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AYURVEDIC MANAGEMENT OF IDIOPATHIC UNILATERAL PROPTOSIS - A CASE REPORT

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ABSRACT

Unilateral proptosis is a clinical condition characterised by forward displacement of the eyeball, commonly associated with inflammatory, infectious, vascular or idiopathic aetiologies. In ayurveda the clinical features can be correlated with *Kaphaja netra shotha*. Chronic, painless, progressive swelling with normal imaging findings poses a diagnostic and therapeutic challenge and may be considered idiopathic orbital inflammatory- like swellings within the ayurvedic framework. A 35year old female patient who came to OPD with the complains protrusion of left eyeball, blurring of vision since 6month with normal MRI findings and no systemic illness. Management with ayurvedic internal medications and local therapies resulted in gradual reduction of swelling. This case demonstrates the effective role ayurveda in managing idiopathic unilateral proptosis.

KEYWORDS: unilateral proptosis, *kaphaja netra shotha*, idiopathic, ayurveda medicine, idiopathic, case report.

INTRODUCTION

Eye disorders are not only significant from a clinical perspective but also from cosmetic and functional viewpoints. Netra *Shotha*—defined in classical Ayurvedic texts as swelling of the ocular structures—may arise due to vitiated *Vata*, *Pitta*, *Kapha*, or *Rakta*. The characteristics vary depending on the predominant *dosha*. Contemporary ophthalmology describes multiple

causes of ocular swelling, including inflammatory, infective, vascular, neoplastic, thyroid-related and idiopathic conditions.[1]

When structural imaging such as MRI is normal and systemic workup is unremarkable, the condition often falls into the category of Idiopathic Orbital Inflammation or Idiopathic Ocular Oedema.

Ayurveda provides a strong framework to evaluate such idiopathic presentations through *dosha*, *dushya*, *srotas*, and *samprapti*. In this case, the chronic, painless nature of swelling with absence of discharge strongly correlates with *Kaphaja Netra Shotha*.[2,3]

MATERIALS AND METHODS

A case report of 35-year-old female patient who visited OPD of Department of *Shalakyatantra*.

CASE REPORT

Chief Complaints with Duration

Forward Protrusion of left eye since 6month.

Blurring of vision in both eyes since 6month.

HISTORY OF PRESENT ILLNESS

Patient was apparently alright 6 month back when she noticed forward protrusion of left eye which was insidious in onset and gradually progressive and painless in nature. Associated with simultaneous blurring of vision in both eyes since 6month.

No H/o double vison, pain, redness, watering or discharge, photophobia.

No variation with change in posture or with coughing/sneezing.

No H/o anorexia, weight loss

No H/o any malignancy in orbit/body

No H/o fever, sinusitis, headache

No H/o resting tremors, heat & cold intolerance, fatigue, Neck swelling.

PAST HISTORY

No H/o similar episodes in past

No H/o any surgery for tumour, radiotherapy, chemotherapy

No H/o allergy.

Not a K/C/O DM, HTN, Thyroid, CAD, TB, malignancy.

FAMILY HISTORY

Not significant

PERSONAL HISTORY

Diet- mixed

Appetite-normal

Bowel & bladder- WNL

General examination- patient was alert, conscious and well oriented to time, place and person with no systemic abnormality.

Table-01: Ocular Examination.

Test parameters	RE	LE
Visual acuity	6/6p	6/6p
Pinhole	6/6	6/6
Near vision	N10	N10
Colour vision	21/21	21/21
IOP	14	14
Schirmers test	35mm	35mm

Table 2: Inspection.

Inspection	Right eye	Left eye
Head posture	Erect	Erect
Facial and ocular symmetry	Normal	Not maintained
Protrusion of eyeball	Absent	Present
Periorbital inflammation	Not present	Not present
Scars and fistula	No visible scars and fistula	No visible scars and fistula
Bells phenomenon	Good	Good
Lagophthalmos	Not present	Not present
EOM	Full and free in all gazes	Full and free in all gazes

Figure No 1.

Table 3: ocular palpation.

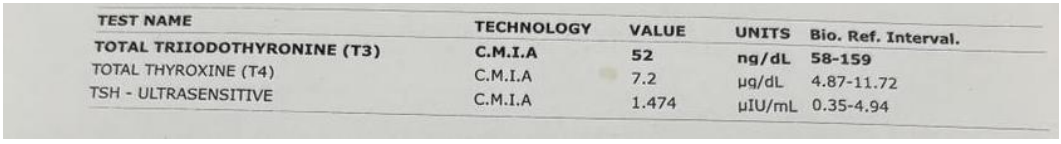
Palpation	Right eye	Left eye
Bony orbit	Intact	Intact
Temperature of skin	Normal	Normal
Fluid thrill/pulsation	Absent	Absent
Lymph node	No enlarged lymph node	No enlarged lymph node
Mass on orbit	Not felt	Not felt
Retro pulsation test	No resistance	No resistance
Auscultation	No bruit	No bruit
Orbital bruit		
Ex ophthalmometry	17mm	22mm

Table 4: Anterior Segment Examination.

