

THE USE OF HOMEOPATHIC REMEDIES IN EYE CONDITIONS*

Edwin S. Munson, M. D.
New York

THE thorough study of the homeopathic materia medica by the beginner in ophthalmology is restricted by the time necessary to acquire the great amount of information that must be obtained to master this specialty. Later the days are filled with following the new developments and doing original work. The writing of papers or books also takes its toll, in the hours aside from practice, and this important subject is further delayed.

The surgical and local treatment of many conditions often leads to a neglect of internal remedies, and in some there develops a skepticism of their value.

There are many symptoms due to eye strain that have been eliminated by the correction of errors of refraction and muscular imbalance, but diseased conditions still call for the use of internal medication.

In complying with the request of the chairman of this bureau for a paper on this subject it seemed that the recital of some remedies that have proved most useful and the report of some cases where local applications had failed might be of the most value.

CELLULITIS

Cellulitis of the lids is present in a number of conditions. An inflammatory edema may be a concomitant symptom of a hordeolum, furuncle, malignant pustule, erysipelas, dacryocystitis, a phlegmonous inflammation of the orbital tissues, or accompany a severe intra-ocular inflammation.

The milder forms have a tense, red swelling of the skin of the lids, and dull pain. The phlegmonous variety has deep-seated pain, headache, and often chills and fever.

Apis is often indicated in the early stage and in the milder form, without abscess. The pains are burning and stinging and are located in the forehead and temples. Worse from warmth. Throat dry, without thirst. Urine scanty and dark colored.

Rhus toxicodendron has a tendency to abscess. There is burning, itching, and tingling. Profuse lachrimation. There is relief from warmth, and the patient is restless.

*Delivered before the American Institute of Homeopathy, June 28, 1926, at Philadelphia.

Hepar sulphur when pus has developed. Great sensitiveness to touch and to cold.

Arsenicum with a tendency to gangrene. Burning pains. Restlessness. Intense thirst, drinking little and often. Worse at night and from cold.

Silicea if the abscess becomes indolent. Profuse, offensive perspiration.

BLEPHARITIS

Blepharitis ciliaris is an inflammation of the margins of the lids. When the borders of the lids are covered with crusts and the skin beneath is found on their removal to be normal, it is simply the discharge of a conjunctivitis. If the edge is hidden by white or gray scales, or crusts, and the skin is inflamed, it is blepharitis squamosa. When the skin is pitted, from the loss of tissue, it is known as blepharitis ulcerosa. In the latter form little abscesses develop in the hair follicles and their sebaceous glands, causing the lashes to fall out. There may be a destruction of the follicles, causing a permanent loss of the cilia. The symptoms may not be severe but the disfigurement is a matter of great concern.

Local treatment with ointments is almost the universal custom for this trouble. The value of an internal remedy was impressed on me by the following case:

The patient was a little girl with a severe ulcerative blepharitis. The lids were red and the margins thickened. The crusts were slight, as they were kept clean by care. The lashes were almost gone, and there were cracks at the outer canthi.

The mother was almost discouraged, and told of visits to several clinics over a period of about a year. The description of the treatment was of various drops and ointments, easily recognized as the usual local applications in such cases. To continue along these lines seemed useless, so they were all ordered stopped and graphites was prescribed. There was a marked improvement at the next visit and in a few weeks the lids looked quite normal, and some of the lashes reappeared. This case made quite an impression on an old school physician who was taking the course at the New York Ophthalmic Hospital.

CHALAZION

A chalazion is an affection of the meibomian gland. The process is a formation of granulation tissue, and not an inflammation of acute infection, or occlusion of the duct. It

is similar to acne rosacea, which is often present on the face. Like the latter it may persist for years, and is apt to recur. The etiology of chalazion, like acne, is still undecided but from many of its features I am inclined to the theory that it is a neurosis.

The growth undergoes a mucoid or colloid degeneration, becomes quite large and may open and discharge on the inner surface of the lid. The usual treatment is to incise them before this occurs. This is good practice when they are large, but it is not curative, as others may occur.

Thuja has cured a number of cases in my practice. Small chalazia have disappeared and their recurrence has ceased.

Staphisagria may be indicated. Teeth are black and decayed.

Graphites with blepharitis and cracks at canthi.

MOLLUSCUM CONTAGIOSUM

These small white or pink elevations frequently occur on the eyelids. Thuja was prescribed for a case where both sides were affected, with both lids involved. The patient was a small boy, full of spirit, and he made strong objection to the treatment of cutting them off, which was the procedure at another clinic. As they promptly returned after each operation, a patient of mine sent him to my clinic. Under the internal remedy they disappeared in about two months.

CONJUNCTIVITIS

There are so many remedies for conjunctivitis that mention will be made only of the principal ones, for the more severe forms.

