counteract systemic dryness and support tissue nourishment. Furthermore, improved sleep quality and reduction in stress achieved through nightly foot massage may contribute to better tear film stability and overall ocular comfort. Thus, the combined use of Triphala Ghrita Tarpana and Padabhyanga may provide a complementary therapeutic approach in the management of Shushkakshipaka (Dry Eye Disease).

CONCLUSION:

In the present case study, significant improvement was observed in both subjective and objective parameters after 15 days of Triphala Ghrita Tarpana and padabhyanga. The patient experienced marked reduction in dryness, burning sensation, foreign body sensation, and eye strain. Improvement in Schirmer's Test-I indicated enhanced tear secretion, while increased TBUT reflected improved tear film stability. No adverse effects or complications were observed during or after the treatment, indicating that the procedure was safe and well tolerated when performed according to classical Ayurvedic guidelines.

The favorable outcome observed in this case may be attributed to the synergistic effect of the nourishing action of Ghrita, the Chakshushya and Rasayana properties of Triphala, and the sustained ocular exposure achieved through the Tarpana procedure. These combined actions help restore ocular surface homeostasis, improve tear film quality, and relieve the symptoms of Dry Eye Disease. However, as this is a single case report, larger, well-designed clinical studies are required to further evaluate its efficacy and establish its role in routine clinical practice.

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