

International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493 P-ISSN: 2616-4485 Impact Factor (RJIF): 5.96 www.homoeopathicjournal.com IJHS 2025; 9(4): 842-844

Received: 15-08-2025 Accepted: 17-09-2025

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Understanding acute congestive glaucoma through the lens of homoeopathy: A review

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DOI: https://www.doi.org/10.33545/26164485.2025.v9.i4.M.2006

Abstract

Background: Glaucoma is a chronic, progressive optic neuropathy primarily caused by increased intraocular pressure (IOP) resulting from defective aqueous humour drainage. Acute congestive glaucoma—also called acute angle-closure glaucoma—occurs when drainage pathways become rapidly blocked, leading to a sudden rise in IOP accompanied by intense pain, blurred vision, and potential irreversible vision loss within hours or days. Prompt diagnosis and intervention are essential to prevent optic nerve damage. Homoeopathy provides an individualized therapeutic approach that targets both acute manifestations and the patient's constitutional predisposition, aiming to restore ocular and systemic equilibrium.

Objectives: This review seeks to present a comprehensive understanding of acute congestive glaucoma and examine the role of homoeopathic medicines in its management. It aims to inform practitioners and patients about the therapeutic scope, clinical indications, and potential benefits of key homoeopathic remedies in addressing both acute and chronic aspects of the disease.

Methodology: The review integrates data from standard ophthalmological sources, peer-reviewed clinical literature, and homoeopathic practice guidelines. Indications and therapeutic profiles of frequently used homoeopathic remedies were compiled from authoritative materia medica, repertorial references, and documented case reports on acute congestive glaucoma. Emphasis was placed on remedy selection based on symptom similarity, miasmatic background, and clinical verification.

Conclusion: Homoeopathic medicines may play a significant complementary role in the management of acute congestive glaucoma by relieving acute pain, supporting aqueous humour regulation, and addressing the underlying constitutional susceptibility. Early diagnosis, comprehensive ophthalmic evaluation, and individualized remedy selection by qualified homoeopaths are crucial for achieving optimal therapeutic outcomes and preventing recurrence.

Keywords: Acute congestive glaucoma, angle-closure glaucoma, intraocular pressure, homoeopathy, vision loss, ocular emergency, constitutional treatment

Acute Congestive Glaucoma, or Acute Angle-Closure Glaucoma, is a sight-threatening condition caused by a sudden obstruction to aqueous humour drainage through the trabecular meshwork. This obstruction leads to a rapid increase in intraocular pressure (IOP), producing severe ocular pain, blurred vision, halos around lights, nausea, vomiting, and headache. It is a medical emergency; if the elevated IOP is not relieved promptly, it can cause irreversible optic nerve damage within hours. The prevalence of angle-closure glaucoma varies by ethnicity, being higher among Asian populations, elderly individuals, and females with shallow anterior chambers. Although it accounts for only about 10% of all glaucoma cases globally, it is responsible for a disproportionately high incidence of blindness due to its acute and fulminant presentation.

Etiopathogenesis [1, 2]

The pathogenesis primarily involves pupillary block—a condition where the iris bows forward, narrowing or closing the angle between the cornea and the iris, thus obstructing the drainage of aqueous humour. This results in rapid accumulation of intraocular fluid and a sharp rise in IOP.

Predisposing factors include

Shallow anterior chamber

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- Hypermetropia
- Small eyeball size
- Dilated pupil due to emotional or pharmacological causes
- Advancing age

Risk Groups

- Older adults
- Those with anatomically narrow eye angles
- Family history of glaucoma
- Certain ethnicities

Clinical Features ^[1, 2]: Acute congestive glaucoma is a sight-threatening emergency presenting with a rapid increase in intraocular pressure due to blockage of the eye's drainage angle. Symptoms include:

- Symptoms
- Sudden onset of severe ocular pain radiating to the head
- Blurred vision with colored halos around lights
- Nausea and vomiting
- Photophobia
- Rapid loss of vision
- Signs
- Steamy cornea
- Conjunctival congestion
- Mid-dilated fixed pupil
- Shallow anterior chamber
- IOP markedly raised (40-70 mmHg)

The rise in pressure may result from anatomical features

(shallow anterior chamber, thick lens) or secondary causes (trauma, lens changes, tumours). Immediate medical attention is necessary to prevent irreversible optic nerve damage and loss of vision.

