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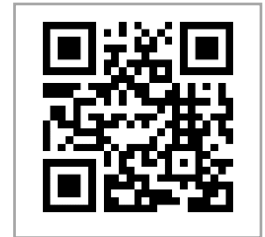


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## Anjananamika (Stye): An Integrative Review Rathod R.T.<sup>1</sup>

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**ABSTRACT: Background:** Anjananamika, described under Vartmagata Roga in classical Ayurvedic texts, closely resembles the condition of stye (hordeolum) in modern ophthalmology. It is characterized by a localized, painful, and suppurative swelling at the eyelid margin. While modern medicine attributes its origin primarily to bacterial infection—commonly by *Staphylococcus aureus*—Ayurveda considers it a manifestation of Pitta–Rakta Dushti with localized involvement of the eyelid (Vartma). **Objective:** To present a comprehensive and comparative analysis of the pathophysiology, clinical features, and management of Anjananamika from both Ayurvedic and modern perspectives. **Materials and Methods:** study is based on a narrative review of classical Ayurvedic literature, including Sushruta Samhita and Ashtanga Hridaya, along with relevant modern ophthalmological concepts. The collected information was critically analyzed to establish correlations between the two systems of medicine. **Results:** Both Ayurveda and modern medicine describe Anjananamika/stye as an acute inflammatory condition of the eyelid with similar clinical manifestations such as pain, redness, swelling, and suppuration. Modern medicine emphasizes glandular blockage and bacterial infection as primary causes, whereas Ayurveda highlights the role of vitiated Pitta and Rakta Dosha leading to Shotha (inflammation) and Paka (suppuration). Ayurvedic management includes Sthanika Chikitsa (local therapies), internal medications, and lifestyle modifications aimed at correcting the underlying doshic imbalance. **Conclusion:** An integrative understanding of Anjananamika provides a broader insight into its etiopathogenesis and management. While modern treatment ensures prompt symptomatic relief, Ayurvedic principles offer a holistic approach targeting the root cause and prevention of recurrence. This combined approach may enhance therapeutic outcomes and promote sustainable ocular health.

**KEYWORDS:** Anjananamika, Stye, Hordeolum, Vartmagata Roga, Pitta-Rakta Dushti, Eyelid Disorders, Integrative Medicine

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## INTRODUCTION:

In the Ayurvedic system of medicine, Anjananamika is categorized under *Vartmagata Roga*, a group of disorders specifically affecting the eyelids (*Vartma*). Classical treatises such as Sushruta Samhita and Ashtanga Hridaya describe it as a localized inflammatory swelling resembling a *Pidika* (boil), typically occurring at the margin of the eyelid. The condition is predominantly considered *Pittaja* in origin, with significant involvement of *Rakta Dhatu*. The vitiation of these factors leads to localized heat, redness, swelling, and suppuration, which are cardinal features of the disease. The etiological factors (*Nidana*) contributing to Anjananamika include excessive intake of *Ushna* (hot), *Amla* (sour), and *Katu* (pungent) foods, exposure to environmental irritants such as dust and smoke, poor ocular hygiene, and suppression of natural urges. These factors collectively aggravate *Pitta* and vitiate *Rakta*, predisposing the eyelid tissues to inflammatory changes. In contrast, modern ophthalmology defines a stye (hordeolum) as an acute pyogenic infection of the eyelid glands. It is most commonly caused by the bacterium *Staphylococcus aureus*, which infects either the sebaceous glands of Zeis or the apocrine sweat glands of Moll. The condition may be classified as an external hordeolum (involving glands of Zeis or Moll) or an internal hordeolum (involving Meibomian glands). The pathogenesis in modern medicine involves obstruction of glandular ducts followed by bacterial colonization and rapid multiplication, leading to localized inflammation and abscess formation. Predisposing factors include poor eyelid hygiene, chronic blepharitis, excessive eye rubbing, use of contaminated cosmetics, and compromised immunity. Thus, while Ayurveda emphasizes internal doshic derangement leading to localized pathology, modern medicine

focuses on microbial infection and glandular blockage as primary causative mechanisms. Both perspectives, however, converge in recognizing the inflammatory and suppurative nature of the condition.

## Anjananamika (Stye): An Integrative Perspective

Anjananamika, a condition described in classical Ayurvedic literature, shows a close clinical resemblance to the modern ophthalmological entity known as a stye or hordeolum. It is essentially an acute, localized suppurative inflammation affecting the glands of the eyelid. Clinically, it manifests as a small, tender swelling at the eyelid margin, accompanied by redness, pain, and sometimes the formation of pus. Though often considered a minor ailment, it can cause significant discomfort and functional disturbance, particularly when recurrent. From an integrative standpoint, the understanding of Anjananamika becomes particularly meaningful when both Ayurvedic and modern concepts are examined together.

While modern medicine explains it primarily as a bacterial infection leading to glandular inflammation, Ayurveda interprets it as a localized manifestation of systemic doshic imbalance, especially involving *Pitta* and *Rakta*. This dual perspective not only enhances comprehension of the disease process but also broadens the scope of its management.

