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Case Report

# Ayurvedic Management of Choroidal Osteoma: A Case Report

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**ABSTRACT:**

**Background:** Choroidal osteoma, a rare benign intraocular tumor characterized by mature bone replacing the choroid, often leads to vision loss due to complications like choroidal neovascularization (CNV) and subretinal fluid. Conventional anti-VEGF injections often face symptom recurrence. **Case:** A 47-year-old female presented on June 16, 2023, with progressive vision loss in her right eye since 2013, confirmed as peripapillary choroidal osteoma with subretinal fluid and CNV via fundoscopy and OCT. **Intervention:** After recurrent symptoms/side effects from anti-VEGF injections, Ayurvedic management began in June 2023, classifying the condition as *'Dwiteeya Patalagata Kaphaja Timira'*. Treatments included oral medicines (e.g., *Kanjanara guggulu, Varanadi kashayam*) and external therapies (e.g., *Seka [eyewash], Vidalaka [medicated-paste to eyelids], Tarpanam [medicated-ghee retention over eyes]*) targeting *Kapha* imbalance and vitiated *Dhatus*. **Outcome:** Ayurvedic management improved visual acuity, reduced sub-retinal fluid (SRF) and prevented CNV recurrence. Vision remained stable at the January 2025 follow-up. **Conclusion:** This case suggests Ayurvedic management is a potential complementary approach for choroidal osteoma, though larger studies are needed confirm effectiveness due single-case limitations.

**KEYWORDS:** Case report, choroidal osteoma, choroidal fluid loculation, *Kanjanara guggulu, Timira.*

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## 1. INTRODUCTION

Choroidal osteoma (ICD-10:D31.3) is a rare, benign, intraocular-tumor, commonly situated near the optic disc, with approximately 86% of reported cases in women. It appears as a yellow-orange plaque with well-defined scalloped margins, causing blurred vision, metamorphopsia, and scotoma. Etiology is unclear, with unproven theories of osseous choristoma due to its peripapillary location, secondary ossification from inflammation/trauma, or endocrine influence (e.g., pregnancy). [1, 2, 3]

This case is unique due to its extremely low incidence rate, and the absence of specific treatments, with management primarily focusing on complications such as progressive retinal atrophy and CNV. [2, 4] Approaches such as surgical removal, laser treatments, and anti-vascular endothelial growth factor (anti-VEGF) medications have been used to address secondary CNV, with the latter proving most effective. [5] This report explores Ayurvedic management as a potential complementary strategy, though its efficacy warrants validation through larger, controlled studies.

## 2. CASE REPORT

**Clinical presentation:** A 47-year-old female from Bangalore presented on June 16, 2023, with progressive diminished central vision, difficulty with near and distance vision, in her right eye (RE) since June 2013. She has no pain, redness, or floaters.

**History**: She was non-diabetic and non-hypertensive, and diagnosed with choroidal osteoma in June 2013. She received anti-VEGF injections (Avastin) in 2013, 2018, and three times in 2023 (last on May 5, 2023). But discontinued all conventional medication following dizziness and vomiting after the last injection. Ayurvedic management was initiated on June 16, 2023. Her lifestyle was sedentary, with a *Kapha-kara* (that which increases *Kapha dosha)* and *Viruddha-ahara (*incompatible food) diet. Family history was negative for ocular or systemic diseases.

**Clinical findings:** Visual Acuity (VA): Unaided distant visual acuity (DVA) was LogMAR 0.84 (6/36- 1) in the RE and LogMAR 0.0 (6/6) in the left eye (LE), with no improvement with glasses in the RE. Near vision was N24 (RE) and N6 (LE) with +1.75 D spherical correction. Intraocular Pressure (IOP): 17 mmHg (RE) and 16 mmHg (LE). Anterior Segment was normal, but lenticular changes were noted bilaterally. Radial OCT (Optical Coherence tomography) revealed CNV, along with sub-retinal fluid (SRF), hyper-reflective lesion, intra-retinal hypo-reflective spaces, and choroidal thickening (Fig. 1 and 2). Fundoscopy showed a characteristic peripapillary lesion with scalloped margins in the RE (Fig. 3). The LE was normal.

