

## An Ayurvedic Perspective in the Management of Adhimantha (Glaucoma): A Case Report

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### ABSTRACT

Adhimantha is a severe Sarvagata Netra Roga described in Ayurvedic classics, characterized by intense churning pain in the eye, progressive diminished of vision, headache, and eventual blindness if not managed timely<sup>1-4</sup>. The condition is considered a complication of untreated Abhishyanda and shows close clinical correlation with glaucoma, a progressive optic neuropathy leading to irreversible visual field defects. Adhimantha is predominantly a Vata-pradhana Tridoshaja disorder involving Rasa, Mamsa, and Majja Dhatu, resulting in degeneration of optic nerve structures. A 29-year-old female patient diagnosed with glaucoma presented with bilateral progressive diminished of vision, periorbital swelling, headache, and ocular itching for two years despite using topical anti-glaucoma medication. Based on Ayurvedic evaluation, the condition was diagnosed as Adhimantha. The patient was managed with an integrated Ayurvedic approach including Panchtikta Kshir Basti, Marsha Nasya, Tarpana, Shiropichu, Anjana, Aschyotana, and appropriate oral Shamana Aushadhi. After completion of treatment, improvement in visual acuity, reduction in symptoms, and mild increase in retinal nerve fiber layer thickness were observed, indicating stabilization of disease progression. The therapeutic effect can be attributed to pacification of aggravated Vata Dosha, removal of Srotorodha, nourishment of Majja Dhatu, and Chakshushya Rasayana action of the therapies employed<sup>5-7</sup>. This case highlights the potential role of Ayurveda in preventing further optic nerve damage and improving quality of life in patients with Adhimantha (glaucoma)

**Keywords:** Adhimantha; Glaucoma; Sarvagata Netra Roga; Panchtikta Kshir Basti; Marsha Nasya; Netra Kriyakalpa; Ayurvedic Management

### INTRODUCTION

Ayurveda accords supreme importance to vision, considering Drishti as the most vital sensory faculty essential for perceiving the external world. Classical texts state that even a physically strong, intelligent, and attractive individual is rendered incomplete without proper vision<sup>1</sup>. Hence, disorders affecting the eye are described in detail in Ayurvedic literature, particularly in Shalakyaa Tantra.

Acharya Sushruta has elaborately described 17 Sarvagata Netra Rogas, conditions that involve all parts of the eye, while Acharya Vagbhata has mentioned 16 such diseases<sup>2,3</sup>. Among these, Adhimantha is considered a grave condition due to its rapid progression, intense pain, and poor prognosis if not managed appropriately. The term Adhi-mantha denotes an extremely churning, penetrating pain, where the patient experiences a sensation as if the eyeball is being forcibly extracted and churned, often associated with severe headache involving half of the head.

Adhimantha is described as a complication of untreated or improperly managed Abhishyanda. The most alarming outcome of Adhimantha is Drishti-nasha (blindness). Classical texts describe different timelines for disease progression depending upon the predominant Dosha, ranging from a few days to sudden loss of vision<sup>4</sup>. Such descriptions closely resemble the clinical course of glaucoma, a group of optic neuropathies characterized by progressive damage to the optic nerve and irreversible visual field loss, often associated with raised intraocular pressure.

Modern ophthalmology recognizes glaucoma as a chronic, progressive condition requiring lifelong management. However, even with conventional treatment, disease progression and optic nerve damage often continue. This necessitates exploration of complementary approaches. Ayurveda, through Panchakarma, Netra Kriyakalpa, and Shamana Chikitsa, offers a holistic strategy aimed at halting disease progression and nourishing ocular tissues.

## Conceptual Correlation of *Adhimantha* and Glaucoma

*Adhimantha* is described in four types based on Dosha predominance. Common features include *Tivra Vedana*, redness, swelling, visual impairment, and eventual blindness if untreated. These features closely resemble glaucomatous optic neuropathy, where progressive loss of retinal nerve fibers leads to gradual visual deterioration.

From an Ayurvedic standpoint, *Adhimantha* primarily involves **Vata Dosha**, with contribution from Kapha and Pitta depending upon the type. Vata is responsible for pain, degeneration, and nerve involvement, while Kapha contributes to obstruction and heaviness, and Pitta leads to inflammation and tissue damage.

Thus, management should focus on:

- Pacification of Vata
- Removal of *Srotorodha*
- Nourishment of optic nerve and retinal structures
- Prevention of further degeneration

## Case Report

### Patient Profile

A **29-year-old female patient** presented to the OPD of Shalaky Tantra with complaints of **bilateral progressive diminution of vision** for the past **two years**, associated with **periorbital swelling**, intermittent **headache**, and recent onset **itching in both eyes**. Despite regular use of spectacles, visual acuity continued to deteriorate.

