



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493  
P-ISSN: 2616-4485  
[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)  
IJHS 2020; 4(3): 141-145  
Received: 04-05-2020  
Accepted: 06-06-2020

**Dr. Rakesh Gupta**  
HOD and Associate Professor  
Department of Forensic  
Medicine and Toxicology, Smt  
Chandaben Mohanbhai Patel  
Homeopathic Medical College,  
Mumbai, Homeopathic  
OPD/IPD Consultant at Shree  
Mumbadevi Homeopathic  
Hospital, Vile Parle (West),  
Mumbai, Maharashtra, India

**Dr. Gausia Sayed**  
Associate Professor  
Department of Repertory and  
Case Taking, Smt Chandaben  
Mohanbhai Patel  
Homeopathic Medical College,  
Mumbai, Homeopathic OPD  
Consultant at Shree  
Mumbadevi Homeopathic  
Hospital, Vile Parle (West),  
Mumbai, Maharashtra, India

**Dr. Subhashini Modali**  
BHMS, Smt CMPH Medical  
College, Vile Parle west,  
Mumbai, India. MD Part 1,  
Kakasaheb Mhaske  
Homeopathic Medical College  
and PG Institute,  
Ahmednagar, Maharashtra,  
India

**Sayli Shinde**  
MSc (Organic Chemistry) and  
3<sup>rd</sup> Year BHMS at Smt  
Chandaben Mohanbhai Patel  
Homeopathic Medical College,  
Vile Parle (West), Mumbai,  
Maharashtra, India

**Corresponding Author:**  
**Dr. Rakesh Gupta**  
HOD and Associate Professor  
Department of Forensic  
Medicine and Toxicology, Smt  
Chandaben Mohanbhai Patel  
Homeopathic Medical College,  
Mumbai, Homeopathic  
OPD/IPD Consultant at Shree  
Mumbadevi Homeopathic  
Hospital, Vile Parle (West),  
Mumbai, Maharashtra, India

## A case of acute dacryocystitis 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:** Dacryocystitis, abscess, emergency, boger's and apis mellifica

### Introduction

Dacryocystitis 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. Dacryocystitis 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 Dacryocystitis or because of infection from neighbouring structures like Sinusitis, Dental Abscess, Infected Bone.
2. Acute Exacerbation of Chronic Dacryocystitis.
3. Chronic Dacryocystitis.

### 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.

### CLINICAL APPEARANCE



**Fig 1 and 2:** Left Dacryocystitis. (Before treatment)

**Table 1:** Clinical Case Presentation

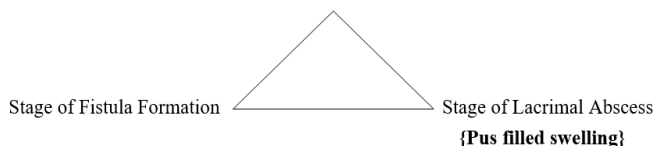
Location	Sensation	Modalities	Concomitant
Left eye ↓ Left side of head since 2 weeks	Pricking pain <sup>3+</sup> EPIPHORA (Excess of watering due to improper tear drainage)	>cold application <sup>3+</sup> >draft of air <sup>2+</sup> > Open Air <sup>2+</sup> <sour and sweet food	

**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

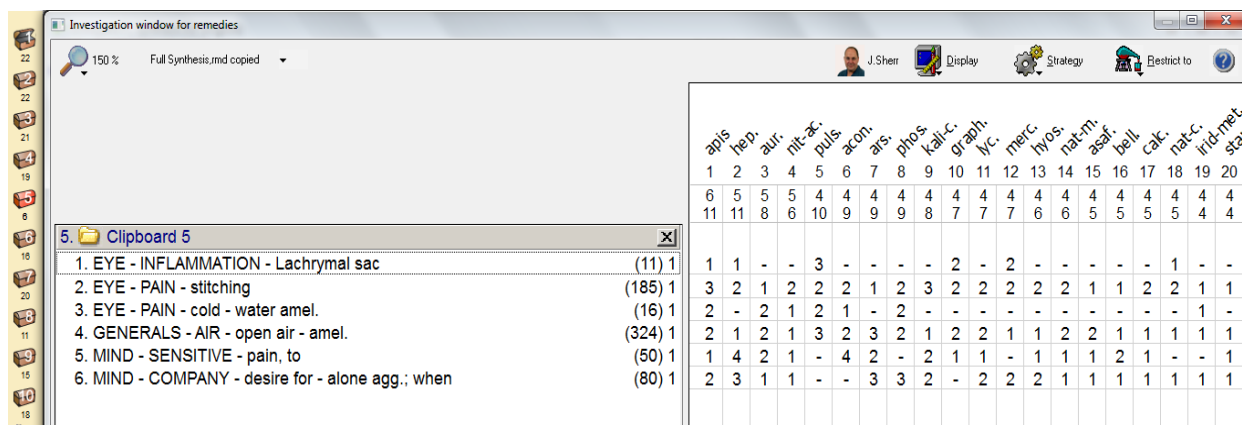
General	Local
Pulse- 90/min	Left Eye: Tenderness+
BP- 130/70 mm Hg	Swelling+
Temp- 98	Redness+
Tongue- clean and moist	Punctum with Pus point, Sticky Watery discharge at the Eyelids and Eyelids not opening completely.

