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Holistic homoeopathic approach to conjunctivitis: A natural path of healing

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Abstract

The surge in environmental pollution is contributing to a growing prevalence of Allergic Conjunctivitis, particularly impacting children and young adults. Globally, conjunctivitis is a widespread condition encountered in ophthalmology clinics. When dealing with suspected cases of conjunctivitis, it is crucial to consider alarming signs of more severe intraocular disorders, such as intense discomfort, blurred vision, and painful pupillary reactions. Detection of conjunctival involvement in a systemic disease relies on concurrent physical examination findings and relevant medical history. Viral conjunctivitis remains the most common underlying cause, ranking second after bacterial conjunctivitis as the leading cause of infectious conjunctivitis. Allergic conjunctivitis, affecting approximately half of the population, manifests with symptoms like itching, mucoid discharge, chemosis, and eyelid edema. Prolonged use of preservative-containing eye drops may lead to toxic conjunctivitis. Accurate etiological differentiation, timely diagnosis, and appropriate treatment are integral aspects of conjunctivitis care. Homeopathic medicines prove to be both safe and effective in treating Allergic Conjunctivitis, not only alleviating its signs and symptoms but also reducing the patient's allergic susceptibility.

Keywords: Homoeopathy, conjunctivitis, holistic approach, inflammation, red eyes, sulphur euphrasis

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 favourable side effects ^[1]. The inner surface and the thin transparent white area of the eyes which is known as conjunctiva, become inflamed by number of things such as bacterial, viral, allergies, irritants or other things ^[2]. Ten to fifteen cases of conjunctivitis are seen every day in an OPD with 100 patients. As a result, between 10% to 15% of patients who visit the OPD have various eye diseases ^[5]. In this essay, we'll examine the fundamentals of homeopathy, its holistic approach to conjunctivitis, some typical homoeopathic treatments, and how it works to promote natural healing and restore balance. In addition, we will discuss the many forms of conjunctivitis, their causes, symptoms, methods of diagnosis, treatment, and prevention.

Etiology

Conjunctivitis is the highly contagious condition which can be brought on by virus and bacteria, fungi and parasites. Conjunctivitis is known to be most commonly occurring cause of redness and discharge from the eyes and can be both infectious and non - infectious. Allergy and toxin induced conjunctivitis are the two most common non - infectious causes of conjunctivitis. The other most frequent causes is viral conjunctivitis, followed by the bacterial conjunctivitis. Between 65 to 90 percentage of cases are related to viral conjunctivitis and are caused by adenovirus. As in case of childrens they are typically get influence from H. influenza, S. pneumoniae and Moraxella catarrhalis more frequently. Additional to it bacterial offender includes Chlamydia trachomatis, N gonorrhoeae and coryne bacterium diphtheria. The primary cause of bacterial conjunctivitis in infants and sexually active adults is often N. gonorrhoeae ^[4].

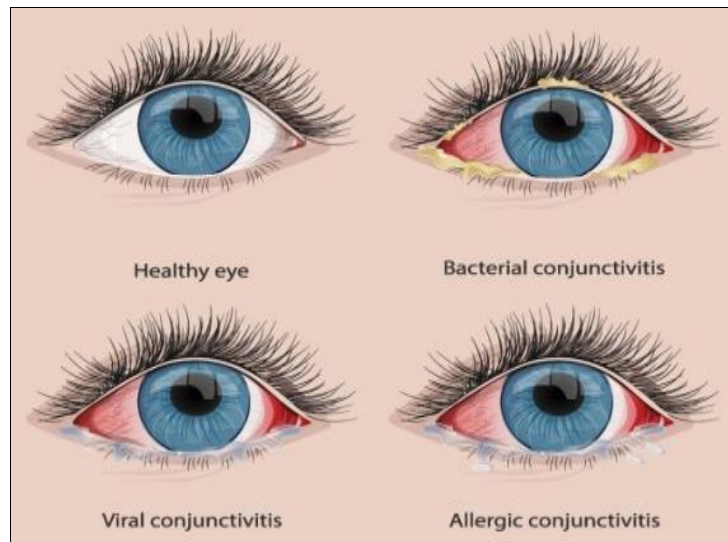


Fig 1: Conjunctivitis ^[3]

