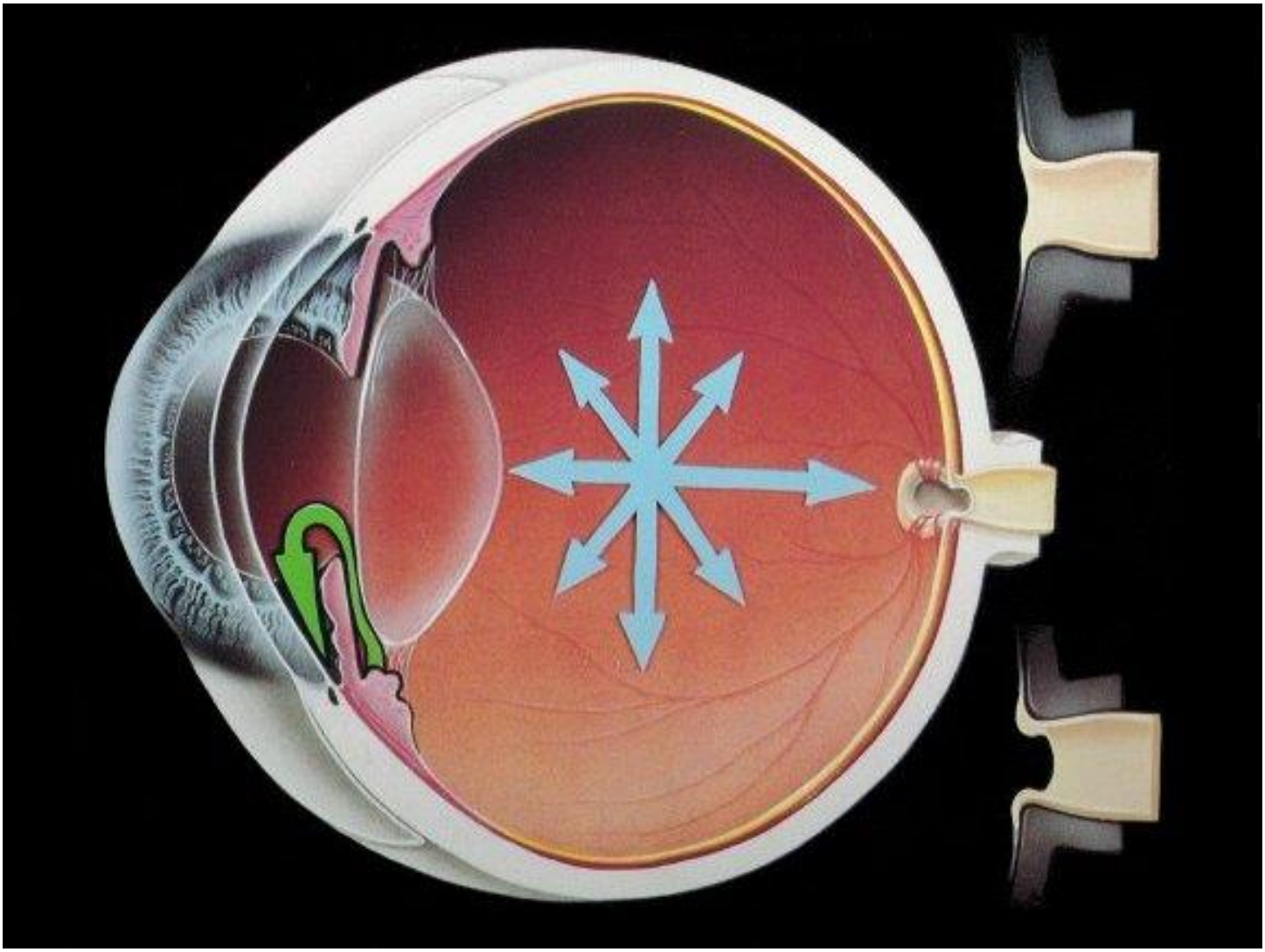

# GLAUCOMA AND HOMOEOPATHY

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# GLAUCOMA AND HOMOEOPATHY

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# Definition

Glaucoma is a condition of increased pressure (Psora/ Sycosis) within the eyeball, causing gradual loss of sight due to damage to the optic disk by high pressure (Psora/ Syphilis).

