

# Strabismus and Homoeopathy

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## DEFINITION

Strabismus or squint is a condition in which both the eyes fail to focus on a particular object simultaneously resulting in cross-eye and cosmetic defect. (Psora/ Sycosis/ Syphilis)

## ETYMOLOGY

- Greek strabismos and strabizein - to squint
- Greek strabos - squinting

## PATHOPHYSIOLOGY

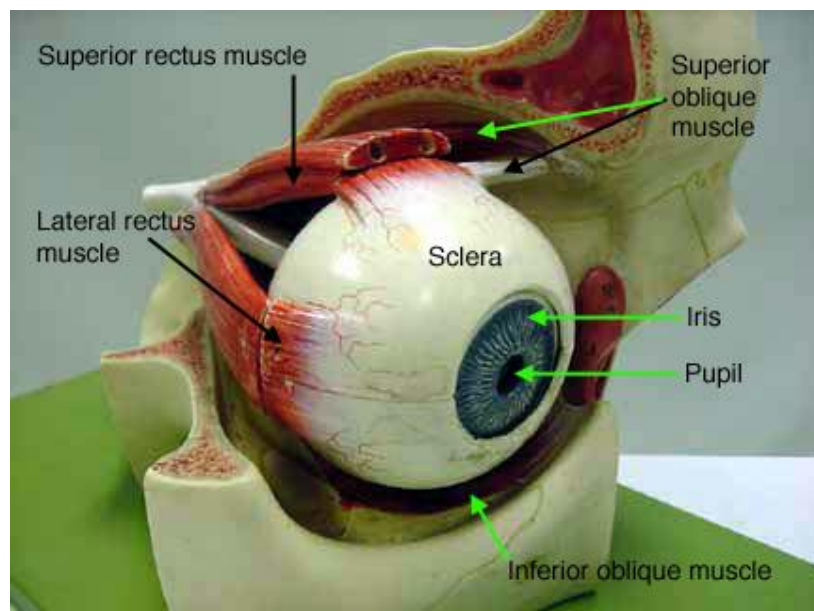
In strabismus, one eye looks directly at the object, while the other eye is misaligned inward, outward, upward or downward. To learn its mechanism, the following points must be clear in mind-

## ANATOMY

Each eye has six extraocular muscles that control eye position and movement. For normal binocular vision, the position, neurological control and functioning of these muscles for both eyes must be coordinated perfectly.

Strabismus occurs when there are neurological or anatomical problems that interfere with the control and function of the extraocular muscles (Psora). The problem may originate in the muscles themselves, or in the nerves or vision centers in the brain that control binocular vision.

Genetics also may play a role. (Syphilis)



## PHYSIOLOGY

Vision must be binocular and normal. We can understand vision and visual disorders as below-

### NORMAL VISION

Bifoveolar fixation with normal visual acuity in each eye, no strabismus, no diplopia, normal retinal correspondence, normal fusional vergence amplitudes, normal stereopsis.

## SUBNORMAL VISION

One or more of the following constitute the subnormal vision-

- Anomalous retinal correspondence (Psora)
- Suppression (Psora/ Syphilis)
- Deficient to no stereopsis (Syphilis)
- Amblyopia (Sycosis/ Syphilis)
- Decreased fusional vergence amplitudes (Psora/ Syphilis)

