Effectiveness of Anti-Miasmatic remedies in the children suffering from blindness of age group 5-15 years as per the theory of chronic diseases

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Abstract

Background/ Aim:
The aim was to study whether the anti- miasmatic remedies were effective in cases of children suffering from blindness and to identify the miasm in these children.

Material and methods:
30 cases were selected by experimental, non-randomized uncontrolled trial.Visual acuity before the treatment was assessed in each eye with the help of Snellen's chart. After a detail case taking totality has been generated and homoeopathic medicine has been given, and patient was observed every month. Visual acuity on Snellen's chart before and after the treatment was recorded. As there was no proper scale assessed due to various clinical presentation in these cases, so we had done a proper grading of vision as per the improvement in patient by using Snellen's E chart and the students who did not cooperate with the 'E' chart, were assessed for the ability to fix and follow light, and those who were not responding to light were assessed by hand motion movement, finger counting and recognition of colours. After the values which were obtained from this grading of vision, the study was analysed with paired T test.

Result:
The study also revealed that the miasmatic background of the patient mostly indicate Psora. From the 30 cases, most frequently used medicine was Sulphur in 6 cases.Out of the 30 cases, 13 patients are responding to Torch light examination, 01 patient is responding to hand motion examination, 11 patients are responding to finger counting examination, 06 patients are respondingto colours & 03 patients are responding to Snellen's chart & 3 patients show improvement in Snellen's chart.

Conclusion:
It was found that Anti- miasmatic remedies are effective in cases of children suffering from blindness.

Keywords: Homoeopathy, Anti- miasmatic remedies, progressive blindness, visual acuity, Congenital anomalies, Theory of chronic diseases, Snellen's chart, Psora, Sycosis, Syphilis.

Introduction:

Definition: Childhood from 0 to 15 years old (UNICEF)

According to WHO, Blindness is defined as

- Corrected visual acuity <3/60 better eye **OR** Central visual field each eye <10 degree

"Imagine the life one has to live without seeing the beauty of rising sun, beauty of blooming flowers and even unable to see the face of his mother". Eyes are the most precious organ in the human body used to view the world, so one has to face innumerable difficulties in the absence of vision. Childhood is a beautiful state of innocence and joy, but this is often not for the children who are visually disabled. When

they play and laugh, they feel isolated, as no one is beside them to hear or bear, as every day in their life is a big struggle. Disability is proven to be a big hindrance in the normal day to day life of visually impaired children.

Blind and visual disability is a great problem all over the world. Loss of visual acuity in children requires special attention. The major causes of blindness in children vary widely from region to region, being largely determined by socio economic development & the availability of primary health care & eye care services. In high economic countries, lesions of the optic nerve & higher visual pathways predominate as the cause of blindness, while corneal scarring from measles, vitamin A deficiency, the use of harmful traditional eye remedies & Ophthalmia neonatorum are the major causes in low economic countries. Retinopathy of prematurity is an important cause in middle economic countries. Other significant causes in all countries are cataract, congenital abnormalities & hereditary retinal dystrophies. It is estimated that, in almost half of the children who are blind today, the underlying cause could have been prevented, or the eye condition treated to preserve vision or restore sight.

The control of blindness in children is a priority with in the WHO VISION 2020 programme. There are several reasons for this. Firstly, children who are born blind or who become blind & survive have a lifetime of blindness ahead of them, with all the associated emotional, social & economic costs to the child, the family & society. Indeed, the number of blind years due to all causes of blindness in children is almost equal to the number of blind years due to cataract in adults. Secondly, many of the causes of blindness in children are either preventable or treatable. Thirdly, many of the condition associated with blindness in children are also causes of child mortality (e.g. premature birth, measles, congenital rubella syndrome, vitamin deficiency & meningitis.) Control of blindness in children is therefore closely linked to child survival.

Magnitude of childhood blindness:

• Estimated prevalence (using under-5 mortality rate as country categories):
  - Low income countries 1.5/1000.
  - High income countries 0.3/1000
• 3/4 in poorest regions of Africa and Asia
• Estimated 1.4 million blind children globally
• Estimated incidence 500,000 children /year

Childhood blindness and visual impairment is a public health problem in developing countries with 75% of the world's blind children. Therefore, childhood blindness is the priority of "Vision 2020 - the Right to Sight," a global initiative for the elimination of avoidable blindness. The prevalence is 3/10000 in children of affluent societies to 15/10000 in the poorest communities. In India 3, 20,000 children (<16 years) are blind, and this constitutes 1/5 of the world's blind children. As reported by Dandona et al (BrJO.2003; 87), the prevalence of blindness was 0.17%, and this corresponds to 6, 80,000 children (after extrapolation).