**Ayurvedic examination (*Dashavidha pareeksha*):** *Prakruthi*: *Kapha-Vata*, *Vikruthi Hetu*: *Ahara- Kapha-kara*, *Vihara –Virudhahara sevana*, *Manasika –Achinta*; *Dosha –Kapha*; *Dushya: Rasa*, *Raktha, Mamsa, Meda*; *Desha: Anupa; Sara: Rasa, Raktha, Mamsa, Meda; Samhana: Madhyama; Satva: Madhyama; Satmya: Sarvarasa satmaya; Bala: Madhyama; Pramana: Madhyama; Ahara Shakti: Madhyama; Vaya: Madhyama.*

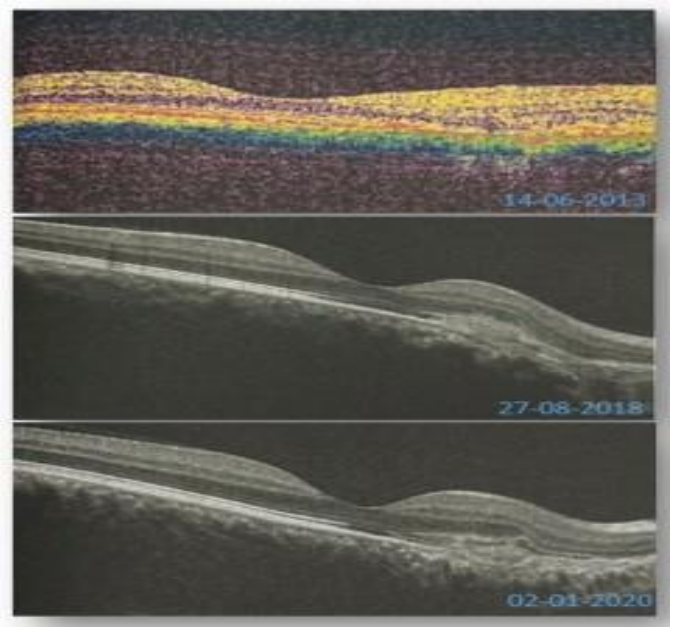


**Figure – 1:** June 14, 2013, OCT scan shows CNV and subretinal fluid in the macula. Subsequent scan (August 27, 2018 and January 2, 2020) consistently reveal a hyper-reflective sub-RPE lesion with a spongy appearance.

