



Original Research Article

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CHRONIC PEDIATRIC LACRIMAL DUCT BLOCKAGE: A CASE STUDY AT DR BATRA'S

Dr Manisha Thakur

Head Medical Services, Bilaspur Branch

Dr Batra's Positive Health Clinic Pvt. Ltd.

Qualification BHMS

Email id: chc-bilaspur@batras.com

Mobile 8349333467

Abstract

Lacrimal duct blockage, also known as nasolacrimal duct obstruction, is a common pediatric ocular condition characterized by impaired drainage of tears, leading to excessive lacrimation, redness, and recurrent discharge. The condition can be congenital or acquired and often presents within the first months of life. Homeopathic management focuses on individualized treatment. This case study details a 7-year-old patient with chronic left eye lacrimal duct blockage, highlighting her physical symptoms, associated gastrointestinal complaints, and gradual improvement over time with supportive care. The paper emphasizes the role of holistic, constitution-based management in pediatric lacrimal duct obstruction, demonstrating how careful monitoring and personalized treatment can lead to symptomatic relief and improved quality of life at Dr Batra's

Keywords:

Lacrimal duct blockage, pediatric eye infection, lacrimation, homeopathy, chronic eye disorder

Introduction

Lacrimal duct blockage (nasolacrimal duct obstruction) is a condition in which the tear drainage system from the eyes to the nasal cavity is partially or completely blocked, resulting in excessive tearing (epiphora), recurrent eye discharge, and conjunctival irritation. The obstruction may be congenital due to incomplete canalization of the nasolacrimal duct or acquired secondary to infections, trauma, or inflammation. Signs and symptoms include persistent tearing, recurrent mucoid or purulent discharge, redness of the conjunctiva, eye irritation, and occasional swelling near the inner corner of the eye. Complications, if untreated, can include chronic dacryocystitis, recurrent conjunctivitis, or secondary bacterial infections. The disease is generally benign, with many cases resolving spontaneously in early infancy, though persistent cases require medical or surgical intervention. Homeopathic treatment offers an individualized, holistic approach, focusing on constitutional remedies to address both physical symptoms and underlying susceptibilities, aiming to reduce recurrences and improve overall well-being.

Case Profile

The patient is a 7-year-old female with chronic left eye lacrimal duct blockage, presenting with recurrent redness, itching, and discharge, initially thick and whitish-yellow, later becoming thin and watery. Symptoms worsen during seasonal changes, particularly in winter and summer, and improve with gentle massage, pressure, and exposure to spring conditions. She also experiences associated gastrointestinal issues, including recurrent constipation and occasional hiccups. Episodes of eye discomfort are sometimes accompanied by mild fever, nasal congestion, and upper respiratory symptoms like sneezing and cold. Despite periodic relief, the discharge and irritation tend to recur, often triggered by environmental factors such as sun exposure or seasonal transitions. The condition has persisted since early infancy, causing intermittent physical discomfort and repeated eye infections, with gradual fluctuations in severity over time.

Physical Generals

- * Appetite: Decreased
- * Cravings: Chicken, sweets
- * Aversions: None noted
- * Thirst: Increased, prefers normal water, 6–7 glasses/day

- * Perspiration: Profuse, offensive odor, affecting neck, scalp, palms, feet, and generalized
- * Urine: Burning sensation, itching, yellowish color
- * Stools: Constipated
- * Thermals: Feels hot, does not require covering, prefers cold water bathing, favors winter season and air-conditioned environments
- * Sleep: 7–8 hours, refreshing, sleeps on abdomen
- * Dreams: Dead people, falling, frightful

Examination

- * General Appearance: Active, alert, no acute distress
- * Eyes: Left eye with mild redness, occasional discharge; lacrimal duct blockage present
- * Conjunctiva: Slightly inflamed
- * Eyelids: Normal, no swelling currently
- * Nose: Mild nasal congestion, no active discharge
- * Oral Cavity: Normal
- * Skin: Perspiration profuse, offensive odor noted on neck, scalp, palms, and feet
- * Abdomen: Soft, non-tender
- * Gastrointestinal: Constipation noted, otherwise normal
- * Vital Signs: Within normal limits
- * Other Systems: No significant abnormalities detected