Blindness is regarded as the most severe devasting physical handicap which has profound human and socio-economic consequences in all societies.There are an estimated 1.4 million blind children in the world. Over 90% of who live in middle income and low income countries. Although not a major problem

in the terms of absolute number compare to adults, childhood blindness remains a priority for a number of reasons. Children who are born blind or who became blind and survive have life time blindness ahead of them. There is a large, emotional, social and economic cost to children, the family and society. Many of the causes of blindness in the children are either preventable or treatable. Children are born with an immature visual system and for normal vision development to occur, they need clear focused images to be transmitted to the visual pathways, and thus there is level of urgency for treating childhood eye disease.

Scale for grading of vision:

As there are various clinical presentations in blindness, so we can't apply only Snellen's chart or Ishihara's chart, etc. So we consider some components like torch light, hand motion, finger counting, colour recognition and at the last Snellen's chart and we have graded as 0, 1, 2, 3, 4, 5,6 respectively and with the help of this gradation we come to conclusion of effectivenss of Anti-miasmatic remedies.

Materials and methods:

This case series study was carried out in 30 patients. The required permission for screening children was obtained from the principal/headmaster of each school. The concerned authorities of each school were briefed about the aims and objectives of the study. The school authorities were requested to inform the parents of the children at the time of screening. All the students of age 5-15 years were included in the study.An ophthalmologist and an optometrist examined the students in the school premises. The relevant information was collected from the class teachers and parents (whenever possible). Brief demographic details, medical and family history of each child were recorded. The ophthalmologists carried out a detailed eye examination of each student. Visual acuity was assessed in each eye using a Snellen tumbling 'E' visual acuity test chart. The students, who did not cooperate with the 'E' chart, were assessed for the ability to fix and follow light. Near vision were assessed by hand motion movements, recognizing finger counting, and colours. The visual status was recorded before and after the treatment.

Statistical techniques:

Pie diagrams and bar charts have been used to depict the observations.

Data analysis:

Paired T test has been used to analyse the data.

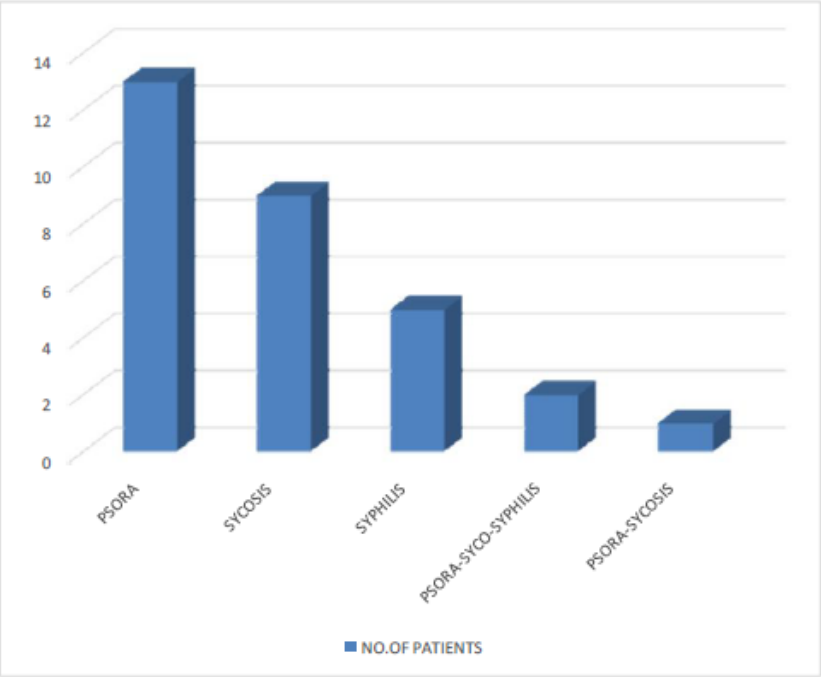
Ethical issues: Ethical clearance has been obtained from the institution, the schools for blinds, also a written and informed consent from the parents before the starting of study.

