

## Blepharitis

<b>Dr. Sahni BS</b> DHMS Hons, PGRT (BOM), FF Hom, Deputy Chief Medical Officer (H), ONGC Hospital Panvel-410221 Navi Mumbai, India	<b>Website:</b> <a href="http://www.homoeopathyclinic.com">www.homoeopathyclinic.com</a> <b>Email:</b> <a href="mailto:contactus@homoeopathyclinic.com">contactus@homoeopathyclinic.com</a>
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### Introduction

Blepharitis is a chronic inflammation of the eyelid margins. It begins early in the childhood and frequently continues throughout life, becoming more symptomatic in the sixth and seventh decades. Blepharitis has traditionally been clinically subcategorized as staphylococcal, seborrheic, meibomian gland dysfunction (MGD), or a combination thereof.

There are two forms of blepharitis:

- Seborrheic blepharitis
- Ulcerative blepharitis

### Seborrheic blepharitis

Seborrheic dermatitis commonly affects the scalp, the brows and face, and also the lid margin, causing seborrheic (squamous) blepharitis. Often the patient's skin is excessively oily. The blepharitis is characterized by:

- Edema
- Hyperemia, and
- Dry flakes (dandruff) or oily secretions that accumulate on the lashes and lid margin (See Fig. 1,2).

Seborrhea is the most common single cause of blepharitis and is often associated with *staphylococcal lid infections*. The etiology of seborrhea is unknown.

### Symptoms

The major symptoms of seborrheic blepharitis include:

- Irritation,
- Itching and Severe burning of the eyes (especially within a few minutes after awakening), and
- A heavy or tired feeling of the eyelids.
- Red eyelid margins
- Foreign body sensations
- Photophobia when cornea is involved.

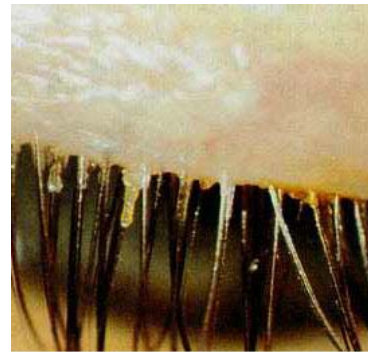


Figure 1



Figure 2

Meibomian gland inflammation (seborrheic meibomitis) may be superimposed on seborrheic blepharitis. The patient complains of burning of the eyes in excess of the findings, especially just after waking up (chronic conjunctivitis meibomiana). Photophobia occurs when the cornea is involved. The lids are swollen and thickened, the meibomian glands are inspissated, and large quantities of oil (often having a purulent character) can be expressed from the meibomian gland orifices.



**Figure 3**

Meibomian froth, which arises from agitation of the oily secretion by blinking, is present on the lid margins (*See Fig 3*).

Occlusion of the meibomian gland orifices and chalazion formation can also occur.

### **Ulcerative blepharitis**

Ulcerative blepharitis is caused by acute and chronic suppurative inflammation of the follicles of the lashes and the associated glands of Zeis and Moll (*See Fig.4*). Staphylococcus aureus is usually the causative organism, but some strains of Staphylococcus epidermidis may be responsible.



**Figure 4**

#### **Symptoms**

- Eyelid margins are red and inflamed.
- Multiple suppurative lesions surrounded by yellow pus that crusts and is removed with difficulty, bringing with it eyelashes.
- Loss of lashes and the necrotizing inflammation cause distortion of the eyelid margins, leading to ectropin, epiphora, and chronic conjunctivitis.

#### **Treatment**

It is important to emphasize that, although blepharitis is an extremely common disease, it is frequently undiagnosed because the severity of the patient's symptoms may be out of proportion to the clinical findings. The doctors should classify the blepharitis and then examine the patient for evidence of the associated skin disorder. The most important part in treatment is the patient's motivation and ability to correctly comply with the instruction of the doctor.

- **Lid Hygiene:** This is aimed at removing crust and toxic products from the lid margins. This can be achieved by scrubbing the eyelids with a clean, moist washcloth or cotton-tipped applicator stick using a diluted Baby Shampoo / Dove soap. After shampooing the eyelids should be closed for 5 minutes and then the excess shampoo removed with wet washcloth. This process should be done 2-3 times in a day depending upon the severity of the case.
- **Warm compresses** may be helpful in melting solidified sebum in patients with meibomitis.

- **Homoeopathic Remedies:** Homoeopathic Remedies should be selected on the bases of carefully selected symptoms and their underlying causes. Most of the symptoms of Blepharitis are covered under the following remedies:
  - **Antim Crude:** One of the best remedy for Chronic Blepharitis especially in children. It covers all the forms of Blepharitis. The most symptoms like, Redness & inflammation of the eyelids, Mucus in canthi especially in morning with dry crusts on lids.
  - **Argentum Met:** This is very useful in Ulcerative Blepharitis with infection as an underlying cause.
  - **Argentum Nitric:** Blepharitis with severe infection as an underlying cause.
  - **Borax:** Chronic forms of Blepharitis, especially wherein Eyelashes turned inwards.
  - **Clematis:** Chronic forms of Marginal Blepharitis with sore and swollen meibomian glands.
  - **Graphites:** The most indicated remedy for Seborrhic Blepharitis.
  - **Lycopodium:** Ulcerative Blepharitis.
  - **Medorrhinum:** Ulcerative Blepharitis
  - **Merc Sol:** One of the great remedy for Seborrhic Blepharitis
  - **Petroleum:** Useful in marginal blepharitis.
  - **Platanus:** Spoiled cases of Blepharitis, especially where destruction of eyelid tissues occurred and scar tissue caused marked deformity of eyelids.
  - **Sanicula:** It covers all most all the symptoms of Seborrhic blepharitis.
  - **Staphisgaria:** Blepharitis and Chalazion due to reoccurring blepharitis especially when underlying cause is infection.
  - **Sulphur:** Chronic Blepharitis.
  - **Tellurium:** The eyelids are thickened & inflamed with pustules, pale, red, edematous and oozing. The meibomian glands are involved due to infection. Patient feels that “if the lashes of lower lids were turned in

**Note:** Apart from the above stated remedies there are many more remedies that can be indicated one as per the symptomatology of the individual patient.

- Use **Eye drops** containing Euphrasia Q, 1 %, Calendula Q, 0.25%, Kali Mur 10x, 0.25% Silicea 10x, 0.25%, Cal Sulph 10x,0.25% & Boric Acid 1% in isotonic solution of Sodium Chloride base, three times in day.

## References

- Diseases of the External Eye & Adnexa by H Bruce Oster.
- Ophthalmology, Principles & concepts by Frank W Newell
- Materia Medica by Robin Murphy.

## Warning

Under no circumstances one should use any of the above sated remedies. It is advisable to consult your Doctor before the use of any of the homoeopathic Medicines cited above.