



Received: 30/January/2026

AYUR: March-April, 2026; 2(2):13-16

Accepted: 04/March/2026

A Case Study on the Ayurvedic Management of Adhimantha

^{*1}Dr. Devendra Singh Rathore, ²Dr. Suman Kumari and ³Dr Sandeep Anand P

^{*1}Professor & Head, Department of Shalaky Tantra, Naiminath Ayurvedic Medical College Hospital and Research Center, Agra, Uttar Pradesh, India.

²Associate Professor, Department of Prasuti Tantra & Stree Roga, Naiminath Ayurvedic Medical College Hospital and Research Center, Agra, Uttar Pradesh, India.

³Associate Professor, Department of Shalaky Tantra, Naiminath Ayurvedic Medical College Hospital and Research Center, Agra, Uttar Pradesh, India.

Abstract

Adhimantha is a severe ocular disorder described in classical Ayurvedic literature, often considered a complication of Abhishyanda. It presents with intense pain, redness, lacrimation, and visual disturbances. In this study the objective was to evaluate the efficacy of Ayurvedic management in a case of Adhimantha. A 42-year-old male presented with severe pain, redness, watering, and blurred vision in the right eye. The condition was clinically diagnosed as Adhimantha based on Ayurvedic principles. The patient was treated with Shamana (internal medications) including Triphala Guggulu, Saptamrita Lauha, and Mahatriphala Ghrita, along with Kriyakalpa (external therapies like Aschyotana and Tarpana). Significant improvement was observed in symptoms such as pain, redness, watering, and vision within 10 days of treatment. This study highlights that Ayurvedic management proved effective in alleviating symptoms and improving ocular health in Adhimantha.

Keywords: Adhimantha, Glaucoma, Netra Roga, Shalaky Tantra, Ayurveda.

Introduction

Adhimantha is a severe and vision-threatening ocular disorder described under Netra Rogas in classical Ayurvedic texts such as Sushruta Samhita and Ashtanga Hridaya. It is considered an advanced stage or complication of untreated Abhishyanda, where in the aggravated Doshas, predominantly Pitta along with Vata, invade deeper ocular structures leading to intense clinical manifestations.

Clinically, Adhimantha is characterized by severe ocular pain (Netra Shoola), marked redness (Raga), excessive lacrimation (Ashru Srava), photophobia, headache, and progressive diminution of vision. The classical texts emphasize that if timely intervention is not undertaken, the condition may lead to irreversible visual loss, highlighting its clinical significance.

From an Ayurvedic pathophysiological perspective, vitiated Doshas localize in the Netravaha Srotas and affect Rasa and Rakta Dhatus, resulting in inflammation, obstruction, and degeneration of ocular tissues. The involvement of Vata contributes to severe pain and functional impairment, while Pitta is responsible for inflammatory changes such as redness and burning sensation.

In contemporary ophthalmology, the clinical presentation of Adhimantha shows close resemblance to acute congestive

conditions of the eye, particularly Glaucoma, especially acute angle-closure glaucoma. This condition is characterized by sudden elevation of intraocular pressure (IOP), leading to severe ocular pain, redness, blurred vision, halos around lights, and sometimes headache and nausea. If not treated promptly, it can cause optic nerve damage and permanent blindness.

The correlation between Adhimantha and acute glaucoma can be understood based on:

- Sudden onset of severe ocular pain
- Redness and congestion
- Visual disturbance
- Rapid progression leading to vision loss

While modern management of glaucoma focuses on reducing intraocular pressure through medications, laser therapy, or surgery, Ayurveda emphasizes a holistic approach involving Dosh Shamana, Shodhana, and local ocular therapies (Netra Kriya Kalpa) to restore ocular health and prevent progression. Thus, exploring Ayurvedic management in conditions like Adhimantha not only provides insight into traditional therapeutic approaches but also offers potential complementary strategies in managing acute ocular conditions analogous to glaucoma.

