



Suskhakhipaka with special reference to Computer Eye Syndrome- A Case Study

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Abstract: In the current technology-oriented environment, the extensive and consistent usage of digital devices, including computers, tablets, and smartphones, has resulted in a notable rise in visual and eye-related issues, referred to as Computer Eye Syndrome (CES) or Digital Eye Strain. This condition is characterized by various symptoms such as dryness of the eyes, a burning sensation, visual fatigue, headaches, and blurred vision, making it an important occupational health issue. Interestingly, these symptoms are similar to those of the Ayurvedic condition known as Śuṣkāṁṣipāka, which is a subtype of Abhiṣyanda, predominantly caused by the imbalance of the Vāta and Pitta doshas. Śuṣkāṁṣipāka presents with symptoms including dryness (śuṣkatā), burning (dāha), irritation, and eye fatigue. This case study seeks to connect CES with Śuṣkāṁṣipāka through an Ayurvedic lens and to assess the potential benefits of Ayurvedic treatments such as Netra Tarpana, Anuvāsana Basti, and Rasāyana-based internal medications. A 29-year-old male patient exhibiting typical CES symptoms underwent a structured Ayurvedic treatment plan over a period of 21 days. Notable relief was achieved, with marked improvements in symptoms such as dryness, fatigue, and burning sensations in the eyes. This case highlights the significance and effectiveness of traditional Ayurvedic eye treatments in addressing disorders arising in the digital age and supports a holistic, integrative approach to maintaining eye health.

Keywords - Śuṣkāṁṣipāka, Computer Eye Syndrome, Digital Eye Strain, Netra Tarpana, Rasāyana, Eye Fatigue

I. INTRODUCTION

The swift progression of digital technology and its pervasive incorporation into various facets of contemporary life is placing increased demands on the human visual system. On average, adults dedicate several hours each day to viewing digital screens—including computers, smartphones, tablets, and televisions. This trend has contributed to a notable uptick in occurrences of Computer Eye Syndrome (CES), known more commonly as Digital Eye Strain. Initially outlined by the American Optometric Association, CES encompasses a range of visual and non-visual symptoms, including dry eyes, sensations of burning or stinging, eye fatigue, blurred vision, headaches, and even pain in the neck and shoulders. These symptoms are especially prevalent among office employees, students, and individuals in the IT sector.¹

Extended periods of screen time can result in a decreased blink rate, heightened evaporation of the tear film, and stress on the ocular surface. Contributing factors include low humidity, subpar lighting conditions, and inadequate screen ergonomics, which can worsen these issues. Although there is a growing recognition of these problems, traditional approaches to management mainly emphasize alleviating symptoms with lubricating eye drops and making ergonomic adjustments, often neglecting broader systemic or holistic strategies.²

Classical Ayurvedic literature describes a condition known as Śuṣkāṁṣipāka, which falls under the category of Netra Rogas and is specifically a subtype of Abhiṣyanda. This condition exhibits symptoms that resemble those of Central Serous Chorioretinopathy (CES). The term "śuṣka" translates to "dry," while "ākṣipāka" refers to an inflammatory eye condition. Śuṣkāṁṣipāka is primarily caused by the imbalance of the Vāta and Pitta doshas and is characterized by symptoms such as dryness of the eyes, burning sensations, redness, pain, and visual disturbances.³ These symptoms are comparable to those associated with CES, particularly when considering their origins, which are often linked to excessive exposure to light (tejo mātra viśeṣa), stress, irregular sleeping patterns, and nutritional imbalances—all of which are prevalent in individuals who frequently use digital screens.⁴

The Ayurvedic approach focuses on achieving balance among the doshas, supporting the nourishment of tissues (dhātu poshana), and cleansing the body through detoxification methods known as śodhana (purification) and śamana (relief). In particular, treatments including Netra Tarpana (therapeutic eye oil application), Basti (medicated enema), Rasāyana (rejuvenative compounds), and ghr̥ta formulations are recommended for eye conditions that stem from Vāta-Pitta imbalances.⁵

This case study is an attempt to bridge traditional Ayurvedic wisdom with modern occupational health challenges by documenting the successful management of CES through the lens of Śuṣkāṁṣipāka. By correlating the pathophysiology, clinical presentation, and treatment outcomes, this study highlights the potential of Ayurveda in offering safe, sustainable, and effective solutions for digital eye strain.

Aims and Objectives

- To correlate the condition of Computer Eye Syndrome with the Ayurvedic entity Śuṣkāṁṣipāka.
- To assess the clinical efficacy of Ayurvedic treatment modalities in managing symptoms of Śuṣkāṁṣipāka/CES.
- To propose an integrative Ayurvedic protocol for the management of screen-induced ocular disorders.

II. MATERIALS AND METHODS

Patient Selection

A 29-year-old male software developer presenting with classical symptoms of CES for the past 8 months.