Expected outcome & usefulness:

The outcome expected from this study was to identify the miasm in the children suffering from blindness as per the Theory of Chronic Diseases of Dr. Samuel Hahnemann & the effectiveness of the Anti-Miasmatic remedies in these cases, and to study the progressive improvement in these childrens.

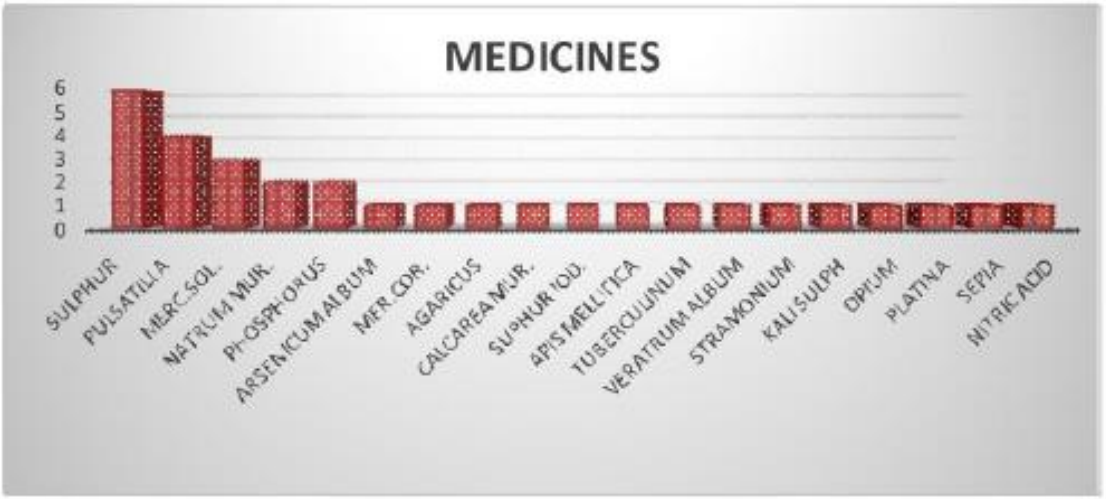
Observation & results

Diagram 01: Distribution of blindness cases according to the Miasm



Analysis: Out of 30 cases, Psora was seen prominently in 13 cases (43.33% of cases), Sycotic seen in 9 cases (30% of cases), Syphilitic seen in 5 cases (16.66% of cases), Psora-Syco-Syphilitic seen in 2 cases (6.66% of cases), Psora-Syco seen in 1 case (3.33% of cases).

Diagram 02: Distribution of Blindness Cases according to the Medicines



Analysis: From the 30 cases, frequently used medicines are- Sulphur, Pulsatilla & Merc.Sol.Less frequently used medicines are - Natrum Mur, Phosphorus, Arsenic Album, Merc.Cor., Agaricus, Calcarea Mur., Sulph.Iod., ApisMell., Opium, Platina, Sepia, Nitric Acid, Tuberculinum, Stramonium, Kali.Sulph.

