

**“A Conceptual Study of *Drishti* in Ayurvedic and Modern point of view”.**

**Kavita Rathore\*<sup>1</sup>, Manish Choudhari<sup>2</sup>, Naresh Jain**

1. P.G. Scholar, Department of Shalaky tantra in National Institute of Ayurveda Jaipur (R.J.)
2. P.G. Scholar, Department of Kayachikitsa in Govt. (Auto.) Dhanwantari Ayurvedic College & Hospital Ujjain (M.P.)
3. Associate Professor, Department of Kayachikitsa in Govt. (Auto.) Dhanwantari Ayurvedic College & Hospital Ujjain (M.P.)

\*Corresponding Author: Mob. No.: 7089036457; Email – [kavitarathore2138@gmail.com](mailto:kavitarathore2138@gmail.com)

**ABSTRACT-**

There are five sense organs (*Panch Gyanendriya*) mentioned in *Ayurvedic Samhitas* i.e. eye (*chakshu*), ear (*shrota*), nose (*ghrana*), tongue (*rasana*) and skin (*twak*). One of these is eye (*Drishti*) which is most important sense organ in our body. *PAcharya Sushruta* the eminent *Ayurveda* region, has described the *Drishti* very accurately in his treatise *Sushruta Samhita*. There are six *Netra Patala* told in *Ayurvedic* classics which can be anatomically correlated with different layers of eyes as explained in modern ophthalmology. *Drishti* is a controversial word in *Shalaky Tantra*, a lot of meanings of *Drishti* have been taken in the *Sushruta Samhita*<sup>1</sup>. So *Drishti* can be simply considered as the functional unit of eye, which performs vision. It is not mere an anatomical structure but the composition of all the essential dhatus of internal

eyeball. In ancient *Ayurvedic* scriptures have explained *Netra Rachna Sharir* and *Kriya Sharir* in a beautiful descriptive manner, still there is need of exploring the terminologies for proper understanding of pathogenesis of *Netra Rogas* and their managements so that implementation of *Ayurvedic* concepts can be done in eradication of *Drishtigata Rogas* in a fruitful manner to serve the humanity.

**KEYWORDS:** *Drishti*, *Sense organ*, *PAcharya Sushruta*.

**INTRODUCTION -**

*Shalaky Tantra* is an important branch in *Ashtang Ayurveda* which deals with the diseases manifesting above supra *clavicular* region (*Urdhwajatrugata roga*)<sup>2</sup>. *Netra Sharira* deals with three major parts of eye-*Mandala*, *Sandhi* and *Patala*<sup>3</sup>. Among five *Drishti Mandala* is one which is situated in the innermost part of eyeball and in context with this

all *Drishtigata Rogas* have been described. *Drishti* is made up of *Panchamahabhuta*, but *Teja mahabhuta* is predominant in the form of *Alochaka Pitta*. There are two types of *Alochaka pitta*-1. *Chakshu vaisheshika* (*Dristipatala*-image formation occur).2. *Buddhi vaisheshika* (Higher visual center-image analysed and perceived by *buddhi*). *Drishti* is an important part of eye and in classics it is interpreted in various aspects.

***Drishti***: The word “*Drishti*” is derived from the “*drish*” *dhatu* by adding the “*ktin*” *pratyaya*. The meaning of the *Drishti* is process by which we see. Different *Acharyas* have different view regarding meaning of *Drishti* which are follows.

1. *Drishti* (Retina)
2. *Drishti* (Vision)
3. *Drishti mandala* (Pupil)
4. *Drishti mani* (Crystalline lens)

***Drishti* (Retina, Optic nerve)**-Some *Drishtigata rogas* like *Shleshma vidagdha Drishti*, *Dhumdarshi*, *Pitta vidagdha Drishti*, *Nakulandhya*, *Haswajadya*, *Gambhirika* can only be explained if *Drishti* word is taken as retina or optic nerve.

***Drishti* (Vision or power to see things)**- *PAcharya Sushruta* has explained that *Adhimantha* destroys the *Drishti* if not treated well in time<sup>4</sup>. From this fact it can be deduced that *Drishti* is the power to see things.

