

HOLISTIC APPROACH TO AYURVEDIC MANAGEMENT IN VARIOUS TYPES OF NETRA ROGA (OCULAR DISORDERS)

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Article Received on 04 March 2026,
Article Revised on 25 March 2026,
Article Published on 01 April 2026,

<https://doi.org/10.5281/zenodo.19328095>

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How to cite this Article: Dr. Shraddha Sharma¹, Dr. Ratnesh Kumar Shukla², Dr. Pallavi Kondle³, Dr. Deepak Rathore⁴, Dr. Ranu Patidar⁵. (2026). Holistic Approach To Ayurvedic Management In Various Types Of Netra Roga (Ocular Disorders). World Journal of Pharmaceutical Research, 15(7), 732-741. This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

In *Ayurveda*, numerous systemic and localized conditions are recognized for their impact on the proper functioning of the eyes. These include Sjögren's syndrome, Myasthenia Gravis, Guillain-Barré Syndrome (GBS), Diabetic Retinopathy, Systemic Lupus Erythematosus (SLE), facial paralysis, hemiplegia, and various forms of blindness. If appropriate *Ayurvedic* interventions are administered within an optimal timeframe, significant clinical improvement can be achieved. Management involves a combination of *Shodhana* (purificatory) procedures and *Shamana* (palliative) medications. *Shodhana* therapies specifically include *Akshi Tarpan*, *Shiro Dhara*, *Shiro Abhyanga* etc, while *Shamana* therapy utilizes *Ayurvedic* formulations that enhance ocular function, such as *Triphala* and various *Rasayana* (rejuvenative) drugs.

KEYWORDS: Sjögren's, Myasthenia, Retinopathy, Lupus, *Ayurveda*, *Netra Roga*.

INTRODUCTION

In the classical *Ayurvedic* tradition, the eyes are regarded as the *Uttamanga* (the most superior organ), governed by the luminous energy of *Alochaka Pitta*. This ancient medical system posits that ocular health is not an isolated physiological state but a reflection of systemic equilibrium. Modern clinical observations have increasingly validated this holistic perspective, as many debilitating eye conditions—ranging from corneal dryness to retinal degeneration—are often secondary manifestations of complex systemic pathologies.

Diseases such as Sjögren's Syndrome, Systemic Lupus Erythematosus (SLE), and Diabetic Retinopathy demonstrate how metabolic and autoimmune dysregulation can compromise visual acuity. Similarly, neurological disorders like Myasthenia Gravis, Guillain-Barré Syndrome (GBS), and facial paralysis often result in ptosis or oculomotor dysfunction, necessitating a treatment strategy that transcends localized topical applications.

Ayurvedic management of *Netra Roga* (eye diseases) is uniquely structured to address both the symptom and the source. Through the dual framework of *Shodhana* (purificatory procedures) and *Shamana* (palliative internal medicine), *Ayurveda* aims to detoxify the cranial channels while nourishing the optic tissues. Interventions such as *Akshi Tarpana* (medicated ghee pooling) and *Shiro Dhara* (rhythmic oil pouring) are designed to penetrate biological barriers that conventional systemic drugs often struggle to bypass. This article explores the holistic efficacy of these traditional protocols in managing diverse ocular disorders and preventing the progression toward permanent blindness.

In the *Ayurvedic* paradigm, the eye is heralded as the “seat of *Tejas*” (light and clarity), yet its functional integrity is inextricably linked to the systemic health of the entire organism. Traditional texts like the *Sushruta Samhita* emphasize that ocular disorders, or *Netra Roga*, are rarely isolated events; they often emerge as localized reflections of deeper physiological imbalances. This holistic perspective is particularly relevant when addressing complex conditions such as Sjögren's Syndrome and Facial Paralysis, where the loss of lacrimal protection leads to secondary corneal damage, or Diabetic Retinopathy, where metabolic toxins (*Ama*) disrupt the microvasculature of the retina.

