

CONVERGENCE OF PERSPECTIVES: COMPARING NETRA ROGA IN AYURVEDA AND SIDDHA

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ABSTRACT

Ayurveda and Siddha are two traditional medical systems that have been around for over 1,500 years. They both have their roots in ancient Vedic and post-Vedic wisdom, but over time, they developed into separate practices. Nowadays, Ayurveda is widely practiced all across the country, while Siddha is mainly popular in Tamil Nadu and Kerala. Even though they have their differences, Ayurveda and Siddha also have a lot in common because of their shared origins. Both systems believe that the human body is made up of the five elements of the Universe, which they call the *Pancha Mahabhootas*. In this review, we'll take a closer look at how Ayurveda and Siddha approach eye diseases. In Ayurveda, they're called *Netra Roga*, while in Siddha, they're referred to as *Kann Noigal*. We'll explore the scientific and rational similarities between these two ancient medical systems when it comes to treating eye issues. By doing

so, we hope to shed light on the shared foundations and unique perspectives of Ayurveda and Siddha in the field of Ophthalmology.

KEYWORDS: Ayurveda, Siddha, Netra Roga, Kann Noigal.

INTRODUCTION

India's ancient medical landscape is home to two interconnected systems: Siddha, which thrives in the southern regions, and Ayurveda, widely practiced throughout the country.

These systems have stood the test of time and continue to play a vital role in contemporary healthcare. Ayurvedic texts are primarily written in Sanskrit, while Siddha literature is preserved in Tamil.

Rather than attributing the origins of these systems to specific individuals, ancient wisdom traces them back to divine entities like Siva and Brahma. This belief classifies Siddha as part of the Saiva Sampradaya, with Siva passing down knowledge to Parvathi, who then passed it on through a lineage that includes Nandideva and Agasthya. In Tamil tradition, Agasthya is revered as the Tamil Rishi, credited not only with contributions to medicine but also with the development of the Tamil language. It is believed that his mythical abode is "Pudiya Malai" near Madurai.

On the other hand, Ayurveda's roots are linked to Brahma, leading to its designation as the Brahma Sampradaya. Historically, the sage Punarvasu Atreya imparted Ayurvedic knowledge to Agnivesa and subsequent generations. The foundational texts of Ayurveda include the Agnivesa Samhita, which was later revised by Charaka and Dridabala. These texts are essential references for understanding the principles and practices of Ayurvedic medicine.

OBJECTIVES

1. To Highlight the similarities of eye diseases and its classification between Siddha and Ayurveda.
2. To Emphasize on similarities of treatment principles of eye diseases between Siddha and Ayurveda.

MATERIALS AND METHODS

- Comparative analysis of classical texts from both Siddha and Ayurveda.

DISCUSSION

Anatomy of the Eye

In Ayurveda, Sushruta describes the dimensions of the eyeball using the unit "angula," where one angula equals the width of a patient's thumb. He states that the anteroposterior diameter of the eye is two angula, while the vertical and horizontal diameters are two and a half angula. In Siddha, according to the Agathiar Nayana Vidhi, the eye measures two inches in length, half an inch in width, and one inch in depth.

The black portion of the eye is referred to as the Krishna Mandala, which makes up one-third of the eye's total size. Sushruta mentions that the pupil (drishti mandala) is one-seventh to one-ninth the size of the Krishna Mandala. Similarly, the Agathiar Nayana Vidhi describes the pupil as occupying one-seventh of the black part.

Anatomy according to Sushruta	Anatomy according to Agathiar Nayana Vidhi
Sushruta has explained the dimension of the eyeball in terms of angula and one angula is equivalent to the central part of the patient's thumb. Two angula is the anteroposterior diameter of the eyeball. Vertical and horizontal diameter is two and a half angula.	According to Agathiar Nayana Vidhi 500, the eye is two inches in length, half inch in breadth and one inch in depth. Paṅkamil viḷiyiṇīḷam pakartaru makalantannō ṭīṅkata nāḷanī tāṇ iyalpuṭa nuraikkakkēḷāy aṅkula miranṭiṇōṭē yaraikumōṇṇumeṇalākum ceṅkayal viḷiyiṇmātē cettulōrk kaṇintukolḷē
The black portion of the eyeball is called Krishna Mandala and is one third of netra. Acharya Sushruta has described the diameter of the drishti mandala (pupil) of the eye as one-seventh and one-ninth part of Krishna mandala (cornea) and the distance between the right and left drishti mandala (inter pupillary) are four fingers.	The black part occupies one third of the eye. The pupil occupies one seventh of the black part. Nayanattil mūṇṇrattonṇu nakaikaru viḷiyēyēṇṇa payanottu nilavumāru pakuttiṭu mēḷilonṇu viyanotta cōtiyēṇṇa mēṭiṇitanil vālmakkaṭ kayanottup paṭaitṭāṇkaṇṭāy yaṇṇameṇa nāṭaiyaṇaṅkē

Causes of Eye Diseases

Both systems recognize a range of causes for eye diseases. In Ayurveda, Sushruta lists causes such as excessive sun exposure, reading under strain, and improper sleeping habits as key factors. Siddha literature similarly attributes eye disorders to environmental factors like extreme heat, heavy labor, and overexposure to sunlight. Both traditions emphasize the impact of lifestyle choices and environmental conditions on eye health.