***Drishti mandala* (Pupil)**- *PAcharya Sushruta* has described five *Mandala*'s in the eye out of which innermost one is *Drishti mandala*<sup>5</sup>. *Drishti Mandala* is said to be situated just next to *Krishna Mandala*. As per modern ophthalmology

the eyeball comprises three coats<sup>6</sup>: Outer (Fibrous coat): anterior 1/6th cornea and posterior 5/6th sclera Middle (vascular coat): ciliary body, iris, choroid Inner (nervous coat): retina Also according to modern ophthalmology as we go *anteroposteriorly*, the structure next to cornea is pupil.

**Pramana of *Drishti Mandala***: Size of *Drishti* as per *Sushruta acharyas*<sup>7</sup> is 1/7th of *Krishna Mandala*. At some places it is written 1/9th of *Krishna Mandala*<sup>8</sup>. This is in accordance with the fact that pupil is reactive to light and always keep constricting and dilating physiologically. In other words, pupil size is not constant throughout a day. Moreover, *Drishti* is *vivarakriti*<sup>9</sup> which means like a hole or like a shutter of camera, this supports that *Drishti* is pupil.

***Drishti mani* (Crystalline lens)**- Intraocular crystalline lens placed in posterior chamber of eye ball. As per *Sushruta Samhita Drishti* is *masoordal tulya*<sup>9</sup> (similar to cotyledons of pulses in shape), which is biconvex in shape. It supports the fact that *Drishti* is lens as lens is biconvex<sup>10</sup> in shape.

#### AIM AND OBJECTIVE-

1. Describing *Drishti* from an Ayurvedic and Modern point of view.
2. Detailed consideration of all points of *Drishti*.

#### MATERIALS AND METHODS-

**Material** - Different Ayurvedic scriptures like *Sushruta Samhita*, *Charak Samhita*, *Bhela Samhita* Modern texts books, Medical journals, Published research paper and Articles.  
**Method** - Study type - Review. Literature related to the title is searched

from all authentic Ayurvedic Scriptures, Ayurvedic journals and internet and Modern texts books.

### ***Drishti in Ayurvedic View Drishti in Anatomical Point of view-***

According to *Sushruta Samhita* “5” *Mandals*<sup>11</sup> in the eye ball –

- *Pakshma mandala.*
- *Vartma mandala.*
- *Shweta mandala.*
- *Krishna mandala.*
- *Drishti mandala.*
- “6” *Sandhi*<sup>12</sup> in the eye ball-
- *Pakshma-Vartamagata Sandhi.*
- *Vartama-Shuklagata Sandhi.*
- *Shukla-Krishnagata Sandhi.*
- *Krishna-Drishtigata.*
- *Kaninaka Sandhi.*
- *Apanga Sandhi.*

“6” *Patalas*<sup>13</sup> in the eye ball-  
*Vartmagata Patalas-2*

*Akshigata Patalas-4*

Name	Constituting factor
1 st Patala	Tejas + Jala (Tejojalaashrita)
2 st Patala	Mamsa (Mamsaashrita)
3 st Patala	Medas (Medoaashrita)
4 st Patala	Asthi (Asthyaashrita)

According to *Ayurveda* the vitiated doshas travel through siras and reach the eye then get localized in the *vartmapradesha*, *sita-asitamandala*, *sarvakshi* or *Drishti* and different diseases of eye are manifested. It is described in *Sushruta Samhita* that *Drishti* as a structure itself is covered externally with outer coat (*Avrataam bahayen patalen akshi*). It has also been

told by *Acharya Sushruta* that while doing *Agnikarma* (thermal cauterization) on *vartma* (lids), *Drishti* should be covered with wet gauze (*Drishti achchhadana*)<sup>14</sup>. According to *Acharya Charaka* also there is indication for *Mridusweda* (mild fomentation) for *Drishti* by covering it with *padmautpalapatra* (leaves of lotus) (*Drishti swedayeta mridu naiv va*)<sup>15</sup>. Here *Drishti* can be considered as an anatomical entity. Appearance of *Drishti* has been described as glow like a lightening bug or that of minute particle of fire (*Khadhyota visfulingabha*). Structure of *Drishti* has been explained as a hole or aperture (*Vivarakriti*)<sup>16</sup>.