In the early stage when the lids are swollen, red, hot, and painful, and the conjunctiva congested:

Apis.—Stinging, burning pains. Relieved by cold water.

Rhus toxicodendron.—Lids spasmodically closed, with profuse gush of tears on opening them. Relieved by heat.

Phytolacca.—Lids hard and bluish-red. Worse in damp weather and at night.

In the later stages with chemosis and profuse mucous or muco-purulent discharge:

Arsenicum.—Burning pains. Discharges are acrid and relieved by hot applications. Restlessness. Thirst, drinking little but often.

Argentum nitricum.—Intolerance of light. Profuse bland discharge. Worse in a warm room.

Euphrasia.—Acrid discharges, with bland coryza. Relieved by cold applications.

Mercurius.—Sensitive to artificial light. Worse at night and from warmth of bed. Perspiration without relief.

Pulsatilla.—Profuse, bland, yellow discharge. Relieved by cold, and in the fresh air.

EPISCLERITIS

This condition occurs as a local inflammatory spot on the sclera, in the form of a violet-colored boss. It is apt to persist for a long time. At times there are so few symptoms in the eye that the remedy must be selected on general characteristics.

A young married woman presented herself with an episcleritis with no eye symptoms save the violet-colored spot.

All that I could note was that she was thin and somewhat sallow. Sepia was given and the eye was clear in a few days. This, as an isolated case, would not be conclusive, but the same remedy cured two subsequent attacks in the same patient just as promptly.

CORNEAL ULCER

Affections of the cornea constitute a considerable percentage of the diseases of the eye. A large proportion of these are ulcerations.

Aurum metallicum and aurum muriaticum are of great value in the lesions of this structure, but receive scant notice in most of the books on materia medica. Those of us who had the good fortune to receive the teaching of T. F. Allen remember what emphasis he laid on these drugs in corneal conditions. In his *Handbook* the opening paragraph is significant where it says: "A general destructive action on tissues, especially on connective tissue in parenchymatous organs." Also, under Eyes, is stated: "Clinical.—A most valuable remedy for very acute inflammations, particularly characterized by tendency to ulceration of the cornea; extreme photophobia—"

The curative action of aurum muriaticum was shown by the following case. A young man assigned to my clinic gave a history of an inflamed eye of nearly a year's duration. He had received treatment in a clinic, and besides atropine, as shown by the dilated pupil, had been given various drops and ointments.

The cornea was hazy with infiltration and a superficial

ulceration covered a large part of the structure. The eyeball was reddened with a pericorneal injection. There was some photophobia and lachrimation but not much pain. All local treatment was stopped, except the atropine, and aurum muraticum was prescribed. The eye was well in about a week. There was a macula, of course, over the site of the ulcer.

PHLYCTENULAR KERATOCONJUNCTIVITIS

This affection presents many difficult and tedious cases, especially in children. Scrofula has long been considered the underlying cause but more recently the attempt has been made to prove that it is tubercular. In a paper before the O. O. and L. Society last year I tried to show that an old theory that it had a neuropathic basis was more correct. The character of the lesions, the direct connection of the nerves, and the presence of nasal conditions were the arguments for this contention.

In the selection of the remedy I think that nasal symptoms are important.

The ocular symptoms, common to the severe forms, are marked swelling of the lids, blepharospasm, lachrimation, photophobia, and pain. There are usually present many of the features which go to make up what is designated the scrofulous diathesis. Consequently there are many remedies, and the selection is often based on some general characteristic symptoms, as well as those local in the eye.

Antimonium crudum.—Fretful and peevish. Cracked and crusty nostrils. White coated tongue. Eruptions on cheeks and behind ears.

Arsenicum.—Profuse, burning lachrimation. Burning pains, relieved by hot applications. Worse after midnight. Restlessness. Great thirst, drinking little and often. Burning coryza.

Calcarea carbonica.—Fair, fat children, with glandular swellings in the neck. Profuse perspiration. Moist eruptions. Ulcerated nostrils.

Euphrasia.—Abundant flow of corrosive tears. Profuse bland coryza.

Graphites.—Crusts on the lid margins. Fissures of external canthi. Cracked and ulcerated nostrils.

Ignatia.—Intense photophobia. Feeling like sand in the eyes.

Mercurius.—Photophobia in artificial light. Fluent, cor-

rosive coryza. Nose red and swollen. Worse at night and from warmth of bed.

Nux vomica.—Photophobia worse in the morning. Smarting like salt in the eyes. Coryza fluent in the morning; worse in a warm room.

Psorinum.—Recurrent attacks, with marked scrofulous symptoms.

Pulsatilla.—Profuse bland discharges. Yellow or green discharge from nose. Worse in a warm room. Mild, tearful disposition.