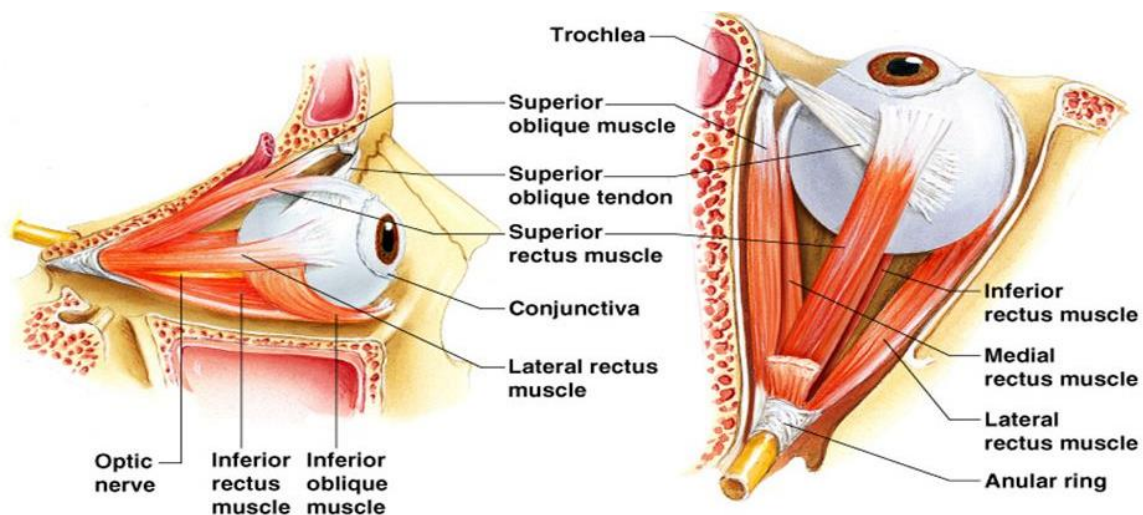
## ABSENCE OF BINOCULAR VISION

One or more of the following constitute the absence of binocular normal vision-

- No simultaneous perception (Psora)
- No fusion (Psora)
- No stereopsis (Psora)

Binocular vision requires both eyes to work together to allow the slightly different images from both eyes to be fused together in the brain. The problem with the squinting eye is that it gives confusing information to the brain, resulting in a fuzzy or double image. The brain soon learns to suppress the image from the squinting eye and take information only from the stronger eye. (Psora)

If suppression is allowed to continue, the loss of vision in the squinting eye eventually becomes permanent and a condition known as amblyopia or lazy eye develops. (Psora/ Sycosis/ Syphilis)



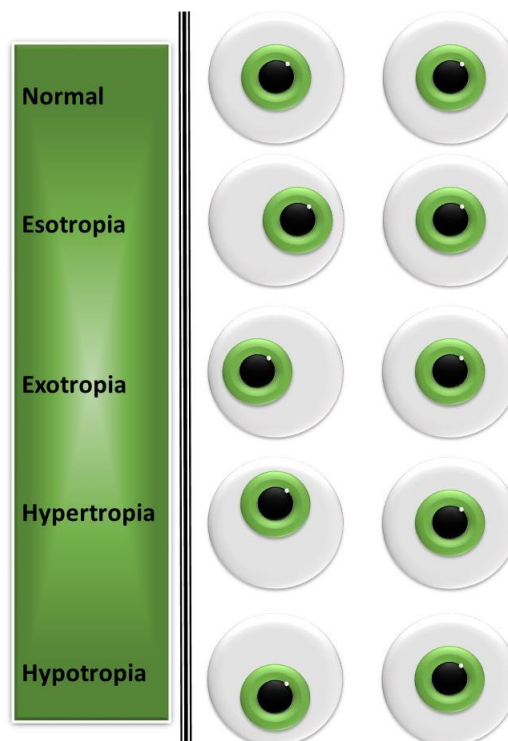
## ETIOLOGY

- Cataract (Sycosis/ Syphilis)
- Cerebral palsy (Psora/ Syphilis)
- Congenital (Syphilis)
- Craniofacial abnormalities (Psora/ Sycosis/ Syphilis)
- Genetic (Syphilis)
- Idiopathic (Causa occasionalis)
- Intracranial space occupying lesions (Psora/ Sycosis/ Syphilis)
- Refractive error (Psora/ Sycosis/ Syphilis)
- Retinoblastoma may present with a squint (Psora/ Sycosis/ Syphilis)

## TYPES

There are certain types of strabismus, which can be classified as below-

- Latent or manifest
  - Latent strabismus- after six months of age, eye control does not seem to work very well
  - Manifest strabismus- after six months of age, eye control does not seem to work at all
- Concomitant or Incomitant
  - Concomitant- non-paralytic, supranuclear cause, usually congenital and no diplopia will be present. The squint remains the same (i.e. the angle between the visual angle) in all directions of gaze.
  - Incomitant- paralytic, nuclear or infranuclear cause, rare form of squint due to a neurological defect of the motor nerve supply to the ocular muscles.
- Pseudoesotropia or true- Transient misalignment of a baby's eyes is very common up to the age of four months and the eyes may be intermittently esodeviated or exodeviated, but by three months of age, the eyes should be straight.
- Congenital or acquired
  - Congenital strabismus- congenital esotropia- presents as a very large angle of esodeviation in a young child
- Constant or intermittent



