

"Euphrasia's Noteworthy Effectiveness in Conjunctivitis Cases"

Dr. Nirmala Sharma ⁽¹⁾, Dr. Swati Sharma ⁽²⁾

1. Assistant professor, Department of Obstetrics and Gynaecology, University College of Homoeopathy, Kekri, Ajmer, Rajasthan, India.

2. Assistant Professor, Dept. of Surgery, University College of Homoeopathy, Kekri, Ajmer, Rajasthan, India.

Abstract: In recent weeks, there has been a surge in eye flu cases, also referred to as conjunctivitis or pink eye, across India. This outbreak has led health authorities to emphasize the importance of understanding its causes, symptoms, and preventive measures to mitigate its spread. Conjunctivitis can affect individuals of all ages, demographics, and socioeconomic backgrounds. Typically, over 80% of acute cases are diagnosed by healthcare professionals other than ophthalmologists, such as internists, primary care providers, paediatricians, and nurse practitioners. The root of conjunctivitis could stem from either an infectious or non-infectious origin. When gathering information from patients, it's crucial to inquire about their ocular history, encompassing the timing of onset, prodromal symptoms, whether one or both eyes are affected, related symptoms, past treatments, and their responses to those treatments. This article delves into specific cases of eye flu treated with homeopathic medicine "Euphrasia," focusing on keynotes for prescribing. It sheds light on the exceptional efficacy of "Euphrasia" in the treatment of eye flu.

Keywords: *Conjunctivitis, Infection, Homoeopathy.*

Introduction ^[1]

Conjunctivitis commonly leads to redness of the eyes, making it a frequent complaint in various healthcare settings like emergency departments, urgent care facilities, and primary care clinics. This condition can affect individuals of all age groups, demographics, and socioeconomic statuses. Non-ophthalmologists, such as internists, paediatricians, and nurse practitioners, diagnose over 80% of acute cases, imposing a significant financial burden on the healthcare system and contributing to a substantial number of clinic visits across medical specialties. The annual cost of managing bacterial conjunctivitis in the US is approximately 857 million US dollars. While conjunctivitis is typically self-limiting and rarely results in vision loss, it's crucial to rule out other potentially vision-threatening causes of red eyes during conjunctivitis assessments. Conjunctiva, a lubricating mucous membrane, transparently covers the outer surface of the eye. It comprises two parts: the "bulbar conjunctiva," enveloping the globe, and the "tarsal conjunctiva," lining the inner surface of the eyelid.

Conjunctivitis refers to the inflammation of the conjunctival tissue, characterized by engorged blood vessels, pain, and ocular discharge. It can manifest as acute or chronic, infectious or non-infectious. Acute conjunctivitis represents signs and symptoms for a duration of 3 to 4 weeks from initial presentation (typically lasting 1 to 2 weeks), while chronic conjunctivitis persists for over approximately a month.

In addition to being caused by various infective agents, conjunctivitis may also be linked to specific systemic conditions, including immune-related disorders such as Reiter's syndrome, Stevens-Johnson syndrome, keratoconjunctivitis sicca, nutritional deficiencies (especially vitamin A deficiency), and congenital metabolic conditions (e.g., porphyria and Richner-Hanhart syndrome).

Aetiology ^[1,2]

Conjunctivitis is the most predominant aetiology of eye redness and release. The causes of conjunctivitis could be infectious or non-infectious. The commonest reason for conjunctivitis is viral conjunctivitis, trailed by bacterial conjunctivitis, and among non-infectious aetiologies, the most well-known aetiologies are hypersensitive or allergic and toxin-induced conjunctivitis.

Infectious conjunctivitis can result from microbes like bacteria, viruses, fungi and parasites. Be that as it may, 80% of intense instances of conjunctivitis are viral, the most widely recognized microorganism is adenovirus. Adenoviruses are liable for 65 to 90% of instances of viral conjunctivitis. Other normal viral microorganisms are herpes simplex, herpes zoster, and enterovirus.

Bacterial conjunctivitis is definitely more normal in youngsters than grown-ups, and the microorganisms answerable for bacterial conjunctivitis, fluctuate upon the age bunch. Staphylococcal species, explicitly staphylococcal aureus, trailed by Streptococcus pneumoniae and Haemophilus flu, are the most well-known causes in adults. Notwithstanding, in youngsters, the illness is all the more frequently brought about by Haemophilus influenzae, Streptococcus pneumoniae, and Moraxella catarrhalis. Other bacterial causes incorporate Neisseria gonorrhoeae, chlamydia trachomatis, and Corynebacterium diphtheria. Neisseria gonorrhoeae is the well-known reason of bacterial conjunctivitis in neonates and sexually active adults.

Allergens, poisons, and local irritants are answerable for non-infectious conjunctivitis.

