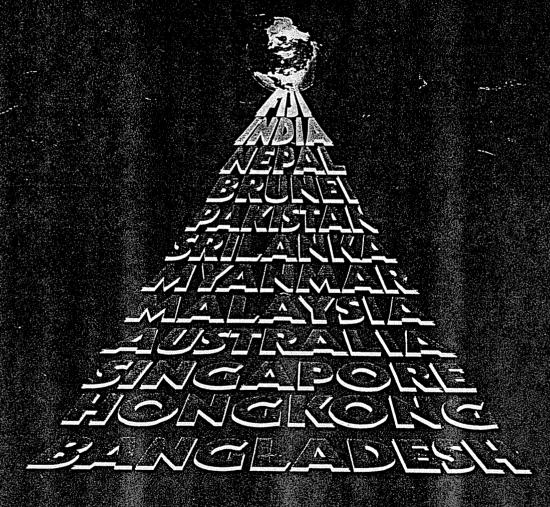
Vol. 5 No. IV

October – December 1995

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Journal of Asian Homoeopathic Medical League

ASIAN HOMOEOPATHIC JOURNAL

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HOMOEOPATHIC TREATMENT OF SPRING CATARRH

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INTRODUCTION:

Spring Catarrh is a recurrent bilateral inflammatory condition of conjunctiva & cornea occuring with the onset of hot weather affecting young people-usually boys. It is due to hypersensitive relation to exogenous allergens, such as dust, pollens etc. but its exact cause is yet unknown. This disease is sporadic, non contagious.

Patients usually come with the symptoms of itching of eyes followed by burning, redness, especially in the evening, photophobia, occassional foreign body sensation, lachrymation and white sticky discharge from the eyes.

Eye examination reveals basic two varieties of Spring catarrh, Palpebral and Bulbar. Sometimes mixed variety is also seen. In Bulbar form there is a conjunctival thickening at sclerocorneal junction in the from of nodules. In Palpebral, Conjunctiva of upper eyelid undergoes diffused papillary hypertrophy. Both varieties are complicated by a fine diffuse superficial punctate keratitis.

This disease should be differentiated from Trachoma. Phlyctenular Conjunctivitis & Atopic dermatitis with Keratoconjunctivitis. Diagnosis can be confirmed from typical onset of symptoms in summer season in young male children & papillary hypertrophy involving limbus or upper eyelid without involvement of fornix. Blood examination shows eosinophilia & Serum IgE levels raised especially in Atophic individual giving history of Asthma, allergic rhinitis.

Treatment part in modern literature is purely symptomatic as the exact cause is not known. Such as -

Avoiding allergens by use of photosungoggles & frequent eyewash.

- Improving the general health of child by giving antihelminthic and supplementation of Vit. A, Vit. C, Calcium etc. in the diet.
- Modern medicines are Corticosteroids to be given locally or systemically depending on the severity of the disease. Which gives immediate relief but they leads to blinding complications if used for long period indiscriminately. Such as Glaucoma, cataract, non healing corneal ulcerations etc. Disodium chromologlycate 2% eye drops use as a prophylactic in chronic cases but its curative results are not seen frequently.
- Desensitisation helps symptomatically.
- Destruction of conjunctival vegetation by B radiation & cryotherapy is helpful in proliferative cases but its curative results are not seen.
- As there is not satisfactory treatment available in modern medicine, I started doing research in the spring catarrh.

METHODS:

A separate case paper was prepared to note the detailed history and clinical examination findings. Children who were already on steroid medications were adviced to taper down their doses gradually and at the same time they were shifted to homoeopathic treatment. Acute medicines were prescribed for those who were suffering from acute phase of the disease by taking into consideration acute totality of symptoms. Constitutional medicines were given for chronic cases to prevent the recurrence of the disease. Lower potencies were given for those children who were already on steroid medication. Constitutional medicines were prescribed from 1M potency and onwards depending upon the response of the

patient. Total 45 patients were studied and following clinical observations were noticed.

OBSERVATIONS:

- Children between 11 to 15 years of age group were affected more. It was predominantly seen in male children.
- Bulbar variety of spring catarrh commonly seen in 31 patients mixed variety in 7 patients.
 Palpebral variety in 1 patient.
- Majority of children were from non atopic group and dark complexion.

From Homoeopathic point of view: Many children were hot in thermal reaction, with liking for sweets and cold drinks, or disliking for sweets, oily food, they were of nervous temprament, dominating miasm was tubercular. There is association of skin affection, sweaty head, gives history of epistaxis in summer, or history repeated upper respiratory tract infection, tonsillectomy.

Among acute medicines, following medicines were frequently used during acute episode.

Arsenic alb in 4 patients, Arg nit in 8, Pulsatia in 15 and Sulphur in 13 patients.

CONSTITUTIONAL MEDICINES FOUND USEFUL WERE AS FOLLOWS:

Arsenic alb (1), Arg nit (2), Calcarea Carb (1), Calcarea phos (9), Nat carb (1), Lycopodium (1), Sulphur (9), Pulsatilla (9).

Response to medicines: Out of 45 patients. 9 patients did not come for follow up.

Regular followup was seen in 21 patients. Out of which complete recovery was observed in 9 patients, 12 patients showed recurrence but their

severity of symptoms were much less. So I am sure that they will improve if they keep regular follow up.

24 patients had irregular follow up as they responded well with acute medicine during acute attack of the disease.

CONCLUSION:

Homoeopathic medicines were found useful

during an acute attack of spring catarrh thus avoiding steroid medication.

Constitutional medicines were found useful to prevent the further attacks in chronic cases. Thus the patients remained free from induced complications & were also cured in a gentle way. Thus Homoeopathic medicines are the best alternatives over modern medicines in the treatment of spring catarrh.