

Evidence-Based Homoeopathy: A Case of Pterygium

Posted By *Sandeep Sathye* On May 18, 2017 @ 11:41 am In Homeopathy Papers | [No Comments](#)

INTRODUCTION

Pterygium is a common ocular surface disorder with a wing shaped fibrovascular overgrowth of bulbar conjunctiva on the cornea within the intrapalpebral fissure and most often located on the nasal side. It is common in countries near to the equator, so UV-B radiation exposure is considered as a major risk factor. It leads to repeated redness, dryness, foreign body sensation in the eye, lacrymation, photophobia and a cosmetic disturbance. Vision gets affected if it involves pupillary area of the cornea. In modern medicine surgery is the treatment of choice in a growing pterygium but there are chances of recurrence.

CASE REPORT

History : A female aged 45 years and working as a housewife presented in Out-patient Department of the institute on October 11, 2002 with the complaints of recurrent redness of right eye especially in the afternoon and after going outside and noticed a growth of progressive nature in the same eye for the last 3 years. She also had complaints of sticky discharge in eye during morning hours and dryness with a foreign body sensation in the afternoon for last 6 months. Past history revealed an allergy to an artificial earrings that caused itching of ear lobules. There was neither past history of any major illness or medication nor a family history of pterygium. She was hot in thermal reaction with a desire for sweets.

Examination : On general examination, her palms were warm and dry. On ocular examination, right eye had a refractive error of +1.0 diopter cylinder at 180 degrees and left +0.5 diopters of sphere. On Slit-lamp biomicroscopy examination, there was a pterygium in right eye involving nasal area extending midway between limbus and pupillary area [Figure 1A, 1B]. Schimer's test was done to determine the dryness of eyes but it was found to be within normal limits i. e. 10 mm and 12 mm wetting of a strip after 5 minutes in right and left eye respectively.

Case workup and Intervention

Rubrics for repertorisation : [Figure 2]

Eye – Pterygium

Eye – Inflammation – conjunctiva,

Eye – Redness,

Eye – Dryness – Afternoon,

Eye – pain – Stitching



Remedy Name	Sulph	Arg-n	Arg-s	Nat-s	Caust	Lach	Lvs	Pho	Nux	Mer	Op	St	Alb	Alu
Totality	11	11	10	10	10	10	10	10	10	10	10	10	10	10
Symptom Covered	4	3	3	4	3	3	3	3	3	3	3	3	3	3
[K1] Eye Pterygium:	2	2	2	2	2	2	2	2	2	2	2	2	2	2
[K1] Eye Inflammation Conjunctiv:	3	3	3	2	3	3	3	3	3	3	3	3	3	3
[K1] Eye Redness:	3	3	3	2	2	2	2	2	2	2	2	2	2	2
[K1] Eye Dryness: Afternoon:				2										
[K1] Eye Pain: Stitching:	3	2	3	1	1	2	2	2	2	2	2	1	1	1

Drug filter – Hot patient, anti-sycotic drug

Result of Repertorisation : Sulphur – 4/11, Arg-n. – 4/10, Nat-s. – 4/7

Selection of Medicine : *Natrum sulphuricum* 30C

Basis of Prescription : Hot patient, anti-sycotic drug, symptom of dryness of eye in the afternoon and inflammation of conjunctiva.

Selection of Intercurrent medicine : *Sulphur* 200C, 1M

Basis of prescription : Hot patient, anti-psoric and anti-sycotic drug, medicine for pterygium, inflammation of conjunctiva, redness and dry of eye.

Follow-up and Outcomes

November 25, 2002: There was reduction in intensity of redness after going outside, similarly a reduction in sticky discharge, dryness and foreign body sensation in the eye. On ocular examination, there was a reduction in ocular congestion but no change in size of pterygium. *Natrum sulphuricum* 30C was continued but in HS dose for next 3 weeks.

February 15, 2003: Patient couldn't keep follow-up for 1 month but after stopping the medicine all ocular complaints started again. Eye examination showed no change in size of pterygium. *Psora* being a basic miasm in its background, anti-psoric intercurrent homoeopathic *Sulphur* 200C was prescribed in a single dose to take in the morning on the next day and after a gap of two weeks *Natrum sulphuricum* 30C in HS dose was advised for the next 3 weeks.