**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.

**Fig 3:** Reportorisation (Radar 10.5)

**Drug differentiation**

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

**Table 2:** Remedy Differentiation

Apis	Rhus Tox	Hepar Sulp	Silicea
<b>Generalities:</b> Well known effects of a bee sting, burning, stinging, smarting, prickling, lancinating pain, with excessive swelling. Acts on cellular tissue esp. of eyes, throat, ovaries, causing oedema of skin mucus membranes.	<b>Generalities:</b> 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.	<b>Generalities:</b> It affects the Nerves making the patient Oversensitive to all impressions, to cold, to pain, touch, noise, odours, to draught of air, slightest pain causes fainting.	<b>Generalities:</b> It produces defective nutrition esp. in children, due to imperfect assimilation. Affects the nerves, increasing their susceptibility causing neurasthetic states and exaggerated reflexes. GLANDS are enlarged.
<heat of room, of weather, of fire, hot drinks, bath, bed. <touch, even of hair >COOL AIR, cool bathing >uncovering >motion	<exposure to wet, cold, draft of air <uncovering affected part >heat >warm wrapping	<WINTER <COLD WIND-DRAFT <PART BECOMING COLD >HEAT >WARM WRAPS	<cold draft of air, uncovering <nervous excitement <light <change of weather >warm-wraps, to head >summer
<b>Eyes:</b> Puffy, lids or conjunctiva red, edematous like waterbags, red. Hot lachrimation. Staphyloma of cornea. Squint. Redness and Puffy eye. Photophobia.	<b>Eyes:</b> 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 suppurating.	<b>Eyes:</b> Ulcer on cornea or maculae. Degeneration of retina, from looking at an eclipse. Objects appear red and too large. Feild of vision one half.	<b>Eyes:</b> 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.
It acts on Cellular Tissues like eyes, face, ovaries, etc. bee-sting, burning, stinging, smarting, prickling pain. Symptoms develop rapidly. Puffed UP, various parts are swollen, becomes edematous and of a shiny, red, rosy color.	Pains Are Tearing, Shooting, Stitching <At Night. Mucous membrane are acrid, rusty red, like meat water, musty, causing eruptions.	Oversensitive to all impressions- to cold, pain, touch, draught of air etc. Connective Tissue producing Tendency To Suppuration, is very marked. Glands inflamed, swell and suppurate. Sticking like sharp splinters.	Stubborn suppurative processes, fistulous opening, abscesses. Slow incomplete inflammation of glands, cellular tissue and skin, then induration.
<b>Thermals:</b> Hot	<b>Thermals:</b> Chilly	<b>Thermals:</b> Chilly	<b>Thermals:</b> Chilly

**Remedy Selection:** Apis mellifica 200 – 1<sup>st</sup> dilution every 15 mins.

**APIS MELLIFICA**  
(The Honey-Bee)

Acts on cellular tissues causing oedema of skin and mucous membranes.

The very characteristic effects of the sting of the bee furnish unerring indications for its employment in disease. Swelling or puffing up of various parts, edema, red rosy hue, stinging pains, soreness, intolerance of heat, and slightest touch, and afternoon aggravation are some of the general guiding symptoms. Erysipelatous inflammations, dropsical effusions and anasarca, acute, inflammation of kidneys, and other parenchymatous tissues are characteristic pathological states corresponding to Apis. Apis acts especially on outer parts, skin, coatings of inner organs, serous membranes. It produces serous inflammation with effusion, membranes of brain, heart, pleuritic effusion, etc. Extreme sensitiveness to touch and general soreness is marked. Constricted sensations. Sensation of

Eyes.—Lids swollen, red, edematous, everted, inflamed; burn and sting. Conjunctiva bright red, puffy. Lachrymation hot. Photophobia. Sudden piercing pains. Pain around orbits. Serous exudation, 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.

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

**APIS MELLIFICA** 119

lids is so enormous that they roll out, looking like pieces of raw beef. The fluid fire, better from washing, from cold applications. Burning and stinging like eye troubles that are worse from looking into an open fire, worse from heat. Chronic heat; wants something cold applied. Chronic granular lids. The results of chronic inflammation are numerous and extensive. Worse from looking at white things, worse from looking at the snow. Pain in the eyeballs, pain deep in the eyeballs, stitches, burning, stinging and shooting. Chemosis. Apis is often suitable for old scrofulous affections of the eyes. Vascular affections, the veins are enlarged. "Iritis." "Congestion to the eyes, blood-vessels injected." whole conjunctiva inflamed. Photophobia. Rheumatic ophthalmia; that is, a high grade of inflammation of the eyes in rheumatic subjects. Catarrhal inflammation of the eyes; scrofulous inflammation of the eyes. Hot tears gush out of the eyes; burning in the eyes. Erysipelas of the eyes and sides of the face, extending from the right to the left. This direction is an Apis feature in many other respects. Erysipelas commences on the right side of the face, extends over the nose to the left side. Inflammation commences in the right side of the abdominal viscera and extends over to the left. In inflammation of the ovary the right is preferred to the left. The right side of the uterus is preferred. Pains in the whole right side of the pelvis extending over towards the left. Burning stinging here and there extending from right to left.