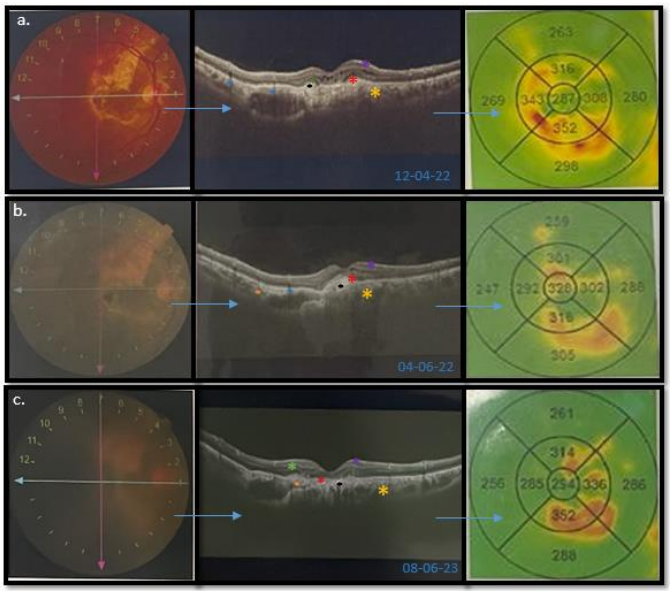


**Figure – 2:** Radial OCT of a choroidal osteoma reveals a hyper-reflective lesion beneath the retinal pigment epithelium (RPE) with a characteristic 'spongy' or heterogeneous texture due to its calcified nature, accompanied by choroidal thickening (*). The retina in the central region shows noticeable elevation **(a, b, c)** with disruption of the retinal layers above the lesion, including intra-retinal hypo-reflective spaces (*) and hyper-reflective lamellar lines (*). SRF is present (*), along with choroidal loculation of fluid (*). Additionally, outer retinal tubulation (ORT) features are observed, characterized by vertical tubular lamellae (*) and horizontal tubular lamellae (*), which are indicative of retinal degeneration in choroidal osteoma. The corresponding fundus examination shows an orange-yellow choroidal osteoma at the macula with associated sub-retinal hemorrhage. OCT dated 12-04-22, 04-06-22, and 08-06-23 shows central subfield thickness (CSF) of 287 µm, 328 µm and 294 µm, respectively, possibly due to increased SRF caused by the osteoma's mass effect.

**Provisional diagnosis, differential diagnosis, and diagnosis:** A provisional diagnosis of a choroidal lesion was made based on fundoscopy showing a peripapillary lesion with scalloped margins. While Choroidal hemangioma was initially considered due to location, it was excluded based on its characteristic red-orange, ill-defined appearance and vascular origin. In contrast, the observed lesion—orange-yellow with well-defined geographic borders—was consistent with choroidal osteoma. OCT-Macula revealed intra-retinal hypo-reflective space, SRF, and choroidal hyper-reflectivity, confirming the diagnosis of choroidal osteoma. [2, 3]

**Table – 1: Timeline**

| Year | Incidence/intervention |
|---|---|
| Jun. 2013 | Diminished vision (RE); Presence of CNV and subretinal fluid in the macula<br>Diagnosed as starting stage of choroidal osteoma<br>VA: 6/36-1; Received anti-VEGF injection; Vision stable then |
| Aug. 2018 | Vision deteriorated [6/60 (RE)]<br>OCT- Macula confirmed choroidal osteoma with a Hyper-reflective sub-RPE lesion with a spongy appearance<br>Received anti-VEGF injection; Vision stable |
| Jan. 2020 | Symptoms recurred [VA: 6/60 (RE)]<br>Hyper-reflective sub-RPE lesion with a spongy appearance remained consistent in the OCT scan<br>Received anti-VEGF injection; Vision improved to 6/36 |
| Apr- Jun 2022 | Vision worsened; OCT showed elevated SRF; VA: 6/60 (RE); |
| July- Dec 2022 | The patient discontinued eye check-ups & treatment for 6 months. |
| Feb- May 2023 | Received 3 anti-VEGF injections (last on 05/05/23); experienced dizziness, vomiting. [VA improved to 6/36 from 6/60 (RE)] |
| Jun-Jul 2023 | OCT showed SRF, choroidal hyper-reflectivity (08/06/23); Started Ayurvedic medications at OPD on 16/06/23; VA: 6/36-1; The patient experienced mild clarity of vision in July. |
| Dec. 2023 | OCT showed reduced SRF; VA: 6/36 (RE) |
| Feb-Mar 2024 | Ayurvedic IP management started on 18/02/24; VA improved to 6/36+1 on 24/02/24; Patient was discharged on 02/03/24; Advised to continue discharge medicines. |
| April 2024 | First follow-up on 19/04/24; VA improved to 6/24 (RE); OCT showed marked reduction in SRF and intra-retinal hypo reflective space. |
| June 2024 | Second follow-up on 10/06/24; vision stable |
| Sep. 2024 | Third follow-up on 29/09/24; OCT- Macula showed no recurrence of CNV- associated signs; vision improved to 6/18 - 1; |
| Jan. 2025 | Fourth follow-up on 26/01/25; vision stable |

**Out-patient (OP) phase:** The aim was *Shamana* (*palliation*) of Kapha and involved *dhatu* (*tissue*) vitiation. The patient took *Guggulu Tiktaka Grutham* at bedtime with lukewarm water as *anupana*. This method ensured high home compliance and low burden, especially after adverse effects of intravitreal therapy. Clinical monitoring and OCT findings during OP follow-up determined readiness for inpatient treatment. (Table 1; doses/anupana in Tables 2–3).