## Pathophysiology – Modern Perspective (Elaborative Narrative)

From a modern biomedical standpoint, a stye (hordeolum) represents an acute, localized, suppurative inflammatory process involving the glands of the eyelid. The condition typically arises due to infection with the bacterium *Staphylococcus aureus*, which is a common commensal organism of

the skin but becomes pathogenic under favorable conditions.

The pathogenesis begins with the obstruction of the ductal openings of the eyelid glands—namely the Meibomian glands (tarsal glands), glands of Zeis (sebaceous), or glands of Moll (apocrine sweat glands). This obstruction may occur due to accumulation of debris, desquamated epithelial cells, excessive oily secretions, or external contaminants. Contributing factors such as poor eyelid hygiene, habitual eye rubbing, use of contaminated cosmetics, and systemic conditions leading to reduced immunity further predispose the glandular structures to blockage and infection.

Once the gland is obstructed, it creates a favorable microenvironment for bacterial colonization and proliferation. The retained secretions within the gland serve as a nutrient-rich medium, allowing rapid multiplication of microorganisms, predominantly *Staphylococcus aureus*. This microbial invasion triggers the host's innate immune response.

Subsequently, an acute inflammatory reaction is initiated, characterized by vasodilation, increased vascular permeability, and infiltration of inflammatory cells such as neutrophils. This stage clinically manifests as localized redness (*erythema*), warmth, swelling, and significant tenderness over the affected eyelid margin. As the inflammatory process progresses, there is suppuration and formation of pus, resulting from the accumulation of dead leukocytes, necrotic tissue, and bacterial debris. This leads to the development of a localized abscess, which appears as a pointed swelling (often with a visible yellowish head) at the lid margin.

Thus, the entire sequence can be understood as a continuum:

- Initial ductal obstruction
- Followed by bacterial proliferation

- Leading to acute inflammation
- Culminating in suppuration and abscess formation

Clinically, this cascade presents as a painful, erythematous, and tender swelling on the eyelid, often associated with watering of the eyes, foreign body sensation, and occasionally mild photophobia. In most cases, the lesion tends to localize and rupture spontaneously, leading to resolution; however, inadequate management may result in recurrence or progression to chronic conditions such as chalazion. This modern understanding highlights the interplay between mechanical obstruction, microbial factors, and host immune response, forming the basis for therapeutic approaches focused on hygiene, antimicrobial measures, and facilitation of drainage.

#### **Pathophysiology – Ayurvedic Perspective (Elaborative Narrative):**

In Ayurveda, the pathogenesis (*Samprapti*) of Anjanamika is explained through a precise interplay of *Dosha*, *Dushya*, and *Srotas*, culminating in a localized inflammatory lesion of the eyelid (*Vartma*). Classical treatises such as Sushruta Samhita and Ashtanga Hridaya provide a detailed description of its causation and progression. The disease originates from specific *Nidana* (etiological factors) that predominantly aggravate *Pitta Dosha* and vitiate *Rakta Dhatu*. Dietary factors such as excessive consumption of *Amla* (sour), *Katu* (pungent), and *Ushna Ahara* (hot and spicy foods) play a central role in provoking *Pitta*. Additionally, environmental exposures like dust, smoke, and excessive heat further intensify this vitiation. Behavioral factors, including poor ocular hygiene and suppression of natural urges (*Vega Dharana*), contribute to systemic imbalance and local susceptibility of the eyelid tissues.

As a result of these causative factors, Pitta and Rakta undergo vitiation (*Dosha Prakopa*), acquiring qualities such as *Ushna* (heat), *Tikshna* (sharpness), and *Drava* (fluidity). These aggravated Doshas circulate through the body and eventually localize in a susceptible site—a process termed *Sthanasamshraya*. In the case of Anjananamika, the site of localization is the *Vartma* (eyelid), which is structurally delicate and richly supplied with *Rakta*, making it particularly prone to inflammatory conditions.

Following localization, the vitiated Doshas interact with local tissues (*Dushyas*), leading to the manifestation of *Shotha* (inflammation). Clinically, this stage is characterized by *Raga* (redness), *Shotha* (swelling), *Vedana* (pain), and *Toda* (pricking sensation). Due to the dominance of Pitta and Rakta, the inflammatory response is intense and rapidly progressive.

As the pathological process advances, the inherent *Pachaka* (transformative) nature of aggravated Pitta leads to *Paka* (suppuration). This results in the formation of a localized, boil-like swelling known as *Pidika*, which is the hallmark of Anjananamika. The lesion becomes more prominent, tender, and may eventually discharge, resembling the suppurative stage described in modern pathology.

Thus, the sequential progression of the disease can be understood as:

1. **Dosha Prakopa** – Predominant vitiation of Pitta and Rakta due to *Nidana*
2. **Sthanasamshraya** – Localization of vitiated Doshas in the eyelid (*Vartma*)
3. **Vyakti (Manifestation)** – Development of inflammatory features (*Shotha*, *Raga*, *Vedana*)

4. **Paka Avastha** – Suppuration leading to formation of *Pidika* (Anjananamika)

This Ayurvedic understanding emphasizes that Anjananamika is not merely a localized lesion but a manifestation of systemic doshic imbalance, particularly involving Pitta and Rakta. Hence, its management is directed not only toward local treatment but also toward correcting the underlying internal pathology, ensuring both effective resolution and prevention of recurrence.

