

RETINAL DETACHMENT AND HOMOEOPATHY

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I have a few cases of retinal detachment running into the OPD of our hospital. I have seen a marvelous role of Naphthalinum in this line. The potency most frequently used in these cases is 3x, the next one being 30c. Some other remedies of choice have been Digitalis, Aur met, Jaborandi and Ruta. To understand it well, we should make a study on retinal detachment first.

Retinal detachment refers to the movement of the retina away from the inner wall of the eyeball, resulting in a sudden defect in vision. Persons suffering from diabetes have a high incidence of developing retinal disease.

DEFINITION

Retinal detachment is movement of the transparent sensory part of the retina away from the outer pigmented layer of the retina. In other words, it is the separation of the sensory retina (photoreceptors and inner tissues up to the nerve fiber layer) from the retinal pigment epithelial layer.

DESCRIPTION

There are three layers of the eyeball. The outer, tough, white sclera. Lining the sclera is the choroid, a thin membrane that supplies nutrients to part of the retina. The innermost layer is the retina.

The retina is the light-sensitive membrane that receives images and transmits them to the brain. It is made up of several layers. One layer contains the photoreceptors. The photoreceptors, the rods and cones, send the visual message to the brain. Between the photoreceptor layer (also called the sensory layer) and the choroid is the pigmented epithelium.

The vitreous is a clear gel-like substance that fills up most of the inner space of the eyeball. It lies behind the lens and is in contact with the retina. A retinal detachment occurs between the two outermost layers of the retina—the photoreceptor layer and the outermost pigmented epithelium. Because the choroid supplies the photoreceptors with nutrients, a detachment can basically starve the photoreceptors. If a detachment is not repaired within 24-72 hours, permanent damage may occur.

CAUSES

Several conditions may cause retinal detachment: Scarring or shrinkage of the vitreous can pull the retina inward.

Small tears in the retina allow liquid to seep behind the retina and push it forward.

Injury to the eye can simply knock the retina loose.

Bleeding behind the retina, most often due to diabetic retinopathy or injury, can push it forward.

Retinal detachment may be spontaneous. This occurs more often in the elderly or in very nearsighted (myopic) eyes. Cataract surgery causes retinal detachment of the time.

Tumors can cause the retina to detach.

SYMPTOMS

Retinal detachment will cause a sudden defect in vision. It may look as if a curtain or shadow has just descended before the eye. If most of the retina is detached, there may be only a small hole of vision remaining. If just a part of the retina is involved, there will be a blind spot that may not even be noticed. It is often associated with floaters—little dark spots that float across the eye and can be mistaken for flies in the room. There may also be flashes of light. Anyone experiencing a sudden onset of flashes and/or floaters should immediately be examined as this may signal a detachment.

DIAGNOSIS

If the eye is clear—that is, if there is no clouding of the liquids inside the eye—the detachment can be seen by looking into the eye with a hand-held instrument called an ophthalmoscope. To evaluate the blood vessels in the retina, a fluorescent dye (fluorescein) may be injected into a vein and photographed with ultraviolet light as it passes through the retina. Further studies may include computed tomography scan (CT scan), magnetic resonance imaging (MRI), or ultrasound study. Other lenses may be used to examine the back of the eyes. One example is binocular indirect ophthalmoscopy.

CLASSIFICATION

Retinal detachments are divided into 3 categories according to the etiology-

1. Rhegmatogenous
2. Tractional
3. Exudative

ACUTE RHEGMATOGENOUS RETINAL DETACHMENT

Liquefied vitreous gets access to the subretinal space through an existing retinal break (rhegma means break in Greek) and peels off the sensory retina from the underlying pigment epithelium. It occurs in patients with a history of previous trauma to the eye, myopes (due to thin retina and liability to tears), and peripheral retinal degenerations like lattice degeneration.

