

Original Research Article

Patients Reporting To the Ophthalmology Department with Traditional Eye Medications at RIMS Adilabad Telangana

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Abstract: The objective of present study is to investigate the nature and frequency of use of Traditional Eye Medicine (TEM) for eye diseases in patients from predominantly rural background of Adilabad district of Telangana. The study was done at the OPD of Department of ophthalmology, RIMS over a period of 12 months. A specially prepared questionnaire was used to be filled by the patients for getting required information. Total of 564 patients participated in the study reported to the Department Of Ophthalmology during a period of 1 year. Out of 564 patients, 98 patients (17.31%) reported who had used traditional eye medicines. Patients with history of trauma were more likely to use TEM. Common forms of TEM used were human breast milk, leafy matter and other types of medicines. Despite the awareness, use of Traditional Eye Medicines is very high in this segment of the population. It is still tragic that many of the patients reporting with the complications of the medicines. Health education is mandatory to prevent these avoidable causes.

Keywords: Ophthalmology, Primary health care, Traditional eye medicines

INTRODUCTION

Rapid changes are taking place in the department of ophthalmology throughout the world and India is no exception. Worldwide, the last two decades have witnessed a phenomenal increase in the prevalence of use of Traditional Eye Medications [1]. Despite no scientific evidence to justify its usage, the Traditional Eye medications have been used continuously due to ignorance, barriers to access primary eye care services, preference, failure of conventional treatment, communication gap etc. [2, 3]. Traditional healers prefer use of substances that may cause irritation and pain as they perceive it as more potent. Such substances may contain acidic or alkaline substances resulting in ocular burns. No particular attention to hygiene is present and it may also contain water, saliva, milk etc. [2, 4]. Approximately two thirds of the biological diversity is found in tropical zones of the world. India has found to be second largest tribal population in the world after Africa. India represents one of the great emporia of ethno botanical wealth with enormously diversified living ethnic groups and rich biological resources. Indigenous medicine is now recognized world-wide as a health care resource. The various therapeutic properties of medicinal plants have created world-wide interest about these plants which lead to

new source of drug for wide modern usage. Due to constant association with forest environment, the tribal or other rural people of India achieved considerable knowledge of plants and their utility [5, 6].

Adilabad district is one of the districts of Telangana and situated in the north western corner of the state. The district was for long not a homogenous unit and its component parts were ruled at different periods by different dynasties [5]. Adilabad is one of the most backward districts of Telangana. It is known for its characteristic presence of Sahyadri hills (locally called as Satnala Range) in its northern boundary, richness of forests as well as rich hydrocarbon resources like coal mines [2]. The tribal communities of Adilabad district are known for their efficient "Art of Healing" which is most ancient practiced by them from time to time [2]. The present study deals with ethnic methods of "art of healing" for the cure of eye diseases practiced by tribals such as Kolams, Naikpods, Pardhans, Gonds, Thotis, Chenchus and Mathuras of Adilabad district.

MATERIALS AND METHODS

The study was done at the OPD of ophthalmology department of RIMS over a period of 12 months. The patients participated in the study were out

of the total patients reported to the department of ophthalmology during a period of 1 year. A specially prepared questionnaire was used to be filled by the patients for getting required information. Approval of the Institutional ethical committee was taken before start of the study and informed consent was also taken from each of the patient participating in the study. In this study also tried to note down which type of traditional eye medicine used, duration of its use and problems faced by its use in patient.

RESULTS

Total of 564 patients participated in the study reported to the Department of ophthalmology during a period of 1 year. The patients were reported to have variety of eye diseases. Not all of the patients able to note down the medicine used by them for the eye diseases. Out of 564 patients, 98 patients (17.31%) reported who had used Traditional Eye Medicines. There was no difference with regard to age and sex distribution of patients using TEM and those who did not use. Patients with history of trauma were more likely to use TEM. Common forms of TEM used were human breast milk, leafy matter and other types of medicines.

The commonly used eye medicines in Adilabad district were found to be as follows:

1. **Coccinia Grandis (L.) (Cucurbitaceae)**
Telugu Name: **Kakidonda**
Eye diseases: The leaf juice is mixed with salt and breast milk is given in the case of eye diseases.
2. **Tamarindus Indica L. (Caesalpiniaceae)**
Telugu Name: **Chintha**
Eye diseases: Dried fruits are taken orally to treat eye infections.
3. **Ocimum Sanctum L.** --Leaf juice is dropped in the eyes to avoid night blind ness.
4. **Crotalaria verrucosa, Linn. / Leguminosae**
- This paste can be applied under the eyes of the person or given orally (2 ml) by adding little water.

DISCUSSION

Primitive man closely associated in the nature and directly depended on it for his survival for food, fuel medicine, and fodder. Evolution of human life and culture has directly or indirectly been associated with and influence by the surrounding environments [7]. The understanding of the use of plants for food, health care, shelter, agriculture and other purposes got accumulated over generations as traditional knowledge. The indigenous people of various regions have developed their own way of using plants for their health care and following their own culture, customs, folk songs and food habits. This knowledge is transferred through orally from one generation to another [8, 9]. TEMs are a

form of biologically based therapies or practices that are instilled or applied to the eye or administered orally to achieve a desired ocular therapeutic effect. TEMs are crude or partially processed organic (plant and animal products) or inorganic (chemical substances) agents or remedies that are procured from either a traditional medicine practitioner (TMP; synonyms: traditional alternative medicine practitioner, traditional healer, spiritual healer) or nontraditional medicine practitioners that could be the patient, relative, or friend [10-15]. Various studies on TEM have documented its use and have established inconsistent associations of its use with factors such as age, gender, educational status, rural residence, occupation, socioeconomic status, cultural beliefs, ignorance and access to health care, and time to presentation for uptake of eye care services. Although several studies in Africa have documented the use of TEM before presenting to the hospital, few studies have been conducted in Indian subcontinent [10-15].

Eye problems are many and may be categorized as;

1. Eye infections when pathogenic microorganisms invade any part of the eyeball or surrounding area. The infection may cause redness, pain, discharge, watering and light sensitivity
2. Eye conditions e.g., cataract, dry eyes and eye allergies.
3. Vision impairment e.g., glaucoma, double vision (Diplopia) [8, 16].

TEM use, either as sole first-line treatment or as an adjunct used concurrently with conventional therapy, has been associated with poor visual outcome of otherwise treatable eye diseases in clinical practice. TEM-related poor ophthalmic outcomes have been attributed to delay in uptake of eye care services, damage to ocular and or adnexal structures from TEM toxicity, and microbial contamination of TEM agent or procedure.¹¹⁻¹⁶ In the present study about 17 % patients had reported to be used the TEM in the Adilabad district of Telangana, which is quite high. People in this region should be educated properly to avoid any type of complications from such medicines. Similar type of studies done on Saharias of Rajasthan indicates the use of Neem leaves (*Azadirachta Indica* A. Juss.) along with basil leaves (*Ocimum sanctum*) for treating stomachache and eye infection [17].

CONCLUSION

Educational programs should be organized in these regions to increase the awareness about the uses and complications of TEM. Further studies including large number of patients should be done to support the present study and to arrive at a specific conclusion.

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