### ***Drishti in Physiological Point of View-***

Properties of *Drishti*- cold atmosphere (*Sheet satmya*) *Drishti* as knowledge-  
*Drishti* *visharada* is a term used for having extreme knowledgeable person. *Drishti* as Vision- In *Ayurvedic* classics there are several references which indicate that *Drishti* term is used for vision. Few textual references are as following.

- When *Tejo Dhatu* does not reach *Drishti*, congenital blindness (*Jatyandha*) is developed<sup>17</sup>.
- If poison is given in *Anjana* form (*Visha Samsrishta Anjana*) then blurring of vision (*Drishti vibhrama*) occurs<sup>18</sup>.
- Controlling *vega* (natural urges) like *Kshudha* and *Adhovayu* leads to defective vision<sup>19,20</sup>.
- If *Adhimantha* is not treated properly it leads to loss of vision (*Drishtihanana*)<sup>21</sup>.



- *Acharya Vagbhata* used term *Drishti Mushita darshanam* for loss of vision in *Aupsargika Lingnasha*<sup>22</sup>. *Acharya Sushruta* used term *Drishti runaddhi* for loss of vision in *Linganasha*<sup>23</sup>.

#### **Drishti in Modern View**<sup>24</sup>

In Modern Ophthalmology there are few structures related to vision which can be comparable to the description given in *Ayurvedic* texts for *Drishti*. Structures related to visual axis and vision are as following-

**Cornea:** Cornea is a clear, transparent and elliptical structure with a smooth shining surface. **Aqueous humour:** The aqueous humour is a clear watery fluid filling the anterior chamber (0.25 ml) and posterior chamber (0.06 ml) of the eyeball. It plays an important metabolic role by providing substrates and by removing metabolites from the *avascular* cornea and lens. It maintains optical transparency.

**Pupil:** Pupil is central opening in the iris and its size varies between 1 and 8 mm. Constriction of pupil regulates the entry of light inside the eye and allows the retina to adapt to the changes in the illumination<sup>25</sup>.

**Lens:** The lens is a biconvex and transparent structure. The lens has nodal point (optical centre of lens) on its posterior part through which rays of light passes to retina.

**Retina:** It is the innermost tunic of the eyeball and the most highly-developed

tissue and consists of 10 layers. Grossly it is divided into two distinct regions: Posterior Pole and Peripheral Retina separated retinal equator. The posterior region of the retina is called the posterior pole, the posterior pole of the retina consists of two regions: the macula lutea and the optic disc.

**Optic disc:** The optic disc is also called the “blind spot” or the “physiological blind spot”. It is called this because there are no receptors in this part of the retina. This is where all of the axons of the ganglion cells exit the retina to form the optic nerve. There are no light sensitive rods or cones to respond to a light stimulus at this point.

**Macula lutea:** It is about 5.5 mm in diameter. *Fovea centralis* is the central depressed part of the macula. It is about 1.5 mm in diameter and is the most sensitive part of the retina. In its centre is a shining pit called *Foveola* (0.35 mm diameter) which is situated about 2-disc diameters (3 mm) away from the temporal margin of the disc and about 1 mm below the horizontal meridian. An area about 0.8 mm in diameter (including *foveola* and some surrounding area) does not containing retinal capillaries and is called *foveal avascular zone* (FAZ).

