



**A CASE STUDY ON PROPTOSIS W.S.R. TO VRANASOPHA AND ITS AYURVEDIC
MANAGEMENT PARUL INSTITUTE OF AYURVEDA, PARUL UNIVERSITY,
VADODARA, GUJARAT**

*¹Dr. Deepti Sharma, ²Dr. Manjiri Keskar and ³Dr. Sapna

¹Final Year PG Scholar, Dept. of Shalaky Tantra.

²Professor, Dept. of Shalaky Tantra.

³Final Year PG Scholar, Dept. of Shalaky Tantra.

Parul Institute of Ayurved, Parul University, Vadodara, Gujarat.

*Corresponding Author: Dr. Deepti Sharma

Final Year PG Scholar, Dept. of Shalaky Tantra., Parul Institute of Ayurved, Parul University, Vadodara, Gujarat.

Article Received on 19/05/2021

Article Revised on 09/06/2021

Article Accepted on 29/06/2021

ABSTRACT

Proptosis, the forward protrusion of the eyeball, is a common manifestation of a wide variety of diseases inside the orbit and its spaces. It can cause the eyelids to fail to close during sleep leading to corneal dryness and damage. Another possible complication is a form of redness or irritation. Area above the cornea becomes inflamed as a result of increased friction when blinking. The process that is causing the displacement of the eye may also compress the optic nerve or ophthalmic artery, leading to blindness. According to Ayurveda it can be correlated with *vranasopha*. *Vranashopha* is defined as elevation caused by *Doshas*, localised and situated between skin and muscles which may be even or uneven, other than that of inflammatory swelling seen. A 70 year old male patient came to our OPD with complaints of protrusion of left eyeball, blurring of vision, watering in Lt. eye, pain in Lt. eye which affect his routine work so we treated him with some Ayurveda local procedures, *Jalaukavacharan* and oral medication.

KEYWORDS: proptosis, *vranasopha*, *jalaukavacharan*.

INTRODUCTION

Proptosis is the anterior displacement of the eye from the orbit. Since the orbit is closed off posteriorly, medially and laterally, any enlargement of structures located within will cause the anterior displacement of the eye.^[1] Swelling or enlargement of the lacrimal gland causes inferior medial and anterior dislocation of the eye. This is because the lacrimal glands are located superiorly and laterally in the orbit.

Proptosis is described as an abnormal protrusion of the eyeball^[2], and in relation to the skull, proptosis is measured from the corneal apex to the outer orbital margin of the orbit, with the eye looking straight.^[3]

The causes of unilateral proptosis are innumerable. The eye is a major crossroad for all the structures around it which help in its support and functioning, which when affected extends into the orbit causing proptosis.^[4]

A single case study was carried out in the OPD of *Shalaky tantra*. Patient has the complaint of protrusion of eyeball, blurring of vision, watering in Lt eye and pain in Lt. eye. Treatment has been decided as *Langhan*,

Aschyotan Parisheka, *Tarpan*, *Nasya* respectively with some oral medication.

CASE STUDY

A 70 year old male patient having symptoms of protusion of eyeball blurring of vision, watering in Lt eye and pain in Lt. eye visited in our OPD on 2 march 2021. Generally proptosis measured by exophthalmometer but we don't have it in our OPD so we are unable to take measurement of eyeball. After examination we advise admission in *shalakya* ward under the supervision of Dr. Manjiri keskar.

On examination

Structure	Right eye	Left eye
Symmetry	Normal	Protruded
Eyelashes	NAD	NAD
Eyelid	NAD	NAD
Cornea	Arcus senilis	Arcus senilis mild haziness, oedema
Conjunctiva	Degenerative changes	Degenerative changes
Pupil	Pinpoint, fixed, constricted	Sluggish reaction
Lens	Aphakia	pseudophakia
DVA	No perception of light	Fc upto 5 mt, no improvement with pin hole
IOP	17.8 mmHg	19.2 mmHg

Systemic examinations

CNS - Consious and well oriented

CVS – S₁S₂ audible

RS – NAD

Vitals examination

B.P.- 110/70 mmHg

PULSE – 78/ min.

R.R. – 20/min

TEMP. – 98.4 f

Investigation

x-ray skull AP- no abnormality seen

CBC – within normal limit, mild low platelet count

RBS – 87 mg/dl

Treatment plan

In the beginning when patient visited our OPD he was already taking flurbiprofen and nepafenac from 3 days.