Netra Roga Nidana	Causes of Eye Diseases
Atapa Sevana (Dalhana)	Working in a hot place, blisters in the foot due to heavy sun exposure, being beaten by a bamboo stick, lifting heavy goods on the head, day sleeping after oil bath, reading with eye strain, etc. may affect the eyes.
Padapeedana (Ashtanga Sangraha)	
Bahubhaaranam (Netra Prakashika)	
Swapna Viparyaya (Sushruta)	
Abhyanjanam Nithanthena (Netra Prakashika)	Naṭukiya veyiliṇālum kaṇattaṭi cuṭukaiyālum taṭiyaṭi paṭukaiyālum talaiyatu cumaiyiṇālum muṭukavē eṇṇeyvārttu mūḷkippiṇ paṭukkaikyālum paṭippinir kūrmaiyaḷum paṭarantiṭuṇ kaṇṇiṇōyē - verse 12
Sranta Klanta (Dalhana)	
Shukta Aranala (Alkaline) (Sushruta)	Suffering from excess body heat, indigestion, using drugs like Gorochanai, Camphor, Navacharam and smelling the scented flower shenbagam, bathing immediately after wandering in the sunlight, etc. may affect the eyes and cause eye diseases. Uṭṭaṇa matikattālum utittiṭu mantattālum uṭṭaṇap
Ushnabhitaptasya Jala Praveshat (Sushruta)	

	porulkaṭam'mai yukantutāṇ mutaralālum uṭṭaṇa veyililnālu muḷaṇṇunī rāṭalālum uṭṭaṇa matikamīri utittiṭuṇ kaṇṇiṇōyē - verse 13
Atisheeghra Yanath (Bhava Praksha)	Sleeplessness, wandering for a long time in the summer season, avoidance of night sleep, using vinegar while taking Patthiyam medicine, drinking excess toddy, exposing body to open air, etc. may affect the eyes.
Shukta (Sushruta)	
Atimadya (Yoga Ratnakara)	
	Nittiraiyilātātālum nīḷveyiloḷukal taṇṇāl nittirai camayantaṇṇil nimirtalai kaviḷtal taṇṇāl pattiyaṅkāṭi koḷḷal parukunīratikaṇ koḷḷal mattiya matikakkārāl vantaṭuṇ kaṇṇiṇōyē - verse 14
Kopa Shoka Bhaya Krodha (Sushruta)	Excessive grief, excessive indulgence in sex, chronic constipation, working for a long time with the head tilted down (like in case of cell phone viewing), loss of wealth, walking for long distances without rest, excess anger, etc. may cause eye diseases.
Atimaithuna (Sushruta)	
Vega Dharana (Sushruta)	
Avakshira Shayana Uchrita Shayana (Dalhana)	Maṇamiṭai kuṇṇiṇālum māṭartam'mācaiṇālum kaṇamac cērkkaiṇālum viḷntiṭu pārvaṇiṇālum taṇamikkak keṭukaiṇālum taṇivilā naṭaiṇiṇālum ciṇamikkak koḷḷalālum cērntiṭum naṇayanōyē - verse 15
Ati Dravapana (Yoga Ratnakara)	Drinking excess water, excess dryness, not cleaning the hair properly while taking oil bath, seeing lightening, and seeing a burning flame may cause eye diseases.
Divakara, Agni, Chandra Nakshatra Ativeekshana (Netra prakasha)	
	Taṭiyaṭi paṭukaiṇālum talaiyaṭiṭ cumaiṇiṇālum kaṭivirai naṭaiṇiṇālum kaviḷntiṭum pārvāṇālum neṭuviral nakattiṇālum neruṅku nittiraiṇiṇālum paṭiyēlu kūrmaiṇālum pāvaiṇiṭ paṭarunōyē - verse 17

Diminution of Vision Due to Age

Ayurveda states that diminished vision (Hrasa Karma) begins around the age of 60. In Siddha, Agathiar Nayana Vidhi mentions that normal vision is maintained until the age of 35, after which near vision starts to blur. By age 45, distance vision begins to decline, and the process continues gradually until vision loss is complete by age 100.

According to Ayurveda	According to Agathiar
Hrasa Karma According to Sharangadhara Purva Khanda 17 Hrasa karma that is diminution of vision occurs after 60 years	According to Agathiar Nayana Vidhi 500, human beings tend to have normal vision until the age of 35 years. Then, mild blurring occurs when they see nearby objects and this condition becomes normal after 45 years. They develop mild blurring when seeing distant objects 45 years onwards until 57 years. At last, the vision slowly becomes dull year after year and complete loss of vision occurs by 100 years of age.