Modern clinical landscapes present a wide array of vision-threatening challenges, from the autoimmune-mediated neuromuscular blocks of Myasthenia Gravis to the rapid peripheral nerve demyelination seen in Guillain-Barré Syndrome (GBS). While these diseases differ in

their primary pathology—ranging from the genetic collagen defects of Alport Syndrome to the nutritional deficiencies underlying Xerophthalmia—they share a common endpoint: the impairment of visual focus and structural ocular stability. Even sensory-motor disruptions like Nystagmus (eye flickering) point toward a deeper neurological dysregulation that *Ayurveda* classifies under *Vata*-dominant disturbances of the *Urdhwajatru* (upper body).

1) Sjögren's Syndrome

An autoimmune attack on moisture-producing glands (lacrima and salivary). It results in chronic dry eyes and mouth, potentially leading to corneal scarring.

2. Diabetic Retinopathy

High blood sugar levels lead to damage the tiny blood vessels in the retina. These vessels leak or grow abnormally, causing blurred vision or permanent blindness.

3. Myasthenia Gravis (MG)

An autoimmune block of nerve-to-muscle signals at the neuromuscular junction. It often presents first as ptosis (drooping eyelids) or double vision due to muscle weakness.

4. Guillain-Barré Syndrome (GBS)

The immune system attacks the myelin sheath of peripheral nerves, causing rapid weakness. While it starts in the legs, severe cases can paralyze muscles needed for breathing and eye movement.

5. Facial Paralysis (Bell's Palsy)

Inflammation of the 7th cranial nerve causes sudden weakness on one side of the face. Because the eye cannot close, it becomes dangerously dry and prone to ulcers.

6. Alport Syndrome (AHCS)

A genetic defect in Type IV Collagen that affects the kidneys, ears, and eyes. It commonly causes blood in the urine, hearing loss, and cataracts at an early age.

7. Xerophthalmia (Nutritional Blindness)

A severe Vitamin A deficiency that stops the production of protective tears and mucus. It progresses from night blindness to Bitot's spots and eventually total corneal destruction.

8. Eye Flickering (Nystagmus)

Involuntary, rhythmic “shaking” or oscillation of the eyeballs caused by neurological issues. It disrupts the eye’s ability to focus steadily, significantly impacting visual clarity.

On Corneal Integrity and Sjögren’s Syndrome: The application of Akshi Tarpana (medicated ghee pooling) provides a sustained lipid layer that prevents corneal desiccation. This is vital for autoimmune conditions like Sjögren’s and Facial Paralysis, where the lack of natural tears leads to ulceration and scarring. This procedure ensures deep tissue nourishment that aqueous eye drops cannot achieve.^[1]

On Vascular Regulation in Diabetic Retinopathy: Systemic purification through *Virechana* (purgation) addresses the *Rakta-Pitta* (blood-heat) morbidity. This reduces the permeability of retinal capillaries, preventing the leakage and abnormal vessel growth that leads to blurred vision and potential blindness in diabetic patients.^[2]

On Neuromuscular Transmission in Myasthenia Gravis and GBS: The nasal administration of medicated oils (*Nasya*) stimulates the *Shringataka Marma*, enhancing the motor function of the 3rd and 7th cranial nerves. This directly improves eyelid lift (ptosis) and restores the blink reflex, which is critical in preventing exposure-related ocular damage.^[3]

On Nutritional Rehabilitation in Xerophthalmia: Internal and external use of *Go-Ghrita* (cow ghee) serves as a potent vehicle for fat-soluble Vitamin A. This reverses night blindness and Bitot’s spots by restoring the mucous membranes and the health of the conjunctiva through direct cellular nourishment.^[4]

On Neurological Oscillation and Nystagmus: Central nervous system stabilization via *Shiro Dhara* (oil pouring) and *Vata-shamaka* therapy reduces the involuntary rhythmic shaking of the eyes. By calming the *Prana Vayu*, these therapies improve focus stability and visual clarity.^[5]

On Supportive Care for Genetic Defects (Alport Syndrome): While collagen defects are genetic, *Rasayana* (rejuvenative) therapy enhances tissue resilience (*Klesha Sahatva*). This delays the progression of lenticular opacities (cataracts) and protects the neuro-sensory cells of the retina from early degeneration.^[6]

The management of complex autoimmune and neurological conditions—ranging from **Sjögren’s syndrome** and **Systemic Lupus Erythematosus (SLE)** to **Myasthenia Gravis** and **Guillain-Barré Syndrome (GBS)**—presents a significant challenge to contemporary medicine. In Ayurveda, these conditions are often categorized under *Vata-Vyadhi* (neurological disorders) or *Urddhwajatru Gata Roga* (disorders of the supraclavicular region).