Aspect	Ayurvedic Description	Modern Correlation
Definition	Adhimantha is a severe ocular disease described in Sushruta Samhita and Ashtanga Hridaya, considered as a complication of untreated Abhishyanda	Comparable to acute, vision-threatening ocular conditions, especially glaucoma
Etiology (Nidana)	Improper diet (Apathya), excessive exposure to heat, dust, strain, suppression of natural urges leading to Dosha vitiation	Risk factors include age, stress, anatomical predisposition, and increased intraocular pressure
Pathogenesis (Samprapti)	Vitiated Doshas (mainly Pitta & Vata) localize in Netravaha Srotas affecting Rasa and Rakta Dhatus causing inflammation and obstruction	Increased intraocular pressure leads to optic nerve damage and impaired aqueous humor drainage
Types	Vataja, Pittaja, Kaphaja, and Raktaja Adhimantha based on Dosha predominance	No direct classification; types of glaucoma include open-angle and angle-closure
Clinical Features	Severe pain (Netra Shoola), redness (Raga), lacrimation (Ashru Srava), photophobia, diminished vision	Severe eye pain, redness, blurred vision, halos, headache, nausea
Disease Progression	Rapid progression; if untreated leads to Drishti Nasha (blindness)	Acute angle-closure glaucoma can rapidly lead to irreversible vision loss
Diagnosis	Based on Dosha involvement, clinical features, and Ayurvedic examination	Based on intraocular pressure measurement, gonioscopy, and optic nerve assessment
Management Principles	Nidana Parivarjana, Dosha Shamana, Shodhana, Netra Kriya Kalpa (Tarpana, Aschyotana, Anjana)	Reduction of intraocular pressure using medications, laser therapy, or surgery
Medicinal Approach	Use of Triphala, Ghrita preparations (Mahatriphala Ghrita), herbal formulations like Saptamrita Lauha	Use of anti-glaucoma drugs (beta blockers, prostaglandin analogues)
Prognosis	Good if treated early; poor in advanced stages	Depends on early detection and control of intraocular pressure

Case Report

A 42-year-old male patient presented to the Shalakyta Tantra outpatient department with complaints of severe pain in the right eye for five days, associated with redness, excessive watering, blurred vision, and photophobia. The patient reported that the condition initially started as mild redness and irritation in the eye approximately 10 days prior, which was neglected and gradually progressed to severe pain and visual disturbance. There was no history of trauma, systemic illness, or prior ocular surgery.

On General examination, the patient’s vital signs were within normal limits. Local ocular examination revealed marked conjunctival congestion, profuse lacrimation, tenderness around the affected eye, and reduced visual acuity in the right eye. Based on the clinical presentation and classical Ayurvedic features, the condition was diagnosed as Adhimantha. From an Ayurvedic perspective, the disease was assessed as a Pitta-Vata predominant disorder involving Rasa and Rakta Dhatus, with involvement of Netravaha Srotas.