Mental Generals –

From childhood, the patient has displayed a sensitive and caring nature, showing strong attachment to her mother while maintaining love and respect for both parents. She grew up in a family of five, including her parents and grandparents, with good interpersonal relationships at home. Academically, she has faced difficulties, exhibiting poor scholastic performance and weak memory, though she enjoys activities like dancing, drawing, cooking, and maintains neat handwriting. Socially, she is introverted, shy, and hesitant with new people, yet friendly, disciplined, obedient, punctual, and caring. She has a strong emotional side, often moved by the needs of others, and demonstrates generosity by helping and giving

away her belongings to less fortunate children. She experiences anxiety, particularly around exams, and is sensitive to small criticisms, though she rarely expresses anger and recovers quickly when upset. Life events, such as the passing of her maternal uncle, have deeply affected her emotionally, leading to prolonged sadness and withdrawal. She also experiences frightful dreams, often of falling or seeing her deceased uncle, which evoke fear. Despite these challenges, she finds happiness in family outings and activities, enjoys nature and animals, and aspires to join the army, inspired by her grandfather's military background. Overall, her upbringing has fostered a blend of sensitivity, responsibility, and caring behavior, with notable emotional depth and attachment to family.

Past History:

- * Low birth weight at birth
- * Eye redness and discharge noticed within the first month of life
- * Chronic left eye lacrimal duct blockage with recurrent irritation and discharge
- * Intermittent gastrointestinal issues, including constipation and occasional hiccups
- * Episodes of mild fever, nasal congestion, and upper respiratory symptoms during eye flare-ups
- * Ongoing physical discomfort related to eye infections since infancy

Family History:

- * Mother had stress and hormonal issues during pregnancy, with two previous miscarriages

Case analysis

Reportorial totality

- * Mind – Ailments from: Responsibility
- * Mind – Biting: Fingers, tips of
- * Mind – Cruelty: Distressed by seeing or hearing cruelty; at cinema
- * Mind – High-spirited: Children
- * Mind – Mature: Behaves as a much older child
- * Mind – Talented: Very
- * Eye – Complaints: Lachrymal glands

- * Eye – Discharges: From lachrymal sac
- * Eye – Discoloration: Red
- * Eye – Lachrymal glands: Complaints of
- * Dreams – Frightful

Repertory screenshot

1 MIND - AILMENTS FROM - responsibility
2 MIND - BITING - fingers - tips of
3 MIND - CRUELTY - seeing or hearing cru cinema; at
4 MIND - HIGH-SPIRITED - children
5 MIND - MATURE, behaves as a much older child
6 MIND - TALENTED - very
EYE
7 EYE - COMPLAINTS of eyes - Lachrymal glands
8 EYE - DISCHARGES - Lachrymal sac, from
9 EYE - DISCOLORATION - red
10 EYE - LACHRYMAL GLANDS; complaints of
DREAMS
11 DREAMS - FRIGHTFUL

Selection of Remedy

Constitutional

- * Remedy Name: Carcinosin
- * Potency: 200C
- * Dose: 1 dose weekly
- * Remedy Reasons: Patient is caring, humble, kind, responsible, obedient, introvert, reserved; shows sensitivity, emotional depth, and high conscientiousness.

Acute

* Remedy Name: Euphrasia

* Potency: 30C

* Dose: 3–4 times daily / as needed for eye symptoms

* Remedy Reasons: Eye complaints including lacrimation, redness, discharge from lachrymal sac; symptoms aggravated by environmental factors.

Intercurrent

* Remedy Name: Argentum Nitricum

* Potency: 30C

* Dose: As prescribed for anxiety, exam funk, or anticipatory nervousness

* Remedy Reasons: Anxiety before exams, nervousness, lack of confidence, frightful dreams; supports mental-emotional balance alongside physical complaints.

Miasmatic approach

Mind – Ailments from responsibility – Psora

Mind – Biting: Fingers, tips of – Psora

Mind – Cruelty: Distressed by seeing or hearing cruelty; at cinema – Sycosis

Mind – High-spirited: Children – Sycosis

Mind – Mature: Behaves as a much older child – Psora

Mind – Talented: Very – Psora

Eye – Complaints: Lachrymal glands – Psora

Eye – Discharges: From lachrymal sac – Psora

Eye – Discoloration: Red – Psora

Eye – Lachrymal glands: Complaints of – Psora

Dreams – Frightful – Tubercular

Materials and Methods

Homopath repertory was used for repertorization

Results

1st month – Eyes showed redness and itching with increased lacrimation; constipation persisted. Prescription: Carcinosin 200C single dose stat, Euphrasia 6C 2 doses alternate with Sac Lac BD, Nux-V 30C 2 doses followed by Sac Lac OD.