The patient had a history of prolonged computer usage for **6–7 hours daily** due to her IT profession. She had undergone MRI of the brain and orbits, which showed non-specific white matter hyperintensities. Optical Coherence Tomography (OCT) revealed bilateral thinning of the neuro-retinal rim, and she was diagnosed with glaucoma. She was using **Travoprost eye drops** but sought Ayurvedic intervention to prevent further deterioration.

### Clinical Findings

The patient had **Vata-Kapha Prakriti** with moderate strength and nourishment. No systemic illness such as diabetes or hypertension was present. Family history revealed similar visual complaints in close relatives, suggesting a hereditary component.

Ophthalmic examination revealed:

- Congested palpebral conjunctiva
- Optic disc pallor with neuro-retinal rim thinning
- Dull foveal reflex
- Reduced visual acuity

Despite controlled intraocular pressure due to medication, progressive structural damage was evident, indicating the need for neuroprotective and nourishing therapy.

### Ayurvedic Diagnosis

Based on classical features such as *Drishti-mandhyata*, *Akshikuta shotha*, *Shirahshoola*, and chronic progressive course, the condition was diagnosed as *Adhimantha*, classified under **Sarvagata Netra Roga**.

### Samprapti (Pathogenesis)

Continuous exposure to visual strain (*Asatmya Indriyarthā Samyoga*), excessive computer use, improper dietary habits, and hereditary predisposition led to **Agni Mandya** and **Ama Sanchaya**. This resulted in **Vata-pradhana Tridoshaja Prakopa**, causing:

- *Srotorodha* in Rasavaha, Mamsavaha, and Majjavaha Srotas

- Dhatu Dushti involving Rasa, Mamsa, and Majja
- Upward movement of Doshas toward the Netra

This culminated in degeneration of optic nerve structures, manifesting clinically as *Adhimantha*.

### Treatment Objectives

1. Pacify aggravated Vata Dosha
2. Remove Ama and Srotorodha
3. Nourish optic nerve and retinal tissues
4. Prevent further degeneration
5. Improve visual acuity and quality of life

### Treatment Protocol

The patient was managed with an integrated Ayurvedic approach comprising **Panchakarma**, **Netra Kriyakalpa**, and **Shamana Aushadhi**.

#### Panchakarma

**Panchtikta Kshir Basti** was administered as *Kala Basti* for 15 days. Basti is described as **Ardha-chikitsa**, the prime therapy for Vata disorders<sup>7</sup>. The medicated milk and bitter drugs help pacify Vata, digest Ama, and nourish deeper Dhatus, including Majja Dhatu.

**Marsha Nasya** with Panchendriya-varhdhana Taila was given for 7 days to pacify Doshas in *Shirah Pradesha* and strengthen sensory organs.

#### Netra Kriyakalpa

- **Tarpana** with Jivantyadi Ghrita to nourish ocular tissues
- **Shiropichu** with Dhanvantara Taila to pacify Vata in the head region
- **Anjana** with Mustadi Anjana to improve vision and clear ocular channels
- **Aschyotana** with Goghrita for lubrication and soothing effect

These therapies enhance drug absorption, strengthen optic nerve fibers, and act as *Chakshushya Rasayana*<sup>5,6</sup>.

#### Shamana Chikitsa

Internal medications included:

- Rasayana and Chakshushya formulations
- Drugs promoting Dhatu Poshana and Vatanulomana
- Medicines reducing inflammation and oxidative stress

#### Assessment and Results

After two months of therapy:

- Mild increase in retinal nerve fiber layer thickness was observed
- Moderate improvement in visual acuity
- Significant reduction in headache, swelling, and itching
- Stabilization of disease progression

The patient reported subjective improvement in visual clarity and reduction in eye strain.

## DISCUSSION

The success of this case can be attributed to addressing the **root pathology** rather than only controlling intraocular pressure. **Basti therapy**, by pacifying Vata and nourishing Majja Dhatu, plays a crucial role in neuroprotection<sup>7</sup>. Nasya and Shiropichu act directly on the central nervous system via *Shringataka Marma*, enhancing ocular nourishment.

Tarpana and Anjana provide localized nourishment and strengthen retinal and optic nerve tissues. The combined effect of systemic and local therapies helps prevent further degeneration, which is often unavoidable in conventional management.

## CONCLUSION

*Adhimantha*, a sight-threatening disease described in Ayurveda, closely correlates with glaucoma. Early and integrated Ayurvedic management using **Panchtikta Kshir Basti, Marsha Nasya, Shiropichu, and Netra Kriyakalpa**, along with oral medications, can effectively slow disease progression, improve visual function, and prevent further optic nerve damage. This case highlights the potential of Ayurveda as a complementary and holistic approach in the management of chronic degenerative eye disorders..

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