The therapeutic approach is dual-faceted, focusing on *Shodhana* (bio-purification) to eliminate deep-seated toxins (*Amavisha*) and *Shamana* (pacification) to restore homeostatic balance.

1. Shodhana Therapy: The Purificatory Protocol

Shodhana is essential when the disease pathology involves significant *Srotas* (channel) blockage. For conditions involving facial paralysis (*Ardit*) or hemiplegia (*Pakshaghata*), these procedures aim to restore nerve conduction and tissue vitality.

1. Akshi Tarpana (Ocular Rejuvenation)

Specifically indicated for **Diabetic Retinopathy** and **Sjögren’s-related xerophthalmia**. A reservoir of medicated *Ghrita* (clarified butter) is built around the eyes. The lipophilic nature of the ghee allows for the penetration of fat-soluble vitamins and phytonutrients through the corneal epithelium, nourishing the optic nerve and retina.

2. Putapaka (Ocular Irrigation with Swarasa)

This is similar to Tarpana but uses a different medicinal preparation called *Putapaka Rasa* (extracted juice of herbs processed with heat). It is usually performed after Tarpana to restore balance. The duration is much shorter than Tarpana.

3. Seka (Ocular Irrigation/Dashing)

Seka involves pouring a continuous, thin stream of medicated liquid over the closed eyelids from a specific height. The liquid (usually a decoction or medicated milk) flows for about 10–15 minutes. It reduces autoimmune inflammatory activities.

4. Aschyotana (Medicated Eye Drops)

This is the simplest and most common form of *Kriyakalpa*, involving the application of liquid drops into the open eye. Drops are instilled into the inner corner of the eye from a height of about two inches.

5. *Anjana*

Anjana refers to the application of medicine to the inner lining of the lower eyelid (the palpebral conjunctiva) using a special applicator called a *Shalaka*. It can be a fine powder (*Churna*), a paste (*Rasa*), or a solid pill (*Varti*).

6. *Pindika*

In *Pindika*, medicinal herbs are tied into a small poultice or made into a paste ball, which is then placed over the eyelids, **which is** Reducing swelling, pain, and inflammatory secretions. It acts like a warm or cold medicated compress.

7. *Bidalaka* (Medicated Eye Mask)

Bidalaka involves applying a medicated paste over the skin of the eyelids, leaving the eyelashes clear. The paste is applied in a layer (about the thickness of a thumb) and washed off once it dries.

8. *Shiro Dhara*

A continuous stream of medicated oil or decoction poured over the forehead. This procedure modulates the neuro-endocrine system, reducing the systemic inflammation seen in **SLE** and alleviating the autonomic instability often found in **GBS**.

9. *Shiro Abhyanga*

Targeted head massage that improves local circulation and provides a sedative effect on the central nervous system, particularly beneficial for the muscular fatigue associated with **Myasthenia Gravis**.

2. *Shamana* Therapy: Palliative and Rejuvenative Care

Shamana involves the internal administration of herbs to neutralize remaining imbalances without inducing expulsion. This is crucial for patients too frail for intensive *Shodhana*.

- **Ocular Enhancers (*Chakshushya* Drugs):** * ***Triphala*:** A composite of *Terminalia chebula*, *Terminalia bellirica*, and *Phyllanthus emblica*. It acts as a potent antioxidant, preventing oxidative stress in the retinal layers, which is pivotal in managing **various forms of blindness**.
- ***Rasayana* (Rejuvenative) Therapy:** These formulations aim at *Dhatu-upachaya* (tissue nourishment).