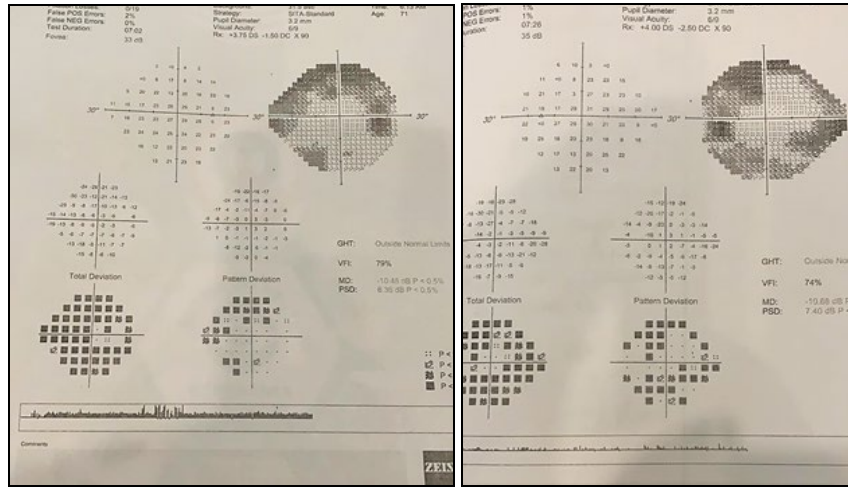
Therapeutic Intervention

Type of Therapy	Intervention	Drug/Procedure	Dose/Method	Duration	Rationale (Ayurvedic View)
Internal Medication	Shamana Chikitsa	Triphala Guggulu	2 tablets twice daily	10 days	Reduces Pitta and Kapha, anti-inflammatory, Chakshushya
Internal Medication	Rasayana/Netra Balya	Saptamrita Lauha	250 mg twice daily	10 days	Improves vision, nourishes ocular tissues, balances Pitta
Internal Medication	Sneha therapy	Mahatriphala Ghrita	10 ml with milk	10 days	Pacifies Vata-Pitta, provides nourishment to eye tissues
External Therapy	Netra Kriya Kalpa (Aschyotana)	Triphala Kwatha	Eye drops instilled in affected eye	Daily	Cleanses eye, reduces inflammation and redness
External Therapy	Netra Kriya Kalpa (Tarpana)	Mahatriphala Ghrita	Retained over eyes for prescribed time	As advised	Provides lubrication, strengthens ocular structures
External Therapy	Netra Kriya Kalpa (Anjana)	Herbal Anjana	Applied to lower conjunctival sac	As indicated	Removes Dosha accumulation, improves clarity of vision
Dietary Regimen	Pathya	Light, cooling diet, ghee	Regular intake	Throughout treatment	Pacifies Pitta, supports healing
Lifestyle Modification	Apathya avoidance	Avoid spicy food, screen exposure, sunlight	Strict avoidance	Throughout treatment	Prevents aggravation of Doshas and disease progression

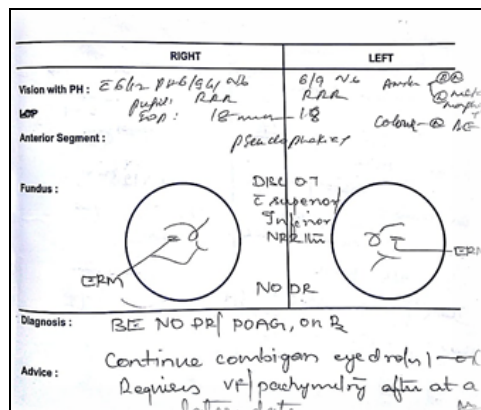
Follow Up and Results

Follow up done after 10 days of treatment, the patient showed significant clinical improvement. There was marked reduction in ocular pain, redness, and watering, along with

improvement in visual clarity and reduction in photophobia. The patient responded well to the treatment without any adverse effects, indicating the effectiveness of the Ayurvedic management in this case of Adhimantha.



Before Treatment Reports



After Treatment

Samprapti

Adhimantha is considered a severe ocular disorder that develops as a complication of untreated Abhishyanda. According to classical Ayurvedic texts such as Sushruta Samhita and Ashtanga Hridaya, the pathogenesis begins with the vitiation of Doshas due to improper diet and lifestyle (Nidana Sevana), including excessive intake of spicy, sour, and hot foods, exposure to dust, smoke, heat, and excessive strain on the eyes.

Initially, these factors lead to the vitiation of Pitta and Kapha Doshas, resulting in Abhishyanda (inflammatory condition of the eye). If this stage is neglected, there is further aggravation of Vata Dosha, which drives the vitiated Doshas deeper into the ocular structures (Drishti Mandala). The involvement of Vata is responsible for the severe pain (Netra Shoola) and rapid progression of the disease.

The vitiated Doshas localize in the Netravaha Srotas, affecting primarily the Rasa and Rakta Dhatus, leading to inflammation, congestion, and impaired nourishment of ocular tissues. This results in classical features such as redness (Raga), lacrimation (Ashru Srava), burning sensation, photophobia, and progressive diminution of vision.

Thus, the Samprapti of Adhimantha can be summarized as follows:

- **Nidana Sevana** → Dosha Prakopa (Pitta-Kapha)
- **Abhishyanda Avastha** (initial stage)
- **Vata Anubandha** → deeper tissue involvement
- **Srotodushti (Netravaha Srotas)**
- **Rasa-Rakta Dushti**
- **Manifestation of Adhimantha**

If not managed promptly, the disease may lead to Drishti Nasha (loss of vision) due to progressive damage to ocular structures.

Discussion

Adhimantha represents a critical stage of ocular pathology in Ayurveda, characterized by the involvement of multiple Doshas, predominantly Pitta and Vata. The present case exhibited classical symptoms such as severe ocular pain, redness, lacrimation, photophobia, and diminished vision, which are consistent with the descriptions in Ayurvedic literature.

From a pathophysiological standpoint, Pitta Dosha is primarily responsible for inflammatory manifestations such as redness, burning sensation, and congestion, while Vata contributes to severe pain, dryness, and rapid progression of the disease. The involvement of Rasa and Rakta Dhatus further explains the vascular and inflammatory changes observed in the ocular tissues.

