

EFFECTIVENESS OF HOMOEOPATHIC MEDICINES IN EPIDEMIC ACUTE VIRAL CONJUNCTIVITIS, 1975 (Acute Haemorrhagic Conjunctivitis)*

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INTRODUCTION

The aim of this research project was to find out how effective were the homoeopathic medicines in epidemic acute viral conjunctivitis of 1975. The epidemic had swept the population of Bombay and Poona from June to September 1975 and had swiftly spread to distant places like Delhi and Calcutta. The origin of the epidemic was not known.

The quick spread of the disease irrespective of age, sex and its poor response to antibiotics were indicative of viral etiology. The clinical picture also suggested viral etiology of the disease.

The research project was carried out in my private clinic and in slum hutments of Poona under the auspices of Medico-Homoeopathic Research Institute, Poona.

METHOD AND MATERIAL

Total number of 150 patients were under observation. 30 patients were from my private clinic and 120 patients were from the slums. Of these 120 patients, 20 patients, were selected at random and were used as the control group.

The control group: The control group was kept on placebo (non-medicated No. 40 pills three times a day) throughout the episode of their conjunctivitis. The pills given to them and the examination carried out were identical to those of the patients put on homoeopathic treatment. They were put on placebo till they became symptomless.

The group under homoeopathic treatment: Total number of 130 patients were put on homoeopathic treatment. All the patients were treated individually and the indicated remedies were given in 30th potency one pill (No. 40) three times a day until they became symptomless.

None of the patients were on any other treatment during the experimental period.

All patients (from both the groups) were examined daily until they fully recovered.

* 4th Homoeopathic Scientific Seminar, Third Session held at Belgaum in July 1976 under the auspices of All India Homoeopathic Editors' Guild.

OBSERVATIONS

The characteristic early symptoms observed were foreign body sensation, redness of conjunctiva, lachrymation, subconjunctival serous discharges from one eye first with rapid involvement of the other eye. Eyelids oedematous some patients had sub-conjunctival haemorrhage. The intensity of haemorrhage varied from minute pin point petechia to large blotches of frank blood.

The following were the symptoms observed in the control group patients. Figures in the brackets are of percentage of patients.

First day symptoms:

Congestion and redness of conjunctiva of one eye (Right 60%) (Left 40%). Slight pain in the affected eye (38%). Considerable pain (2%). No pain (60%). Grittiness, foreign body sensation (60%). Lachrymation (100%). No photophobia (90%). Slight photophobia (10%). Sub-conjunctival serous discharges (100%).

Second day symptoms:

Redness of eye more pronounced (98%), the other eye got affected (100%). Eyelids oedematous (80%). Grittiness, foreign body sensation (65%), photophobia (10%). No photophobia (90%). Lachrymation (100%). Sub-conjunctival petechial haemorrhage (10%). Burning sensation in the eyes (8%). Coryza (3%).

Third day symptoms:

Sub-conjunctival petechial haemorrhage (27%). Eyelids oedematous (90%). Redness of conjunctivae (100%). Other symptoms remained the same.

Fourth day symptoms:

Congestion and oedema of the first affected eye is considerably less (90%). Lachrymation from the same eye less (90%). All other symptoms also became less pronounced.

Fifth day symptoms:

The first affected eye got cleared (100%). The other affected eye less congested (95%). Lachrymation much less (90%). Other symptoms almost gone (100%).

Sixth day symptoms:

The second eye also got cleared (100%). All symptoms gone.

The following were the indications presented by the 70% of cases who responded to Kali bichromicum:

- (1) Intense redness of eye(s), swelling of eyelids.
- (2) No photophobia.
- (3) Painlessness.
- (4) Yellowish white discharges.

The following were the indications presented by 20% of the cases who responded to Arg. nitricum:

- (1) Redness of eye(s).
- (2) Photophobia.
- (3) Pricking, grittiness, foreign body sensation in the eye(s).
- (4) Profuse serous discharge.
- (5) Warmth, warm application aggravate complaints.

The following were the indications presented by 5% of the cases who responded to Ars. album:

- (1) Burning in eye(s) with burning hot lachrymation.
- (2) Chilly, feverish feeling.
- (3) Washing eye with warm water relieves pain.

The following were the indications presented by the remaining 5% of the patients who responded well to Sulphur:

- (1) Intense burning in eyes.
- (2) Inflamed lids with itching.
- (3) Photophobia.
- (4) Complaints aggravated by heat.