Rhus toxicodendron.—Great swelling of lids and blepharospasm. Gush of tears when lids are opened. Puffy swelling of nose.

Sulphur.—Burning and smarting pains. Ulceration of margins of lids. Profuse yellow discharge from nose. Burning on top of head.

IRITIS

The most frequent causes of iritis are syphilis and rheumatism. Mercury in a potency will cure the luetic form, and is often indicated in the other varieties. Of the various forms mercurius corrosivus is especially valuable.

Mercurius.—There is marked pericorneal injection. The laceration is excoriating, scalding the lids and cheeks. Intense photophobia. Throbbing, burning pains. Pains in temples. Worse at night and in damp weather. Perspiration, which does not relieve.

Rhus toxicodendron.—Indicated more in the rheumatic form. Lids swollen. The laceration is profuse. The pains shoot through the eyes to the back of the head. Worse at night and in damp weather. Restlessness.

Bryonia.—Often useful in the rheumatic variety. Sharp shooting pains in the eye. Splitting headache. Worse from motion and warmth.

CATARACT

The curability of cataract by internal remedies is still a subject of debate. There are ophthalmologists who deny the beneficial action of drugs in this condition. It may be true that a mature cataract cannot be so changed that the opaque lens will be restored to its former transparency, but I feel certain that an incipient variety can be helped by remedies. I have seen many cases where the growth seems to have been retarded and others improved, as evidenced by better vision.

This proof is shown by the ability to read more letters on the test card.

There are many varieties of cataract, and in some of these remedies have no effect. The one that I find amenable to treatment is the senile form in the incipient stage. There are two such kinds, according to the different opacities. In those with opaque sectors, either narrow or broad and triangular, with their apices pointing toward the pole of the lens, if the cataract is in the periphery of the lens it causes little interference with the vision. They progress very slowly so it is difficult to judge how much a remedy retards their progress.

Another form, with a diffuse cloudiness in the center of the lens, in the layers around the nucleus, causes earlier and more marked disturbance of the sight. If this variety improves, or even fails to progress, it is fair to presume that it is due to the action of the remedy.

The selection of a remedy for cataract is often difficult, owing to the absence of symptoms. The drugs mostly used have many similarities, such as are found in elderly people with failing powers and degenerations. At times some characteristic symptom may be present which will aid in the decision.

The principal ones, as given in the books, are causticum, conium, magnesia carbonica, phosphorus, secale cornutum, sepia, silicea, and sulphur. In my own practice phosphorus, causticum, and sulphur have given the best results.

A comparative study of the symptoms of phosphorus shows a similarity of many of the other drugs mentioned.

Phosphorus has indisposition to mental and physical effort—caust., sulph., con., sec., sep., sil.

Eyes tire on reading—con., sec., sep.

Dimness of vision—caust., sulph., con., sec., sep., sil.

Floating spots—caust., sulph., sep., sil.

Secretions on margins of lids—sulph., mag. c., sep., sil.

Causticum.—Heaviness of the lids—con., sep.

Conium.—Sense of coldness in the eyes.

Presuming that this audience would be composed mostly of general practitioners, a consideration of the intraocular conditions is omitted. The diseases of the chorioid, retina, and optic nerve are so frequently caused by general affections, especially nephritis, diabetes, and syphilis, or from nasal, sinus, and focal infections, that the therapeutics and surgery of these conditions often have to be considered.

A few remarks, in closing, as to the value of other measures, for fear the impression might be made that only the internal remedy is necessary.

Cold and hot applications are useful in many conditions.

Purulent infections of the conjunctiva are helped by anti-septics, especially nitrate of silver, argyrol, and mercurochrome.

The local treatment of trachoma by rubbing with a solution of bichloride of mercury (1-300) gives marked improvement and reduces the sequelae for these unfortunates.

Phlyctenular keratitis is shortened by local treatment of the nose, especially by argyrol tampons by the Dowling method.

Touching a corneal ulcer with Lugol solution, carbolic acid, or, at times, the actual cautery, often brings a stop to its spreading.

In iritis a mydriatic must be used to dilate the pupil. If this is neglected the pupil may be closed and vision lost. Adhesions that resist mydriatics may usually be torn off by a sub-conjunctival injection of 5 minims of adrenalin.

Eserine and pilocarpine are valuable in glaucoma.

Surgery is necessary in glaucoma, mature cataract, strabismus, and many other conditions. Operations on the nasal sinuses have saved eyes from blindness.

The correction of errors of refraction by lenses, and muscular imbalance by prisms, have improved vision and alleviated suffering.

There are many other useful measures but the internal remedy should not be neglected.

SOME REMARKS ON THE HOMEOPATHIC MATERIA MEDICA

Viewing the homeopathic materia medica from the standpoint of an ophthalmologist the writer has formed some opinions, and this presents an opportune moment for their expression.

