GH as a new line of treatment for Acute Infective conjunctivitis

Thesis

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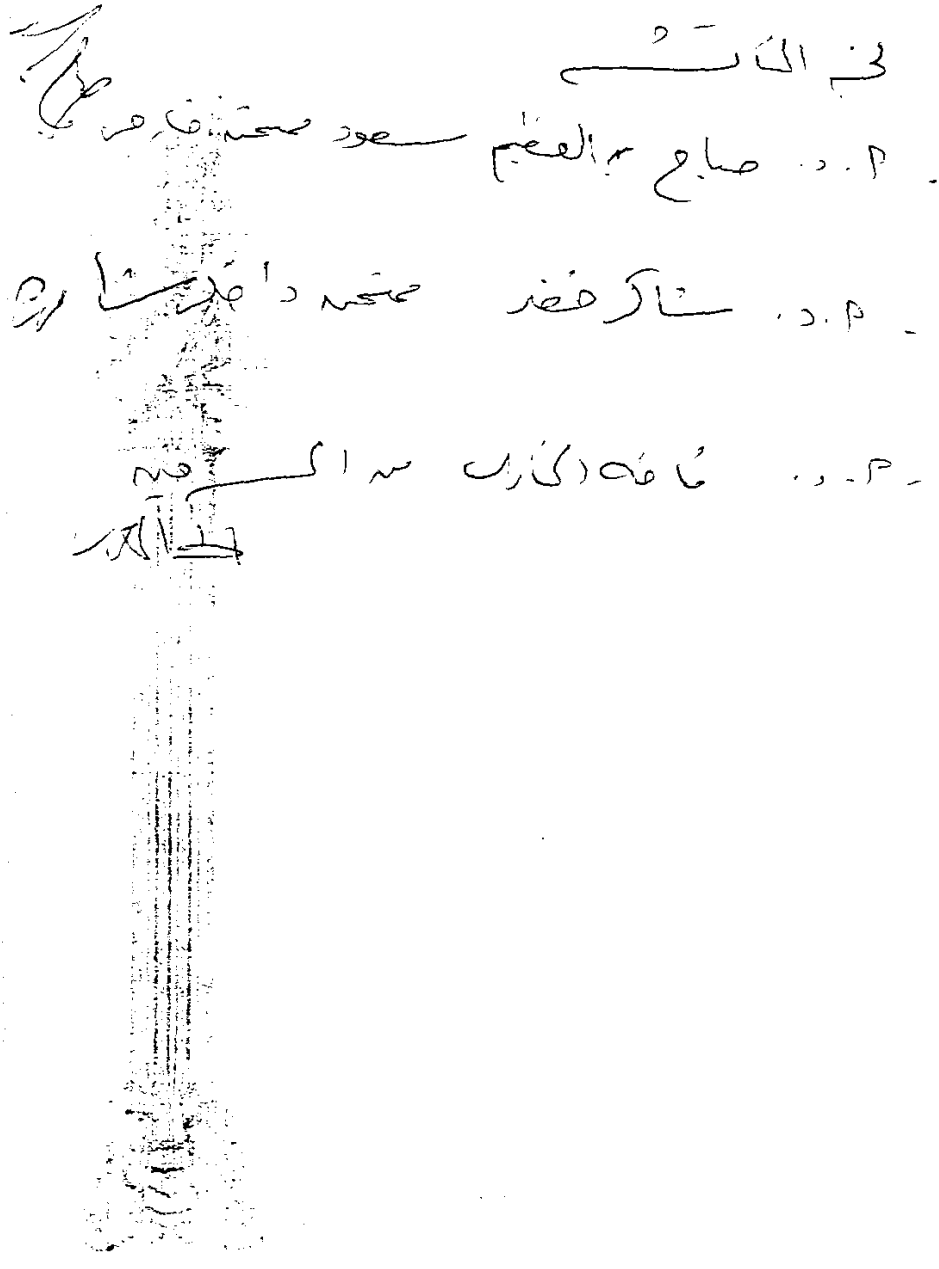