# Anatomy

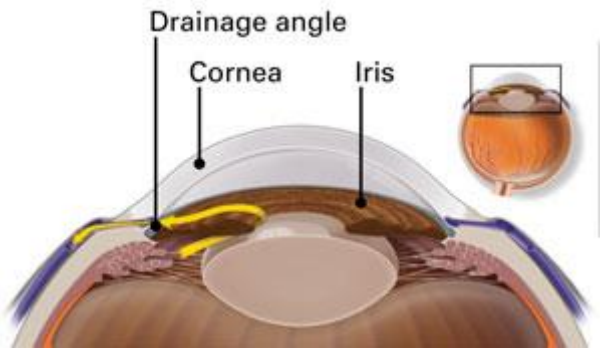
The eye is a slightly uneven sphere, about an inch in diameter.

The front part of the eye includes-

- **The iris-** the pigmented part
- **The cornea-** a clear dome over the iris
- **The pupil-** the black circular opening in the iris that lets light in
- **The sclera-** the white part
- **The conjunctiva-** a thin layer of tissue covering the front of the eye, except the cornea

The back part of the eye includes-

- **The lens-** just behind the iris and pupil which helps to focus light on the back of the eye
- **The retina-** the inside lining of the eye is covered by this special light-sensing cells which converts light into electrical impulses
- **The optic nerve-** situated behind the eye, which carries light impulses to the brain
- **The macula-** a small extra-sensitive area within the retina that gives central vision. It is located in the center of the retina
- **The fovea-** a small depression or pit at the center of the macula that gives the clearest vision
- **The ciliary body-** a small, circular structure found behind the iris or colored portion of the eye producing clear fluid
- **The vitreous-** most of the eye is filled with this clear gel




Eye color is created by the amount and type of pigment in the iris. Multiple genes inherited from each parent determine a person's eye color.

# Incidence

- **Age-** common in aged
- **Ethnic origin-** African or Afro-Caribbean origin are at increased risk of developing chronic open-angle glaucoma and people of Asian origin are at increased risk of developing acute angle-closure glaucoma

- **Myopia-** people who are short-sighted are more likely to develop chronic open-angle glaucoma
- **Ocular hypertension-** has higher risk of developing chronic open-angle glaucoma
- **Family history-** increased risk of developing the condition in family history
- **Medical history-** common in diabetics

# Causes

## Old age

People over the age of 60 years have a higher risk of developing the disease. For African-Americans, the risk rises at a younger age.

## Ethnic background

East Asians, because of their shallower anterior chamber depth, have a higher risk of developing glaucoma.

## Some illnesses and conditions

Like diabetes or hypothyroidism. (Psora/ Sycosis/ Syphilis)

## Eye injuries or conditions

Some severe eye injuries, retinal detachment, eye inflammations and eye tumors can also cause glaucoma. (Causa occasionalis)

## Eye surgery

Post-surgical glaucoma can also occur. (Causa occasionalis)

## Myopia

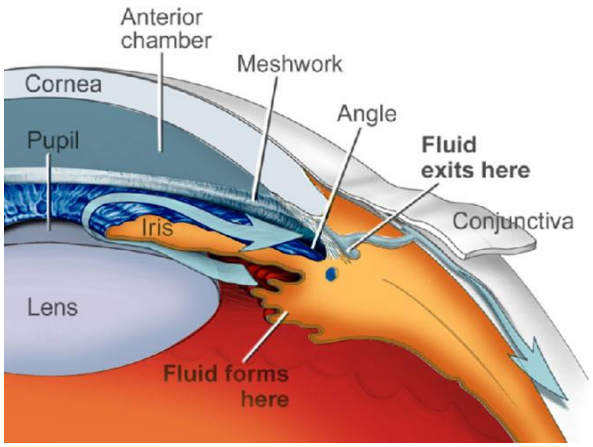
It is also a major cause. (Psora)

## Corticosteroids

Long-term corticosteroids may lead to glaucoma. (Causa occasionalis)

# Pathophysiology

The structures in both the anterior and posterior segments of the eye are involved in process of glaucoma formation.