	Teḷivatu oḷiyānīrkum tīnkillai muppattaintil oḷiyatu pukaintu carrē otuṅkiṭum nārpaṭṭaṅcil veḷiyurappukaintukāṭṭum mēviya aimpattēḷil aḷiyura viruḷuṅkaṇṭāy āṇṭatu nūratāmē - verse 10
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Classification of Eye Diseases

The classification of eye diseases in both systems shares remarkable similarities. In Ayurveda, Sushruta, Charaka, and other texts describe up to 96 types of eye diseases, categorized based on the parts of the eye affected and the underlying doshas (Vata, Pitta, Kapha). In Siddha, the Agathiar Nayana Vidhi outlines 96 types of eye diseases, grouped according to the parts of the eye and the vitiated humors (vatham, pitham, kabham).

Netra Roga Vargikarana		Classification of Eye Disease according to Agathiyar	
Shushrut & Ashtang Sangrah	76	According to Siddha medicine, the diseases of the eyes are classified into 96 types. Classical Siddha text Agathiar Nayana Vidhi-500 mentions in detail the types of eye diseases according to the parts of the eye affected and vitiated humour.	
Charak	96		
Bhavaprakash, Madhavnidan, Yogratnakar	78		
Astanga Hridaya	94		
Satyaki	80		
Diseases of Drushti mandal	12	Diseases of lens and pupil	27
Diseases of Krushna mandal	04	Diseases of black of the eye	10
Diseases of shveta mandal	11	Diseases of white of the eye	13
Diseases of junctions of eye	09	Diseases of binding unions	9
Diseases of Vartma mandal	21	Diseases of upper and lower eyelids	24
Diseases of entire eye	17	Diseases of the eye ball	13
Agantuj diseases of eye	02		
Vataj Netra rog	10	Vitiated vatham Vitiated pitham Vitiated kabham	45 31 20
Pittaj Netra rog	10		
Kaphaj Netra rog	13		
Tridoshaj Netra rog	25		
Raktaj Netra rog	16		
Agantuj Netra rog	02		

Similarities in Disease Names

Both Siddha and Ayurveda describe many of the same eye diseases under different names. For instance, Ayurveda's "Shuktika" corresponds to Siddha's "Ukkira Rogam" (Pinguecula), and "Jalasrava" (epiphora) in Ayurveda is called "Maruvu Kansivappu" in Siddha. Night blindness is termed "Kaphavidaghda Drishti" in Ayurveda and "Maalaikasam" in Siddha. Other diseases like cataracts, conjunctivitis, and presbyopia are similarly described in both systems with corresponding terms.

Ayurveda	Agathiyar Nayana Vidhi
Shuktika	Ukkira rogam (Pingecula)
Kaphavidaghda Drishti	Maalaikasam (Night Blindness)
Jalasrava	Maruvu kansivappu (Epiphora)
Adhimantham	Athimantham (Eye pain with headache)
Savvana Shukra	Sothigaviranam (Ulceration of Cornea)
Nila Kacha	Neelakasam
Hrasva Jadya	Padikuntham (Micropsia)
Arma	Nagapadalam (Thickening of conjunctiva triangular in shape)
Puya Srava	Imai neerpaicchal (Ophthalmic catarrh)
Shuklarma	Vellaipadalam (Flesh growth white in sclera)
Vataja Kacha	Vathakasam
Pakshma Shatana	Mudamayir (Loss of eyelash)
Lagana	Parumulai (Chalazion)
Timira	Vellezhutthu (Presbyopia)
Naktandhya	Maalaikkan(Night Blindness)
Dwitiya Patalagata Timira	Suzhalvizhi eritthal (Floaters)
Pilla Roga	Pillam (Eyelid diseases caused by Kabham and pitham)
Pittaja Kacha	Pitthakasam
Avrana Shukra	Thunnu ven pugaicchal (White discolouration of cornea)
Dhumadarshi	Mantharakasam (Smoky Vision)
Divandhya	Anthirakasam (Day Blindness)

CONCLUSION

This comparative review demonstrates that Ayurveda and Siddha share a common conceptual foundation in understanding and managing Netra Roga/Kann Noigal—rooted in elemental theory, humoral imbalance, and attention to lifestyle and environment—while expressing these principles through distinct terminologies and classical formulations. Both systems present remarkably similar anatomical descriptions, classifications (including parallel counts of disease types), etiologies, and correspondences between disease entities, reflecting convergent clinical observation over centuries. Differences lie mainly in language, measurement units, textual lineages, and certain age-related prognoses, but these do not undermine the strong overlap in diagnostic reasoning and therapeutic objectives. Recognizing these convergences can support cross-system clinical dialogue, integrative treatment approaches, and more coherent documentation of traditional ophthalmic practices. Future work should prioritize systematic clinical studies, standardization of terms, and pharmacological evaluation of shared remedies to bridge traditional knowledge with contemporary evidence-based ophthalmology.