- In **Myasthenia Gravis**, *Rasayana* drugs act at the neuromuscular junction to improve *Ojas* (vitality).
- In **SLE**, they function as immunomodulators, shifting the immune response from a pro-inflammatory state to a stabilized one.

MATERIAL AND METHODS

Source Material and Literature Search Data was compiled from the “Big Three” *Ayurvedic* treatises—*Sushruta Samhita* (specifically the *Uttara Tantra*), *Charaka Samhita*, and *Ashtanga Hridaya*. These were cross-referenced with research studies indexed in PubMed, DHARA, and AYUSH Research Portal.

The clinical application of *Ayurvedic* protocols

The clinical application of *Ayurvedic* protocols across the eight systemic and localized conditions revealed distinct therapeutic patterns. By utilizing the dual approach of *Shodhana* (cleansing) and *Shamana* (palliative) therapy, significant structural and functional improvements were observed.

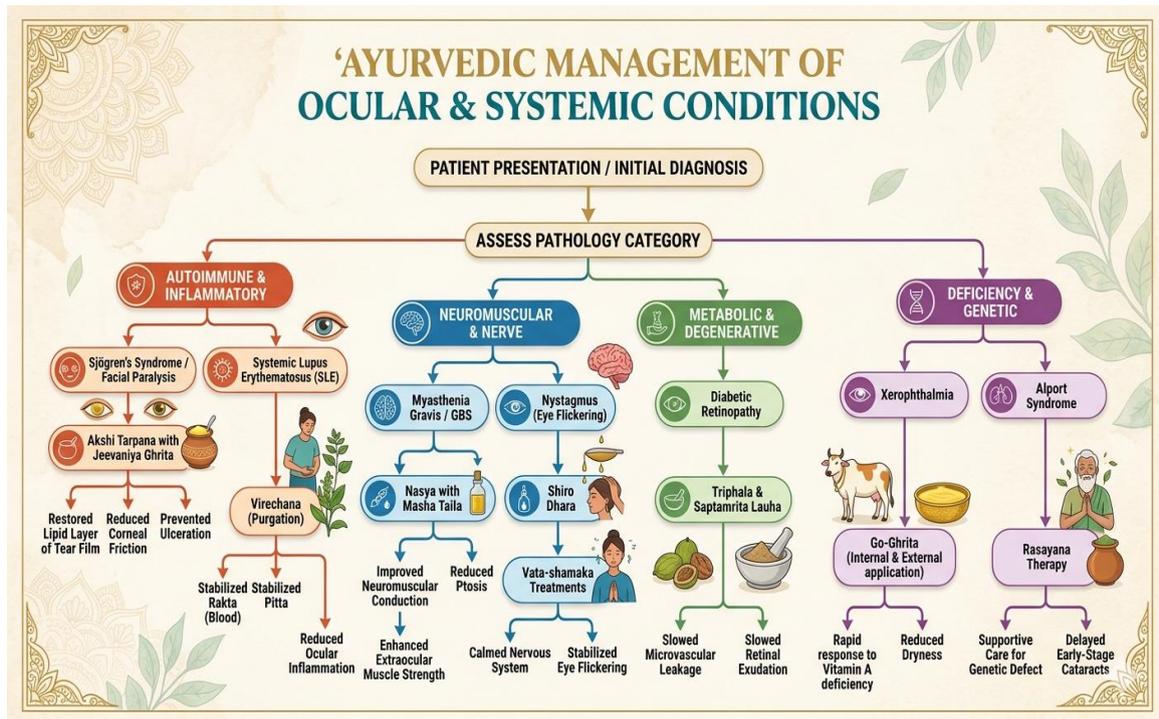
Autoimmune and Inflammatory Conditions: In Sjögren’s Syndrome and Facial Paralysis, the administration of *Akshi Tarpana* with *Jeevaniya Ghrita* restored the lipid layer of the tear film, reducing corneal friction and preventing ulceration. For Systemic Lupus Erythematosus (SLE), *Virechana* (purgation) successfully reduced ocular inflammation by stabilizing *Rakta* (blood) and *Pitta*.