Anterior segment structures	RE	LE
Eye Lids	Normal	Normal
Conjunctiva	Normal	Normal
Cornea	Clear	Clear
Anterior Chamber	Normal depth	Normal depth
Iris	Normal Colour & Pattern	Normal Colour & Pattern
Pupil	RRR, 3mm	RRR, 3mm
Lens	Ns2	Ns2
Aqueous	Clear	Clear
ROPLAS test	Negetive	Negetive
Fundus examination	C:D- 0.4 A:V=2:3 Foveal reflex- sharp	C:D- 0.4 A:V=2:3 Foveal reflex- sharp

INVESTIGATIONS

● THYROID PROFILE – NORMAL



TEST NAME	TECHNOLOGY	VALUE	UNITS	Bio. Ref. Interval.
TOTAL TRIIODOTHYRONINE (T3)	C.M.I.A	52	ng/dL	58-159
TOTAL THYROXINE (T4)	C.M.I.A	7.2	µg/dL	4.87-11.72
TSH - ULTRASENSITIVE	C.M.I.A	1.474	µIU/mL	0.35-4.94

Figure no- 2.

MRI- NORMAL

CT SCAN- NORMAL

X-RAY- PNS/ WATERS VIEW- NORMAL

CBC-NORMAL

HIV 1- NON-REACTIVE

HIV 2- NON-REACTIVE

HBsAg- NON-REACTIVE

Anti-TPO-SERUM- 0.32IU/ml

Thyroglobulin Antibody Serum- 0.63IU/ml

TSH receptor antibody (IgG)- below 0.8

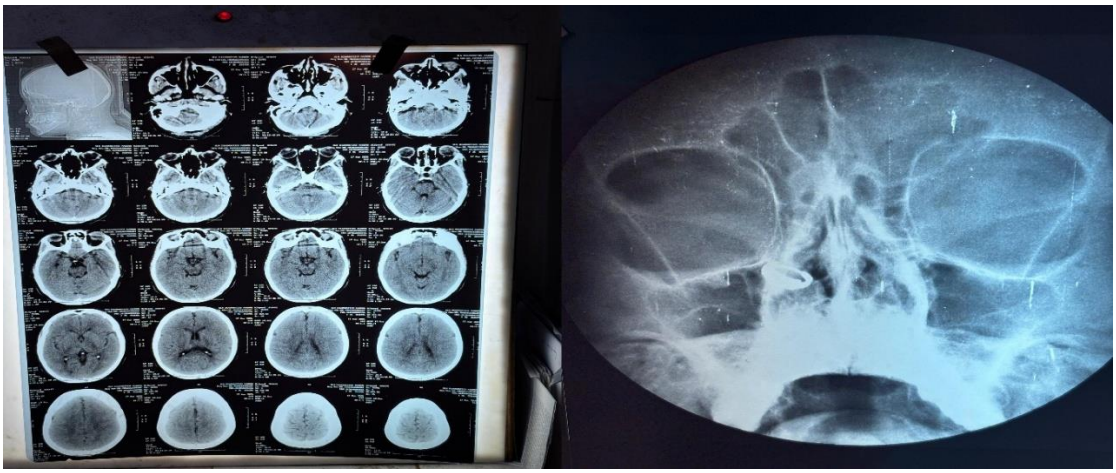


Figure no- 3

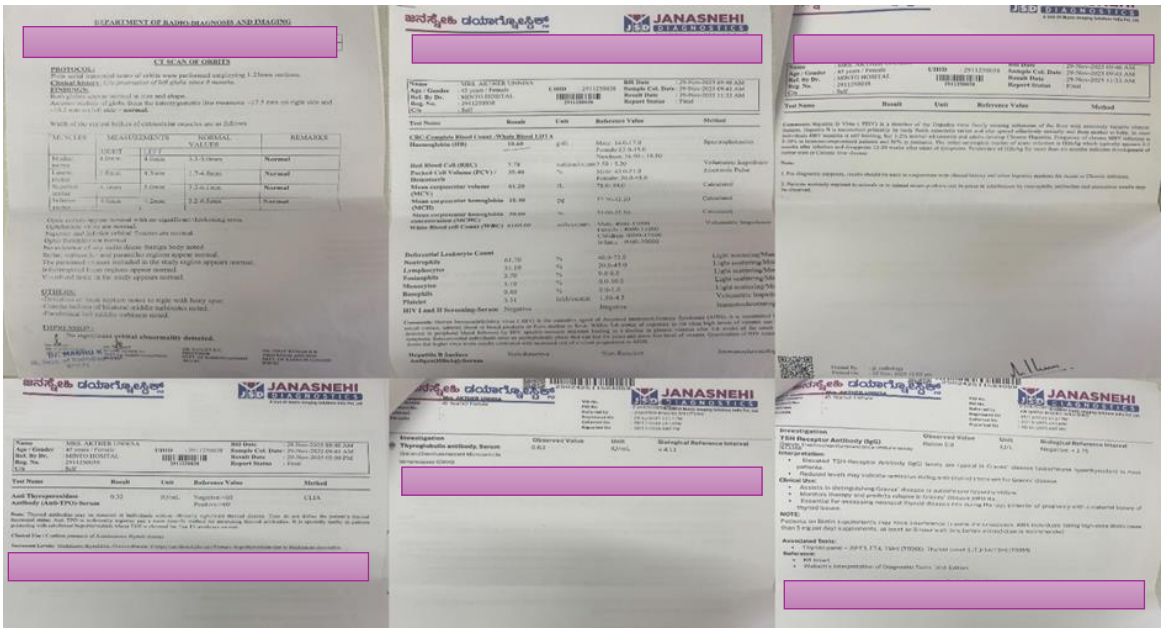


Figure no- 4.

TREATMENT PROTOCOL

Date	KRIYAKALPA	MEDICINE USED	DURATION	Result observed
15/11/2025 to 21/11/2025	BIDALAKA	MUKKADI CHURNA	7 DAYS	Slight reduction
15/11/2025 to 21/11/2025	PINDI	TRIPHALA, YASTI & PUNARNAVA CHURNA	7 DAYS	

Date	Internal Medicine	Dose	Anupana	Duration
22/11/2025 To 22/01/2026	SAPTAMRURTA LOHA	0-0-2, A/F	Honey + ghee	After 2 months there was clinically observed significant reduction in proptosis
22/11/2025 To 22/01/2026	HARIDRAKHANADA	1tsp-0-1tsp, B/F	Warm milk	
22/11/2025 To 22/01/2026	PATYADI KADA	15ml-0-15ml, B/F	Warm water	
22/11/2025 To 22/01/2026	VARUNADI KASHAYA	15ml-0-15ml, B/F	Warm water	

Figure no 5 & 6.

BEFORE AND AFTER TREATMENT

OBSERVATION AND RESULT

As shown in figure number-5 and figure number-6, taken from mobile camera of before and after treatment.

Patient feels subsiding of symptoms and after first follow-up patient shows excellent improvement.

DISCUSSION

Unilateral proptosis presents a diagnostic challenge, particularly in situations where imaging and systemic evaluations do not identify a clear etiology. In contemporary ophthalmology, such presentations are frequently grouped under idiopathic orbital inflammation or orbital pseudotumor.[4] However, the Ayurvedic perspective provides a structured approach to interpret these conditions through the principles of *dosha*, *dushya*, *srotas*, and *samprapti*.