Diagram 03: Distribution of blindness cases according to the causes

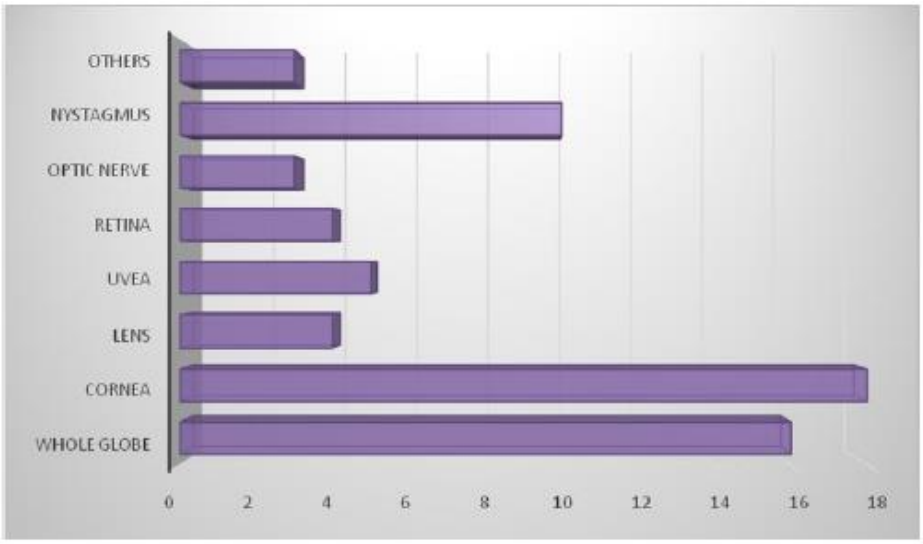
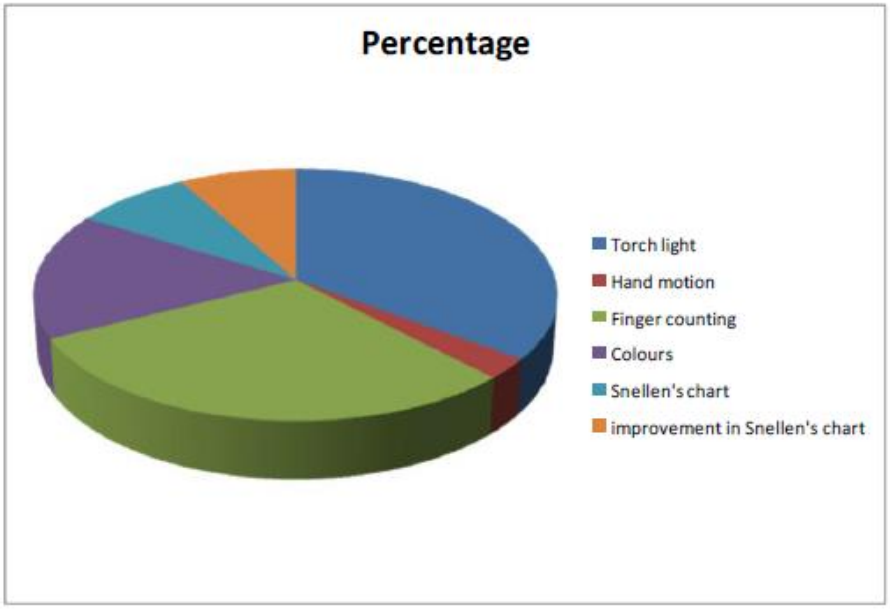


Table showing Distribution of blindness cases according to the causes

Anatomical site	Number	Percentage	Causes	Number	Percentage
Whole globe	16	53.33%	Micro opthalmos Bupthalmos/glaucoma	15 01	50% 3.33%
Cornea	17	56.66%	Staphyloma	01	3.33%
			Micro cornea Corneal scar Others	15 01 01	50% 3.33% 3.33%
Lens	04	13.33%	Cataract Others	04	13.33%
Uvea	05	13.33%	Coloboma Others	05	16.66%
Retina	04	10%	Albinism Retinopathy of prematurity Others	03 01	10% 3.33%
Optic nerve	03	10%	Optic nerve atrophy	03	10%
Abnormalities in alignment of eye	10	33.33%	Nystagmus/ alternate divergent squint	10	33.33%
Others	03	10%	Phthisis bulbi	03	10%

Analysis: The main causes of Blindness in better eye of blind school students were Micro opthalmos (50%), bupthalmos (3.33%), Staphyloma (3.33%), Micro cornea (50%), corneal scar(3.33%), corneal opacity (3.33%), Cataract (13.33%), Coloboma (16.66%), Albinism (10%), Retinal detachement (3.33%), Optic nerve atrophy (10%), Nystagmus/ alternate divergent squint (33.33%), and others like phthisis bulbi (10%).

Diagram 04: Distribution of blindness cases according to the scale



Analysis: Out of the 30 cases, 13 patients are responding to Torch light examination, 01 patients are responding to hand motion examination, 11 patients are responding to finger counting examination, 06 patients are responding to colors& 03 patients are responding to Snellen's chart & 3 patients show improvement in Snellen's chart.

Diagram 04: Distribution of Blindness cases according to the Result

Analysis: Out of the 30 cases, 28 cases are improving & 02 cases are not improved.

The study was done to see the scope of Anti-miasmatic homeopathic medicines in cases of blindness, for that visual acuity scale was used to see the improvement of vision in these patients and the Paired T test was used as test of significance of this study.