A) CLINICAL FEATURES:

There is a history of recent flashes and floaters in 50% of cases. If the detachment is recent, the detached retina appears opaque and corrugated with loss of underlying choroidal details; it undulates but the subretinal fluids do not shift. Patients might notice a visual field loss, and if the macula becomes involved, a sudden decrease in central vision, “as if a veil has been dropped down” before one’s eye.

B) SURGICAL MANAGEMENT:

1. SCLERAL BUCKLE:

A kind of silicone explant is mounted over the sclera 360 degrees and tightened in order to indent the sclera and make it apposed to the underlying detached retina.

2. PNEUMATIC RETINOPEXY:

Intra-ocular injection of gas (air or expandable gas) in order to tamponade the retinal detachment and break while the choroidal adhesions form.

Each procedure requires location of the tear and treating the retina around its edges by cryotherapy or laser in order to create firm adhesions between the sensory retina and the RPE layer and preventing detachment. The gas bubble will expand and being lighter than the ocular fluids, will migrate upward to tamponade superior breaks. Hence positioning post-op is of critical: if the break is in the posterior pole (close to the macula), the patient should remain face down. If the break was in the right temporal retina, he should lie flat on his left side. Positioning should be applied for the first 2 weeks. Pneumatic retinopexy is best done for superior breaks.

3. VITRECTOMY WITH SILICONE OIL INJECTION:

When the retina detaches, a large number of retinal pigment epithelial cells can separate from Bruch's membrane. These will float in the vitreous or under the retina and proliferate together with glial tissue, forming contractile membranes. These contractile fibrovascular membranes can open preciously closed retinal breaks or produce tractional retinal detachment on top of an existing rhegmatogenous retinal detachment. This entity is labeled Proliferative Vitreoretinopathy (PVR), and is considered an ominous sign. The surgeon has then to perform a vitrectomy, peel off the traction bands and membranes, and inject silicone oil to tamponade the break and detachment for a long time, in fear of recurrence. Silicone oil should be removed subsequently after 3 to 12 months to prevent toxicity to the cornea, lens (cataract), trabecular meshwork(glaucoma), etc.. Silicone oil injection . It has the advantage of staying for a long time and does not require positioning post-op. But in view of its higher specific gravity(0.97) and its non-expandability, its tamponading effect is less.

II. TRACTION RETINAL DETACHMENT

The retina is pulled into the vitreous cavity by transvitreal traction.

A) ETIOLOGY:

Diabetic Retinopathy, PVR, old penetrating injuries...

B) CLINICAL FEATURES:

The detached retina is smooth, immobile, and concave toward the pupil. No breaks are usually found on ophthalmoscopy.

C) SURGICAL MANAGEMENT:

Vitrectomy, with release of vitreous tractions is required. Scleral Buckle, injection of gas or oil, laser and cryotherapy are additional interventions.

III. EXUDATIVE RETINAL DETACHMENT

The result of collection of fluid beneath an intact sensory retina.

A) ETIOLOGY:

Choroidal neoplasm (e.g melanoma), chorioretinal inflammatory diseases, malignant hypertension (as in toxemia of pregnancy), hemorrhage from a sub retinal neo-vascular membrane(as in AMD), systemic vascular and inflammatory diseases.

B) CLINICAL FEATURES:

Smooth, transparent, dome-shaped retinal elevation with shifting fluids (upon head maneuvers). No retinal breaks nor pigment clumps or red blood cells in the vitreous are identified. Rhegmatogenous retinal detachment must still be ruled out by a careful fundus exam .

C) SURGICAL MANAGEMENT

To treat the underlying condition if possible.

PROGNOSIS

Retinal reattachment has an 80-90% success rate.

PREVENTION

In diseases such as diabetes, with a high incidence of retinal disease, routine eye examinations can detect early changes. Early treatment can prevent both progressing to detachment and blindness from other events like hemorrhage. The most common problem is weakness of blood vessels that causes them to break down and bleed.