In this case, features such as long-standing progression, absence of pain, gradual protrusion of the eye, lack of redness, discharge, fever, or systemic involvement, along with normal MRI and CT findings, indicate a dominance of *Kapha dosha*. Classical Ayurvedic descriptions of *Kaphaja Netra Shotha* include characteristics like stable swelling (*sthirata*), mild or absent pain (*manda vedana*), heaviness (*gourava*), and a cold nature (*shita sparsha*). These clinical features were consistent with the patient's presentation, supporting the diagnosis from an Ayurvedic standpoint.

Management was designed with the objective of pacifying *Kapha* and *Vata doshas* along with reducing inflammation (*shothahara*).[5,6] *Saptamruta Loha* was used for its rejuvenative and eye-strengthening properties, aiding in tissue nourishment and reduction of oedema.

Haridrakhandam contributed through its anti-inflammatory, anti-allergic, and immunomodulatory effects, which are beneficial in controlling subtle inflammatory processes. *Patyadi Kada* and *Varunadi Kashaya*, known for their *Kapha*-reducing and anti-inflammatory actions, helped in resolving deeper tissue swelling and clearing obstruction in microchannels.

External therapies also played a significant role in management. Application of *Bidalaka* using *Mukkadi Churna* and *Pindi* prepared with *Triphala, Yashti,* and *Punarnava* supported localized reduction of swelling by enhancing circulation and promoting lymphatic drainage. These interventions are well described under Kriyakalpa in classical Shalakya Tantra for treating inflammatory and oedematous eye conditions. A gradual decrease in proptosis along with improvement in visual comfort, without any adverse reactions, demonstrates the effectiveness of this integrative Ayurvedic approach. This case highlights how idiopathic conditions described in modern medicine can be meaningfully interpreted and managed using Ayurvedic principles.

CONCLUSION

This case illustrates that unilateral, painless proptosis of unknown origin can be correlated with *Kaphaja Netra Shotha* based on classical Ayurvedic concepts. The combined use of internal medications such as *Saptamruta Loha, Haridrakhandam, Patiyadi Kada,* and *Varunadi Kashaya,* along with external therapies like *Bidalaka* and *Pindi*.[7] resulted in notable clinical improvement without complications. Ayurveda thus offers a holistic, economical, and safe treatment option, particularly in cases where modern diagnostic

methods fail to establish a definite cause. This supports the potential role of Ayurvedic management in similar idiopathic orbital conditions.

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