**In-patient (IP) phase:** The regimen was intensified with two additional internal medicines, *Varanadi Kashayam* and *Kanjanara Guggulu* to enhance *Kapha–Medas* pacification and address suspected *granthi/arbuda*–like pathology. External ocular and systemic external

procedures were added in a structured schedule: *Seka* (7 days), *Vidalaka* (6 days), *Anjana* (6 days), *Shirodhara* (7 days*), Siroveshtanam (5 days), and Tarpanam (7days).* Rationale for change OP to IP was criteria based escalation aligned with the patient's disease status and safety considerations: (i) Persistent SRF/CNV on OCT despite prior anti-VEGF; (ii) need for multi-modal therapy to resolve *srotorodha* (*channel obstruction*) (iii) supervised delivery to ensure dose fidelity, monitoring, and timely adjustments.

**Therapeutic intervention:** The treatment protocols are listed in Tables 2 and 3

**Table 2: Oral medicines**

| Medicine | Rationale | Dosage | Anupana | Time | Duration |
|---|---|---|---|---|---|
| *Varanadi kashayam [6]* | Pacifies *Kapha* and *Medas* | 60ml | Lukewarm water | Twice daily in empty stomach | 13 days 18/02/24-02/03/24 |
| *Kanjanara guggulu [7]* | Indicated in tumor management | 1 tab | With kashayam | Twice daily in empty stomach | 13 days 18/02/24-02/03/24 |
| *Guggulu tiktaka grutham [8]* | Indicated in tumor management | 1 tsp | Lukewarm water | Bed time | 260 days 16/06/23-02/03/24 |

**Table 3: External therapies. [9]**

| Therapy | Medicine | Procedure | Time | Duration |
|---|---|---|---|---|
| *Seka* | *Triphala Yashtimadhu Kwatha* | 30ml decoction poured over closed eyes. | Evening | 7 days 18/02/24- 24/03/24 |
| *Vidalaka* | *Mukkadi gutika, Karuthavettu* | Paste applied over eyelid. | Morning & evening | 6 days 19/02/24– 24/03/24 |
| *Anjana* | *Chandanadi Anjana* | Application of medicine to the palpebral conjunctiva. | Morning | 6 days 19/02/24– 24/03/24 |
| *Shirodhara* | *Varanadi kashayam, Amrtotharam kashayam (2 L)* | *Kashayam* poured slowly on the forehead. | Morning | 7 days 24/02/24– 01/03/24 |
| *Siroveshtanam* [10] | *45g Choornam* of *Musta, Amalaki, kachooradi, karuthavattu gutika in 600ml* of *Triphala kashayam* | Paste smeared over gauze, tied around head. | Evening | 5 days 19/02/24– 23/03/24 |
| *Tarpanam* | *Anjana grtham + Triphala grtham (40ml)* | A barrier of black gram flour is constructed around both eyes. Medicated ghee is then poured into each eye sequentially, and the patient is instructed to blink slowly. | Evening | 7 days 24/02/24– 01/03/24 |

**Outcome and follow-up:** During IP management (24/02/24), the unaided DVA improved to LogMAR 0.78 (6/36+1) in the RE. On follow-up (19/04/24), VA further improved to LogMAR 0.60 (6/24), with near vision N18. Fundus showed hemorrhage resolution, and OCT-Macula depicted a marked reduction in SRF (Fig. 3). The OCT-Macula (29/09/24) report showed no recurrence of CNV or associated signs, and VA further improved to 6/18-1 (RE). Regular follow-ups were planned. The quantitative reduction in CSF (280 µm to 232 µm) over 10 months of Ayurvedic treatment suggests effective SRF management (Table 4), though the single-case limits generalizability, necessitating further studies