Pathophysiology ^[1,2]

Conjunctivitis results from irritation of the conjunctiva. The reason for this irritation can be because of irresistible microbes or non-irresistible aggravations. The aftereffect of this disturbance or contamination is infusion or enlargement of the conjunctival vessels; this outcomes in the exemplary redness or hyperaemia and oedema of the conjunctiva. The whole conjunctiva is involved, and there is much of the time release also. The nature of release differs relying upon the causative specialist. In bacterial conjunctivitis, the surface tissues of the eye are colonized by typical greenery, like staphylococci, streptococci, and Corynebacterium. The essential guard system against contamination is the epithelial covering of the conjunctiva. Any disturbance in this boundary can cause infection. Auxiliary protection components incorporate safe responses did by the tear film immunoglobulins and lysozyme, conjunctival vasculature, and the flushing activity of flickering and lacrimation.

Clinical Features ^[1,2]

- White of the eye or inner eyelid redness
- Conjunctiva swollen
- There were more tears than usual.
- Thick yellow discharge that crusts over the lashes, particularly after sleeping. When you wake up, your eyelids may become stuck shut.
- Eye discharge that is green or white
- Itching eyes
- Eyes are on fire.
- Vision distortion
- Light sensitive
- Swollen lymph nodes (usually caused by a viral infection)

History and Physical assessment ^[1,2]

History and actual assessment are, obviously, fundamental in the conclusion of conjunctivitis and in deciding the reason and, thusly, treatment of the condition. Significant focuses to recollect while taking the visual history of the patient ought to incorporate the planning of beginning, prodromal side effects, one-sided or respective eye inclusion, related side effects, past treatment and reaction, past episodes, kind of release, the presence of agony, tingling, eyelid qualities, periorbital contribution, vision changes, photophobia, and corneal darkness.

The visual test ought to zero in on visual sharpness, extraocular motility, visual fields, release type, shape, size and reaction of student, the presence of proptosis, corneal murkiness, unfamiliar body evaluation, tonometry, and eyelid expanding.

The redness of the conjunctiva in conjunctivitis is for the most part diffuse. It includes the whole conjunctival surface, both the bulbar and tarsal conjunctiva, which bars more extreme circumstances like keratitis, iritis, and point conclusion glaucoma as they include the whole bulbar conjunctiva yet spare the tarsal conjunctiva. On the off chance that the redness is limited, one ought to think about an elective determination of unfamiliar body, pterygium, or episcleritis.

While introductions can frequently cover, a precise methodology, exhaustive history, and actual test can securely preclude any intense sight-compromising determinations and lead to the reasonable reason for conjunctivitis. The exemplary discoveries of the three most normal kinds of conjunctivitis can be found underneath:

- **Bacterial:** side effects of redness and unfamiliar body sensation, early daytime matting of the eyes, white-yellow purulent or mucopurulent release, conjunctival papillae, and rarely preauricular lymphadenopathy.
- **Viral:** side effects of tingling and tearing, history of ongoing upper respiratory plot disease, watery release, substandard palpebral conjunctival follicles, delicate preauricular lymphadenopathy.
- **Unfavourably susceptible:** side effects of tingling or copying, history of sensitivities/atopy, watery release, oedematous eyelids, conjunctival papillae, no preauricular lymphadenopathy.

Assessment ^[1,2]

Labs and societies are seldom shown to affirm the determination of conjunctivitis. Eyelid societies and cytology are normally held for instances of intermittent conjunctivitis, those impervious to treatment, thought gonococcal or chlamydial disease, thought irresistible neonatal conjunctivitis, and grown-ups giving serious purulent discharge. Fast antigen testing is accessible for adenoviruses and can be utilized to affirm associated viral causes with conjunctivitis to forestall pointless anti-toxin use. One review contrasting fast antigen testing with PCR and viral culture and corroborative immunofluorescent staining found quick antigen testing to have a responsiveness of 89% and a particularity of up to 94%.

General Management:^[2,3]

The management of conjunctivitis, depending on its cause (infectious or non-infectious), aims to relieve symptoms, reduce discomfort, prevent the spread of infection, and promote healing. Always tailor the management plan based on the specific type and severity of conjunctivitis, the patient's age, medical history, and any underlying health conditions. Consulting with a healthcare professional for accurate diagnosis and appropriate treatment is crucial.

Here is a comprehensive guide on the management of conjunctivitis:

- **Identification of the Cause:**
 - Differentiating between viral, bacterial, allergic, and irritant conjunctivitis is crucial for appropriate management.
 - Viral conjunctivitis is usually self-limiting and managed symptomatically.
 - Bacterial conjunctivitis may require antibiotics.
 - Allergic conjunctivitis needs antihistamines or anti-allergy medications.
 - Irritant conjunctivitis involves avoiding the irritant and providing symptomatic relief.

- **General Measures:**

- Hygiene: Emphasize good hygiene practices like frequent handwashing to prevent the spread of infection.
- Avoidance: Advise avoiding touching or rubbing the eyes to prevent further irritation or spreading the infection.
- Cold Compress: Use a cold compress to soothe the eyes and reduce inflammation.

- **Medications:**

- Antibiotics: If bacterial conjunctivitis is suspected, topical antibiotic eye drops or ointments may be prescribed.
- Antivirals: For severe viral conjunctivitis (e.g., caused by herpes simplex virus), antiviral medications may be prescribed.
- Antihistamines: For allergic conjunctivitis, antihistamine eye drops or oral antihistamines can help relieve symptoms.
- Decongestants: If there's associated congestion, decongestant eye drops may provide relief.