**Visual Axis:** Visual axis is the line joining the Gaze or fixation (O), nodal point (N), and the fovea (F).

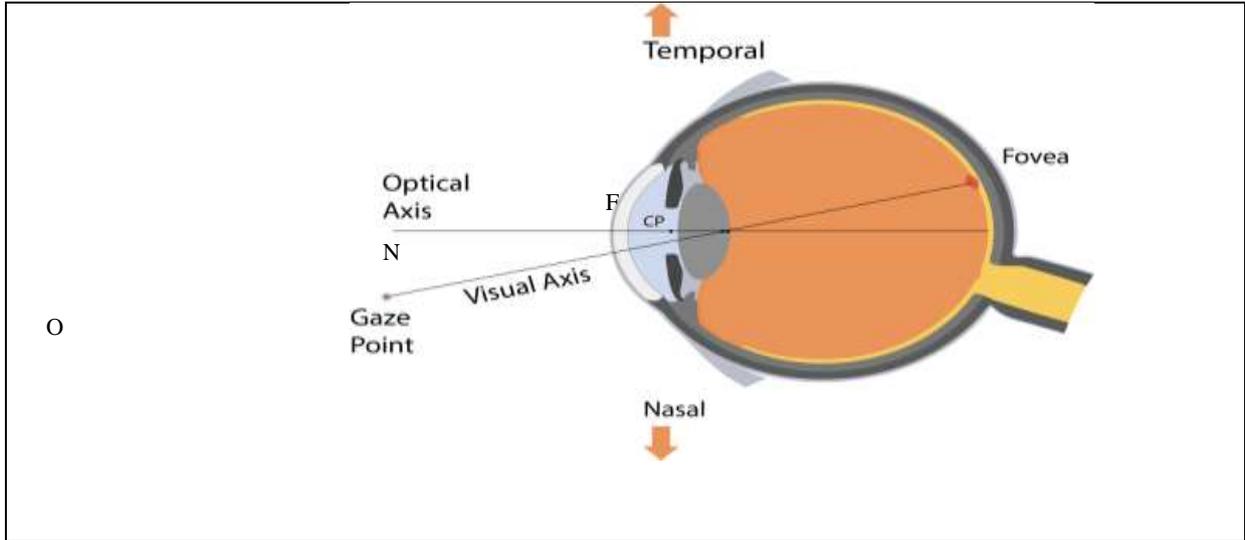


Figure 1 Visual axis (OF)

Visual pathway system: The visual pathway consists of- Optic Nerve, Optic Chiasma, Optic Tract, Lateral Geniculate Body, Optic Radiations and Visual Cortex.

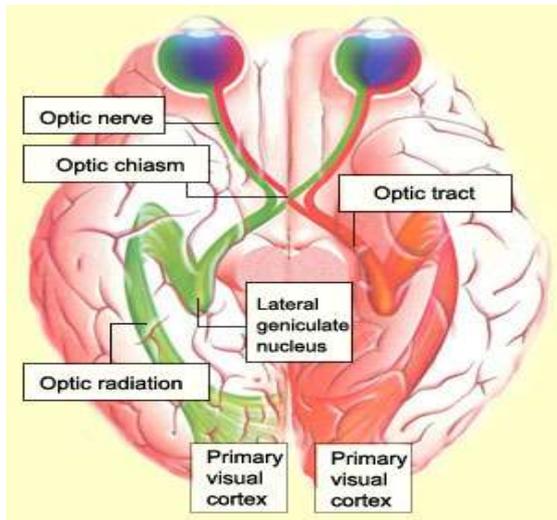


Figure 2 Visual Pathway

**Drishti as Retina:** *Drishti* is made up of sara of *Panchamahabhoot*, but *Teja mahabhoot* is predominant in the form of *Alochaka Pitta* which is considered as light media for eye. *Roopa* with the help of *teja* travels into *chakshu* and then reached to *chaksurendriya* and then to *chakshubudhhi* where perception of the

object occurs and finally perceived by *atma* which provide information of the object and all this can be considered as pathway for visual impulse received by eyes and thus enabling it to see.



*Indriyaartha* (object has form)



*Indriyadravya* (light media)



*Indriyaadhithana* (eyes)



*Indriya* (photoreceptor cells of retina (rods and cones))



*Indriyabuddhi* (transmission of image via visual pathway)



*Atma* (higher centre i.e. visual cortex)

**Concept of physiological aspect of *Drishti*-**

*Patalas* are the main seat for the disease where the feature is impairment in vision. It may blurred vision for distance or near, *metamorphopsia*, *diplopia* and visual field defects. Acharya Bhela has described two types of *alochaka pitta*-

1. *Chakshyu vaisheshika* - The former is responsible for proper formation of image on the retina and transmission of impulses (conditions wherein the media of the eye and retina is involved).
2. *Buddhi vaisheshika* (Higher visual center-image analysed and perceived by *buddhi*)<sup>26</sup>.