**Table 4: Changes in Central subfield thickness (CSF)**

| Date | Central subfield thickness (CSF) | Treatment phase |
|---|---|---|
| 12/04/22 | 287 µm | 2 years of conventional treatment |
| 04/06/22 | 328 µm | 2 years of conventional treatment |
| 08/06/23 | 294 µm | 3 years of conventional treatment |
| 16/06/23 | Discontinued conventional medications, including anti-VEGF therapy, due to side effects (dizziness and vomiting), and Ayurvedic management was initiated. | |
| 20/12/23 | 280 µm | 6 months Ayurvedic treatment |
| 25/01/24 | 270 µm | 7 months Ayurvedic treatment |
| 15/04/24 | 232 µm | 10 months Ayurvedic treatment |

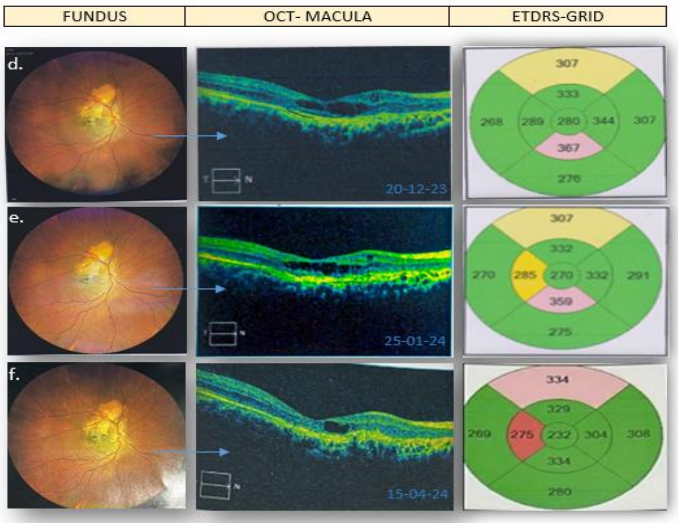


**Figure-3:** Fundus reveals a peripapillary lesion with scalloped margins extending to the fovea in the RE. OCT-Macula shows a stable hyper-reflective sub-RPE lesion with a 'spongy' texture, consistent with choroidal osteoma. Notably, there was a slight reduction in SRF (CSF: 270 µm) (Fig.3.e) compared to the scan on 20/12/23 (CSF: 280 µm) (Fig.3.d). A marked reduction in SRF (CSF: 232 µm) and intra-retinal hypo-reflective space, indicates cessation of hemorrhage (15/04/24) (Fig.3.f).

**Table 5: Changes in Distant Visual Acuity**

| Date | Visit | Distant VA (Snellen) | Distant VA (logMAR) | Notes |
|---|---|---|---|---|
| Dec 2023 | Pre-Ayurveda baseline | 6/60 | 1 | SRF present; CNV signs on OCT |
| 24-Feb-24 | IP admission | 6/36+1 | 0.76 | On Ayurveda; OCT still showed SRF |
| 14-Apr-24 | OP follow-up | 6/24 | 0.6 | Marked SRF reduction |
| 10-Jun-24 | OP follow-up | 6/24 | 0.6 | Vision stable |
| 29-Sep-24 | OP follow-up | 6/18−1 | 0.50 | No CNV-associated signs |
| 26-Jan-25 | OP follow-up | 6/18−1 | 0.50 | Stable |

**Adherence and tolerability.**

During the OP phase, the patient reported good adherence to the prescribed oral regimen, with no documented missed-dose. During the IP phase (18 Feb–2 Mar 2024), all internal medicines and external/ocular procedures were administered under supervision, and no doses were missed. Across both phases, no Ayurveda-related adverse events were recorded; specifically, no reports of gastrointestinal intolerance, dermatologic reactions, headaches, ocular surface irritation beyond transient procedure-related sensations, or systemic complaints requiring dose modification. The prior adverse effects (dizziness/vomiting) occurred after the last intravitreal anti-VEGF injection (May 2023), were not observed after initiating Ayurvedic Treatment.

**3. DISCUSSION**

Complications like CNV, SRF loculation, and ORT in Choroidal osteoma impact visual prognosis. [11, 12] The patient's late-stage presentation and uncorrected vision limited full recovery. Although, anti-VEGF injections offered initial symptom relief, symptom recurrence necessitated alternative management.