April 15, 2003: There was a marked reduction in symptoms of redness, dryness, foreign body sensation and sticky discharge. On examination, there was a reduction in the refractive error of right eye to +0.5 diopter cylinder at 180 degrees and left eye became emmetropic. Slit-lamp examination revealed a slight reduction in thickness of pterygium. So *Natrum sulphuricum* 30C was continued in HS dose for 3 weeks.

May 28, 2003: Patient had gone on a tour and noticed redness of eye that lasted for 4 days but its intensity was much less as used to occur before starting the treatment. There were no complaints of dryness of eyes, sticky discharge or foreign body sensation. However redness of eye after going outside has not stopped completely, so Sulphur 1M one dose was prescribed on the next day in the morning and it was followed by Placebo for 3 weeks in HS dose.

July 28, 2003: there was no redness of eye after going outside as well as other complaints. On eye examination, pterygium photograph revealed a reduction in its thickness [Figure 3]. Natrum sulphuricum 30C was continued in HS dose for next 3 weeks. She was advised to wear artificial ear rings for few hours a day.

September 24, 2003: There were no ocular complaints for almost one and half months. She can now wear artificial earrings for 6 hours per day without itching. Patient had complaints of cold with pain in eyes and frontal headache better with hard pressure that has started after doing a lot of near work 3 days before. Homoeopathic Bryonia alba 30C was prescribed in TDS dose for 4 days and HS for next 4 days. Thereafter Natrum sulphuricum 30C was given in HS dose for 3 weeks.

October 30, 2003: She had not experienced any ocular complaints. Her eye examination showed a further reduction in the thickness of pterygium. She was given a Placebo in HS dose for 3 weeks as objective improvement was going on.

January 22, 2004: On telephonic contact patient came for follow-up after 2 months as she had no complaints. Eye examination showed no change in pterygium area, so Natrum sulphuricum 30C was again repeated for 3 weeks in HS dose.

April 20, 2004: Patient was contacted by phone but did not come for follow-up as she had no complaints.

August 2, 2004: Patient came for a follow-up after telephonic contact. She had no ocular complaints for last 10 months and ocular photography showed a further reduction in thickness of pterygium and retraction of its head [Figure 4]. No medicine was prescribed and was advised to come for follow-up after 6 months.

April 13, 2005: Patient came for a routine eye checkup. She had no ocular complaints and ocular photograph showed stabilisation of pterygium with no increase in its thickness or its progression on cornea [Figure 5 A, 5B].

CONCLUSION

The homoeopathic medicine Natrum sulphuricum along with intercurrent use of Sulphur selected on the basis of particular symptoms helped in arresting the progression of pterygium as observed from documentary ocular photographic evidence. Homoeopathy can be a better alternative in the treatment of pterygium, however a further study in a larger number of subjects is required to validate that conclusion.

Legends for Figures:

Figure 1A. Pterygium in right eye before treatment (dated October 11, 2002)



Figure 1B. A magnified view of a Pterygium before starting the treatment

Figure 2.



Pterygium in the eye during treatment (dated July 28, 2003)

Figure 3. Pterygium in eye with reduction in its thickness and retraction of its head from cornea during treatment (dated August 2, 2004)



Figure 4 A. Pterygium with no recurrence after stopping the treatment (dated April 4, 2005)

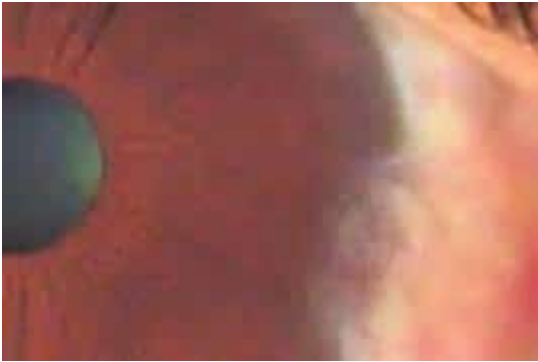


Figure 5 B. Pterygium in a magnified view after stopping the treatment

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