- Large or small angle (angle of strabismus is the angle of deviation between the line of sight of the straight eye and that of the misaligned eye)
  - Large angle strabismus- the misalignment of the eyes being large and obvious
  - Small angle strabismus- less obvious eye turns
- Accommodative strabismus- due to the associated refractive error
- Divergent or convergent
  - Divergent strabismus- the squinting eye turns outwards

- Convergent strabismus- the squinting eye turns inwards
- Unilateral or bilateral or alternating
- Horizontal or vertical
  - Horizontal strabismus
    - Misaligned inward- esotropia, crossed eyes or cross-eyed
    - Misaligned outward- exotropia or wall-eyed
  - Vertical strabismus
    - Misaligned upward- hypertropia
    - Misaligned downward- hypotropia
  - Accommodative Esotropia- rarely, when a farsighted child tries to focus to compensate for uncorrected farsightedness, he or she develops accommodative esotropia, where the eyes cross due to excessive focusing effort.

## SIGNS AND SYMPTOMS

Strong sign is a visible misalignment of the eyes, with one eye turning in, out, up, down or at an oblique angle. Both large-angle and small-angle strabismus can be psychologically destructive as it restricts with normal eye contact with others, often causing embarrassment and awkwardness.

## LARGE ANGLE STRABISMUS

Constant large-angle strabismus is asymptomatic because there is virtually no attempt by the brain to straighten the eyes but it causes severe amblyopia in the turned eye if left untreated.

## SMALL ANGLE STRABISMUS

### INTERMITTENT OR ALTERNATING SMALL ANGLE STRABISMUS

It causes troublesome visual symptoms including-

- Headaches
- Eye strain
- Inability to read comfortably
- Fatigue when reading
- Unstable vision

### CONSTANT AND UNILATERAL SMALL ANGLE STRABISMUS

It can lead to significant amblyopia in the misaligned eye.

## INFANTILE STRABISMUS

Newborns often have intermittent crossed eyes due to incomplete vision development. This frequently vanishes with growth and the visual system continues to mature.

Most types of strabismus do not go even with growth of child.

## DIAGNOSIS

Eye movements help differentiate the following-

## INCOMITANT STRABISMUS

the angle of deviation would differ in different directions of gaze.

## CONCOMITANT STRABISMUS

the angle of deviation is the same regardless of the direction of gaze.

## CORNEAL LIGHT-REFLEX TEST

a pen torch is held at a distance that causes a reflection of light to fall upon the corneas. The position of the reflections should be in the centre of each pupil. If not, a squint may be present.

## COVER TEST

the patient should be looking at a target. One eye is covered with an occluder. The uncovered eye is observed. If the uncovered eye moves to look at the target (i.e. takes up fixation), a manifest squint is present in that eye.

## UNCOVER TEST

one eye is covered and that eye is observed to check if it moves (to take up fixation) on removal of the cover. This would indicate a latent squint in that eye.

These and other tests for squint can be difficult to interpret and are best performed by orthoptists in the setting of paediatric ophthalmology clinics.

