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Vernal keratoconjunctivitis and its homoeopathic management

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Abstract

Vernal-keratoconjunctivitis is an inflammatory eye disease which falls under the group of allergic conjunctivitis. It is commonly found in males of age less than 25 years. It predominantly affects the children. It is usually chronic and bilateral but sometimes it may be asymmetrical. The treatment of this condition was difficult initially, but with the advancement in research, the immunological basis of the disease is well understood which has helped in better treatment. Homoeopathy is very effective in the treatment and cure of this condition if an appropriate remedy is selected based on the homoeopathic principles of similitum.

Keywords: Vernal keratoconjunctivitis, Homoeopathy, Trantas dots

Introduction

Vernal keratoconjunctivitis [VKC] is also called as Spring catarrh, Spring ophthalmia, Vernal catarrh^[1].

It is a recurrent bilateral seasonal conjunctivitis that is characterized by intense itching, photophobia, white ropy discharge and appearance of well-defined polygonal raised area of papillary hypertrophy on the palpebral conjunctiva and a wall of gelatinous thickening at the limbus^[2].

VKC is a chronic non contagious allergic disorder with seasonal recurrences that usually occurs during spring or warm weathers. It usually affects population of age group 3 to 25 years and males are mostly affected^[3].

VKC is a unique disorder among a spectrum of allergic eye diseases, most commonly involving the upper tarsal Conjunctiva. It is frequently affecting males but is also seen in tropical regions where both sexes are equally affected^[4].

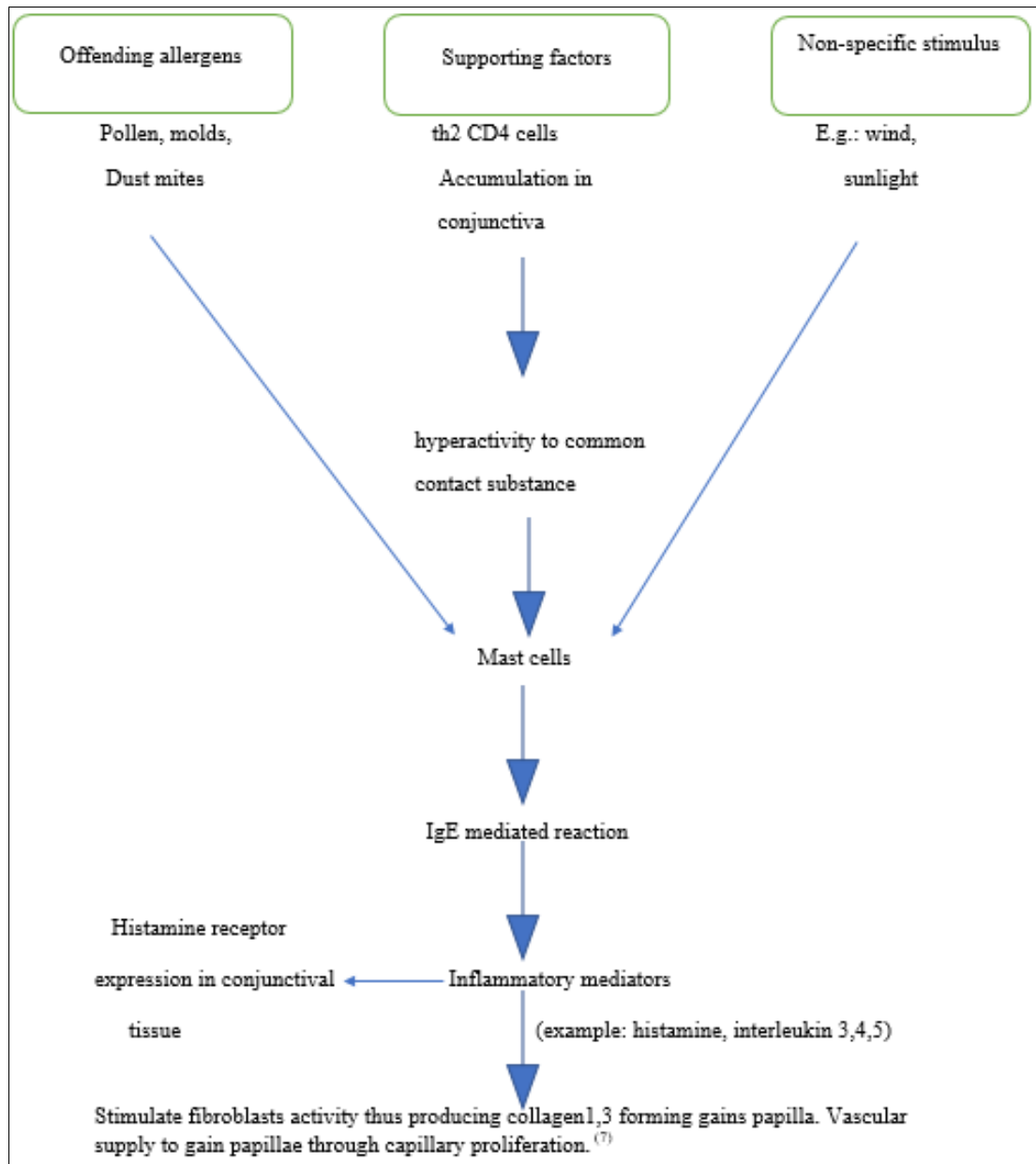
It has also often been associated with higher socioeconomic status. The type of VKC depends on the geographical region. The types are limbal & palpebral. Limbal is more often seen in central & southern African Countries^[5]. While palpebral is frequently found in Europe & America^[6].