**Fig 6:** Kent's Lecture ON Homoeopathic Materia Medica:

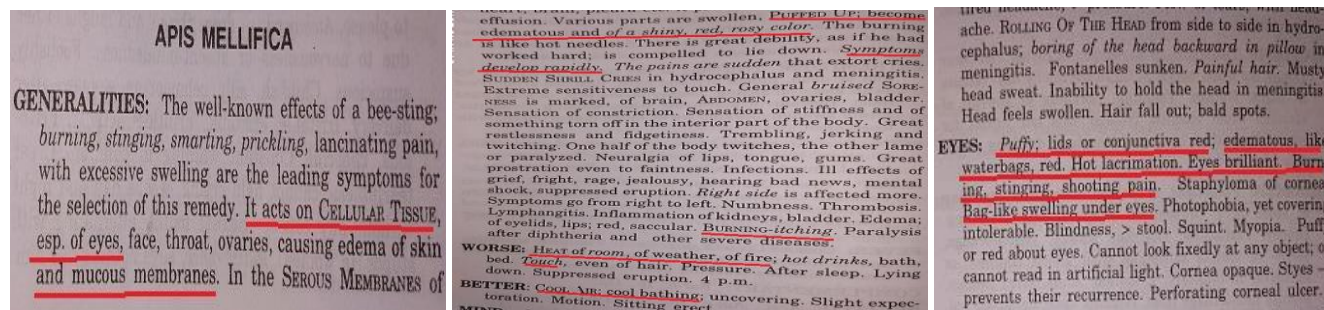


Fig 7, 8 9: Phatak's Homeopathic Materia Medica

**Follow Up: A. Day 1:** Apis Mellifica 200 first dilution every 15 minutes

**D. Follow up after 20 days of Treatment**



Fig 10, 11: Left Dacryocystitis &amp; Abscess



Fig 14: Complete resolution of left Dacryocystitis and Abscess. (After Treatment)

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

**Acknowledgement:** We would like to thank Dr Mohanbhai Patel, Chairman, The Homeopathic Education Society, Vile Parle west, Mumbai. Dr Asmita Parikh, General Secretary, The Homeopathic Education Society, Vile Parle west, Mumbai. Dr Parizad Damania, The Principal, Smt C.M.P. Homeopathic Medical college, Vile Parle (west), Mumbai.



Cellulitis resolved, Redness decreased, patient was able to open Left eye completely

Fig 12: After 48 hrs of treatment.

**C. Follow up after 10 days of Treatment**



Fig 13: Resolution of Dacryocystitis and Abscess

**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".

## Reference

1. Clarke JH. Dictionary of Practical Materia Medica vol-1, B Jain Publishers Pvt Ltd, Reprint edition 1992, 138-145.
2. William Boericke, Boericke's New Manual of Homeopathic Materia medica with Repertory, B Jain Publisher (P) Ltd, Third Revised and Augmented Based on 9<sup>th</sup> Edition, 42<sup>nd</sup> Impression 2018, 61-64.
3. Dr. Phatak SR. Materia Medica of Homoeopathic Medicines, 2<sup>nd</sup> Edition 22<sup>nd</sup> impression: B. Jain publication Ltd., 2018, 61-66.
4. Parson's diseases of eye, ed: 21<sup>st</sup>, Ramanjit Sihota and Radhika Tandon, Elsevier Publication, Elsevier publication India Private Limited, 464-465.
5. Lectures on Homeopathic material medica, ed: 1<sup>st</sup> Indian edition, James Tyler Kent (A.M., M.D), B Jain publication co Ltd, 115-122.
6. Keynotes and Characteristics with Comparisons, Ed:

- 2<sup>nd</sup>, H.C. Allen, M.D, IBPP, New Delhi, Pg : 28,29,121,122,123,219,220,221,239,240,241,242.
7. Comparative Materia Medica, E.A.Farrington, Jain Publishing Co, New Delhi, Pg 10, 158, 186.
  8. ICR, Symposium Part 1, Are A, B and C, 3<sup>rd</sup> Edition, M.L.Dhawale, Published by Dr. M.L. Dhawale Memorial Trust, Plate 16.
  9. Repertory of the Homoeopathic Materia Medica, Indian Edition, Reprinted from Sixth American Edition, J.T. Kent, Indian Books and Periodicals Publishers, New Delhi, 267.
  10. Bed Side Clinical Prescribing in Homeopathy, 2<sup>nd</sup> Edition, 4<sup>th</sup> Impression,
  11. Dr. Farokh Master. B Jain publication (P) Ltd, Noida, UP (India), 65.