A case of acute dacrocystitis with abscess and orbital cellulitis: An ophthalmic emergency

Dr. Rakesh Gupta, Dr. Gausia Sayed, Dr. Subhashini Modali and Sayli Shinde

Abstract
This Case demonstrates the Homeopathic Management of Ophthalmic Emergency related to Naso-Lacrimal sac and Duct drainage system. There is Higher Risk of complication due to spread of infection to the Orbit and surrounding Tissues. Integrated knowledge of Ophthalmology paves way for Individualistic Homeopathic Remedy Selection and its application through Clinical Training. This case demonstrates the Concept of Pathology, Pathogenesis and Tissue affection, which enables us to understand the Disease Totality according to Boger’s method of Prescribing.

Keywords: Dacrocystitis, abscess, emergency, boger’s and apis mellifica

Introduction
Dacrocystitis term is derived from the greek word DAKRYON (TEAR), CYSTA (SAC) AND –ITIS (INFLAMMATION). It is an infection or inflammation of the Naso lacrimal sac, usually because of blockage of the Naso-lacrimal duct. Dacrocystitis can be acute or chronic and congenital or acquired. Homeopathic management comprises of the treatment of the infection and avoiding any form complications.

Causation
It is commonly caused by Naso lacrimal duct blockage occurring due to several reasons like: Strictures or scarring due to previous infections. Any extra growth like polypi or strictures like hypertrophied inferior turbinate bone, extreme deviation of the septum. The blockage can also occur in Punctum, Canaliculi.

On the basis of its severity and duration it is classified as:
1. Acute episode of Dacrocystitis or because of infection from neighbouring structures like Sinusitis, Dental Abscess, Infected Bone.
2. Acute Exacerbation of Chronic Dacrocystitis.
3. Chronic Dacrocystitis.

Clinical Case Presentation
40 yrs Female presented with Swelling and redness over Left eye since 5 days. Patient reported to the hospital OPD and was later admitted in the hospital IPD. Peri-orbital Swelling mainly involving Left Lower Eyelid over the medial aspect.

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Fig 1 and 2: Left Dacryocystitis. (Before treatment)
Clinical Diagnosis: Acute Exacerbation of Chronic Dacryocystitis.
Pathological Understanding in the cases of Dacryocystitis. Acute Dacryocystitis passes through 3 stages-Stage of Cellulitis [Swelling, Redness, Pain, Heat and Fever]

Homeopathic understanding: Acute Exacerbation of Chronic individual Dynamic Disease with Characteristic symptoms.

Prognosis and Complications
About 60 percent of initial attacks of Dacryocystitis will recur. The most common complication is Orbital Cellulitis, Corneal Ulceration, Secondary Glaucoma, Lid abscess, Osteomyelitis of lachrymal bone, optic neuritis, proptosis, motility abnormalities and Cavernous Sinus Thrombosis.

Treatment Strategy
a. Conventional line of treatment: The main stays of treatment are oral antibiotics, warm compresses, and relief of Naso- Lacrimal duct obstruction by Dacryo Cystorhinostomy.

b. Homeopathic line of treatment: It is important to understand the disease phenomenon, the stage of disease and define the role of homeopathy in curing this patient. Currently patient is in the Stage of Cellulitis and Stage of Lachrymal Abscess. Remedy selection based on the totality formation and correct method of administration will cure the disease.

Susceptibility
High Susceptibility due to following reasons:
1. Fully developed symptoms
2. Structurally reversible disease
3. Fast pace of Disease
4. Characteristic symptoms including modalities

Physical Generals
- Appetite- decreased since the pain started
- Thirst- Increased for Cold water +
- Thermals- Hot patient 2+
- Mental symptom: want someone with her, cannot stay alone 3+

Table 1: Examination Findings

<table>
<thead>
<tr>
<th>Location</th>
<th>Sensation</th>
<th>Modalities</th>
<th>Concomitant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left eye</td>
<td>Pricking pain</td>
<td>&gt;cold application&lt;</td>
<td>EPISODA (Excess of watering due to improper tear drainage)</td>
</tr>
<tr>
<td>Left side of head since 2 weeks</td>
<td>&gt;draft of air&lt;</td>
<td>&gt; Open Air&lt;</td>
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<tr>
<td></td>
<td>&gt;sour and sweet food</td>
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Investigations: CBC – WBC 13500 (Rest normal), Blood Sugars within Normal Range.