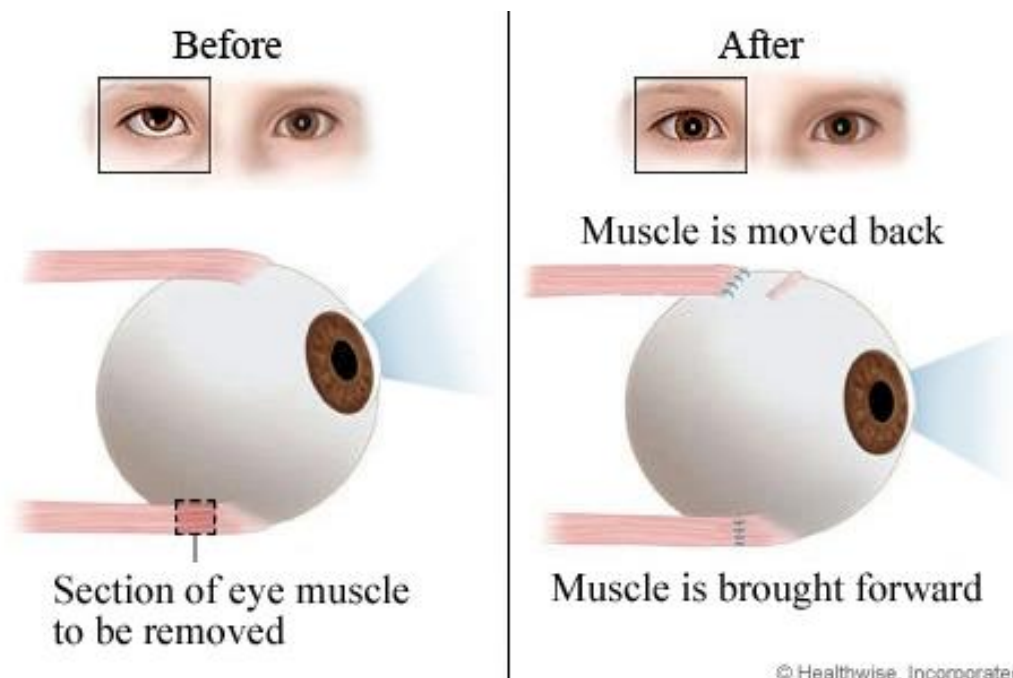
## CORNEAL LIGHT REFLEX (HIRSCHBERG) TEST

A screening test for strabismus that evaluates eye alignment based on the location of reflections of light shined at the eyes.

## TREATMENT

### STRABISMUS SURGERY

An effective treatment for a constant eye turn is strabismus surgery. The success of strabismus surgery depends on many factors, including the direction and magnitude of the eye turn. In some cases, more than one surgery may be required.



## NON-SURGICAL TREATMENT

In intermittent and small-angle strabismus, vision therapy may improve eye alignment.

## HOMOEOPATHIC TREATMENT OF STRABISMUS

From overall study of strabismus, it becomes clear that it is not simply a disorder of local factors, but whole genetics and constitutional disharmony is there. The person as a whole is affected by the factors causing strabismus; and later on, by the effects of established strabismus on that individual, physically as well as mentally. Thus, whole person needs treatment rather than a local eye.

Well selected constitutional remedy almost always cures the condition permanently if applied as per laws of similia.

## COMMON REMEDIES FOR STRABISMUS

acon. aeth. **Agar.** Alum. alumn. androc. ant-t. **APIS** apoc. **Arg-n.** arn. ars. art-v. **BELL.** ben-d. ben-n. benz-ac. bufo buth-a. calc-p. **Calc.** **Camph.** cann-i. cann-s. cann-xyz. **Canth.** carb-an. carb-v. caust. **Chel.** chin. **Chinin-s.** **CIC.** **Cina** Coloc. **Con.** cupr-act. cupr. **CYCL.** **Dig.** ery-a. esin. **Gels.** graph. hell. **Hyos.** **Jab.** kali-bi. kali-br. **Kali-i.** kali-p. lac-loxod-a. lil-t. **Lyc.** lyss. **Mag-p.** meny. **Merc-c.** merc-i-f. **Merc.** morph-s. morph. nat-ar. nat-c. **NAT-M.** nat-p. nat-sal. **Nux-m.** **Nux-v.** olnd. op. oxyurn-sc. phos. phys. pin-s. plb. podo. psor. puls. rhod. rhus-t. ruta **Santin.** sapin. scor. sec. **SENEG.** sil. spig-m. **Spig.** staph. **Stram.** sulph. **Syph.** **Tab.** tanac. tarent. teucr. thal-xyz. thuj. tub. verat-v. verat. **Zinc.**

## SHORT REPERTORY OF STRABISMUS

EYE - STRABISMUS - accompanied by - menses - irregular **cycl.**

EYE - STRABISMUS - accompanied by - worms; complaints of **bell.** **cina** **cycl.** **hyos.** **merc.** **Santin.** **spig.**

EYE - STRABISMUS - brain disease - after **kali-p.**

EYE - STRABISMUS - congenital **Syph.**

EYE - STRABISMUS - convergent **alum.** **art-v.** **calc.** **Camph.** **carb-v.** **chel.** **CIC.** **cina** **CYCL.** **jab.** **lil-t.** **Lyc.** **mag-p.** **nux-v.** **op.** **spig.** **syph.**

