

Case Report

Incidence of kerato conjunctivo uveitis caused by traditional eye medications in a teaching hospital of Andhra Pradesh

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ABSTRACT

Traditional eye medications (TEM) usage is still a common practice as most patients in India consult a traditional healer. Poverty, socio-cultural beliefs, poor health-seeking behavior, and lack of access to health facilities are reasons for the persistence of this practice.^[1,2] Fifty patients with kerato conjunctivo uveitis who used TEM, especially some leaf extract for 3 days, visited ophthalmology clinic, Narayana Medical College Hospital during June 2012. Ocular complications included purulent conjunctivitis in 25 subjects, keratitis in 15 subjects, corneal ulcer in 1 subject, and iridocyclitis in 9 subjects respectively. All patients' disease condition was reversed by the local application of steroid drops, topical antibiotics, anti-allergic drops, and artificial tears. The use of TEM is harmful, further leads to blindness. Proper health education to the public can reduce the prevalence of preventable blindness.

Key words: Complications, keratitis, traditional eye medications

INTRODUCTION

Traditional medical healers use their own medications for the treatment of various diseases like arthritis, diabetes, paralysis, headache, skin problems, etc. Such substances may be acidic or alkaline resulting in various side-effects like ocular burns, skin rashes etc. No particular attention is paid to the mode of action (antibiotic/steroid), concentration, and sterility as most of these concoctions (plant/animal extract mixture) are made without regard for hygiene including using contaminated water, saliva, local gin, and even urine.^[3,4] The

perception of supernatural forces as the cause of blindness has also been documented as a barrier to the use of orthodox medications.^[1,3] These observation were common in developing countries like African countries, India, Pakistan, and some other Asian countries. Various studies in Africa have reported that a large number of patients still use TEM before presentation to the hospital.^[3-7]

CASE REPORT

Fifty patients with kerato conjunctivo uveitis came from Nellore district to dept of ophthalmology, Narayana Medical College Hospital during June 2012. All patients (aged 35-55 years) reported to be taken traditional eye medications like some leaf extract near Adoni Town of Kurnool district, Andhra Pradesh. They went to the village for the treatment of various diseases like diabetes, arthritis, skin problems, heart diseases etc. They had taken the same extract for at least 3 days. Immediately, they developed various ocular complications including purulent conjunctivitis in 25 subjects, keratitis in 15 subjects, corneal ulcer in 1 subject, and iridocyclitis in 9 subjects [Figures 1 and 2]. They have been treated at hospital for 3-5 days. All patients reported inflammatory symptoms (redness, pain, and itching), discharge, poor vision, trauma, and white spot.

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Access this article online	
Quick Response Code:	Website: www.caijournal.com
	DOI: 10.4103/2225-6482.147670

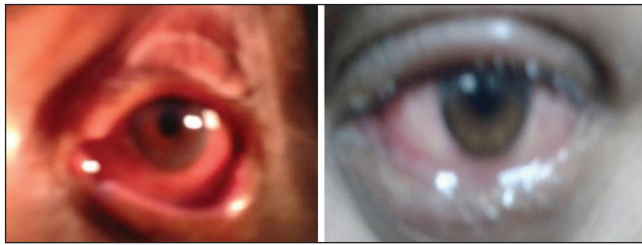


Figure 1. Eye with inflammatory symptoms to traditional eye medication

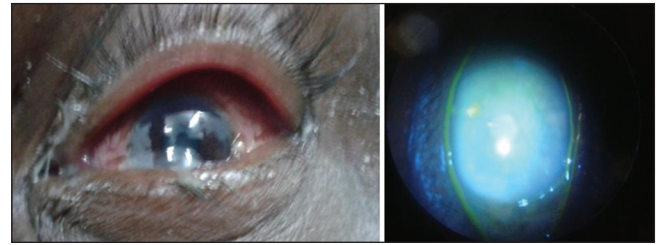


Figure 2. Eye with purulent conjunctivitis and keratitis to traditional eye medication

Examinations

A penlight exam was performed followed by fluorescein stain with slit lamp bio-microscopy to detect corneal lesions. Dilated fundoscopy was also performed after instillation of 0.5% tropicamide drops. The intraocular pressure was measured with a non-contact tonometer. Retinal and corneal photography was performed on some patients. Photographs showing some of the other complications were also taken. The disease condition of all patients was reversed by the local application of steroid drops, topical antibiotics, anti-allergic drops, and artificial tears. The visual acuity also improved in all of the patients. The use of TEM by all patients could be due to the fact that farmers residing in rural areas constituted the highest occupational group.

DISCUSSION

In Kurnool district of Andhra Pradesh, a large proportion of the population resides in rural areas where agriculture is a major occupation. In this study, all patients who used TEM were living in rural areas. The lack of access to hospitals, low rural education, due to proximity and relatively access to TEM through relatives, friends, and neighbors likely explains the preponderance of rural people resorting to TEM. There is a need to study the overall prevalence of the use of TEM in the population. Prajna *et al.* reported that 47.7% of patients with corneal ulcers in South India^[8] and Singh from Nepal reported that 57% of the patients with corneal ulcers used TEM.^[9] The use of harmful TEM has been reported in epidemics of acute hemorrhagic conjunctivitis in Africa.^[10] A study by Yorston and Forster^[11] in Tanzania revealed that 25% of corneal ulcers in 103 patients were associated with the use of TEM within the previous 7 days. Alkaline or acidic contents of the concoctions may result to corneal opacities, staphyloma, and corneal ulcers. TEM may also cause corneal damage by introducing micro-organisms into the eye, which lead to primary or secondary infection. This study also shows that many of other patients still use TEM for treatment of

various systemic diseases. There is a need to establish trust and respect among patients, healthcare providers, and the communities. Primary eye care workers have a very important role to play in the prevention of blindness from TEM. There is a need to send healthcare personnel to community health centers and to improve and upgrade primary eye care programs in rural population of Kurnool, Nellore, and other districts of Andhra Pradesh.

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How to cite this article: Chandrasekhar G, Sudha R, Praneeth P, Shaik MV. Incidence of kerato conjunctivo uveitis caused by traditional eye medications in a teaching hospital of Andhra Pradesh. *Community Acquir Infect* 2014;1:69-70.

Source of Support: Nil, **Conflict of Interest:** None declared