Prevalence

10-15 cases of conjunctivitis are reported everyday in an OPD with 100 patients but 10%-15% of patients who visit the OPD have various eye disease. Since many mild conjunctivitis patients have online consultation and their actual number may be higher than that of OPD visitors, Dr. Parul Sharma, Director & HOD, Ophthalmology, Max Hospital, Gurgaon ^[5]. As estimated 60% patients with acute infection receives antibiotic eye drops from non ophthalmologists. Out of 68% of patients who visit doctor in an emergency room only about 36% of the patients receives antibiotic eye drops ^[6]. If the presenting signs and symptoms are taken correctly considering the underlying etiology, conjunctivitis may frequently be misdiagnosed. According to a study only 48% of cases of adenoviral conjunctivitis were correctly diagnosed with ocular surface disease by institutes having experience ^[7]. Studies demonstrates that only around 50% of pathogens are isolated in cases with bacterial infection ^[8]. One study shows that upto 52% of presumed viral conjunctivitis were cultured positive for bacteria. Clinical history and the etiology of conjunctivitis are generally correlated which is presented in number of books and also choose for number of clinical trials ^[9].

Types of conjunctivitis

Conjunctivitis can be the resultant of various causes which includes bacteria, viruses, allergens, contact lens users, chemical, fungi and certain other diseases.

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 ^[10].

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. Types of bacterial conjunctivitis includes ^[11].

Acute bacterial conjunctivitis: It is the most common form. It is typically self-limiting within 1-2 weeks. *Haemophilus influenzae*, *streptococcus pneumoniae* or *Moraxella catarrhalis* are the causative factors of bacterial conjunctivitis in children's ^[11].

Hyperacute 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 hyperaemia 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 ^[11].

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 ^[11].

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 ^[11].

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 ^[12].

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 ^[13].

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 ^[14].

Most common types of neonatal conjunctivitis include:

Inclusion (Chlamydial) conjunctivitis: Chlamydia trachomatis is the causative agent for inclusion conjunctivitis and can also lead to genital infections (chlamydia). If a woman with chlamydia remains untreated, she can transmit the bacteria to her baby during childbirth, or symptoms may manifest earlier if the amniotic sac ruptures during delivery. Symptoms typically arise 5-12 days after birth, presenting as redness in the eyes accompanied by swelling and the discharge of pus ^[14].

Gonococcal conjunctivitis: Neisseria gonorrhoeae can induce gonococcal conjunctivitis, as well as the sexually transmitted infection gonorrhea. If women with untreated gonorrhea do not receive treatment, they can transmit the bacteria to their baby during childbirth. Symptoms typically involve red eyes with thick pus and swelling in the eyelids, with onset occurring within the first 2-5 days of life ^[14].

Chemical conjunctivitis: when eye drops are given to newborn to prevent bacterial infection, the newborn eyes become irritated which may be diagnosed as chemical conjunctivitis. Symptoms are likely to last for only 24-36 hours and it includes mild eye redness with swelling of eyelids ^[14].

Pathophysiology

Conjunctivitis results from inflammation of the conjunctiva, which can be caused by infectious pathogens or non-

infectious irritants. The inflammation leads to the dilation of conjunctival vessels, causing redness and edema of the conjunctiva. The entire conjunctiva is typically affected, often accompanied by discharge whose characteristics vary depending on the causative agent. In bacterial conjunctivitis, the eye's surface tissues are colonized by normal flora, such as staphylococci, streptococci, and corynebacteria. The primary defense against infection is the epithelial covering of the conjunctiva, and any disruption in this barrier can result in infection. Secondary defense mechanisms involve immune reactions carried out by tear film immunoglobulins and lysozyme, conjunctival vasculature, and an increase in the action of blinking and lacrimation ^[15].

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 ^[16].

Prevention

Preventing the spread conjunctivitis ^[17]

- 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, especially before eating.
- Maintain cleanliness by washing any discharge from your eyes several times a day using a fresh cotton ball or paper towel. Dispose of the used items and wash your hands afterward.
- Change or wash your pillowcase daily until the infection has cleared. Launder bed linens, pillowcases, and towels in hot water and detergent. Keep your personal towels, washcloths, and pillows separate from others or use disposable paper towels.
- Refrain from wearing and sharing eye makeup, eye drops, or contact lenses. Wear sunglasses until your eye heals. Discard disposable lenses or ensure thorough cleaning of extended-wear lenses and eyewear cases.
- Avoid using an eye patch as it may exacerbate the infection.
- Protect your eyes from direct sunlight, dirt, and other irritants.
- Use eye drops judiciously; avoid prolonged use unless advised by your eye doctor, as it could worsen redness.
- Apply warm compresses, such as a washcloth soaked in warm water, to your eyes for a few minutes 3-4 times a day. This can help alleviate pain and break any crust that may have formed on your eyelashes.
- Do not share eye drops from the same bottle with an infected person.