When enough vessels have been damaged, new vessels grow to replace them. These new vessels may grow into the vitreous, producing blind spots and scarring. The scarring can in turn pull the retina loose. Other diseases can cause the tiny holes and tears in the retina through which fluid can leak. Preventive treatment uses a laser to cauterize the blood vessels, so that they do not bleed and the holes, so they do not leak. Good control of diabetes can help prevent diabetic eye disease. Blood pressure control can prevent hypertension from damaging the retinal blood vessels. Eye protection can prevent direct injury to the eyes. Regular eye exams can also detect changes that the patient may not be aware of. This is important for patients with high myopia who may be more prone to detachment.

HOMOEOPATHIC THERAPEUTICS

NAPHTHALINUM

(naphth.) (Boericke)

(A chemical compound from Coal-tar; Tar Camphor)

Coryza, hay-fever, phthisis pulmonalis, also gonorrhoea have been influenced favorably by this drug. Pylonephritis. Irritation of the periphery of the urinary apparatus. Whooping-cough.

Head.-Lying as if stupefied by a narcotic. Restless. Face pale yellowish hue.

Eyes.-Marked affinity for the eye. It produces detachment of the retina; papillo-retinal infiltration; deposits in patches upon the retina; amblyopia and consecutive amaurosis; sparkling synchysis; soft cataract.. Exudation in the retina, choroid and ciliary body. Cataract. Opacity of the cornea.

Urine.-Irresistible desire. Meatus red, swollen, and oedema of prepuce. Black urine. Cutting pain down penis. Pain in bladder. Terribly offensive odor of decomposing ammoniacal urine.

Respiratory.-Sneezing; eyes inflamed; painful; head hot. Hay-fever. Spasmodic asthma; better in open air. Soreness in chest and stomach; must loosen clothing. Dyspnoea and sighing inspiration. Emphysema in the aged with asthma. Whooping-cough, long and continued paroxysms of coughing, unable to get a respiration. Acute laryngo-tracheitis. Bronchitis when the spasmodic element is associated with tenacious

expectoration and oppression. (Cartier).

Skin.-Dermatitis; itching infiltration. Eruptions at corners of mouth and pigmentation around nails.

Non-Homoeopathic Uses-For worms, and especially pin- worms, one-gramme dose. Externally in skin diseases, five percent. ointment.

Relationship.-Compare : Dros.; Corall.; Coccus.Terpin. hydrat. (Whooping-cough, hay asthma and bronchial affections. 1-2 grain doses).

Dose.-Third trituration.

Other Homoeopathic medicines of repute in Retinal detachment:

GELSEMIUM SEMPERVIRENS

FARRINGTON – Eyes, affections of – Paralysis of the eye-lids and ocular muscles; diplopia, double vision, ptosis; eye-balls oscillating laterally when using them; cannot tell which side of the street he is on; complete blindness coming on suddenly.

Glaucoma; intra-ocular inflammations with serous exudations, intense pain over the right eye, double vision and vertigo.

Serous Iritis, Choroiditis, with gradual impairment of vision and heavy lids : detachment of the retina; strabismus from weakness of the muscles or following Diphtheria.

CLARKE – Clinical – Retina, detachment of. Rheumatism. Sexual excess

HERING – Therap., p.86; Detachment of retina, Boynton, see Norton's Opth.

Ptosis, Gallinger, Raue's Rec., 1870, p.100; Infra-orbital neuralgia, Cushing, Raue's Rec., 1874, p.260; Deafness and loss of speech, Hawke, Raue's Rec., 1870, p.119; Prosopalgia, Hendricks, Allg. – Detachment of retina dependent upon an injury, with diffuse haziness of vitreous and serous inflammation of choroid and retina.

Sight and Eyes- Right vision 20 with difficulty; left vision, counted fingers at 20 feet; serous inflammation of iris and choroid, deposits on membrane of Descemet, aqueous and vitreous hazy in both eyes, left pupil dilated and sluggish; sensation of pressure over both eyes and headache in temples.

Detachment of retina from myopia; severe attacks of neuralgia.