### Concept of pathological aspects of *Drishti*-

The diagnosis of a disease with impairment in the vision is based only on the symptoms. When *prathama* and *dwiteeya patala* is invaded by the doshas, it is called as *timira*, *triteeya patala* is *kacha* and *chaturtha patala* is *linganasha*. These *timira*, *kacha*, *linganasha* are the progressive stages of a disease which starts with the blurring of vision, ending with complete loss of vision. Clinical application of concept of *Drishti Myopia*: characterised by blurring of vision for distant objects<sup>27</sup>. This feature is seen in *prathama patalagata dosha lakshana*. *Dosha* is

*vata*. Hence, *vatajatimira* line of management should be followed. *Presbyopia* is difficulty in near vision seen as a symptom in *dwiteeya patalagata dosha*. *Dosha* involved is *vata*. Vitreous degeneration, floaters are seen. This feature is seen in *dwiteeya patalagata lakshana*. *Dosha* is *vata* (responsible for degeneration). *Diplopia* wherein there will be double vision is seen as *triteeya patalagata lakshana*. *Metamorphopsia* which is seen in many conditions where there is distortion of vision<sup>28</sup>. This feature is seen in *triteeya patalagata dosha lakshana (karna nasa kshi yuktani viparitani ca veekshyate)*. *Dosha* can be either *vata* or *pitta*. Visual field defects characterized by different pattern of vision loss. The pattern of visual field defect corresponds to the site of lesion in the visual pathway. For instance, if nasal fibres of right eye are affected it leads right temporal visual field defect<sup>29</sup>. In *triteeya patalagata dosha*, depending on the lodgement of *dosha* the corresponding side of vision will not be seen. For example, if the *doshas* are situated in the side of *Drishti* then lateral part of field of vision is lost. This is seen as *triteeya patalagata lakshana* and also in *sannipataja timira*. Hence, *sannipataja timira* line of management should be followed.

The

features of *patalagata doshas* are listed in the table below-

Sr. No.	<i>Patalas</i>	<i>Lakshana</i>	Interpretation of Symptoms and signs
1	<i>Prathama</i>	Disturbance in vision <sup>30</sup>	Blurred of vision
2	<i>Dwiteeya</i>	Patient sees objects like insects, hairs and webs, unable to perceive certain parts in a face, sees certain luminous	Floaters, <i>metamorphopsia</i> , photopsia, loss of depth perception and presbyopia

		objects like stars, objects which are near appears to be far and vice versa, unable to thread a needle <sup>31</sup> .	
3	<i>Triteeya</i>	There will be <i>raga prapthi</i> – different colours will be imparted to the patalas corresponding to the dosha involved. Vatadosha – reddish black, pitta – yellow or blue, <i>kapha</i> – white, rakta – red, <i>sannipataja</i> as multiple colours and <i>parimlayi</i> as yellow, red or blue <sup>32</sup> .	Visual pathway defects, retinal tear or detachment, <i>metamorphopsia</i> . Raga prapthi to the patalas as any change in the general back ground. Example: vitreous haemorrhage – as pittaja, Retinitis <i>pigmentosa</i> as <i>vataja</i> .
4	<i>Chaturtha</i>	Complete loss of vision but still the patient sees bright objects like sun, moon and Lightening <sup>33</sup> .	Conditions where in the patient is said to be legally blind, conditions where there is retinal traction leading to flashes.

## DISCUSSION-

In *Ayurveda*, *Drishti* is used as a broad terminology and is used accordingly in different aspects. From the present study it can be concluded that *Drishti* is not just a single entity but composed of many structures that can be correlated in modern ophthalmology. The structures which come across visual axis and their functional output in total can be taken as *Drishti*. In view of this definition the structures i.e. central part of Cornea, Pupil, Lens, Vitreous, Retina, Visual pathway all come under the broad view of *Drishti* along with functional outcome i.e. vision. For treating the diseases related with *Drishti* there should be proper knowledge of different terminologies and their practical implementation so that the basic aim of *Ayurveda*- to maintain the health of healthy person and to cure the unhealthy person can be achieved. In *Ayurveda*, *Drishti* is used as a broad terminology

