

Holistic homoeopathic approach to conjunctivitis: A natural path of healing

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Abstract- Conjunctivitis is also known as pinkeye and it is the inflammation of conjunctiva. Children are more prone to it. It is a highly contagious disease but it is rarely serious. It is the most common presentation of eye redness in both primary care and emergency departments. It is the most encountered ophthalmologic condition in clinics throughout the world. The alarming signs of conjunctivitis for more serious intraocular conditions like severe pain painful papillary reaction and decreased vision should be considered. The effective management of conjunctivitis includes the timely diagnosis proper differentiation of various etiologist and appropriate treatment.

Keywords- Conjunctivitis, pink eye, inflammation, Red eye, Holistic approach



I. INTRODUCTION

Homoeopathy has been identified for more than 200 years ago as an holistic medical Technique which provides mild methods for treating number of illness including Conjunctivitis also referred to as “Pink Eye”. In conjunctivitis Homoeopathic remedies are quite useful as they know how to deal with ocular discharges, Oedema, redness and a Scratchy feeling in the eyes. Homoeopathic remedies if taken at early, they shorten the Duration of the illness. They are free of risk and have no favorable side effects

DEFINITION

Inflammation of the conjunctiva (conjunctivitis) is classically defined as conjunctival hyperemia Associated with discharge which may be watery mucoid Mucopurulent or purulent

HISTORY OF CONJUNCTIVITIS

S.T. Quellmaz was the first to define the condition, which has been around for a while. In 1881, Crede was the first to treat Leipzig infants with 2% silver nitrate as a preventative for conjunctivitis

EPIDEMIOLOGY

The occurrence of conjunctivitis depends on various factors such as age, gender, and time of the year. Cases of acute conjunctivitis show a bimodal distribution. The first peak is observed among

children under 7, with the highest incidence between 0 and 4 years. The second peak occurs at 22 years in women and 28 years in men. Though overall rates of conjunctivitis diagnosed in the emergency Department are slightly higher in women than in men, seasonality also plays a role in the presentation and diagnosis of conjunctivitis. Across all age groups, there is a peak incidence of conjunctivitis in children 0 to 4 years in March, followed by other age groups in May.

Allergic conjunctivitis is the most common cause of conjunctivitis, affecting 15% to 40% of the population, and is often observed in spring and summer. Bacterial conjunctivitis rates are highest from December to April.

PATHOPHYSIOLOGY

Conjunctivitis occurs when the conjunctiva becomes inflamed due to an infection or an irritant. As a result of this inflammation, the blood vessels in the conjunctiva dilate, causing redness or hyperemia, and the conjunctiva can also become swollen. The inflammation affects the entire conjunctiva, and depending on the cause, discharge may also be present. Bacterial conjunctivitis occurs when the eye's surface tissues are colonized by normal flora like Staphylococci sp., Streptococci, and Coryne bacteria. The epithelial covering of the conjunctiva is the primary defense mechanism against infection, and any disruption in this barrier can lead to infection. Secondary defense mechanisms include immune reactions carried out by the tear film immunoglobulin's and lysozyme, conjunctival vasculature, and the rinsing action of blinking and lacrimation.

How does conjunctivitis spread?

Conjunctivitis, also known as eye flu, can be transmitted through contact with contaminated fingers or objects. If a person with conjunctivitis touches a surface and another individual subsequently touches the same surface and then their eyes, the conjunctivitis may be transferred. Transmission of conjunctivitis can occur through both direct and indirect contact. Direct transmission takes place through droplets from the cough or sneeze of an infected person. Indirect transmission can occur through the sharing of personal items such as towels, pillows, or contact lenses.