Intraocular fluid production and drainage from eye

As glaucoma progresses, injury to neurons occurs (Psora/ Sycosis/ Syphilis). Ultimately it leads to eye damage in the form of peripheral vision loss (Syphilis). However, eye damage appears to begin first in the brain as connectivity is lost (Syphilis). If chronic, the optic nerve and then the retina, show signs of degeneration (Syphilis). So the degeneration works in reverse order- it starts in the brain and works its way back to the retina.

The whole process may be explained as-

- The aqueous humor, flows behind the iris as well as through the pupil or central opening in the middle of the iris. The aqueous humor then fills the anterior chamber, the space between the back of the clear cornea and the front of the iris.
- The aqueous exits the eye through the drainage angle, which is the angle formed inside the anterior chamber between the iris and the peripheral cornea.
- The aqueous filters through this angle and as well as the sclera or white part of the eye and then joins with the network of veins outside the eye.
- Any disruption of this outflow of aqueous, including from certain eye injuries, can result in an increase in intraocular pressure (IOP).

Anatomically, the eye's drainage angle is referred to as being either "open" or "closed" or narrow. The narrower the angle, the more difficult it is for the aqueous to flow through it.

An open angle also can hamper the outflow of aqueous, if structural damage exists within the ocular tissues of the angle itself.

Glaucoma results in loss of neuronal and axonal architecture, activation of glial cells, tissue remodeling and changes in ocular blood flow. As the end result of several cellular disease phenomena glaucomatous optic neuropathy occurs.

# Types

The two types of glaucoma are open-angle glaucoma (OAG) and narrow angle glaucoma.

If the aqueous can access the drainage angle, the glaucoma is known as open angle glaucoma. If the drainage angle is blocked and the aqueous cannot reach it, the glaucoma is known as narrow angle glaucoma.

## Open-angle glaucoma

It includes-

### Primary open angle glaucoma (POAG)

This is the common type of glaucoma gradually that reduces peripheral vision without other symptoms. Till noticed, permanent damage already has occurred. Further damage causes tunnel vision, and ultimately blindness. (Sycosis/ Syphilis)

### Normal-tension glaucoma (NTG)

It is also called normal-pressure glaucoma, low-tension glaucoma or low-pressure glaucoma. It can cause visual field loss due to optic nerve damage. But in normal-tension glaucoma, the eye's IOP remains in the normal range. Also, pain is unlikely and permanent damage to the eye's optic nerve may not be noticed until symptoms such as tunnel vision occur. The cause of normal-tension glaucoma is not known. But it is related to poor blood flow to the optic nerve. Normal-tension glaucoma is more common female and or have a history of vascular disease. (Psora/ Sycosis)

## Pigmentary glaucoma

Whenever a fragment of pigment, broken loose from iris, clogs the drainage angle of the eye, reducing the rate of aqueous outflow from the eye, this rare form of glaucoma is developed. As the time passes, an inflammatory response to the blocked angle damages the drainage system. It also has no marked symptoms though some pain and blurry vision may occur after exercise. Pigmentary glaucoma most frequently affects white adult males. (Causa occasionalis/ Psora/ Sycosis)

## Pseudo-exfoliation glaucoma

It is also called Exfoliation syndrome and is a common form of open-angle glaucoma that develops due to accumulation of abnormal, whitish material on the lens and drainage angle of the eye. This material and pigment from the back of the iris can clog the drainage system of the eye, causing increased eye pressure. (Sycosis)

## Secondary glaucoma

It develops after an eye injury, infection, inflammation, a tumor or enlargement of the lens due to a cataract. (Causa occasionalis)

## Congenital glaucoma

Some children are born with narrow angles or some other defect in the drainage system of the eye. It is difficult to guess signs of congenital glaucoma, because children are too young to understand what is happening to them. If a cloudy, white, hazy, enlarged or protruding eye in child is noted, congenital glaucoma may be appreciated. Congenital glaucoma typically occurs more in boys than in girls. (Syphilis)