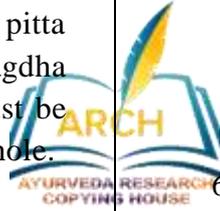
and is used accordingly in different aspects. From the present study it can be concluded that *Drishti* is not just a single entity but composed of many structures that can be correlated in modern ophthalmology. In this literary study we collected various data from the deferent *Ayurvedic* scriptures with the available commentaries, as well as text books of modern medical sciences, various articles for better understanding of the *netra sharir* and its comparison with contemporary science. Acharyas have explained *prakriti* also has described the anatomy of eye in relation to their shape, size of various anatomical components. *Sushruta* has explained seventy-six different kinds of eye diseases and their treatment in *uttara tantra*. The *Netra* execute both physiological functions *roopagrahana* and *buddhigrahana* as it is the seat of *Alochaka pitta*. It is predominant of *tejo mahabhuta* so, there is always dread of *kapha* to eye.

## CONCLUSION-

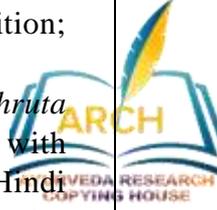
It is also said that all types of eye diseases originate from the *Abhishyandha*. Therefore, the wise doctor should first treat the disease *Abhishyandha* (*Prayena sarve nayanaamyastu bhavantyaabhishandnimittamula*)<sup>34</sup>. The eye sees the images with the help of mind not by the eye (itself) and the eye does not (actually) see the images when the mind is perturbed even if it (physically) sees them. It has to be understood what it implies in relation to where the word *Drishti* is being used. As explained above, in context of anatomy it should be referred as pupil, in context of kanch, timir, linganaash (*Drishtigata rogas*) it should be considered as intraocular lens whereas in pitta *vidagdha Drishti*, shleshma *vidagdha Drishti* etc. *Drishtigata rogas* it must be taken as optic nerve or retina as a whole.

## REFERENCES-

1. Kaviraj Shastri Ambikadutta Aupdravikam adhyaya.in: Ayurveda Tattva Sandipika Hindi Commentary Susruta *Samhita* Uttaratantra 2013 reprint edition Chaukhambha Sanskrit Sansthan Varanasi 2013: pp 6-11
2. *Charak Samhita*, Vidyotini Hindi Commentary by Pt. Kasinatha Sastri and Dr. Gorakha Natha Chaturvedi, Editor by Pt. Rajeshwardatta Shastri, Vol-1, Chaukhambha Bharati Academy Gokul Bhawan Varanasi, Reprint :2017, Sutrasthana 30/26, Page no.589.
3. Kaviraj Shastri Ambikadutta uttaratantra Aupdravikam adhyaya.in: Ayurveda Tattva Sandipika Hindi Commentary Susruta *Samhita* Uttaratantra 2013 reprint edition Chaukhambha Sanskrit Sansthan Varanasi 2013: pp 8-11 shloka 14-18
4. Shastri Ambikadutt, *Sushruta Samhita* edited with Ayurveda tatva sandipika Hindi Commentary, Uttar tantra 6th chapter, Sarvagatarogavigyaniya adhyaya 6/20, Varanasi, Chaukhambha Sanskrit Sansthan, reprint edition; 2009 p-36
5. Shastri Ambikadutt, *Sushruta Samhita* edited with Ayurveda tatva sandipika Hindi Commentary, Uttar Tantra 1st chapter 1/15, Aupdravikam adhyaya Varanasi, Chaukhambha Sanskrit Sansthan, reprint edition; 2009. p.08
6. Khurana AK, Comprehensive Ophthalmology, fourth ed. Chapter 1, Anatomy & development of eye, New age International Publishers, New Delhi. P-3
7. Shastri Ambikadutt, *Sushruta Samhita* edited with Ayurveda tatva sandipika Hindi Commentary, Uttar Tantra 1st chapter, Aupdravikam adhyaya 1/13, Varanasi, Chaukhambha Sanskrit Sansthan, reprint edition; 2009. p.07
8. Shastri Ambikadutt, *Sushruta Samhita* edited with Ayurveda tatva sandipika Hindi Commentary, Sutra Sthana, 35th chapter 35/12, Aaturupkramaniya adhyaya, Varanasi, Chaukhambha