Totality of Symptoms: “Bogers Concept of Totality Construction”
- Inflammation Lacrimal Sac.
- Pricking pain > cold application
- Pricking pain > draft of air
- Hot Patient
- Sensitive to Pain
- Company desire, Alone when aggravation.
**Drug differentiation**

1) *Apis mellifica* 2) *Rhus toxicodendron* 3) *Hepar sulphur* 4) *Silicea*

**Table 2: Remedy Differentiation**

<table>
<thead>
<tr>
<th>Apis</th>
<th>Rhus Tox</th>
<th>Hepar Sulp</th>
<th>Silicea</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generalities:</strong> Well known effects of a bee sting, burning, stinging, smarting, prickling, lancinating swelling, acts on cellular tissue esp. of eyes, throat, ovaries, causing oedema of skin mucus membranes.</td>
<td><strong>Generalities:</strong> This remedy is an irritating an irritating agent to the SKIN esp. of face, scalp, genitals, affects the fibrous tissue, ligaments and joints causing rheumatic symptoms, it is an infective agent producing typhoid like fever.</td>
<td><strong>Generalities:</strong> It affects the Nerves making the patient oversensitive to all impressions, cold, pain, touch, noise, odours, to draught of air, slightest pain causes fainting.</td>
<td><strong>Generalities:</strong> It produces defective nutrition esp. in children, due to imperfect assimilation. Affects the nerves, increasing their susceptibility causing neurasthetic stats and exaggerated reflexes. GLANDS are enlarged.</td>
</tr>
<tr>
<td><em>&lt;heat of room, of weather, of fire, hot drinks, bath, bed. &gt;touch, even of hair &gt;COOL AIR, cool bathing &gt;uncovering &gt;motion</em></td>
<td><em>&lt;exposure to wet, cold, draft of air &gt;uncovering affected part &gt;heat &gt;warm wrapping</em></td>
<td><em>&lt;WINTER &lt;COLD WIND-DRAFT &gt;PART BECOMING COLD &gt;HEAT &gt;WARM WRAPS</em></td>
<td><em>&lt;cold draft of air, uncovering &gt;nervous excitement &lt;light &gt;change of weather &gt;warm-wraps, to head &gt;summer</em></td>
</tr>
</tbody>
</table>


- **Generalities:** Pain behind eyes, <motion Eyelids stiff. Profuse gush of hot tears on opening lids. Orbital cellulitis. Affection of inner surface of the eyelids. GLANDS are swollen, hot and painful, indurated suppurring.
- **Generalities:** Ulcer on cornea or maculae. Degeneration of retina, from looking at an eclipse. Objects appear red and too large. Field of vision one half.
- **Generalities:** Affection of canthi in the region of tear ducts, swelling of lacrimal fistula, stricture of lacrimal duct. Opacity of cornea after small pox. Cataract in office workers after suppressed foot sweat.

**Eyes:** Pains Are Tearing, Shooting. Stitching <At Night. Mucous membrane are acrid, rusty red, like meat water, musty, causing eruptions.

- **Generalities:** Pain behind eyes, <motion Eyelids stiff. Profuse gush of hot tears on opening lids. Orbital cellulitis. Affection of inner surface of the eyelids. GLANDS are swollen, hot and painful, indurated suppurring.
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**Thermals:** Hot

- **Remedy Selection:** *Apis mellifica* 200 – 1st dilution every 15 mins.

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**Fig 4, 5:** Boericke’s Materia Medica

**Fig 6:** Kent’s Lecture ON Homoeopathic Materia Medica:
Follow Up: A. Day 1: Apis Mellifica 200 first dilution every 15 minutes

B. Day 2: Apis Mellifica 200 first dilution every 15 minutes.

C. Follow up after 10 days of Treatment

D. Follow up after 20 days of Treatment

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Case Learning: This case helps us to understand the relevance of Ophthalmological Examination and about the Stage of Disease. The Knowledge of Disease Pathology becomes Very Important Criteria to select the case suitable for Homeopathic line of Treatment which means - “Disease and Homeopathic Medicinal Correlation”. When we are treating such cases, we should be aware about its prognosis “Knowledge of Disease progress and prognosis”.

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