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CLINICAL USE OF HOMEOPATHIC COMPLEX FOR MANAGEMENT OF CONCURRENT PROPTOSIS & PANOPTHALMIA IN DOG-A CASE REPORT

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ABSTRACT

The present case report describes concurrent proptosis and panopthalitis in a dog and its successful management with parenteral homeopathic hepar sulph and calcarea sulph complex as potent anti-inflammatory and antibiotic properties.

KEY WORDS: Proptosis, Panopthalitis, Hepar sulph, Calcarea sulph





INTRODUCTION

Panophthalmitis is purulent inflammation of internal and external parts of the eye, and often arises when endophthalmitis extends into the cornea and sclera. The condition occurs due to trauma, foreian material, postsuraical complication, the extension of neoplasia, extension of the uncontrolled inflammation from other parts of the eye such as the lens or uvea (Esson, 2015) and is manifested by cataract, anterior uveitis, posterior uveitis, retinal detachment, periocular alopecia, conjunctivitis, blepharitis, keratoconjunctivitis and alaucoma (Ali et al., 2021). Proptosis refers to forward displacement of the globe out of the orbit with trapping of eyelid margins behind the equator of the globe characterized by secondary hemorrhage and swelling which displace the globe further from the orbit followed corneo-conjunctival by drying and ulceration. Proptosis caused by trauma (eg. being hit by a car, fight with another animal) is common in small breed doas and most likely brachycephalic dogs such as Shih Tzu, Pekingese, and Boston (Mandel, 2000; Wheler et al., 2001). Prognosis depends on pupil size and reflexes, duration of exposure, other globe or orbital damage, breed and other systemic trauma (Parmar et al., 2016). Potential complications include permanent strabismus, ulcerative keratitis, keratoconjunctivitis sicca, neuroretinal deaeneration, phthisis and bulbus (Wheler et al., 2001; Mandell and Holt, 2005). The present case report documents panophthalmitis with concurrent proptosis due to physical trauma in a Pomeranian dog and its successful clinical management with

homeopathic hepar sulph and calcareasulph complex. Hepar sulphur is covers corneal infection of both endogenous and exogenous origins and is the frequently indicated remedy for ulcers and abscesses of the cornea. Calcarea sulpha is indicated in all kinds of pus cases with a vent.

CASE HISTORY

A three-year-old Pomeranian dog was presented to TVCC, Veterinary College, Hassan, Karnataka with protruded swollen right side eye ball and purulent discharge. There was history of trauma to right eye about 10 days back. The animal was treated with several antibiotics and anti-inflammatory medicines but no improvement was noticed.

CLINICAL EXAMINATION & TREATMENT

The clinical examination revealed protrusion of right side eyeball with profuse mucopurulent ocular discharge markedly swollen evelids conjunctiva (Fig. 1). The dog exhibited extreme pain on touch which made ocular examination and retropulsion difficult. The vision test revealed absence of vision in right eye as there were no indirect pupillary light reflexes from the eye nor there were tracking or menace responses. There was no obvious foreign material in the conjunctival sac of the riaht although eye, а thorough examination was difficult. The respiration rate, temperature, heart rate and other physical parameter were normal. The animal was treated with homeopathic complex consisting of hepar sulph 200x, at dose rate of 5 pills morning and calcarea sulph 200x at dose rate of 5 pills evening. The treatment was continued for three days.

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DISCUSSION

Traumatic proptosis can occur in any breed, however brachycephalic dog breeds with large prominent globes are more predisposed. After a traumatic proptosis, the globe is trapped in front of the eve lids and exposure can result in corneal ulcerations and panopthalmitis. Several patholoaic chanaes develop secondary to the protrusion of the eye alobe beyond the corresponding eyelid margins (Spaulding, 2008). These potentially compromise changes globe vascular supply to the subsequently reduce the vitality of the affected eye. The anterior displacement of the globe often causes overstretching of the optic nerve and potentially results in permanent vision loss (Miller, 2008). Relatively similar findings were recorded the present study as well with panopthalmitis manifested by cataract, anterior uveitis, posterior uveitis, retinal detachment. peri-ocular alopecia, conjunctivitis, blepharitis, keratoconjunctivitis and glaucoma (Ali et al., 2021). Therapy for such proptosis complicated with panopthalmia includes lavaging eye ball with sterile saline and replacement of the eye ball into orbital cavity and temporary tarsorrhaphy, or removal of the globe with enucleation under general anesthesia (Parmar et al., 2016). However, in the present case, the dog was treated with homeopathic complex consisting of hepar sulph and calcareasulph. Hepar sulphur constitutional remedy with very irritable temperament with psoric miasmatic back ground (Patil, 2014). It is indicated for infected corneal ulcer of severe intensity

which is exogenous in origin and for parenchymatous keratitis and suppurative choroiditis that are usually endogenous in origin (Boericke, 2011). Hence, Hepar sulphur covers corneal infection of both endogenous exogenous origins and is the frequently remedy for ulcers indicated abscesses of the cornea, especially for the deep-sloughing form (Norton, 1987). Similarly, Calcarea sulph is advocated for inflammation of eye,ophthalmia with thick yellow pus discharge and deepseated abscess of the cornea (Boericke, 2011) for its cleansing property. In this hepar sulphur was prescribed on the basis of pathology as an abscess and prescription was not based on any characteristic particular symptom. Hepar sulphur was used in low (6x) potency with frequent repetition and not in high potency because lower potencies promote suppuration where as higher potencies abort suppuration (Patil, 2014) here was an acute inflammatory condition of the cornea with recent pathological changes that were reversible in nature. Finally, the aim of treatment was to cleanse mucopurulent discharge internally and not to promote further suppuration so as to prevent opening of an abscess externally with an added risk exogenous infection. Infection subsided mucopurulent discharge and was absorbed considerably within 5 days and recovered uneventfully (Fig. 2) that indicate homeopathy complex of hepar sulph and calcarea sulph could be considered as alternative therapy for panopthalmitis.



Fig 1. Panopthalmia of left eye with Hepar sulph and calc.sulph

Fig 2. Normal left eye after treatment

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