EYE - STRABISMUS - convulsions - after **cycl.**

EYE - STRABISMUS - convulsions - during **stram.**

EYE - STRABISMUS - dentition; during **alum.** **gels.** **hell.** **stram.** **tub.**

EYE - STRABISMUS - diarrhea; from suppressed **podo.** **stram.**

EYE - STRABISMUS - divergent **Agar.** **alum.** **Camph.** **Coloc.** **Con.** **dig.** **graph.** **hyos.** **Jab.** **lil-t.** **merc-i-f.** **morph-s.** **morph.** **NAT-M.** **nat-sal.** **oxyurn-sc.** **phos.** **rhod.** **ruta** **seneg.** **spig.** **sulph.** **syph.** **tab.** **zinc.**

EYE - STRABISMUS - emotions agg. **Cic.** **Nux-m.** **stram.**

EYE - STRABISMUS - epilepsy, during paroxysms **bell.** **Cic.** **hyos.** **tarent.**

EYE - STRABISMUS - fear; from **Cic.** **Nux-m.** **stram.**

EYE - STRABISMUS - fever; during **Apis**

EYE - STRABISMUS - injuries; after **cic.**



EYE - STRABISMUS - left turned in [Calc.](#) [Cycl.](#)

EYE - STRABISMUS - measles; after [cycl.](#)

EYE - STRABISMUS - night [spig-m.](#) [spig.](#) [teucr.](#)

EYE - STRABISMUS - one eye amel; looking with [kali-bi.](#)

EYE - STRABISMUS - operation; after [jab.](#)

EYE - STRABISMUS - painless [buth-a.](#)

EYE - STRABISMUS - periodical - day - alternate [Chinin-s.](#)

EYE - STRABISMUS - periodical - injuries; after [cic.](#)

EYE - STRABISMUS - periodical [chin.](#) [Chinin-s.](#) [CIC.](#) [jab.](#) [Nux-v.](#) [thuj.](#)

EYE - STRABISMUS - reading agg. [tab.](#)

EYE - STRABISMUS - right turned in [alumn.](#)

EYE - STRABISMUS - sensation of [bell.](#) [calc.](#) [Con.](#) [meny.](#) [nat-m.](#) [op.](#) [podo.](#) [puls.](#)

EYE - STRABISMUS - touch agg. [cic.](#)

EYE - STRABISMUS - upward [benz-ac.](#) [jab.](#)

EYE - STRABISMUS [acon.](#) [aeth.](#) [agar.](#) [Alum.](#) [alumn.](#) [androc.](#) [ant-t.](#) [APIS](#) [apoc.](#) [Arg-n.](#) [arn.](#) [ars.](#) [BELL.](#) [ben-d.](#) [ben-n.](#) [bufo](#) [calc-p.](#) [Calc.](#) [cann-i.](#) [cann-s.](#) [cann-xyz.](#) [Canth.](#) [carb-an.](#) [caust.](#) [Chel.](#) [Chinin-s.](#) [CIC.](#) [Cina](#) [Con.](#) [cupr-act.](#) [cupr.](#) [CYCL.](#) [Dig.](#) [ery-a.](#) [esin.](#) [Gels.](#) [Hell.](#) [Hyos.](#) [jab.](#) [kali-bi.](#) [Kali-br.](#) [Kali-i.](#) [kali-p.](#) [lac-loxod-a.](#) [Lyc.](#) [lyss.](#) [Mag-p.](#) [meny.](#) [Merc-c.](#) [Merc.](#) [morph.](#) [nat-ar.](#) [nat-c.](#) [Nat-m.](#) [nat-p.](#) [nat-sal.](#) [Nux-v.](#) [olnd.](#) [op.](#) [oxyurn-sc.](#) [phys.](#) [pin-s.](#) [plb.](#) [podo.](#) [psor.](#) [puls.](#) [rhus-t.](#) [ruta](#) [Santin.](#) [sapin.](#) [scor.](#) [sec.](#) [SENEG.](#) [sil.](#) [Spig.](#) [staph.](#) [Stram.](#) [sulph.](#) [syph.](#) [Tab.](#) [tanac.](#) [thal-xyz.](#) [thuj.](#) [tub.](#) [verat-v.](#) [verat.](#) [Zinc.](#)

GENERALS - CHOREA - strabismus, with [Stram.](#)