# Narrow-angle glaucoma

It includes-

## Acute angle closure glaucoma

It is also called narrow-angle glaucoma. It produces sudden symptoms such as eye pain, headaches, halos around lights, dilated pupils, vision loss, red eyes, nausea and vomiting. The attack may last for a few hours, and then return again for another round, or it may be continuous without relief. Each attack can cause progressively more vision loss. (Psora/ Syphilis)

## Chronic angle closure glaucoma

Chronic angle-closure glaucoma (CACG) is the condition in which portions of the anterior chamber angle are closed permanently by peripheral anterior synechiae (PAS) (Psora/ Syphilis). It may be of five types-

- CACG
- Combined mechanism
- Mixed mechanism
- Plateau iris
- Miotic-induced angle-closure glaucoma

## Neovascular glaucoma

Neovascular glaucoma (NVG) is a potentially distressing result of serious underlying ocular and/or systemic diseases. The ischemic ocular diseases may cause NVG by neovascularization of the iris (NVI) or neovascularization of the angle (NVA). (Psora/ Syphilis)

# Symptoms

Common symptoms are pain, and rash or a swelling (Psora). The signs and symptoms of primary open angle glaucoma and acute angle-closure glaucoma are quite different.

## Signs and symptoms of primary open-angle glaucoma

- Peripheral vision is gradually lost and nearly always both eyes are affected (Syphilis)
- Tunnel vision in advanced stages (Syphilis/ Sycosis)

## Signs and symptoms of closed angle glaucoma

- Eye pain, usually severe (Psora)
- Blurred vision (Psora)
- Nausea, and sometimes vomiting as concomitants (Psora)
- Halo around lights (Psora)
- Red eyes (Psora)
- Sudden, unexpected vision problems, especially when lighting is poor (Psora)

## Warning Signs

- Unusual trouble adjusting to dark rooms (Psora)
- Difficulty focusing on near or distant objects (Psora)
- Squinting or blinking due to unusual sensitivity to light or glare (Psora)
- Change in color of iris (Psora/ Sycosis)
- Red-rimmed, encrusted or swollen lids (Psora/ Sycosis)
- Recurrent pain in or around eyes (Psora)
- Double vision (Psora)
- Dark spot at the center of viewing (Psora/ Syphilis)
- Lines and edges appear distorted or wavy (Psora)
- Excess tearing or watery eyes (Psora)
- Dry eyes with itching or burning (Psora)
- Seeing spots, ghost-like images (Psora)

## Emergency signs

- Sudden loss of vision in one eye (Psora)
- Sudden hazy or blurred vision (Psora)
- Flashes of light or black spots (Psora)
- Halos or rainbows around light (Psora)

# Diagnosis

## Eye-pressure test

By a tonometer ocular hypertension; a risk factor for open-angle glaucoma can be diagnosed.

Corneal thickness measurement is also necessary, because it affects how the pressure inside the eye is interpreted.

## Gonioscopy

This examines the area where the fluid drains out of the eye. It helps determine whether the angle between the cornea and the iris is open or blocked (closed).

## Perimetry test

It is also known as a visual field test. It determines which area of the vision which is missing. If some peripheral dots are not seen, it means that some vision damage has already occurred.

## Optic nerve damage

Ophthalmoscopy reveals the optic disc damage.

# Treatment

In some, only surgery is the option, but in majority of cases, Homoeopathy has miraculous results if applied carefully.