Hypothesis:

Null hypothesis: Blindness in children cannot be improved with the help of Anti-Miasmatic Homoeopathic medicines.

Alternate hypothesis: Blindness in children can be improved with the help of Anti-Miasmatic Homoeopathic medicines.

Review of data:

Sr.no.	Before vision (right side + left side of eye / 2) (x)	After vision (right side + left side of eye / 2) (y)	d = x-y	$(d - \bar{d})$	$(d - \bar{d})^2$
	0	1	-1	-2.35	5.5225
	0	0.5	-0.5	-1.85	3.4225
	0	1	-1	-2.35	5.5225
	2.5	4.5	-2	-3.35	11.2225
	5	6	-1	-2.35	5.5225
	0	2.5	-2.5	-3.85	14.8225
	0	1	-1	-2.35	5.5225
	3	3	0	-1.35	1.8225
	1	4	-3	-4.35	18.9225
	0	1	-1	-2.35	5.5225
	5	6	-1	-2.35	5.5225
	1.5	2.5	-1	-2.35	5.5225
	3	5	-2	-3.35	11.2225
	0	1	-1	-2.35	5.5225
	0	1	-1	-2.35	5.5225
	1	3	-2	-3.35	11.2225
	1.5	2	-0.5	-1.85	3.4225
	1	3	-2	-3.35	11.2225
	3	4	-1	-2.35	5.5225
	5	5	0	-1.35	1.8225
	0.5	2.5	-2	-3.35	11.2225
	1.5	2	-0.5	-1.85	3.4225
	2.5	3	-0.5	-1.85	3.4225
	3	4	-1	-2.35	5.5225
	0	3	-3	-4.35	18.9225
	0	1	-1	-2.35	5.5225
	1	4	-3	-4.35	18.9225
	0	3	-3	-4.35	18.9225
	2	4	-2	-3.35	11.2225
	0	0	0	-1.35	1.8225
		Total	-40.5		243.275

Mean of Deviation: -1.35 Standard Deviation: 2.9

Standard Error: 0.530 Calculated value of T: 2.54

Degree of Freedom: n-1= 29 Table T value at 5% l.o.s.: 2.05

2.54 > 2.05 i.e calculated T value is greater than table T value, and therefore we have to reject null hypothesis so, we are going to accept alternate hypothesis.

Result of T test:

The two- tailed P value equals 0.0167. By conventional criteria, this difference is considered to be statistically significant.

We should accept our alternative hypothesis, as table T value is less than the calculated T value.

Thus blindness in children can be improved with the help of Anti-Miasmatic Homoeopathic medicines.

Summary:

This article was designed to provide a full overview of blindness in children with special reference to miasmatic concepts as per the theory of chronic diseases by Dr. Samuel Hahnemann and

the scope of Anti-miasmatic remedies in these cases.

30 cases for the study have been collected from College OPD/ IPD, Cases from multiple disability centres. After a detail case taking totality has been generated and homoeopathic medicine has been given, and patient was observed every month. Every case have been analyse with reference to Dr. Hahnemann's Theory of Chronic Diseases and Anti- Miasmatic remedy had been given on the basis of totality of symptoms and miasm. After case solving and analysis, the observation was depicted graphically using bar charts and pie diagrams to give pictorial representation and statistics of the study.

For statistical analysis t test was applied and with the help of that test the hypothesis was tested and the result was blindness in children can be improved with the help of Anti-Miasmatic Homoeopathic medicines.

This detailed analysis and evaluation brought out the following conclusions.

Conclusions:

After detailed observations and analysis of the 30 cases, the following conclusions were drawn:

1. All the 30 cases of blindness were managed with Homoeopathic treatment, especially with Anti-miasmatic remedies.
2. Out of 30 cases, Psora was seen prominently in 13 cases (43.33% of cases), Sycotic seen in 9 cases (30% of cases), Syphilitic seen in 5 cases (16.66% of /cases), Psora-Syco-Syphilitic seen in 2 cases (6.66% of cases), Psora-Syco seen in 1 case (3.33% of cases).
3. Out of 30 cases in 28 cases we have seen improvement with the help of anti- miasmatic remedies and in 2 cases there is no improvement in vision.
4. From the 30 cases, most frequently used medicine was Sulphur in 6 cases.

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