2/3/2021 – *Langhan* for 3 days

Parishek with *Triphala Ghrita*

Aschyotan with *Yastimadhu Ghrita* at night

Saptamrit Lauh 2 tab. BD with warm water after meal

Triphala Guggulu 1 tab BD with warm water after meal

When patient visited in our OPD his doshas was in *saama avastha* so we advised above treatment for *pachan* of doshas i.e. *doshavsechan*. it means *prakupit dosha* is moved to *swastana* by *Langhan*, *Parishek* and *Aschyotan* procedure.

9/3/2021 – *Nasya* with *Anu Tail* (16 drops per nostril)

Tarpan with *Triphla Ghrita*

Ashwgandha ghan vati 2 tab. OD after meal(morning)

Ashwagandha churna + *shatavari churna* + *shunthi churna* with cow milk OD(evening)

Above treatment is started in *Niram* condition as patient *roga bala* is *madhyam* and *rogi bala* is *Avar* so we plan to gave him *Branhan chikitsha* to enhance *rogi bala*.

16/3/2021

Refer to *kaya chikitsha OPD* for general checkup

c/o generalize weakness, pain in upper and lower limb

t/t – *Dhatri Lauh* 1 tab BD

Laghmalini Vasant Ras 1 tab BD

Chyavanprash 1 tsp BD

Discharged the patient with oral medication advised by *kayachikitsha* OPD and continue *Ashwgandha ghan vati* and *Ashwagandha churna* + *shatavari churna* + *shunthi churna*,

After all these treatment when patient visited in *shalakya* OPD for 1st follow up then he reoccurrence of symptoms seen as its *pratyakheya* disease so when we left treatment its reoccur again. we take 2nd opinion from Dr. O.P.Dave sir(senior consultant in shalakyta tantra). He advised us to treat it as *vranasopha* and advised *jalaukavcharan* at *Apanga Pradesh* with above medication so we plan *jalaukavcharan* in 2 sitting 1st on 23/03/2021 and 2nd on 29/03/2021.

RESULT



In 1st week patient got mild relief in complaint of pain, next week we changed plan after that pt. feel relief in pain and watering then we discharge patient with some medication. When he came on first follow up then he told he had marked relief in pain and watering. At the time of first follow up pt. vision improved from finger count upto 5 mt. to 6/36(p).

Then after 2 sitting of *jalaukavcharan* pt. feel relief in symptoms and vision improved from 6/36(p) to 6/24. After all these treatment patient feel 70-80% relief in symptoms but protrusion remains as it is.

Symptoms	Before treatment	After treatment
Symmetry	Normal	Protruded
Watering	Present	Absent
Pain	Mild pain	Very mild pain occasionally
DVA	Fc upto 5 mt.(Lt. eye)	6/24 (Lt. eye)

	Pain Level
0	No Pain
1-3	Mild Pain (nagging, annoying, interfering little with ADLs)
4-6	Moderate Pain (interferes significantly with ADLs)
7-10	Severe Pain (disabling; unable to perform ADLs)

DISCUSSION

Sama Avastha

Langhan is advised in *sama avastha* for 5 days but due to patient *rogi bala* is *Avar* so we suggest *Langhan* only for 3 days.

Aschyotana is the first line of treatment in eye diseases which, will relieve *Ruk*(pain), *toda*(pricking pain), *Kandu*(itching), *Gharsha*(foreign body sensation), *Asru*(watering), *Daha*(burning sensation), *Raga*(redness), *Paka*(abcess), *Sopha*(inflammation) When *doshas* are not severely vitiated and the disease is in the early stage, it is beneficial. But it should be done on 4th day of disease manifestation or after *Ama laksanas* are settled down (*Aacharya videha*). The drug absorption is directly proportional to the vascularity of absorbing surface. Increased blood flow is brought about

by massage or local application enhances absorption of drug.

Water soluble drugs are easily absorbed through the vessels wall i. e. permeability and vascularity. Therefore modes of applications modulated watery preparations are *Aschyotana* and *Seka*. Fat soluble factors easily gets absorbed through cornea. So in *vata* and *pitta* predominant diseases *Ghrita* is perfect for *Aschyotana*. The corneal epithelium is lipophilic so fat soluble drugs readily penetrates through it. The stroma is hydrophilic so water soluble drugs easily cross stroma. Therefore a drug should be amphipathic having both lipophilic and hydrophilic nature to penetrate all layers of cornea.