This disease shows exacerbations & remissions with change of weather. It is self-limiting disease and the frequency of attacks & their severity of symptoms eventually subside as the patients ages^[2].

Etiopathogenesis

Exact pathogenic mechanisms of VKC are not fully elucidated. But mostly it is seen that VKC is having atopic origin and evidences for it are:

- Seasonal incidence
- Increased number of eosinophils & mast cells in conjunctival specimens.
- High levels of IgE in serum & tears.
- Increased levels of mediators derived from mast cells & eosinophils, including histamine & tryptase in tears.
- Therapeutic response to mast cells stabilizer.



Clinical Features

- Patients with VKC often are seen with symptoms of intense itching, redness and watering eyes [8], burning pain, blurred vision.
- They also have photophobia & foreign body sensation.

Signs of VKC

- Papillary reaction of upper tarsal conjunctiva and limbus
- Bulbar conjunctival hyperemia
- Thick mucus discharge -sticky
- Corneal involvement
- Epithelial erosions
- Shield ulcers or plaques
- Ptosis
- Blepharospasm
- Classical sign - Trantas dots [9].

Diagnosis

Usually there are no specific diagnostic criteria for VKC. It is diagnosed through clinical signs and symptoms and also typical epidemiology. In difficult cases conjunctival

scraping are done to detect eosinophils and IgE infiltration [3].

Treatment

Pharmacological treatment should be planned according to the allergen exposure and duration of symptoms.

Currently used topical drugs for VKC are:

- Vasoconstrictors
- Antihistamines
- Mast cell stabilizers
- Dual acting agents (Antihistamines and mast cell stabilizers)
- NSAI agents
- Corticosteroids
- Immunosuppressive drugs [10, 11].

General Management

- Patient should be made familiar about the nature, clinical features, duration of disease and complications.
- Identification and avoidance of allergens and exacerbating factors.
- Avoid exposure to triggering factors like sun, wind, salt

water by using hats, sunglasses, swimming goggles

- Frequent washing of hand, face and ear are suggested.
- Use of tear substitutes.
- Cold compresses help as natural decongestant ^[10].

Homoeopathic management

▪ **Belladonna**

There is inflammatory swelling and suppuration of the lacrimal aperture.

Spots and ulcers are present over cornea

Ptosis is present.

Heat and burning sensation in the eyes.

Agglutination of the eyelids with flow of acrid and corrosive tears.

▪ **Calcarea carbonicum**

Inflammation and swelling of the corners of the eyes.

There are ulcers and spots in cornea with opacity.

Quivering of eyelids with abundant secretion of mucus that causes agglutination resulting in closing of eyes especially in the morning.

▪ **Cuprum metallicum**

Eyes are red and inflamed with sunken look.

There is obscuration of the site with pains which resembles a bruise.

Convulsions of eyes is present with restless movements.

Violent itching of the eyes especially towards evening.

▪ **Euphrasia**

Inflammation of the cornea is seen with bluish obscuration and pellicle over cornea.

There is gnawing pain in the eyes.

Ulceration in the edges of eyelids.

After ulcers heal scars and specks are present in the cornea.

Swelling of lower eyelids, smarting and lancinating pains

Photophobia especially in sun

Copious secretion of mucus.

▪ **Magnesium Phosphoricum**

They have intermittent and spasmodic, darting, lightning like pains >warmth, with photophobia, sensitive to touch; increased lacrimation.

▪ **Mercurius corrosivus**

The eyes are inflamed and prominent with redness of conjunctiva and acrid lacrimation.

They have intense photophobia and burning, smarting pains if eyes would be forced out.

▪ **Natrum muriaticum**

There is inflammation of eyes with burning, smarting and shooting pains.

They have frequent corrosive lacrimation especially in the morning and there is sand like sensation in eyes. spasm of eyelids especially while closing.

▪ **Nux vomica**

The eyes pain as they are bruised.

They have burning, smarting pains with inflamed sclerotic and conjunctiva with aversion to light.

The discharge from eyes is sanguine and agglutination of eyes at night.

Excessive photophobia <morning.

▪ **Plumbum metallicum**

Acute pains in eyes, tearing pains in eyelids with inflammation of eyes and iris.

Pressive pain in eyeballs as if they were too large.

There is sanguine congestion of eyes.

▪ **Pulsatilla**

The patient suffers from inflamed and red conjunctiva with burning sensation in the eyes with sharp, shooting, pressive pains.

Pain as if scratched by knife.

The lacrimation is profuse acrid and corrosive.

Photophobia leading to lancinating pains. ⁽¹²⁾

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