- Sanskrit Sansthan, reprint edition; 2009. p.07
9. Shastri Ambikadutt, *Sushruta Samhita* edited with Ayurveda tatva sandipika Hindi Commentary, Uttar tantra 7th chapter, *Drishtigatarogavigyaniya adhyaya* 7/3-4, Varanasi, Chaukhambha Sanskrit Sansthan, reprint edition; 2009 p-40.
  10. Khurana AK, Comprehensive Ophthalmology, fourth ed. Chapter 8, Diseases of Lens, New age International Publishers, New Delhi. P-167.
  11. Dr. Anant Ram Sharma, *Sushruta Samhita* edited with Susrutavimarsini Hindi Commentary, Uttar Tantra 1st chapter Aupdravikam adhyaya 1/17, Varanasi, Chaukhambha Sanskrit Sansthan, reprint edition; 2013. p.6
  12. Dr. Anant Ram Sharma, *Sushruta Samhita* edited with Susrutavimarsini Hindi Commentary, Uttar Tantra 1st chapter Aupdravikam adhyaya 1/17, Varanasi, Chaukhambha Sanskrit Sansthan, reprint edition; 2013. p.7
  13. Dr. Anant Ram Sharma, *Sushruta Samhita* edited with Susrutavimarsini Hindi Commentary, Uttar Tantra 1st chapter Aupdravikam adhyaya 1/17, Varanasi, Chaukhambha Sanskrit Sansthan, reprint edition; 2013. p.8
  14. Kaviraj Shastri Ambikadutta Agnikarmvidhi adhyaya. in: Ayurveda Tattva Sandipika Hindi Commentary Susruta *Samhita* Sutrasthana Part 1 2013 reprint edition Chaukhambha Sanskrit Sansthan Varanasi 2013 pp 52 shloka9.
  15. Chakrapani Datta Acharya Swedadhyaya ed. Vaidya Jadavaji Trikamji Acharya in Ayurveda Dipika commentary of Agnivesha pranita *CarakaSamhita*—Elaborated by *Charaka* and Dridhabala Sutra Sthana 5th ed. Reprint 2000 ChaukhambaSurbharatiPrakashan Varanasi 738 pp, P 88
  16. Kaviraj Shastri Ambikadutta uttaratantra *Drishtirogavijaniya* adhyaya. in: Ayurveda Tattva Sandipika Hindi Commentary Susruta *Samhita* Uttaratantra 2013 reprint edition Chaukhambha Sanskrit Sansthan Varanasi pp 40 shloka 3,4.
  17. Kaviraj Shastri Ambikadutta Shukrashonitshuddhisharira adhyaya. in: Ayurveda Tattva Sandipika Hindi Commentary Susruta *Samhita* Sharirasthana Part 1 2013 reprint edition Chaukhambha Sanskrit Sansthan Varanasi 2013 pp 20 shloka 38.
  18. Kaviraj Shastri Ambikadutta Kalpasthanam annapaanarakshakalpa adhyaya. in: Ayurveda Tattva Sandipika Hindi Commentary Susruta *Samhita* Uttaratantra 2013 reprint edition Chaukhambha Sanskrit Sansthan Varanasi 13 shloka 69.
  19. Vaidya Upadhyaya Yadunanadana ed. Uttarasthana *Drishtirogavijaniya* in Vidyotini Hindi Commentary of Ashtangahridayam of Vagbhata by Kaviraja Gupt Atridev Uttarasthana reprint 2016 Chaukhambha Prakashana Varanasi pp 669 shloka 31.