Case Report

Patient Profile:

- Age/Gender: 29-year-old male
- Occupation: Software Developer
- Complaints: Dryness in eyes, burning sensation, eye strain, occasional headache for the past 8 months
- History: 10–12 hours daily screen time with minimal breaks, irregular sleep, low water intake

Diagnostic Approach

Modern diagnosis: Based on symptomatology and screen exposure history, CES was diagnosed.

Ayurvedic diagnosis: Śuṣkāṁṣipāka (Vāta-Pitta dominant) based on signs of dryness, burning, and discomfort in the eyes.

Investigations

Routine eye check-up (normal intraocular pressure, no refractive error)

Schirmer's test: Suggestive of reduced tear production.

Clinical Examination

Vital Signs:

- Pulse: 78/min, regular
- Blood Pressure: 120/78 mmHg
- Respiratory Rate: 16/min
- Temperature: Afebrile
- Mental Status: Alert and oriented
- Sleep: Disturbed due to eye strain and late-night screen exposure
- Appetite: Normal
- Bowel habits: Regular
- Hydration: Slightly reduced

Ocular Examination (Pre-treatment):

Parameter	Observation
Visual Acuity	6/6 (unaided) in both eyes
Intraocular Pressure	Normal (Tonometry: 15 mmHg OU)
Eyelids	No swelling; mild fatigue signs
Conjunctiva	Mild congestion; dull appearance
Cornea	Clear; no keratitis or opacity
Tear Film Stability	Reduced (Schirmer's Test: 5 mm/5 min)
Blink Rate	Decreased (8–10 blinks/min; normal: 15–20)
Extraocular Movements	Full and free in all directions
Pupillary Reflex	Normal direct and consensual reflex
Fundus Examination	Normal optic disc and macula

Diagnosis:

Modern: Computer Eye Syndrome

Ayurvedic: Śuṣkāṁṣipāka (Vāta-Pitta Pradhāna Abhiṣyanda)

Treatment Protocol

Therapy	Details	Duration
Anuvāsana Basti	Śatāhvādi Taila	5 days
Netra Tarpana	Mahātriphala Ghṛta	7 days
Oral Medications	- Saptamṛta Lauha 250 mg BD - Triphala Ghṛta 1 tsp HS - Yashtimadhu Churna 3g BD	21 days
Lifestyle Modifications	- 20-20-20 rule - Eye exercises - Increased hydration and use of ghee in diet	Ongoing

1. Anuvāsana Basti (Oil Enema)

Medicine: Śatāhvādi Taila

Duration: 5 days

2. Netra Tarpana (Ocular Oleation Therapy)

Medicine: Mahātriphala Ghṛta

Duration: 7 days

3. Oral Medications

Saptamṛta Lauha – 250 mg BD

Triphala Ghṛta – 1 tsp at bedtime with warm water

Yashtimadhu Churna – 3 g with milk BD

4. Pathyāhāra and Lifestyle Advice

Screen time regulation with 20-20-20 rule

Eye exercises (Trataka and blinking therapy)

Hydration and inclusion of ghee and leafy vegetables in diet

III. RESULTS AND OBSERVATIONS

After 21 days of treatment, the patient reported the following improvements:

Symptom	Before Treatment	After Treatment
Eye dryness	Severe	Mild
Burning sensation	Moderate	Resolved
Headache	Frequent	Occasional
Eye fatigue	Severe	Minimal
Vision clarity	Slight blur	Normal

No adverse effects were noted. The patient was advised to continue Triphala Ghṛta for maintenance.

Symptom Severity Score Table (Likert Scale: 0 = None, 1 = Mild, 2 = Moderate, 3 = Severe)

Symptom	Pre-Treatment Score	Post-Treatment Score	% Improvement
Eye Dryness	3 (Severe)	1 (Mild)	66.7%
Burning Sensation	2 (Moderate)	0 (None)	100%
Eye Fatigue	3 (Severe)	1 (Mild)	66.7%
Headache	2 (Moderate)	1 (Mild)	50%
Blurred Vision	1 (Mild)	0 (None)	100%
Photophobia	2 (Moderate)	0 (None)	100%

Interpretation

The patient experienced a 76.9% overall reduction in symptom severity following a 21-day Ayurvedic treatment protocol. Notable improvements were observed in burning sensation, photophobia, and blurred vision, which were completely resolved. Significant relief was also seen in dryness and eye fatigue, suggesting the efficacy of both systemic and local Ayurvedic interventions.

IV. DISCUSSION

The rising incidence of Computer Eye Syndrome (CES) presents a significant issue in occupational health, particularly impacting those working in technology-centric jobs. Although contemporary ophthalmological practices provide symptomatic relief through options like lubricating eye drops, artificial tears, and ergonomic recommendations, these solutions may not effectively tackle the root causes or ensure lasting relief. In this regard, Ayurveda offers a holistic approach to both comprehend and address this condition, centered around the concept of Śuṣkākṣipāka. ⁶

Śuṣkākṣipāka is categorized within the Abhiṣyanda group of eye disorders, which are characterized by symptoms such as excessive discharge or congestion resulting from the imbalance of doṣas. In this particular condition, the predominant factors are the Vāta and Pitta doṣas, which contribute to symptoms including dryness (śuṣkatā), a burning sensation (dāha), eye strain, and visual disturbances, all of which are typical indicators of the condition known as CES. Vāta, noted for its dry and mobile characteristics, mainly accounts for decreased tear production and a lower rate of blinking. Conversely, Pitta, recognized for its hot and sharp qualities, results in burning sensations, irritation, and inflammatory responses in the eye tissues.