Ayurveda correlates choroidal osteoma with '*Dwiteeyapatalagata Kaphaja Timira'*(NAM code_HG-1.2, HG-1.13), given diminished central vision, distant and near vision (features of *Timira* involving the 2nd patala, specifically the choroid [13] The patient's dietary habits (excessive intake of sweet and oily food) and sedentary lifestyle caused vitiation of *Kapha Dosha, Mamsa* (muscle), *Rakta* (blood), and *Meda* (fat) *dhatus,* which contributed to tumor formation, SRF and hemorrhage. [14]

The Ayurvedic management [Tables 2 and 3] targeted *Kapha* imbalance, vitiated *Dhatus*, and associated complications (Diagram 1). *Kanjanara guggulu, was used to balance Kapha Dosha and promotes e*limination of inflammatory toxin by breaking down hardened *Kapha*, and preventing further accumulation. [15] Therapies like *Seka, Vidalaka, Shirodhara, Siroveshtanam*, and *Tarpanam* aided in symptom relief and enhanced VA.

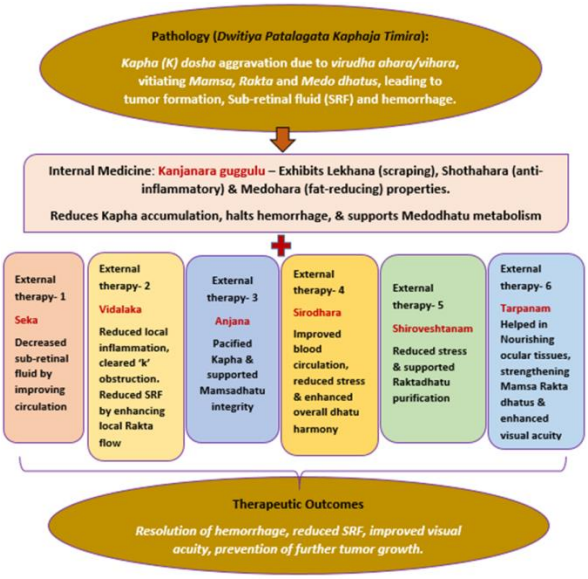


**Diagram 1- Mode of action of treatment**

**Diagram 1 -** Flowchart depicts Ayurvedic mode of Action of internal and external treatments in managing choroidal osteoma *(Dwitiyuapatalagata Kaphaja Timira)*, illustrating how they address *Kapha dosha* imbalance, vitiated *dhatus*, and associated complications.

The case's strengths lie in Ayurveda's efficacy in managing this rare ocular condition, achieving resolution of CNV-associated signs despite a late presentation. Limitations include late-stage presentation, which restricted full visual recovery. Regular follow-ups are planned to monitor recurrence.

This case underscores the value of integrating Ayurveda with modern diagnostics for rare ocular conditions, suggesting a need for further research into Ayurveda's role in ophthalmology.

## 4. CONCLUSION

Choroidal osteoma is a rare condition with an uncertain etiology. Treatments included oral medicines (e.g., *Kanjanara guggulu, Varanadi kashayam*) and external therapies (e.g., *Seka [eyewash], Vidalaka [medicated-paste to eyelids], Tarpanam [medicated-ghee retention over eyes]*) targeting *Kapha* imbalance and vitiated *Dhatus*. The patient is given the said treatments for period of 13 months with regular follow-up. Ayurvedic management aimed at *Kapha* balance and the *Dwiteeyayapatalagata Kaphaja Timira* framework was associated with observed improvements in advanced stage, however causality cannot be inferred from a single case.

**Declaration of Patient Consent** – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

**Patient perspective -** Since 2013, I struggled with blurry vision in my RE from choroidal osteoma. Injections helped me briefly, but symptoms recurred, and the last injection in 2023 caused dizziness and vomiting. I started Ayurveda treatment in June 2023. The doctors explained my condition well, linking it to my diet and lifestyle. The treatments, like eye-washes and herbal medicines, were gentle. Gradually my eyesight improved significantly, and I feel healthier. I am thankful and hopeful continuing my follow-ups.

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**Declaration of Generative AI**

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