Table No. 1

Shows the percentage of the patients recovered in relation to the days since the commencement of the treatment.

| Day | Control Group | Group under Homoeopathic Treatment |
|-----|---------------|------------------------------------|
| 1st | — | — |
| 2nd | — | 8% |
| 3rd | 4% | 55% |
| 4th | 10% | 37% |
| 5th | 85% | — |
| 6th | 5% | — |

Table No. 2

Shows the percentage of patients reporting first time in the clinic for the treatment in relation to the onset of the disease.

| Day | Percentage of the Patients |
|-----|----------------------------|
| 1st | 10% |
| 2nd | 60% |
| 3rd | 30% |

RESULT

The observations show that the patients who were under homoeopathic treatment responded very well to it. Patients recovered within 24 to 72 hours

of commencement of the treatment. The control group patients recovered in 5-6 days without treatment.

DISCUSSION

The epidemic conjunctivitis of 1975, which affected the population of Bombay and Poona was similar to but milder than the one which had come in 1971. The extensive studies on the virus of 1975 epidemic conjunctivitis were carried out by S. S. Gogate, N. P. Gupte and others of Virus Research Centre, Poona. They stated that their studies suggested that the epidemic of the acute haemorrhagic conjunctivitis of 1975 was due to a closely related strain of group EH 24/70 of Coxsackie, which belongs to the entire group of virus.

Considering the poor response of this disease to antibiotics, the results shown by the homoeopathic medicines were very encouraging. The observations show that the patients decidedly recovered faster than the control group patients, proving that the recovery was due to the treatment given.

From the Table No. 1, we note that 8% of the patients responded within 24 hours of giving the indicated homoeopathic remedy. The other eye of their's remained unaffected. It should be noted (Table No. 2,) that all these patients had reported in the clinics on the first day of the onset of the disease. It may, therefore, be possible that if patients came for treatment at the very early stage of the disease, the indicated homoeopathic remedy might ensure an early recovery of the patients aborting the disease process. Of course, more extensive studies should be carried out as regards this observation before we could come to a definite conclusion.

The observations show that the 70% of the patients responded very well to Kali bichromicum which could evidently be said that it was the genus epidemicus of the epidemic viral conjunctivitis.

Argentum nitricum covered 20% of the patients and Arsenic album and Sulphur covered 5% each of the patients.

CONCLUSION

The studies suggest that the homoeopathic medicines were decidedly effective in the treatment of the epidemic of the acute viral conjunctivitis 1975 (acute haemorrhage conjunctivitis).

SUMMARY

The epidemic of acute viral conjunctivitis 1975 (acute haemorrhagic conjunctivitis) caused by a closely related strain of group EH 24/70 of Coxsackie virus, responded very well to the homoeopathic treatment. The group under the treatment recovered within 24 to 72 hours of the commencement of homoeopathic treatment. The control group patients took 5 to 6 days to recover.

70% of the patients required Kali bichromicum.

20% of the patients required Arg. nitricum.

5% of the patients required Ars. album.

5% of the patients required Sulphur.

All these remedies were given in the 30th potency three times a day.

ACKNOWLEDGEMENT

My sincere thanks go to: (1) my students and the social workers of the slum hutments without whose help this research object could not have been carried out, (2) Medico-Homoeopathic Research Institute, Poona, (3) Dr. V. S. Padbidri, Research Officer, Virus Research Centre, Poona, for giving the necessary information and for kindly making available the paper "Acute Haemorrhagic Conjunctivitis Bombay-Poona 1975" by S. S. Gogate, N. P. Gupte and others, of Virus Research Centre, Poona. Thanks also go to Dr. Gogate and others for allowing me to refer to their paper, which will shortly be published in the forthcoming I. M. A. Journal.

SECOND PRESCRIPTION

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of the *Organon*. Authors like Kent and other stalwarts in Homoeopathy have confessed that it is very difficult to come to a decision whether the first prescription has exhausted its action after a good many months even and after the topmost potencies of the first medicine have been used in series and at regular intervals as demanded by the return of old symptoms. But according to Dr. A. H. Grimmer of Chicago, this difficulty can be investigated by noting the patient's blood polarity. If the polarity registers—12 (negative) ohm, the remedy is holding and working and must not be interfered with. If the polarity has gone back to what it was when the last remedy was given, then the necessity of the remedy or one of its analogues will come in. The remedy that restores the polarity again to normal reading (i.e.—12 ohm) of electric resistance is the *similimum*. If the polarity has changed then a remedy belonging to the changed polarity group must be selected and given. In this way the best complementary remedy can be found in any given case.