The Ayurvedic treatment protocol employed in this case addressed both local and systemic causes:

Anuvāsana Basti (medicated oil enema) was used to pacify Vāta doṣa, which governs neurological and muscular functions including those related to eye movement and lubrication. The use of Śatāhvādi Taila helped nourish the system and restore balance from within.

Netra Tarpana, using Mahātriphalā Ghṛta, provided direct nourishment to the eyes. Ghṛta (clarified butter) is known for its Vāta-Pitta śāmaka, cakṣushya (eye-strengthening), and rasa-raktaprasādana (tissue rejuvenating) properties. The retention of medicated ghṛta in the orbit allowed for localized oleation, improved tear film stability, and regeneration of the ocular surface epithelium. ⁷

Saptamṛta Lauha, a classical herbo-mineral preparation, supported nervous tissue tonicity, improved visual clarity, and acted as a mild Rasāyana. Yashtimadhu Churna, known for its śīta virya (cooling potency) and anti-inflammatory effects, was used to alleviate burning and irritation. The Triphala Ghṛta, a time-tested ocular Rasāyana, improved ocular lubrication and clarity, while also offering antioxidant support. ⁸

Lifestyle modifications, including the adoption of the 20-20-20 rule (every 20 minutes, look at something 20 feet away for 20 seconds), regular blinking, Trataka (a yogic eye exercise), adequate hydration, and dietary adjustments, played a crucial role in preventing recurrence and maintaining long-term results.

The multi-modal Ayurvedic approach used here did not merely suppress symptoms but worked at the level of root cause correction—by balancing the doṣas, nourishing the dhātus (especially Rasa and Rakta), and rejuvenating ocular tissues. Notably, the treatment also took into account the psychosomatic component, as excessive screen use is often associated with mental fatigue, sleep disturbances, and stress—all of which are addressed holistically in Ayurveda. The positive outcomes observed in this case—including the resolution of eye dryness, burning, fatigue, and improvement in vision—highlight the effectiveness of an integrative approach. Importantly, no adverse effects were reported, further underscoring the safety profile of the interventions. This case adds to the growing body of evidence supporting the clinical relevance of Ayurvedic ophthalmology (Netra Chikitsa) in modern occupational disorders. However, while the results are promising, this being a single case study limits the generalizability of findings. Future studies involving larger sample sizes, objective diagnostic markers (such as tear film analysis, blink rate, or corneal staining), and comparative trials with conventional therapy will be essential to establish a stronger evidence base.

V. CONCLUSION

The present case study offers strong evidence that the Ayurvedic framework, specifically the principle of Śuṣkāṅṣipāka, is applicable to contemporary clinical issues such as Computer Eye Syndrome (CES). In today's digital era, where prolonged screen usage has become commonplace in both work and leisure, there is a noticeable increase in symptoms like ocular fatigue, dryness, and various visual disturbances. Conventional treatment approaches generally prioritize symptomatic relief rather than addressing the underlying systemic and lifestyle factors contributing to CES. This study illustrates the successful reduction of CES symptoms through a holistic Ayurvedic approach that employs traditional therapies, including Anuvāsana Basti, Netra Tarpana, and Rasāyana formulations. These treatments were selected based on the imbalance of Vāta and Pitta doṣas, which are significant pathophysiological elements linked to Śuṣkāṅṣipāka. The interventions not only offered localized relief but also aided in systemic stabilization, nourishment of eye tissues, and prevention of further deterioration. Notable improvement in the patient's ocular symptoms—particularly regarding dryness, burning sensations, and visual fatigue—demonstrates the significance of traditional ocular treatments in addressing modern screen-related issues. Additionally, the inclusion of dietary recommendations, lifestyle modifications, and eye exercises within the treatment protocol emphasizes the strengths of Ayurvedic lifestyle medicine in prevention and health promotion. This case highlights the clinical applicability of Ayurveda in tackling modern disorders when examined through a classical diagnostic perspective. It also promotes the investigation of integrative care models, particularly for lifestyle-related ailments such as CES. Nonetheless, it is important to note that these findings are preliminary, originating from a single-patient study, and require further validation through systematic clinical trials involving larger populations. In summary, the relation between Śuṣkāṅṣipāka and Computer Eye Syndrome offers a valuable chance to implement established Ayurvedic practices in addressing contemporary health concerns. This case adds to the growing body of evidence supporting Ayurvedic Netra Chikitsa and advocates for its wider integration into preventive ophthalmology, especially among groups exposed to high levels of digital screens.

VI. REFERENCES

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