DIGITALIS PURPUREA

BOERICKE – Eyes- Blueness of eyelids, Dark bodies, like flies, before eyes. Change in acuteness of perception of shades of green. Objects, appear green and yellow. Mydriasis; lid margins red, swollen, agglutinated in morning. Detachment of retina. Dim vision, irregular pupils, diplopia.

HERING – Sight and Eyes- || Detachment of retina; wavering, everything appears green or yellow. Superficial inflammation of eye and its appendages; blepharoadenitis.

Therap., p.86; Irido-choroiditis (2 cases), see Norton’s Opth.

JABORANDI

CLARKE – Characteristics – Sandesberg (B. J. H., xl. 201) noticed that the internal use of Jaborandi and Pilocarpin in cases of detachment of retina and choroiditis seemed to occasion opacity of the crystalline lens. He treated a horse for irido-choroiditis and large opacities of the vitreous with infusion of Jab. leaves and injections of Pilo..

RUTA GRAVEOLENS

CLARKE – Symptoms. – Eye – Tendency to stare. Contraction of pupil (Aitken). (Detachment of retina.)

Asthenopia. Astigmatism (?). On using eyes, sensation of violent heat in them.

AURUM METALLICUM

HERING – Sight and Eyes – Central portion of retinal vessels strongly pulsating. Chorio-retinitis chronica, with an accumulation of fluid beneath retina, which settled to lower portion of left eye, causing a large detachment of retina. Hemiopia. Large black subchoroidal tumor behind lens in fundus, growing from inner side. Pupils not very active; generally contracted.

There is marked improvement in all the patients with retinal detachment as well as macular holes and degeneration. I can now say homoeopathy is as good in this disorder as surgery does up to 90%.

REFERENCES



Radar 10



Encyclopedia Homoeopathica



Retinal Detachment CURRENT Medical Dx & Tx > Chapter 7. Disorders of the Eyes & Lids



Retinal Detachment CURRENT Diagnosis & Treatment: Pediatrics > Chapter 15. Eye > Disorders of the Retina



Retinal Detachment CURRENT Diagnosis & Treatment: Surgery, 13e > Chapter 37. The Eye & Ocular Adnexa > Diseases of the Eye & Adnexa



Section 4. Disorders of Eyes, Ears, Nose, and Throat Harrison's Lecture Notes



Retinal Detachment Harrison's Online > Chapter 28. Disorders of the Eye > Disorders > Transient or Sudden Visual Loss



Retinal Detachment Tintinalli's Emergency Medicine > Chapter 236. Eye Emergencies > Ocular Ultrasonography > Pathology



Retinal Detachment CURRENT Diagnosis & Treatment Emergency Medicine, 7e > Chapter 31. Eye Emergencies > Ocular Conditions Requiring Immediate Treatment



Key Sign Retinal Detachment DeGowin's Diagnostic Examination > Chapter 7. The Head and Neck > Head and Neck Signs > Eye Signs > Retina Signs



Retinal Detachment CURRENT Diagnosis & Treatment Emergency Medicine, 7e > Chapter 31. Eye Emergencies > Emergency Evaluation of Important Ocular Symptoms > Evaluation of Acute Unilateral Visual Loss > History and Examination > Abnormal Retina



Figure 24.83. Ocular: Retinal Detachment. The bright echogenic signal from the retina is... The Atlas of Emergency Medicine > Chapter 24. Emergency Ultrasound > Ocular Ultrasound > Abnormal Findings



Aside from vascular lesions, tears and detachments of the retina may impair vision acutely. The... Adams and Victor's Neurology > Chapter 13. Disturbances of Vision > Neurologic Causes of Reduced Vision > Abnormalities of the Retina > Other Diseases of the Retina



Retinal detachments, including tractional, rhegmatogenous, and exudative forms, occur infrequently... Vaughan & Asbury's General Ophthalmology, 18e > Chapter 7. Uveal Tract & Sclera > Uveitis > Uveitis > Complications & Sequelae