20. Kaviraj Shastri Ambikadutta uttaratantra Udavartapratishedha adhyaya. in: Ayurveda Tattva Sandipika Hindi Commentary Susruta *Samhita* Uttaratantra 2013 reprint edition Chaukhambha Sanskrit Sansthan Varanasi pp 519 shloka 16.
21. Vaidya Upadhyaya Yadunanadana ed. Sutrasthana Roganutpadniya adhyaya in Vidyotini Hindi Commentary of Ashtangahridayam of Vagbhata by Kaviraja Gupt Atridev Sutrasthana reprint 2016 Chaukhambha Prakashana Varanasi p 46 shloka 2.
22. Kaviraj Shastri Ambikadutta uttaratantra Sarvagatarogavijaniya adhyaya. in: Ayurveda Tattva Sandipika Hindi Commentary Susruta *Samhita* Uttaratantra 2013 reprint edition Chaukhambha Sanskrit Sansthan Varanasi pp 33 shloka 20.
23. Kaviraj Shastri Ambikadutta uttaratantra *Drishtigatarogavijaniya* adhyaya. in: Ayurveda Tattva Sandipika Hindi Commentary Susruta *Samhita* Uttaratantra 2013 reprint edition Chaukhambha Sanskrit Sansthan Varanasi pp 42 shloka 16.
24. Khurana AK Khurana Aruj K Khurana Bhawna diseases of eye section 3 Comprehensive Ophthalmology Sixth edition 2015 Jaypee Brothers Medical Publishers (P) Ltd. New Delhi p59-179,263
25. Nema HV Nema pupil in Neurology of Vision Textbook of Ophthalmology Fifth edition 2008 Nitin Jaypee Brothers Medical Publishers (P) Ltd. New Delhi p12-13.
26. Bhela *Samhita* (Hindi commentary) sriabhaykatyayan, choukhamba surbharatiprakashana, sarirasthana,2008,4/4, p212.
27. Parson's diseases of the eye, Ramanjitsihota, radhika tendon, 22nd edition, Elsevier publication, Haryana, 2015, pg. 28, 29, 30
28. Parson's diseases of the eye, Ramanjitsihota, radhika tendon,22ndedition, Elsevier publication, Haryana, 2015, pg. 71
29. Parson's diseases of the eye, Ramanjitsihota, radhika tendon, 22ndedition, Elsevier publication, Haryana, 2015, pg. 58, 343, 435, 256
30. Dr. Anant Ram Sharma, *Sushruta Samhita* edited with Susrutavimarsini Hindi Commentary, Uttar Tantra 7st chapter *Drishtirogavigyaniya*adhyaya 7/6, Varanasi, Chaukhambha Sanskrit Sansthan, reprint edition; 2013. p.54
31. Dr. Anant Ram Sharma, *Sushruta Samhita* edited with Susrutavimarsini Hindi Commentary, Uttar Tantra 7st chapter *Drishtirogavigyaniya*adhyaya 7/7-10, Varanasi, Chaukhambha Sanskrit Sansthan, reprint edition; 2013. p.55
32. Dr. Anant Ram Sharma, *Sushruta Samhita* edited with Susrutavimarsini Hindi Commentary, Uttar Tantra 7st chapter *Drishtirogavigyaniya*adhyaya



- 7/11-14, Varanasi, Chaukhambha Sanskrit Sansthan, reprint edition; 2013. p.55
33. Dr. Anant Ram Sharma, *Sushruta Samhita* edited with Susrutavimarsini Hindi Commentary, Uttar Tantra 7st chapter  
*Drishtirogavigyaniyaadhyaya*  
7/15-17, Varanasi, Chaukhambha Sanskrit Sansthan, reprint edition; 2013. p.56
34. Dr. Anant Ram Sharma, *Sushruta Samhita* edited with Susrutavimarsini Hindi Commentary, Uttar Tantra 6st chapter  
*Sarvarogavigyaniyaadhyaya* 6/5, Varanasi, Chaukhambha Sanskrit Sansthan, reprint edition; 2013. p.43

**Conflict of Interest:**

Non

**DOI**

<https://doi.org/10.52482/ayurline.v5i02.520>

**Source of funding:**

Nil

**Cite this article:**

*Kavita Rathore, Manish Choudhari, Naresh Jain, (2021), "A Conceptual Study of Drishti in Ayurvedic and Modern point of view."*

Ayurline: International Journal of Research In Indian Medicine 2021; 5(2):01-11