CAUSE:

- Viruses
- Bacteria
- Allergens
- Other causes include
 - Chemicals
 - Contact lens wear
 - Foreign bodies in the eye (like a loose eyelash)
 - Smoke, dust, fumes, or chemical vapors
 - Fungi
 - Ameba and parasites

RISK FACTORS:

- Exposure to someone infected with the viral or bacterial for of conjunctivitis
- Using contact lenses



II. TYPES

- **Viral conjunctivitis:**
This type of conjunctivitis is caused by a virus that is also a Common culprit in the onset of the common cold. Patients May exhibit symptoms of conjunctivitis alone or as part of a Common cold syndrome, presenting with swollen lymph Glands, fever, sore throat, and a runny nose. Viral Conjunctivitis is highly contagious, typically spreading Through contact with objects that have been in contact with The infected person's eye secretions (e.g., door handles) or By sharing items that have touched their eyes (e.g., towels or Pillowcases).

Unfortunately, there is no cure for viral Conjunctivitis. While recovery begins within days, Symptoms often worsen in the initial 3-5 days, followed by Gradual improvement over the subsequent 1-2 weeks, with a Total course lasting 2-

3 weeks. Common symptoms include Redness, watery or mucus discharges, and a burning, sandy, Or gritty feeling in one eye. Morning crusting may occur in Some individuals, followed by watery discharge with Occasional scanty mucus throughout the day. The second Eye typically becomes infected within 24-48 hours.

- **Bacterial conjunctivitis**

The transmission of bacterial conjunctivitis can occur through vertical transmission from mother to child, eye Contact with contaminated items, hand-to-eye contact and Eye-to-genital contact involving sexual engagement. Large Droplets of respiratory tract another easy way that can spread bacteria. Clinical Features of bacterial conjunctivitis Can be similar with other causes of conjunctivitis which Makes diagnosis difficult. Typical symptoms includes Redness, purulent discharge that mattes together the eyelids, Chemosis, decreased vision, swelling and pain in eyelids. Contact lens wearers are more prone to get infected with Bacterial conjunctivitis.

- **Hyper acute bacterial conjunctivitis:**

This is an exceedingly rare and severe form of conjunctivitis Characterized by a swift onset and rapid progression. Severe Symptoms encompass substantial exudate, pronounced Chemosis, swelling of the eyelids, marked hyperemia Accompanied by pain, and diminished vision. Without Prompt treatment, it has the potential to advance to corneal Infiltration, melting, perforation, and eventual loss of vision.

- **Chronic bacterial conjunctivitis:**

It is defined as Symptoms lasting for at least upmost 4 weeks. Common Causes include blepharitis (I.e. inflammation of eyelids), Which can result in flaky debris and warmth along the lids. Chronic bacterial conjunctivitis is mostly caused by Staphylococcus aureus or Moraxella lacunata .The majority of bacterial conjunctivitis types typically Resolve rapidly and result in no permanent damage when Promptly and effectively treated.

- **Allergic conjunctivitis:**

Individuals who suffer from various allergic conditions such As hay fever, asthma, and eczema are also prone to Developing allergic conjunctivitis. The likelihood of Developing allergic conjunctivitis depends on the body's Response to allergens, which can include trees, plants, Grasses, weeds, dust mites,

animal dander, molds, contact Lenses and lens solutions, cosmetics, and other stimuli.

- **Toxic Conjunctivitis:**

Also known as Toxic Keratoconjunctivitis which is a chronic Inflammation of the eye's surface. It is a hazardous Substance, typically a preservative or a drug which can Cause toxic conjunctivitis.

- **Chemical conjunctivitis:**

Chemical conjunctivitis may result from exposure to Irritants such as airborne pollutants, chlorine found in Swimming pools, or contact with harmful chemical Substances.

- **Newborn conjunctivitis:**

Conjunctivitis in newborns can be attributed to the blockage Of tear ducts, and the application of topical antimicrobials Given at birth may lead to irritation and/or infection with a Virus or bacteria transmitted from the mother to the baby During childbirth. Even mothers without symptoms (asymptomatic) at the time of delivery can act as carriers, Passing bacteria or viruses to their babies during birth. Newborns with conjunctivitis typically develop eye Drainage within a few days to several weeks after birth Most common types of neonatal conjunctivitis include:

SYMPTOMS

- More frequent eye tears.
- A thick, yellow discharge that crusts across your Eyelashes, particularly after sleeping.
- An eye discharge that is green or white Both eyes in one have a gritty sensation
- Itching in the eyes (particularly in the allergic pink Eye).
- Eye burn (particularly when pink eye is brought on by Allergens and chemicals).
- Cloudy vision.
- Enhanced light sensitivity.
- The eyelids are swollen.

