

# Spring Catarrh and its Homeopathic Management: A Review

Dr. Virendra Chauhan<sup>1</sup>, Dr. Pinky Saini<sup>2</sup>, Dr. Goutami Chaudhury<sup>3</sup>, Dr. Vikash Yadav<sup>4</sup>, Dr. Mayank Jethiwal<sup>5</sup>

<sup>1</sup>H.O.D., Dept Of Practice Of Medicine, Dr. M.P.K. Homeopathic Medical College, Hospital and Research Center, Jaipur, Rajasthan

<sup>2,3,4</sup>PG Scholar, Dept Of Practice Of Medicine, Dr. M.P.K. Homeopathic Medical College, Hospital and Research Center, Jaipur, Rajasthan

<sup>5</sup>PG Scholar, Dept Of Pharmacy, Dr. M.P.K. Homeopathic Medical College, Hospital and Research Center, Jaipur, Rajasthan

## Abstract

Vernal Keratoconjunctivitis (VKC), or Spring Catarrh, is a severe, recurring type of allergic conjunctivitis predominantly affecting children and young adults in warm climates. Characterized by intense ocular itching, photophobia, and characteristic conjunctival and corneal changes, VKC significantly impacts quality of life and academic performance. Timely diagnosis, precise clinical differentiation, appropriate management—including allergen avoidance, pharmacological therapy, and newer immunomodulatory treatments—are essential for preventing complications. Additionally, various homeopathic and complementary management options are employed, but robust clinical evidence remains limited.

**Keywords:** Homeopathy, Spring Catarrh, Vernal Keratoconjunctivitis

## Introduction

Spring Catarrh or VKC is a chronic, recurrent, bilateral, and seasonally exacerbated allergic condition of the ocular surface. It is most prevalent in children and adolescents, especially boys, residing in warm, temperate or subtropical climates<sup>1,2</sup>. The disease usually remits after puberty but may persist in some cases. VKC imposes a heavy burden on pediatric ophthalmology practices and significantly impairs daily life and educational activities<sup>1,2,3,4</sup>.

## Clinical Features

VKC presents with a range of ocular symptoms and signs:

- **Symptoms** : Severe itching, burning, foreign body sensation, photophobia, lacrimation, heaviness of eyelids, and ropy mucoid discharge<sup>1,2,5</sup>.
- **Signs** : Diagnostically, VKC reveals clinical forms:
  - Palpebral (cobblestone papillae on upper tarsal conjunctiva)
  - Iridal thickening with Tarantula's web
  - Mixed features<sup>1,5,6,7,8</sup>.

## Investigations

Diagnosis is mostly clinical but may be supported by:

- Cytology : Eosinophils in conjunctival scrapings<sup>1,9</sup>.
- Allergy testing : Limited role, useful in select cases.
- Tear film and ocular surface studies : To assess inflammation<sup>1,10</sup>.
- Imaging : Rarely needed; anterior segment OCT may help in corneal complications<sup>9</sup>.

## Differential Diagnosis

Key differentials for VKC include<sup>1,11,12</sup>:

- Atopic keratoconjunctivitis (AKC): Older onset, more chronic, scarring/cicatrization, involves lower tarsus
- Seasonal allergic conjunctivitis: Less severe, milder, shorter course
- Giant papillary conjunctivitis: Often in contact lens users
- Trachoma: Chlamydia infection—differs epidemiologically and in conjunctival scarring pattern
- Infective conjunctivitis: Mucopurulent discharge and acute course<sup>11,12</sup>.

## Management

Management aims to relieve symptoms, suppress inflammation, and prevent complications<sup>1,4,13</sup>:

- Allergen avoidance : Minimize exposure to identified allergens, environmental control measures<sup>2,4</sup>.
- Cold compresses and artificial tears : For comfort.
- Pharmacologic therapy :
  - Topical antihistamines and mast cell stabilizers (olopatadine, cromolyn sodium): First-line for milder cases<sup>1,13,14</sup>.
  - Topical corticosteroids (short courses): For moderate-to-severe cases, but with glaucoma/cataract risks<sup>1,4,13</sup>.
  - Topical immunomodulators (Cyclosporine, Tacrolimus): Steroid-sparing, effective in chronic/refractory VKC<sup>1,4,19</sup>.
- Surgical intervention : Reserved for shield ulcers or refractory plaque removal.
- Regular follow-up : For steroid side effects<sup>13,15</sup>.

## Homeopathic Management

Homeopathic options are widely used as adjunct or alternative therapies, though robust evidence is sparse. Common remedies include<sup>10,16,18</sup>:

- Euphrasia : Profuse lacrimation and photophobia
- Allium cepa : Acrid nasal and bland eye discharges
- Arsenicum album : Irritation with burning and restlessness
- Pulsatilla, Natrum muriaticum, Kali bichromicum, Sulphur : Selected based on individual totality of symptoms
- Dosage and selection should be oriented by a certified homeopath for personalized care<sup>16,18</sup>.

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