HEAD - BRAIN; complaints of - accompanied by - strabismus [stram.](#)

HEAD - INFLAMMATION - Meninges - accompanied by - strabismus [tub.](#)

HEAD - PAIN - Temples - pressing pain - drawing in eyes, as from strabismus [podo.](#)

MIND - FEAR - terror - night - followed by strabismus - children; in [kali-br.](#)

MIND - IRRITABILITY - worm affections; in - followed by - squinting [nat-p.](#)

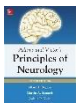
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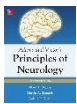
Chapter 12. Strabismus > Esotropia (Convergent Strabismus, “Crossed Eyes”) Vaughan & Asbury's General Ophthalmology, 18e ... Esotropia is by far the most common type of strabismus. It is divided into two types: parietic (due to paresis or paralysis of one or both lateral rectus muscles) and nonparietic (comitant). Nonparietic esotropia is the most common type in infants and children; it may be accommodative...



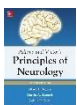
Chapter 12. Strabismus > Exotropia (Divergent Strabismus) Vaughan & Asbury's General Ophthalmology, 18e... Exotropia is less common than esotropia, particularly in infancy and childhood. Its incidence increases gradually with age. Not infrequently, a tendency to divergent strabismus beginning as exophoria progresses to intermittent exotropia and finally to constant exotropia if no treatment...



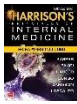
Chapter 13. Disturbances of Vision > Amblyopia Because of Early Life Strabismus (Amblyopia Ex Anopsia) Adams & Victor's Principles of Neurology, 10e... and disuse of the fovea may be the result of a number of processes, most often misaligned ocular axes (strabismus) and also including unequal refractive errors (anisometropia; discussed in Chap. 14 ). These conditions are the most common sources of visual disturbance in children. The uncorrected condition...



Chapter 14. Disorders of Ocular Movement and Pupillary Function > Pediatric Nonparalytic Strabismus Adams & Victor's Principles of Neurology, 10e... It is in this sense that the unqualified term strabismus is often used. The normal slight exotropia of neonates corrects by about 3 months of age. Large malalignments (greater than 15 degrees) are considered abnormal, even at birth. Most children with developmental esotropic strabismus present...



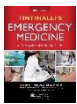
Chapter 48. Diseases of Muscle > Ocular Palsies Presenting as Ptosis, Diplopia, and Strabismus Adams & Victor's Principles of Neurology, 10e



Disorders of the Eye > STEREOPSIS Harrison's Principles of Internal Medicine... of stereoacuity, one is assured that the eyes are aligned orthotropically and that vision is intact in each eye. Random dot stereograms have no monocular depth cues and provide an excellent screening test for strabismus and amblyopia in children. ...



Encyclopedia Homoeopathica



Eye Emergencies in Infants and Children > STRABISMUS AND AMBLYOPIA Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e... Strabismus is ocular misalignment. Knowledge of

preexisting strabismus helps differentiate between congenital/childhood strabismus and acquired emergent causes of strabismus. Terminology used to describe strabismus is listed in Table 119-1 . Normal newborns may have transient misalignment...



Radar 10



The Eye & Ocular Adnexa > Strabismus CURRENT Diagnosis & Treatment: Surgery, 14e... Strabismus results from misalignment of the eyes due to muscle imbalance. Ocular deviations may be lateral (exotropia), medial (esotropia), upward (hypertropia), or downward (hypotropia). Binocular diplopia is not a frequent complaint in congenital strabismus. Full ocular motility is intact...



The Nervous System > Comitant strabismus (nonparalytic heterophoria)—constant squint angle DeGowin's Diagnostic Examination, 10e... The muscles are normal; the disorder probably results from abnormal innervation in the cranial nerve nuclei because the squint angle disappears during general anesthesia. The word comitant , when applied to strabismus, indicates that the angle between the two optic axes, the squint angle...



The Nervous System > Varying squint angle—noncomitant strabismus (paralytic heterotropia) DeGowin's Diagnostic Examination, 10e... This is caused by paralysis of one or more eye muscles: ophthalmoplegia. The squint angle changes with the direction of fixation. As opposed to comitant strabismus, the motions of the paralyzed eye are limited. The head is moved to limit the action of the paralyzed muscle to avoid diplopia...