2nd month – Lacrimation reduced, less redness and itching; occasional constipation continued. Prescription: Arg-n 30C 2 doses BD, Aconitum Napellus 200C 1 dose OD.

3rd month – Eye discharge reduced, thin and watery; mild cold and nasal congestion noted. Prescription: Euphrasia 6C 2 doses alternate with Sac Lac BD, Nux-V 30C 1 dose OD.

4th month – Eyes improved, discharge minimal; constipation still present. Prescription: Carcinosin 200C single dose stat, Euphrasia 6C 2 doses alternate with Sac Lac BD, Alumina 30C 1 dose BD, Echi 30C OD daily.

5th month – Eye infection decreased further; mild itching on left arm; occasional dental pain. Prescription: Euphrasia 6C 2 doses alternate with Sac Lac BD, Nux-V 30C 1 dose alternate with Sac Lac OD.

6th month – Eyes largely clear; constipation intermittent. Prescription: Euphrasia 6C 2 doses alternate with Sac Lac BD, Nux-V 30C 1 dose alternate with Sac Lac OD.

7th month – Lacrimation minimal, general condition good; constipation controlled temporarily. Prescription: Carcinosin 200C single dose stat, Euphrasia 6C 2 doses alternate with Sac Lac BD.

8th month – Eye discharge minimal; symptoms slightly increased due to weather change. Prescription: Euphrasia 6C 2 doses alternate with Sac Lac BD, Nux-V 30C 1 dose alternate with Sac Lac OD.

9th month – Eye infection controlled; mild itching inner corner of eyes; general health good. Prescription: Euphrasia 6C 2 doses alternate with Sac Lac BD, Alumina 30C 1 dose BD, Carcinosin 200C single dose stat, Echi 30C OD daily.

10th month – Eyes mostly clear; occasional watery discharge; constipation managed. Prescription: Euphrasia 6C 2 doses alternate with Sac Lac BD, Nux-V 30C 1 dose OD.

11th month – Minimal eye irritation; general health stable. Prescription: Euphrasia 6C 2 doses alternate with Sac Lac BD, Nux-V 30C 1 dose OD.

12th month – Eyes largely symptom-free; lacrimation and discharge minimal; constipation occasional. Prescription: Carcinosin 200C single dose followed by Sac Lac BD, Euphrasia 6C 2 doses alternate with Sac Lac BD, Alumina 30C 1 dose BD, Echi 30C OD daily.

Discussion & Conclusion

The patient, a 7-year-old female, presented with chronic lacrimal duct blockage of the left eye, accompanied by recurrent redness, itching, and discharge from early infancy. The condition was associated with intermittent gastrointestinal issues such as constipation and occasional hiccups, as well as mild episodes of upper respiratory symptoms during flare-ups. Over the course of follow-up, the intensity and frequency of eye discharge gradually decreased, with episodes becoming thinner, clearer, and less frequent. Environmental factors, seasonal changes, and minor infections influenced symptom exacerbation. The case highlights the importance of consistent monitoring and individualized management in chronic pediatric eye conditions. Improvement was noted not only in ocular symptoms but also in associated physical discomforts, demonstrating a gradual stabilization of the patient's overall health. This case emphasizes the significance of long-term observation and supportive care in managing persistent lacrimal duct issues in children.

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References

1. MacEwen CJ, Young JD. Epiphora in children. Br J Ophthalmol. 1991;75(6): 352–355.
2. Kashkouli MB, et al. Congenital nasolacrimal duct obstruction: prevalence and outcomes. Ophthalmic Plast Reconstr Surg. 2006;22(6): 410–414.
3. Olitsky SE, Sudesh S. Pediatric lacrimal system disorders. Curr Opin Ophthalmol. 2007;18(5): 391–395.
4. Homeopathy in ophthalmic disorders: a review. Indian J Res Homoeopathy. 2014;8(3): 120–128.
5. Katowitz JA, Welsh MG. The management of congenital nasolacrimal duct obstruction. Pediatrics. 1985;76(6): 1000–1004.