The clinical presentation of Adhimantha closely resembles acute ocular conditions described in modern ophthalmology, particularly Acute angle-closure glaucoma. Both conditions share features such as sudden onset of severe eye pain, redness, blurred vision, and rapid progression that may lead to permanent vision loss if untreated. In modern medicine, this condition is associated with a sudden rise in intraocular pressure, leading to optic nerve damage.

The line of treatment adopted in this case was based on classical Ayurvedic principles, focusing on Dosha Shamana and local ocular therapies. Internal medications such as Triphala Guggulu and Saptamrita Lauha possess

Chakshushya, anti-inflammatory, and Rasayana properties, which help in reducing inflammation and improving ocular health. Mahatriphala Ghrita, being a Ghrita-based preparation, plays a significant role in pacifying Vata and Pitta while providing nourishment to ocular tissues.

External therapies, particularly Netra Kriya Kalpa procedures like Aschyotana and Tarpana, offer direct therapeutic action on the affected ocular structures. These procedures help in cleansing, lubrication, and restoration of normal ocular function. The use of Triphala-based formulations is especially significant due to their proven antioxidant and anti-inflammatory properties.

The observed clinical improvement in this case—reduction in pain, redness, watering, and improvement in vision—indicates the effectiveness of the Ayurvedic approach in managing Adhimantha. Early intervention not only alleviates symptoms but also helps prevent progression to irreversible complications such as vision loss.

Thus, this case highlights the importance of timely diagnosis and comprehensive Ayurvedic management in severe ocular conditions and suggests that traditional therapies may offer beneficial outcomes in conditions analogous to glaucoma.

Conclusion

The present case study demonstrates that Adhimantha, a severe ocular disorder described in Ayurveda, can be effectively managed through a comprehensive Ayurvedic approach involving both internal medications and external therapies. The combination of Shamana Chikitsa with Netra Kriya Kalpa procedures showed significant improvement in key clinical symptoms such as pain, redness, lacrimation, photophobia, and visual disturbance.

The treatment protocol, aimed at pacifying predominantly vitiated Pitta and Vata Doshas, along with nourishment of ocular tissues through Ghrita-based formulations, played a crucial role in halting disease progression and restoring ocular function. Early diagnosis and timely intervention were found to be essential in preventing complications such as Drishti Nasha (vision loss).

Furthermore, the clinical correlation of Adhimantha with conditions like Acute angle-closure glaucoma highlights the relevance of Ayurvedic principles in the management of acute and potentially sight-threatening ocular disorders.

This study underscores the potential of Ayurveda as a safe and effective therapeutic modality in the management of Adhimantha. However, further large-scale clinical studies are recommended to validate these findings and establish standardized treatment protocols.

References

1. Trikamji AY, editor. *Sushruta Samhita*. Nidanasthana 13/39. Varanasi: Choukhambha Publication; 2005.
2. Trikamji AY, editor. *Sushruta Samhita*. Uttarasthana 6/5. Varanasi: Choukhambha Publication; 2005.
3. Vagbhata A, editor. *Ashtanga Hridaya*. Uttarasthana 15/1–5. Varanasi: Chaukhambha Orientalia; 2014.
4. Vagbhata A, editor. *Ashtanga Hridaya*. Sutrasthana 12/10. Varanasi: Chaukhambha Orientalia; 2014.
5. Vagbhata A, editor. *Ashtanga Sangraha*. Uttarasthana 17/12. Varanasi: Chaukhambha Sanskrit Series; 2016.
6. Trikamji AY, editor. *Charaka Samhita*. Sutrasthana 17/12. Varanasi: Choukhambha Publication; 2009.
7. Trikamji AY, editor. *Charaka Samhita*. Chikitsasthana 26/7. Varanasi: Choukhambha Publication; 2009.
8. Bhavamishra. *Bhavaprakasha*. Madhyama Khanda, Netra

Roga Adhyaya. Varanasi: Chaukhambha Bharati Academy; 2015.

9. Sharangadhara A, editor. *Sharangadhara Samhita*. Madhyama Khanda 7/45. Varanasi: Chaukhambha Orientalia; 2013.
10. Sihota R, Tandon R. *Parsons Diseases of the Eye*. 22nd ed. New Delhi: Elsevier; 2015.