Preventing pink eye in newborns

The bacteria responsible for causing eye infections in newborns are commonly found in the mother's birth canal. While these bacteria typically pose no harm to the mother, the eyes of newborns are more vulnerable and susceptible to infection. This can lead to a severe form of conjunctivitis in

the newborn, known as ophthalmia neonatorum. This type of infection is serious and requires immediate treatment to preserve the infant's eyesight. To prevent the potential serious consequences for the newborn, an antibiotic ointment is routinely applied to every newborn's eyes shortly after birth. This precautionary measure helps safeguard the newborn from the risks associated with ophthalmia neonatorum^[18].

Clinical features

Common Symptoms of conjunctivitis are^[19].

- Blurred vision
- Burning in eyes
- Increased sensitivity to light
- Green or white discharge from one or both eyes
- Redness in the white part of the eyes or inner eyelids
- Swelling of the conjunctiva (Thin layer that lines the white part of the eyes and inside the eyelids) and/ or eyelids.
- Increased amount of tears.
- Feeling of some foreign particle and /or sand is in the eyes or an urge to rub the eyes.

Homoeopathic management

Homoeopathy works on principal of "Simillia similibus curenter". In the homoeopathic approach, the right remedy is chosen after a thorough case-taking, during which the homoeopath will inquire about the person's symptoms, medical history, life style and emotional state. This individualized approach is essential for successful homoeopathic treatment.

Small sugar pellets or liquid solutions are the two common forms of homoeopathic medications. Usually, they are swallowed whole and allowed to dissolve beneath the tongue. Low potencies (e.g., 6 °C, 30 °C) are frequently used in severe cases of conjunctivitis, and the therapy may be administered repeatedly at first to provide relief. The dosage is administered less frequently when symptoms become better.

higher potency (e.g., 20 °C, 1 M) and less frequent doses may be advised in chronic instances or cases with underlying health concerns. It is crucial to adhere to a qualified homoeopath's recommendations for the choice and administration of treatments.

Homoeopathic Therapeutics^[20]

Some common Homoeopathic Medicine which are used in conjunctivitis are following:

1. ***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.
2. ***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. Opacities. Ptosis (*Gels*; *Caust*).

3. ***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.
4. ***Pulsatilla nigricans* (Pulsatilla):** Subacute conjunctivitis, with dyspepsia; worse, in warm room. Thick, profuse, yellow, bland discharges. Eye itches and burn. Profuse mucoid discharge from eyes. Lids inflamed, agglutinated. Styes. Veins of fundus oculi greatly enlarged. Ophthalmia neonatorum.
5. ***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.
6. ***Apis mellifica* (Apis):** Lids swollen, red, sdematous, everted, inflamed; burn and sting. Conjunctiva bright red, puffy. Lachrymation hot. Photophobia. Sudden piercing pains. Pain around orbits. Serous exudation, sdema, 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.
7. ***Arsenicum album* (Ars):** Burning in eyes, with acrid lachrymation. Lids red, ulcerated, scabby, scaly, granulated. Sdema around eyes. External inflammation, with extreme painfulness; burning, hot, and excoriating lachrymation. Corneal ulceration. Intense photophobia; better external warmth. Ciliary neuralgia, with fine burning pain.
8. ***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.
9. ***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. Eye-strain 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.

It is important to note that the above remedies are only a few examples, and many other homoeopathic remedies may be prescribed based on the individual's unique symptoms and constitution.

External application: In still 3 drops of *Euphrasia* eye lotion in to the eye 4 times daily.

Conclusion

Conjunctivitis can be treated holistically and uniquely using homeopathy, with the goal of addressing the underlying cause of the inflammation and enhancing general health. Homeopathic treatments can help the body heal itself and promote a quick recovery by considering each person's particular symptoms and constitution. For a precise

diagnosis and a customized treatment plan, it is essential to speak with a licensed homeopath or healthcare expert. Homeopathy can be helpful in treating conjunctivitis, but when necessary, it shouldn't take the place of traditional medical care. For the best results with any health condition, getting quick, proper medical care is crucial.

Conflict of Interest

Not available

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Not available

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