- **Artificial Tears:**

- Prescribe lubricating eye drops (artificial tears) to alleviate dryness and discomfort associated with conjunctivitis.

- **Warm Compresses:**

- Suggest warm compresses to help with the removal of crusting and to ease discomfort.

- **Pain Relief:**

- Over-the-counter pain relievers like acetaminophen or ibuprofen can be recommended for pain management.

- **Education and Counselling:**

- Educate the patient about the nature of their conjunctivitis and how to prevent its recurrence and spread to others.
- Stress the importance of completing the full course of prescribed medications.

- **Follow-up:**

- Schedule a follow-up appointment to monitor progress and adjust the treatment plan if needed.

- **Isolation and Preventive Measures:**

- In cases of infectious conjunctivitis, recommend isolating oneself to prevent the spread to others.
- Advise on measures like frequent handwashing, avoiding sharing personal items, and proper disposal of tissues.

- **Special Considerations:**

- In severe cases or if there's corneal involvement, referral to an ophthalmologist is essential.
- Chronic conjunctivitis may require further investigations to identify underlying systemic conditions.

Cases:**Case 1:**

A 40 years old male patient, reported to OPD of university college of homoeopathy, Kekri on 27/07/2023. Patient was apparently well before. Later on, he observed redness of eyes, Irritation, itching, and a sensation of the presence of a foreign particle in the eyes, Watering eyes, sticky discharge in the night that makes opening the eyes difficult in the morning, since 3 days. Patient did not take any other treatment before for this. Patient becomes highly irritable because of his eye complaints. No any other complaints. On the basis of acute totality of symptoms, *Euphrasia 30/ TDS/ 3 days; Phytum 30 /BD/ 7 days* was prescribed and general management was explained to the patient. He was advised to follow up after 1 week.

Follow-up on 3/08/2023. There is no more redness, irritation and sticky discharge from eyes now. But he is having mild irritation. Then further he was kept on Placebo for 1 week.

Case 2:

A 13 years old male child patient, reported to OPD of university college of homoeopathy, Kekri on 27/07/2023. Patient was apparently well before. The complaints were irritation, itching, and a sensation of the presence of a foreign particle in the eyes, continue watery discharge from eyes, sticky discharge in the night that makes opening the eyes difficult in the morning, in the last 2 days. Patient was highly irritable because of his eye complaints. No any other complaints. On the basis of acute totality of symptoms *Euphrasia 200/ TDS/ 3 days; Phytum 30 /BD/ 3 days* was prescribed and general management was explained to the patient. On the follow up after 3 days, there is much relief in the complaints now the patient was kept on Placebo for a week.

Case 3:

A 35 years old male patient, reported to OPD of university college of homoeopathy, Kekri on 28/07/2023. Patient was apparently well before. He suffered from redness, irritation, itching, and a sensation of the presence of a foreign particle in the eyes, continue acrid watery discharge from eyes, since 2 days. Eyes are agglutinated in the morning; margins of lids red, swollen, burning. Patient becomes highly irritable because of his eye complaints. No any other complaints. On the basis of acute totality of symptoms *Euphrasia 30/ TDS/ 3 days; Phytum 30 /BD/ 7 days* was prescribed. On the follow up after 7 days, there is relief in the complaints, no any other complaints.

Case 4:

A 22 years old female patient, came to OPD of university college of homoeopathy, Kekri on 29/07/2023. Patient was apparently well but, since 3 days, she was suffering from redness, irritation, itching, and sensation of the presence of sand granules in the eyes, Profuse acrid lachrymation, Eyes are agglutinated in the morning; margins of lids red, swollen, burning. Complaints got worse in sharp light. She did not take any treatment before for this. No any other complaints. On the basis of acute totality of symptoms *Euphrasia 200/ TDS/ 3 days; Phytum 30 /BD/ 3 days* was prescribed. On the follow up after 3 days, there is much relief in the complaints now the patient was kept on Placebo for a week.

Conclusion:

Homeopathy offers a wide range of applications in the treatment of conjunctivitis, both infectious and non-infectious, via boosting our immunity. Homeopathic medicine *Euphrasia* has been shown to be more beneficial in acute conjunctivitis, where symptoms like as redness, irritation, gritty sensation and discomfort are present. There are a wide range of homoeopathic medicines other than *Euphrasia* which also act outstandingly in the cases of conjunctivitis like Sulphur, Belladonna, Apis, Pulsatilla, Ruta Graveolens, Allium Cepa etc.

Hence, we can smoothly manage the acute seasonal conditions with very mild doses of homoeopathic medicines. Hence Homeopathic treatments can be used alongside conventional medical treatments for conjunctivitis to support the body's healing processes, reduce symptoms, and potentially shorten the duration of the illness and also for particularly beneficial for chronic or recurrent cases of conjunctivitis, where a constitutional approach can help address underlying imbalances and boost the immune system.

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