From time to time the writer discards from the bookshelves all books that are over ten years old, excepting the works on ophthalmology and homeopathic materia medica. The homeopathic volumes are as valuable as the day they were printed, and the worn pages and underscored symptoms are evidence of their aid.

The question often arises: Are they capable of improvement? If so, how can it be accomplished?

Errors should be eliminated. The following are some noted which seem to the writer to be incorrect: disk looks dry; astigmatism; short-sighted; hypermetropia; presbyopia; fungus oculi; steatoma on conjunctiva. Obsolete terms should be changed to more modern. Vague expressions should be clarified, as: eye swollen; blindness; power of vision increased; the axis of the eyes differs in each.

Values in the repertories should be more correct. In Boenninghausen the following is noted under cataract: In the first rank are euphrasia, pulsatilla, silicea, and sulphur; in the second, causticum, conium, phosphorus, and secale cornutum; in the third, magnesia carbonica; in the fourth, sepiä. According to the later writings, and the opinion of the author, euphrasia and pulsatilla are overvalued, while phosphorus, causticum, and sepiä should be in the first rank.

If this is true of the eye symptoms there is undoubtedly need of revision in the other systems. It would seem that this could best be done by a group of men, each working in the department in which he is qualified.

DISCUSSION

DR. J. L. VAN TINE, Philadelphia: I was glad to hear Doctor Shadman speak of the use of homeopathic remedies in surgical conditions, and especially aconite for restlessness and fear manifested. I have used this remedy repeatedly in abdominal operations in the 30th potency, and I believe it prevents the use of morphine in a great many cases. Also in gas pains he speaks of the use of terebinth; I have not used this remedy in postoperative conditions as frequently as raphanus 30x where no gas is passed up or down and the patient is distended, with great discomfort; also asafoetida 30x where there are eructations with the distention. I think we can do a great deal for our surgical cases by the use of homeopathic remedies in postoperative treatment.

DR. IRVING L. FARR, Montclair, N. J.: It really is refreshing to hear two specialists dare to say something about homeopathic remedies in regard to their specialties. I always believed that the specialist in homeopathy had more of an armamentarium than any other specialist in medicine, but it is a great disappointment many times to have a specialist advise local applications alone rather than the homeopathic remedy. Three weeks ago this morning I had the pleasure of going to the operating table myself, and after a due course of anesthesia and morphine it was a pleasure to lie in my bed and be able to order remedies for myself internally to relieve symptoms. First came belladonna for headache following anesthesia. After three doses I had it discontinued. My headache was gone and I was getting a flushed face. Then came the gas pains. They told me I was getting the Murphy drip and should not be bothered with them, but I had them give me two doses of colocynthis, and the gas pains were gone. A day or two later I developed an abscess, the result of one of the hypodermics which went wrong, and I checked that by ten doses of hepar.

Regarding Doctor Munson's paper, as a general practitioner I can certify to a great many things which he has said. I want to repeat that in homeopathy it is really refreshing to hear something from a specialist as to the use of homeopathic remedies.

DR. A. J. SHADMAN (closing): Of course for gas pains we use various remedies. When the pain is extreme, with a great amount of distention, turpentine is the one remedy that has never failed, but it is not applicable in all cases of gas pain.

Effect of Treatment on the Wassermann Reaction. Glynn, E., Roberts, R. E. and Bigland, P. M. From Medical Research Council, Special Report—Series No. 107. *British Med. Journ.*, Nov. 20, 1926, No. 3437, p. 950.

Observation made over a period of five and one-half years. Initial treatment was with 914 and grey oil, and after an interval treatment was continued with mercury. Wassermann technic No. 4 of the Medical Research Council was used. Investigation confirmed importance of treating syphilis at once and thoroughly. Success of standard admission course of treatment in producing a negative Wassermann depends first on result of Wassermann on admission, success varying from 92% to 78% and 52%, depending on whether test was negative, partly positive, or positive; secondly, the longer the period between primary lesion and treatment, the less the success. Negative or partial Wassermann in early syphilis sometimes became positive at beginning of salvarsan course and negative again when course was prolonged.

Observers found treatment with mercury successful in clinically active cases, but often a failure in latent or quiescent syphilis. It attacks spirochetes in the blood but not residual spirochetes protected by fibrous lesions or in indurated lymph glands, spleen, or testes. Also, mercury increases Wassermann relapse incidence, partly, perhaps, because it produces Hg-resistant spirochetes and later provokes them into activity. Observers believe that salvarsan is more potent than Hg and does not develop resistant strains of spirochetes under prolonged treatment. Therefore, extra courses of salvarsan are considered better in preventing relapses and also in treatment of latent syphilis.