Parishek is very effective in elimination of local doshas and the pathologies. Use of medicinal drug for a specific time and at desired temperature over the eyelids yields to

reduction in local symptoms and signs of the disease. The mode of action of *Parishek* also is quick and efficient as the absorption through the thin layer of eyelid skin is enhanced by heat and continuous exposure to the liquid drug for a short period of time. The skin thickness of eye is 0.05cm, which is the thinnest skin in our body. Increased temperature of skin increases the rate of penetration by direct effect on diffusion within the skin. The temperature affects stratum corneum structure causing higher permeability. Also, temperature increase improves blood flow locally hence forth enhancing the dermal absorption.

After *Parishek* and *Aschyotan* we plan for *Branhan chikitsha* as *vata* is enhance and *rogi* is also in *vataj avastha* as in *vridhdhavastha* is *vata prokopak kala*.

Niram Avastha

Ghruta preparations used in *Akshi-Tarpana* are in the form of suspension containing different particles of the drugs and the particles do not leave the eye as quick as solution. Tissue contact time and bio availability is more hence therapeutic concentration can be achieved by *Akshi – Tarpana*. *Tarpana* may act over accommodation capacity of eye by providing nutrition not only to the cornea but also to the sphincter muscles and nerves innervating it.^[5]

Drugs in the form of *Nasya* has probable mode of entry in circulation, hence role in the improving vision and relieving asthenopic symptoms as follows.

- By general blood circulation, after absorption through mucous membrane.
- Direct pooling into venous sinuses of brain via, inferior ophthalmic veins.
- Absorption directly into the cerebrospinal fluid.

As this medicine is absorbed in ophthalmic vessels it has its nourishing role in extra ocular muscles and eye proper.

Leech therapy is considered as most unique and effective method of bloodletting. It can be tried in all mankind including females, children, old and patients having poor threshold to pain. It drains impure blood. Leech application not only removes blood from the site but also inject biologically active substance which helps to manage various ailments. *jalaukavcharan* play important role in *vranasopha*.^[7] It injects anti-inflammatory, analgesic and bacteriostatic substance. Like *Hirudin*, *Hyaluronidase*, *Histamine*, *acetylcholinelike* *Vasodilators* inhibitors of *Kallikerin*, *superoxide* products, *Eglins* and *Bdellins* have anti-inflammatory properties. and many *Anasthetic* and *Analgesic* compounds with its saliva which can be help full in subsidizing inflammation and pain.

According to Ayurveda *samprapti* of *netragata raga*

सिरानुसारिभिदोषैविगुणेरुधमागतोः । जायन्ते नेत्रभागेषु रोगाः परमदारुणाः॥

As vessels involvement is main etiological factor in eye diseases so *rakta dosha* involvement is their and eye is the *sthana* of *pitta dosha*. *Apanga marma* is also *sira marma* so local application of *leech* on *Apanga marma* work on both vitiated *rakta* and *pitta* dosha.

CONCLUSION

Proptosis patients can be treated symptomatically initially we can give *Langhan* for *dosha pachan* then *Seka* and *Aschyotan* for *dosha shaman*. Then we can give *Tarpan* and *Nasya* as *Branhan chikitsha* as in proptosis vitiated *vata dosha* is main factor. *Jalauka avcharan* work on *raktaj* and *pittaj* dosha involvement. So all this treatment with oral medication work significantly on the symptoms of proptosis.

More suggestions on proptosis case will be welcome.

REFERENCES

1. Mitchell, Richard N. "Eye". *Pocket companion to Robbins and Cotran pathologic basis of disease* (8th ed.). Philadelphia, PA: Elsevier Saunders. ISBN 978-1416054542
2. B. B. Kanski, *Clinical Ophthalmology, A Systemic Approach*, Elsevier Saunders Ltd, 8th edition, 2016.
3. P. Keche, A. Z. Nitnaware, M. Mair, P. Sakhare, and S. Satpute, "A study of tumours giving rise to unilateral proptosis," *Indian Journal of Otolaryngology and Head & Neck Surgery*, 2012; 65, Supplement 1: 6–13. View at: Publisher Site | Google Scholar
4. Topilow NJ, Tran AQ, Koo EB, Alabiad CR. Etiologies of Proptosis: A review. *Intern Med Rev (Wash D C)*, 2020; 6(3): 10.18103/imr.v6i3.852. doi:10.18103/imr.v6i3.852
5. Poonam, Manjusha R, Vaghela DB, Shukla VJ. A clinical study on the role of Akshi Tarpana with Jeevantyadi Ghrita in Timira (Myopia). *Ayu.*, 2011; 32(4): 540-545. doi:10.4103/0974-8520.96130
6. www.wjpls.org, 99 Shaikh et al. World Journal of Pharmaceutical and Life Sciences role of jalauka avacharan the management of vrana shopha: a case report.