J.P.S. Bakshi
Manual of Ophthalmological Disorders

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4. Diseases of Sclera

A. Inflammation of the Sclera
B. Staphyloma

A. Inflammation of the Sclera

Types
1. Superficial (Episcleritis)
2. Deep (Scleritis)

1. Episcleritis

Introduction
It is the inflammation of the subconjunctival episcleral tissue, along with the superficial lamellae of the sclera. It occurs in the elderly.

Etiology
Episcleritis may be associated with:
1. Rheumatism or gout
2. Collagen disorder
3. As an allergic reaction to an endogenous toxin tubercular or streptococcal from a septic focus.

Clinical Features
1. Pain and tenderness in the eye
2. No discharge, lacrimation or photophobia
3. A hard, pinkish red nodule appears underneath the conjunctiva 2-3mm away from the limbus. It is fixed to the deeper structures and is tender to touch.

Complications
The lesion may extend into the deeper layers of the sclera, causing scleritis and uveitis.

Management

Pharmacological Treatment
1. Hydrocortisone acetate 1%
2. Scleritis

Introduction
It means inflammation of the sclera and it is usually bilateral. The women are frequently affected than men.

Etiology
1. Toxic and allergic influences
2. Endogenous infections - tuberculosis, syphilis, leprosy and viral infections may cause scleritis
3. Secondary infections from the peri-ocular or intra-ocular tissues may affect the sclera
4. Exogenous infection - as a result of ulceration or injury
5. Systemic and metabolic disturbances like rheumatoid arthritis or gout are frequent causes of scleritis.

**Clinical Features**
1. Marked pain in the eye, which may radiate to the frontal region.
2. Lacrimation but no discharge
3. Pinkish red area appears with hyperaemia of the surrounding conjunctiva
4. Anterior part of the sclera is affected in one sector.

**Complications**
1. The inflammation may spread into cornea
2. Associated uveitis is common
3. Thinning of the sclera causes bulging of the uveal tract, known as staphyloma which may lead to secondary glaucoma

**Management**

**Pharmacological Treatment**
1. Analgesics to relieve pain
2. Salicylates by mouth
3. Hydrocortisone acetate 1%

**Homeopathic Repertorial References**

**Direct references**
*Eye; INFLAMMATION; sclerotics*

**On the basis of etiology**

**allergic influences**
*Generalities; ALLERGY*

**endogenous infections**
*Generalities; TUBERCULOSIS*
*Generalities; SYPHILIS*
*Generalities; HANSEN’S disease*
*Skin; LEPROSY*
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ulceration or injury
Eye: ULCERATION; conjunctiva
Eye: INJURIES, from

associated with rheumatism or gout
Extremity Pain; JOINTS; rheumatic
Extremity Pain; JOINTS; gouty

On the basis of clinical features

pain in the eye
Eye: PAIN; General; extending; forehead; to
lachrymation
Eye: LACHRYMATION
hyperaemia of the conjunctiva
Eye: DISCOLORATION; redness

On the basis of complications

keratitis
Eye: INFLAMMATION; cornea, keratitis
uveitis
Eye: INFLAMMATION; iris, iritis
staphylooma
Eye; STAPHYLOMA; inflammation, after suppurative
Eye; STAPHYLOMA

B. Staphylooma

Introduction
It is the ectasia or bulging of the wall of the eyeball along with uveal tissue.

Types
1. Anterior Staphylooma
2. Ciliary Staphylooma
3. Intercalary Staphylooma
4. Equatorial Staphylooma
5. Posterior Staphylooma
1. Anterior Staphyloma

**Introduction**

It occurs as a result of sloughing of the corneal ulcer.

**Homeopathic Repertorial References**

**Direct references**

*Eye; STAPHYLOMA*

**On the basis of etiology**

*sloughing corneal ulcer*

*Eye; ULCERATION; cornea*

*Eye; ULCERATION; cornea; destructive*

*Eye; ULCERATION; cornea; perforating*

2. Ciliary Staphyloma

**Introduction**

It occurs due to bulging of the ciliary body due to thinning of the sclera. This occurs in the area, extending up to 8mm from the limbus. It is bluish in colour and irregular in appearance.

**Homeopathic Repertorial References**

**Direct references**

*Eye; STAPHYLOMA*

3. Intercalary Staphyloma

**Introduction**

It occurs at the limbus immediately in front of the ciliary body.

**Homeopathic Repertorial References**

**Direct references**

*Eye; STAPHYLOMA*
4. Equatorial Staphyloma

Introduction
It occurs at the region of sclera which are perforated by vertex veins and also at the equatorial region of the sclera.

Homeopathic Repertorial References

Direct references
Eye: STAPHYLOMA

5. Posterior Staphyloma

Introduction
It occurs in high myopia due to bulging out of the sclera at the posterior pole of the eyeball.

Homeopathic Repertorial References

Direct references
Eye: STAPHYLOMA

On the basis of etiology
Vision: MYOPIA, nearsightedness
8. **Metabolic Diseases**

The following metabolic diseases bring about marked changes in the eye function.