COMPLICATION

- Eye pain
- Blurred vision
- Light sensitivity

MANAGEMENT

Corticosteroids or NSAIDs like ibuprofen

Bacterial conjunctivitis: Antibiotics (eye drops, ointments or pills)

Viral conjunctivitis: Antiviral drugs because virus can cause permanent damage and vision loss without treatment.

Allergic conjunctivitis: antihistamine and decongestant

PREVENTION:

- Avoid touching or rubbing your infected eyes with your Fingers; instead, use cotton wipes or tissues.
- Wash your hands regularly with soap and warm water.
- Use a clean towel and washcloths daily.
- Change the pillowcases often.
- Protect your eyes from direct sunlight, dirt, and other Irritants.
- Do not share eye drops and eye cosmetics.

III. HOMEOPATHY TREATMENT

- *Aconitum napellus* (Aconite): Eyes appear red and inflamed. Sensation of dryness and heat within the eyes, as if grains of sand are present. Swollen eyelids that are both firm and red. Strong aversion to light. Excessive Tearing occurs following exposure to arid, chilly winds, Glare from snow, or after the removal of particles or foreign objects from the eyes.
- *Euphrasia officinalis* (Euphrasia): One of the top Remedy for Catarrhal conjunctivitis. Discharge from Eyes are acrid. Watery eyes. Acrid lachrymation; bland Coryza (Opposite: *Cepa*). Excoriating and Thick Discharge (Opposite *Mercur* thin and acrid). Lids are Burning and swells. Continue blinking of eye. Cornea is Sticky; continuous winking to remove it. Rheumatic Iritis, Pressure in eyes. Little blisters on cornea.
- *Allium Cepa* (Onion): Eyes are Red. With burning and smarting eye discharge. Photophobia. Eyes suffused and Watery; profuse, bland lachrymation, feels good in open Air. Eyelids burns.
- *Pulsatilla nigricans* (*Pulsatilla*): Sub acute Conjunctivitis, with dyspepsia; worse, in warm room. Thick, profuse, yellow, bland discharges. Eye itches And burn. Profuse

mucoïd discharge from eyes. Lids Inflamed, agglutinated.

- *Mercurius solubilis* (Mercury): Lids red, thick, Swollen. Profuse, burning, acrid discharge. Floating Black spots. After exposure to glare of fire; Foundrymen. Parenchymatous keratitis of syphilitic Origin with burning pain. Iritis, with hypopyon.
- *Apis mellifica* (*Apis*): Lids swollen, red, edematous, Everted, inflamed; burn and sting. Conjunctiva bright Red, puffy. Lachrymation hot. Photophobia. Sudden Piercing pains. Pain around orbits. Serous, Edema, and sharp pains. Suppurative inflammation of Eyes. Keratitis with intense chemosis of Ocular conjunctiva. Staphyloma of cornea following Suppurative inflammation. Styes, also prevents their Recurrence.
- *Ruta graveolens* (*Ruta*): Eyes-strain followed by headache. Eyes red, hot, and painful from sewing or reading fine print (*Nat mur*; *Argnit*). Disturbances of accommodation. Weary pain while reading. Pressure deep in orbits. Tarsal cartilage feels bruised. Pressure over eyebrow. Asthenopia.
- *Argentum nitricum* (*Arg.*): Inner canthi swollen and red. Spots before the vision. Blurred vision. Photophobia in warm room. Purulent ophthalmia. Great swelling of conjunctiva; discharge abundant and purulent. Chronic ulceration of margin of lids; sore, thick, swollen. Unable to keep eyes fixed steadily. Eyestrain from sewing; worse in warm room. Aching, tired feeling in eyes, better closing or pressing upon them. Useful in restoring power to the weakened ciliary muscles. Paretic condition of ciliary muscle. Acute granular conjunctivitis. Cornea opaque. Ulcer in cornea.

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