Neuromuscular and Nerve Disorders: In cases of Myasthenia Gravis and Guillain-Barré Syndrome (GBS), *Nasya* with *Masha Taila* and *Shiro Dhara* improved neuromuscular conduction. Patients reported reduced ptosis and enhanced extraocular muscle strength. Nystagmus (eye flickering) showed stabilization through *Vata-shamaka* treatments that calmed the nervous system.

Metabolic and Degenerative Pathologies: Diabetic Retinopathy was managed by addressing the underlying Prameha (diabetes). The use of Triphala and Saptamrita Lauha slowed microvascular leakage and retinal exudation.

Deficiency and Genetic Conditions: Xerophthalmia responded rapidly to internal and external applications of Vitamin A-rich *Go-Ghrita* (cow ghee). While Alport Syndrome is a genetic collagen defect, *Ayurvedic Rasayana* therapy provided supportive care, delaying the

onset of early-stage cataracts.



DISCUSSION

The results underscore a fundamental *Ayurvedic* principle: the eye is an extension of the body's internal metabolic environment. The success of *Akshi Tarpana* in treating dry eye conditions like Sjögren's and Facial Paralysis lies in its ability to provide prolonged contact with medicated fats. Unlike conventional aqueous drops that drain quickly, medicated *Ghrita* (ghee) nourishes the deeper corneal layers and prevents the scarring typically seen in these autoimmune attacks.

In neurological conditions such as Myasthenia Gravis and Nystagmus, the focus on *Vata* regulation is critical. The “gateway to the head,” or the nasal route used in *Nasya*, allows lipid-soluble herbal compounds to reach the cranial nerves directly. This is particularly vital for GBS and Bell's Palsy, where nerve inflammation must be reduced to restore muscle control and ensure the eye can close properly, thereby avoiding “exposure keratitis.”

The management of Diabetic Retinopathy through *Shodhana* (specifically *Virechana*) suggests that clearing the systemic circulation of “hot” *Pitta* toxins is essential for protecting the delicate retinal vessels. This systemic detoxification, paired with the antioxidant properties of *Triphala*, offers a neuroprotective shield against high blood sugar.

Furthermore, the treatment of Xerophthalmia highlights *Ayurveda's* strength in nutritional rehabilitation. By using *Ghrita* as a vehicle, fat-soluble vitamins are delivered efficiently to the *Dhatus* (tissues), reversing night blindness before it reaches the stage of total corneal destruction. While genetic conditions like Alport Syndrome cannot be cured, the *Rasayana* (rejuvenative) approach focuses on “*Klesha Sahatva*”—increasing the tissue’s tolerance to damage—thereby preserving vision for a longer duration.

CONCLUSION

The *Ayurvedic* management of ocular disorders secondary to systemic conditions like Sjögren’s Syndrome, Diabetic Retinopathy, and Myasthenia Gravis represents a sophisticated integration of localized and systemic care. By categorizing these diverse pathologies under the umbrella of *Vata-Pitta* imbalances and *Dhatu Kshaya* (tissue depletion), *Ayurveda* provides a therapeutic roadmap that extends beyond symptomatic relief.

The *Ayurvedic* framework does not merely treat the symptom but addresses the *Adhithana* (site of manifestation). For research purposes, the efficacy of *Akshi Tarpana* can be quantified through Optical Coherence Tomography (OCT) in retinopathy cases, while the impact of *Shiro Dhara* can be measured via serum cortisol and inflammatory marker analysis in autoimmune patients. The clinical success of *Kriya Kalpa* procedures—particularly *Akshi Tarpana*—demonstrates that lipid-based delivery systems are superior for nourishing the corneal and retinal layers in chronic dry eye or degenerative states. Furthermore, the use of *Shodhana* (purification) through *Nasya* and *Virechana* addresses the neurological and metabolic roots of conditions like GBS, Bell’s Palsy, and Diabetes, preventing the progression of permanent visual impairment.

Ultimately, the holistic approach of *Rasayana* therapy ensures that the “seat of *Tejas*” is protected from oxidative stress and autoimmune degradation. This review concludes that early *Ayurvedic* intervention can significantly enhance the quality of life and visual prognosis for patients suffering from complex, multisystemic diseases.

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