# Homoeopathic Treatment

GLAUCOMA IN GENERAL abel. Acon. adren. aegle-m. allox. arec. arg-n. arn. ars. asaf. asar. atra-r. atro-pur. atro. aur. Bell. berb. bry. calc. camph. caust. Cedr. cham. Chin. cinnb. Clem. cob-n. cocain. Cocc. Colch. Coloc. COM. con. cortico. cortiso. croc. crot-h. crot-t. diph-t-tpt. esin. euphr. eys. gels. germ-met. Glon. grin. ham. hed. ictod. jab. kali-c. KALI-I. kali-m. lac-c. lach. lyc. macro. mag-c. mag-p. merc. mez. nat-pyru. Nit-ac. nux-v. op. OSM. par. Phos. Phys. pipe. plb. pot-a. prun. PULS. rhod. Rhus-t. sapo. saroth. seneg. sil. SPIG. streptoc. sulo-ac. sulph. suprar. syph. tell. Ter. thuj. wies.
GLAUCOMA, eyes - afternoon, and evening agg. bell.
GLAUCOMA, eyes - eye, too large, as if Com.
GLAUCOMA, eyes - injury, after phys.
GLAUCOMA, eyes - morning, agg. nux-v.
GLAUCOMA, eyes - pain, with - motion, agg. bry. spig.
GLAUCOMA, eyes - pain, with acon. mez. Phos.
GLAUCOMA, eyes - pressure, amel. coloc.
GLAUCOMA, eyes – rheumatic Cocc.
GLAUCOMA, eyes - storm, before agg. rhod.
GLAUCOMA, eyes – threatening rhod.
GLAUCOMA, eyes - vision, with iridescent osm.
EYE - GLAUCOMA - accompanied by - Eye; pain in acon. mez. Phos. rhod.
EYE - GLAUCOMA - accompanied by - Lids - heaviness of allox. cob-n. eys.
EYE - GLAUCOMA - accompanied by - vision; iridescent osm.
EYE - GLAUCOMA – chronic saroth.
EYE - GLAUCOMA - eye too large, as if Com.
EYE - GLAUCOMA - glimmering; with sensation of hed.
EYE - GLAUCOMA - injuries; after phys.
EYE - GLAUCOMA - injury, after phys.
EYE - GLAUCOMA – rheumatic Cocc.
EYE - GLAUCOMA – threatening rhod.
EYE - GLAUCOMA - vision, with iridescent osm.
EYE – GLAUCOMA phos. prun. Spig. sulph.
EYE - PAIN - General - glaucoma – before coloc.
EYE - PAIN - General - glaucoma – in acon. mez. Phos.
EYE - PAIN - General - lids - glaucoma, in acon. mez. phos.
EYE - PAIN - glaucoma, in mez. Phos.
EYE - TENSION - increased - intra-ocular – decreased cedr. esin. nat-m. osm. prun. ran-b.

EYES - Eyelids - pain, simple - glaucoma, in acon. mez. Phos.
EYES - GLAUCOMA – chronic abel. sulo-ac.
EYES - GLAUCOMA - eye too large, as if COM.
Eyes - glaucoma - injury, after phys.
EYES - GLAUCOMA - injury, after phys.
Eyes - glaucoma - iridescent vision osm.
EYES - GLAUCOMA – rheumatic COCC.
EYES - GLAUCOMA – threatening rhod.
EYES - GLAUCOMA - vision, with iridescent osm.
Eyes - GLAUCOMA, eyes - afternoon, and evening agg. bell.
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Eyes - GLAUCOMA, eyes - storm, before agg. rhod.
Eyes - GLAUCOMA, eyes – threatening rhod.
Eyes - GLAUCOMA, eyes - vision, with iridescent osm.
Eyes - INJURIES, eyes - blow, to - glaucoma, caused phys.
EYES - PAIN - glaucoma – before coloc.
EYES - PAIN - glaucoma – in acon. mez. PHOS.
EYES - PAIN - lids - glaucoma, in acon. mez. phos.
Eyes - PAIN, eyes - eyelids - glaucoma, in acon. mez. phos.
Eyes - PAIN, eyes - glaucoma, in – before coloc.
Eyes - PAIN, eyes - glaucoma, in acon. mez. Phos.
VISION - COLORS before the eyes - halo of colors around - light - cataract or glaucoma, in Sulph.
VISION - FOGGY - accompanied by – glaucoma Chin.
Vision - HALO, of light, around - glaucoma, in Sulph.
Vision - WEAK, vision - glaucoma, in osm.

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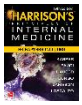
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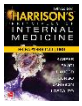
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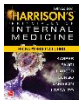
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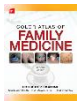
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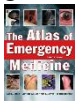

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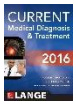

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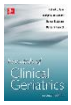

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