

Acute Conjunctivitis/Pink Eye and Homoeopathic Management

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ABSTRACT

Acute conjunctivitis is a very common eye disease for a primary practitioner, most commonly prevalent during spring and summer season. Usually, conjunctivitis is a self-limiting disease and rarely results in any complication. Homoeopathy has a tremendous scope in treating acute diseases. Treatment for acute conjunctivitis with Homoeopathy not only resolve the current symptom but also arrest its reoccurrence.

Keywords: Homoeopathy, Acute conjunctivitis, Management

INTRODUCTION

Conjunctivitis or pink eye is an inflammation of the conjunctiva. Conjunctiva is the thin, transparent layer of tissue that lines the inner surface of eye lid and covers the white portion of the eye. It can be caused by viral, allergies or bacterial infection. The spread of the disease is extremely contagious, when in contact with the infectious secretions. Majority of conjunctivitis caused by infection followed by allergic conditions. Acute infectious conjunctivitis mostly seen in infants, school going children and elderly. Contact with contaminated fingers is the commonly observed cause for it. Bacteria may also reach conjunctiva from margin of eyelid and adjacent skin from the nasopharynx from infected eye or contact lenses, spread through blood stream and genitalia is rare. Homoeopathic literature shows a vast data on ophthalmic disease treatment. As an

alternate method of treatment Homoeopathic medicine can contribute a safe relief in patient suffering from acute conjunctivitis.

Based on Aetiology Infectious conjunctivitis

- Viral (herpes simplex, picornaviruses, adenoviruses, myxovirus, paramyxoviruses)
- Chlamydial
- Parasitic
- Fungal (candida, Nocardia, Leptothrix, Sporothrix, Actinomyces, Rhinosporidium seeberi)

Non- infectious conjunctivitis

- Irritants (foreign bodies, radiation, contact lens use)
- Allergic
- Dry eye
- Endogenous or autoimmune
- Toxic (chemical or drug- induced)
- Factitious or self- inflicted, artefacta

Clinical features

- Acute conjunctivitis may be classified based on type of discharge (mucopurulent or mucoid), conjunctival reaction (follicular or papillary) also
- Eyes: Pain in the eyes, On inspection redness, irritation, redness of eyelid marked, discharges from the eye,

dryness, itching in eyes, puffiness around eyes, lachrymation

- Nose: runny nose, congestion
- Photophobia
- Conjunctivitis does not have long term complication, rarely becomes chronically inflamed and leading to permanent vision problems

Risk factors

- Exposed to someone already affected with viral or bacterial conjunctivitis
- Using especially extended – wear lenses

General Management

- Avoid touching eyes with unwashed hands
- Do not share items used by an infected person like pillows, towels, eye drops, washcloths, eye or face makeup, makeup brushes, contact lens storage cases, eye glasses or contact lenses.
- Intake of vitamin A rich foods like leafy vegetables and carrots.
- Rest and isolation
- Using spectacles

Differential diagnosis

- Blepharitis
- Keratitis
- Scleritis

Homoeopathic management

Acetic acid: indicated in croupous conjunctivitis in which false membrane is dense, yellow-white, tough and closely adherent that removal is almost impossible. The lids are oedematously swollen and red.

Aconite: Is especially indicated in the first stage of any inflammation of the conjunctiva when the eyes are red, very painful, burning and with great dryness. Especially indicated in inflammation from foreign body, in acute catarrhal or an acute aggravation of granular lids and pannus, particularly happened by overheating, violent exercise, or exposure to dry, cold air.

Allium cepa: Indicated in acute catarrhal conjunctivitis associated with similar condition of the air passages, has in hay fever. Scalding lachrymation, profuse and not excoriating opposite of the nasal discharge.

Pulsatilla: indicated in phlyctenular, catarrhal and purulent conjunctivitis. Discharges are generally thick, profuse, white or yellow and bland. The pain is worse in the evening and relieved by cool and open air. Gastric symptoms and amenorrhoea are useful concomitants.

Sulphur: Indicated in both acute and chronic catarrhal conjunctivitis. The sulphur patient usually feverish and restless at night. Worse by bathing the eyes, so that the child cannot bear to have any water touch them and open air

Rhus tox: Indicated in catarrhal conjunctivitis. The lids are red, oedematous spasmodically closed. So that we are compelled to open them, when a profuse gush of tears takes place is seen. The photophobia is intense.

Euphrasia: In case of catarrhal conjunctivitis. The lachrymation in Euphrasia is excessive, acrid and burning. The discharge is thick, profuse, yellow, acrid and mucopurulent, which makes the lid sore and excoriated

Arsenicum album: Burning pains, especially at night and an oedematous condition of lid.

Belladonna: Conjunctiva appears red, dry, burn, photophobia and shooting pain in eye, fiery appearance, Diplopia, spasms of lids. Sensation as if eyes were half closed is noticed. Eyelids swollen and Fundus congested.

Rubrics

Boericke Repertory

EYES, Conjunctiva, inflammation (conjunctivitis)

Acute and sub-acute catarrhal

Purulent

Phatak Repertory

Conjunctiva, inflamed, conjunctivitis

Synthesis repertory

Eyes – Chemosis- Conjunctiva

Eye -Inflammation - Conjunctiva

CONCLUSION

Eyes diseases are very challenging in this era, in that conjunctivitis is a very common disorder. Homoeopathic medicines gained popularity in treating acute disease since ages. Appropriately chosen Homoeopathic medicine can cure the symptoms of acute conjunctivitis safely and avoid complication.

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