Immediate treatment aims to rapidly lower IOP using osmotic agents like mannitol, carbonic anhydrase inhibitors (acetazolamide), topical beta-blockers, and pilocarpine. Definitive management is laser peripheral iridotomy to relieve the pupillary block. However, side effects, drug intolerance, and recurrence of attacks prompt the search for complementary therapeutic approaches such as homoeopathy.

Homoeopathic View for Acute Congestive Glaucoma [3-7]

Homoeopathy views acute congestive glaucoma as a manifestation of internal derangement of the vital force expressed through ocular pathology. The disease is not merely mechanical but dynamic, arising from an imbalance in the body's internal energy, which a similimum remedy can correct.

Miasmatic Correlation Forvacute Congestive Glaucoma

[3-7]: Thus, acute congestive glaucoma is considered a sycosyphilitic condition, requiring remedies that address both acute crises and chronic susceptibility.

- **Sycotic Miasm:** Tendency to overgrowth, vascular engorgement, and fluid retention—mirroring the congestive and edematous features of glaucoma.
- **Syphilitic Miasm:** Represents degenerative and destructive changes, particularly optic atrophy and structural damage.
- **Psoric Miasm:** Contributes to functional disturbances preceding anatomical pathology.

Table 1: Homoeopathic Therapeutics in Acute Congestive Glaucoma [4, 5, 6]

Medicine	Clinical Indications	Therapeutic Notes
Physostigma	Sensation of eye twisting, soreness, blurred vision, orbital aching	Addresses the spasm of accommodation
Sarothamnus scopanarius	Burning behind the eye, vivid halos, pain on eyelid movement	Useful in chronic angle closure cases
Cedron	Red eyes with shooting pain, scalding lachrymation	Radiating supraorbital pain
Comocladia Dentata	Extreme right eye pain, sensation of enlargement, and heat aggravation	Heavy pressure sensations
Aconite	Burning, dry pain with photophobia and anxiety	Acute inflammation and trauma-related pain
Phosphorus	Foggy vision, retinal sensitivity, black spots, shading of vision	Neuroprotective and vision-supporting
Osmium	Shimmering vision, neuralgia, photophobia	Supra and infraorbital neuralgia
Spigelia	Severe socket pain, sensation of enlarged eye, photophobia	Rheumatic ophthalmic pain
Prunus spinosa	Sudden bursting eye pain, intense discomfort	Right-sided symptom focus
Belladonna	Sudden dimness, excruciating pain, redness, headache, nausea	Acute severe glaucoma presentation
Saponaria officinalis	High intraocular pressure, violent stitches deep inside the eye	Helps reduce elevated pressure
Phytolacca decandra	Dim vision, dull, deep eye aching	Supports visual function
Rhododendron chrysanthum	Intermittent pain linked to weather changes	Early narrow-angle symptoms

Repertorial Rubrics (Kent's Repertory) [11]

- Eye Pain Glaucoma: Belladonna, Osmium, Spigelia, Physostigma
- Eye Vision Dim Congestive conditions: Phosphorus, Belladonna, Physostigma
- **Head Pain with eye complaints:** Glonoine, Belladonna, Spigelia

Conclusion

Acute congestive glaucoma is a vision-threatening emergency needing immediate attention. Homoeopathy offers a complementary therapeutic approach focusing on symptom relief and constitutional balance. While not replacing conventional emergency treatment, homoeopathic medicines may support overall ocular health, alleviate pain, and improve patient comfort during recovery. Personalised treatment and early consultation with experienced practitioners are key to effective management. Acute Congestive Glaucoma is a vision-threatening emergency that requires prompt diagnosis and care. Homoeopathy offers a unique advantage through its individualised, miasmatic, and holistic approach, aiming not only to relieve acute symptoms but also to strengthen the ocular constitution and prevent recurrences. Remedies such as

Belladonna, Physostigma, Osmium, Phosphorus, Spigelia, and Glonoine are frequently indicated and should be prescribed on the totality of symptoms under professional supervision. Integrating homoeopathy within a multidisciplinary care model can enhance patient outcomes, reduce recurrence, and improve quality of life in glaucoma patients.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

Choudhary A. Understanding acute congestive glaucoma through the lens of homoeopathy: A review. International Journal of Homoeopathic Sciences. 2025;9(4):842-844.

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