1. **Gout and Rheumatism**

   **Clinical examination**
   Ophthalmoscopic examination reveals the following changes:
   a. Episcleritis and scleritis
   b. Uveitis

   **Homeopathic Repertorial References**
   On the basis of etiology
   goof and rheumatism
   Eye: RHEUMATISM of
   Eye: RHEUMATISM of: right, then left
   Eye: STIES: rheumatism, after attack of
   Eye: GOUT
   Eye: INFLAMMATION: arthritic, gouty, rheumatic

   On the basis of clinical examination
   uveitis
   Eye: INFLAMMATION: choroid

2. **Diabetes Mellitus**

   **Clinical Features**
   Hypermetropia when the blood sugar falls and myopia when the blood sugar rises

   **Clinical Examination**
   a. Haemorrhagic iritis
   b. Diabetic cataract mainly in juvenile diabetes
   c. Diabetic retinopathy-microaneurysms in the retina
   d. Palsies of extra-ocular muscles
   e. Optic neuritis
**Homeopathic Repertorial References**

On the basis of clinical examination

- **retinitis**
  - Eye: INFLAMMATION; retina; diabetic

- **hypermetropia and myopia**
  - Vision; HYPERMETROPIA, hyperopia, farsightedness
  - Vision; MYOPIA, nearsightedness

On the basis of clinical features

- **hemorrhagic iritis**
  - Eye: INFLAMMATION; iris, iritis

- **cataract**
  - Eye: CATARACT, opacity of lens

- **optic neuritis**
  - Eye: INFLAMMATION: optic nerve

- **ocular palsies**
  - Eye: PARALYSIS of; muscles of eyeball

**C. Diseases of the Kidney - Nephritis**

**Clinical Features**

i. Passive oedema of eyelids

**Clinical Examination**

i. Renal retinopathy similar to hypertensive retinopathy
   (i.e. flame shaped retinal haemorrhages and wooly exudates in retina).

**Homeopathic Repertorial References**

On the basis of clinical features

- **edema of eyelids**
  - Eye; SWELLING; lids; edemcitons

On the basis of clinical examination

- **hypertensive retinopathy**
  - Eye; HYPERTENSIVE retinopathia
D. Toxaemia of Pregnancy

Clinical Examination
i. Sudden black out of vision due to spasm of retinal arteries
ii. Retinopathy similar to hypertensive retinopathy with added signs of detachment of retina.

Homeopathic Repertorial References
On the basis of clinical examination
retinitis
Eye: INFLAMMATION; retina; albuminuria. with; pregnancy, during
Eye: INFLAMMATION; retina; pregnancy, during
hypertensive retinopathy
Eye: HYPERTENSIVE retinopathia
Eye: PAIN; Stitching; kidney complaints of pregnancy

E. Cardiovascular System

Clinical Features
Benign and malignant hypertension

Clinical Examination
The changes may occur in retina as in retinopathy of hypertension

Homeopathic Repertorial References
On the basis of clinical features
hypertensive retinopathy
Eye: HYPERTENSIVE retinopathia

F. Blood Diseases
The following blood disorders lead to eye manifestations:-

1. Leukemia

Clinical Examination
a. Dilatation of retinal vessels
b. Retinal hemorrhages with central white areas

**Clinical Features**
Subconjunctival hemorrhages

**Homeopathic Repertorial References**

On the basis of clinical features

**retinal hemorrhages**
- Eye: HEMORRHAGE: retina
- Eye: HEMORRHAGE: retina: blindness, with
- Eye: HEMORRHAGE: retina: cough, from

**Subconjunctival hemorrhages**
- Eye: HEMORRHAGE: eyes, bleeding from
- Eye: HEMORRHAGE: eyes, bleeding from: absorption of intra-ocular hemorrhage, hastens
- Eye: HEMORRHAGE: eyes, bleeding from: blowing nose, on
- Eye: HEMORRHAGE: eyes, bleeding from: burning, with
- Eye: HEMORRHAGE: eyes, bleeding from: coughing, from
- Eye: HEMORRHAGE: eyes, bleeding from: coughing, from; whooping
- Eye: HEMORRHAGE: eyes, bleeding from; opening eyes

2. Purpura and Haemophilia

**Clinical Features**
Subconjunctival, retinal and orbital hemorrhages

**Homeopathic Repertorial References**

On the basis of etiology

**hemophilia**
- Generalities: HEMORRHAGE; tendency or actual; blood; coagulate, does not, hemophilia
- Generalities: HEMORRHAGE; tendency or actual; blood; coagulate, does not, hemophilia; intermittent
- Generalities: HEMORRHAGE; tendency or actual; blood; coagulate, does not, hemophilia; thin, dark
purpura

Generalities: HENOCH schoulein purpura

On the basis of clinical features

**subcorijunctival, retinal and orbital hemorrhage**

Eye: HEMORRHAGE: retina
Eye: HEMORRHAGE: retina: blindness, with
Eye: HEMORRHAGE: retina: cough, from
Eye: HEMORRHAGE: eyes, bleeding from
Eye: HEMORRHAGE: eyes, bleeding from; absorption of intra-ocular hemorrhage, hastens
Eye: HEMORRHAGE: eyes, bleeding from; blowing nose, on
Eye: HEMORRHAGE: eyes, bleeding from; burning, -with
Eye: HEMORRHAGE: eyes, bleeding from; coughing, from
Eye: HEMORRHAGE: eyes, bleeding from; coughing, from; whooping
Eye: HEMORRHAGE: eyes, bleeding from; opening eyes
Eye: HEMORRHAGE: canthi
Eye: HEMORRHAGE: lids
Eye: HEMORRHAGE: subconjunctival

3. Pernicious Anaemia

**Clinical Examination**

Retinal haemorrhages with central white spots are seen ophthalmoscopically.

**Homeopathic Repertorial References**

On the basis of clinical examination

Retinal haemorrhages with central white spots

Eye: HEMORRHAGE: retina
Eye: HEMORRHAGE: retina: blindness, with

**G. Intracranial Lesions**

The following intra-cranial lesions are responsible for bringing about changes in the eye function-

I. Subdural Haematoma

**Clinical Examination**

Papilloedema is seen ophthalmoscopically.
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