### Signs and Symptoms

#### Modern Clinical Features

- Painful swelling on eyelid
- Redness and tenderness
- Localized pus point
- Watering of eyes
- Mild photophobia
- Foreign body sensation

#### Ayurvedic Lakshana

- *Raga* (redness)
- *Shotha* (swelling)
- *Vedana* (pain)
- *Paka* (suppuration)
- *Toda* (pricking sensation)

The lesion resembles a small boil (*Pidika*) at the eyelid margin.

#### Ayurvedic Management

##### 1. General Treatment Principles

- Pitta-Rakta Shamana
- Shothahara (anti-inflammatory)
- Vedanasthapana (pain relief)
- Krimighna (antimicrobial)

##### 2. Local Treatments (Sthanika Chikitsa)

###### a. Swedana (Warm fomentation)

- Mild fomentation helps in reducing swelling and promoting drainage

**b. Anjana Karma (Collyrium application)**

- Use of herbal formulations for local application

**c. Lepa (Topical application)**

- Paste of Haridra (Turmeric) and Triphala
- Acts as anti-inflammatory and antimicrobial

**3. Internal Medications**

- **Triphala Guggulu** – anti-inflammatory and detoxifying
- **Gandhaka Rasayana** – antimicrobial and immune booster
- **Mahamanjishthadi Kwatha** – Rakta shodhana

**4. Dietary and Lifestyle Modifications**

- Avoid spicy, oily, and fermented foods
- Maintain proper eye hygiene
- Avoid eye rubbing
- Adequate sleep and hydration

**5. Preventive Measures**

- Regular Netra Prakshalana (eye washing)
- Use of Triphala eye wash
- Maintaining cleanliness

**DISCUSSION:**

Anjananamika, as delineated in the Ayurvedic classics, represents a localized inflammatory disorder of the eyelid that bears a strong clinicopathological resemblance to the stye (hordeolum) described in contemporary ophthalmology. Both systems recognize the condition as an acute, suppurative lesion characterized by pain, redness, swelling, and eventual pus formation at the eyelid margin. However, the interpretative frameworks underlying these observations differ substantially, offering complementary insights into its pathogenesis and management. From a modern biomedical perspective, the disease is

primarily understood as a consequence of bacterial infection, most commonly by *Staphylococcus aureus*, facilitated by obstruction of the eyelid glands and compounded by local hygienic and immunological factors. The therapeutic approach, therefore, is largely symptomatic and pathogen-oriented, focusing on warm compresses, topical antibiotics, and maintenance of eyelid hygiene to control infection and promote drainage. In contrast, Ayurveda conceptualizes Anjananamika as a manifestation of Pitta–Rakta Dushti, wherein systemic doshic imbalance culminates in localized pathology at the Vartma (eyelid). Classical authorities such as Sushruta Samhita and Ashtanga Hridaya emphasize that etiological factors—dietary indiscretions, environmental exposures, and behavioral practices—initiate a cascade of doshik vitiation, leading to inflammation (Shotha) and suppuration (Paka). Thus, the lesion (Pidika) is not viewed merely as a local event but as an external expression of internal imbalance. This distinction has important therapeutic implications. While modern management targets the immediate cause (infection), Ayurvedic management adopts a holistic and etiopathogenic approach, incorporating Shamana (pacification of Doshas), Shodhana (purificatory measures where indicated), and Sthanika Chikitsa (local therapies such as Swedana, Anjana, and Lepa). Additionally, emphasis on dietary regulation and lifestyle modification addresses the root cause, thereby reducing the likelihood of recurrence. An integrative analysis suggests that both approaches are not mutually exclusive but rather complementary. The rapid symptomatic relief achieved through modern interventions can be effectively supported and sustained by Ayurvedic measures that restore systemic balance and enhance tissue resistance. Such a combined

perspective is particularly valuable in recurrent or chronic cases, where addressing only the local pathology may prove insufficient.

### CONCLUSION:

Anjananamika (stye) is a commonly encountered eyelid disorder with well-established descriptions in both Ayurvedic and modern medical literature. Despite differences in conceptual frameworks, both systems converge in recognizing its inflammatory and suppurative nature, as well as its characteristic clinical presentation. The Ayurvedic perspective provides a deeper etiopathogenic understanding by linking the condition to Pitta–Rakta imbalance, thereby extending the scope of management beyond mere symptomatic relief. Through a combination of local therapeutic procedures, internal medications, and strict adherence to dietary and lifestyle guidelines, Ayurveda offers a comprehensive and preventive approach. In the current clinical context, an integrative strategy that judiciously combines the precision of modern medicine with the holistic principles of Ayurveda appears to be most rational. Such an approach not only ensures effective resolution of the acute condition but also minimizes recurrence, ultimately contributing to improved ocular health and patient well-being.

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