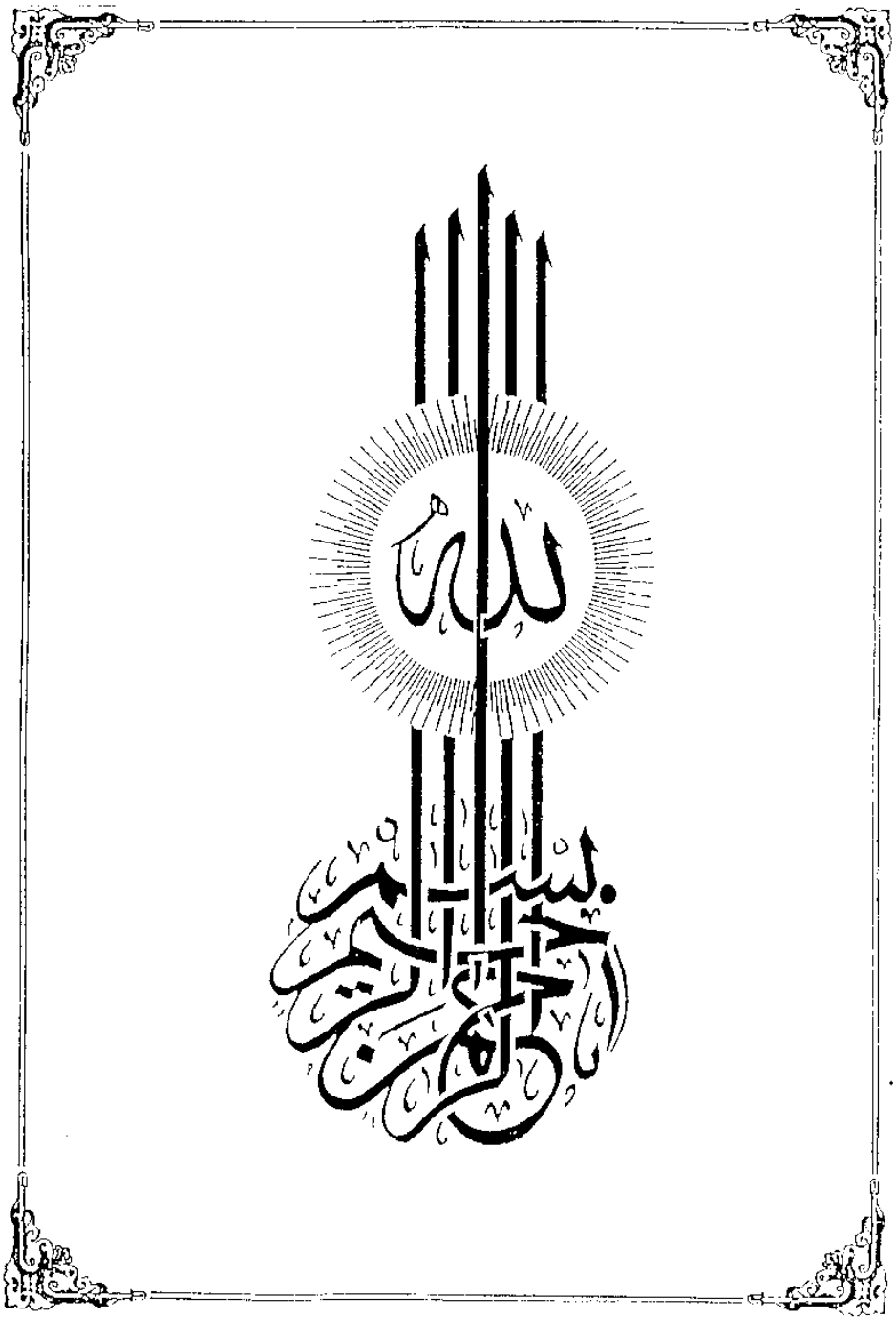

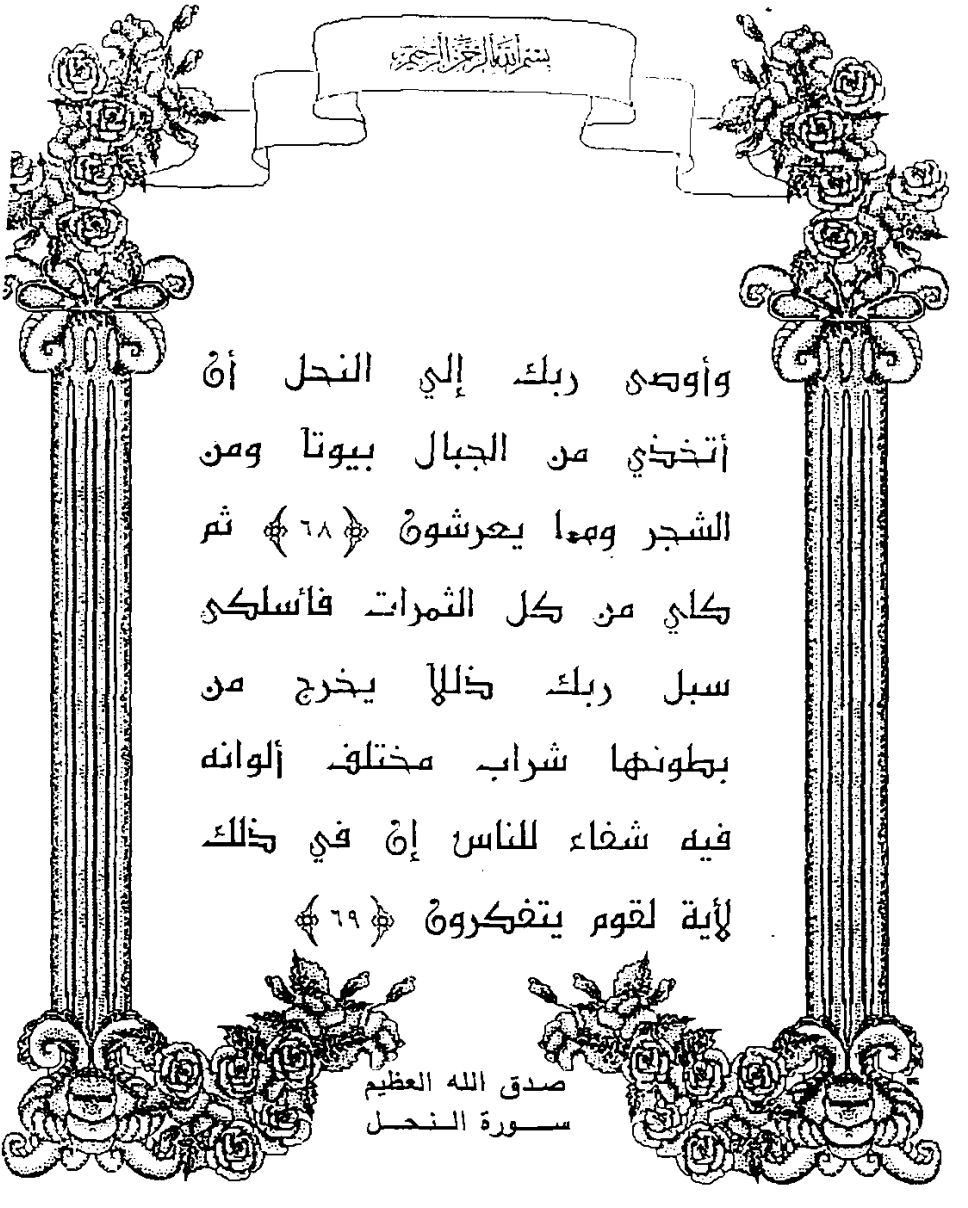

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Diagnosis of acute infective conjunctivitis is better to be based on clinical criteria rather than on bacteriological studies.

Untill now the most current lines of treatment used for acute infective conjunctivitis are local broad-spectrum antibiotics or local steroids or combination of both to alleviate the symptoms. In this study we clarify the effect of a natural product as a line of treatment of acute infective conjunctivitis.

What is GH

GH, which is the abbreviation of Golden Healing, is a natural compound which is proposed by Khalil, 1995.

GH is a mixture of Royal Jelly (R.J.) and inhibine of honey both are dissolved in honey of three different floral sources, Lavand, Romarine and Trefle. R.J. obtained from the same floral sources of the honey. The ratio of Royal Jelly to inhibine is 1:1. The ratio of honey to R.J. and inhibine is 20:1.

Golden Healing (GH) was introduced in 1995. It is characterized by being bluish or whitish in colour, viscid in consistency, sugary taste, acidic, hyperosmolar due to high sugar concentration and no specific odour. Experimental study showed that GH has prevented post operative wound infection in iatrogenically infected rabbits by both gram-positive and gram-negative micro-organisms (*Khalil, 1995*).

Figure (1)
Golden Healing (GH) eye drops

Golden Healing (GH) was applied to the surgical wound and proved to be effective anti-bacterial and accelerate wound healing (*Ibrahim et al., 1995; Morcos et al., 1995; Girgis et al., 1996 and Mansy et al., 1996*). The nature of this effect was studied according to the different constituents of GH:

A) *Effect of Royal Jelly*

In *1990, Fujii et al;* have purified and extracted a new

Review of Literature

Pathology of Acute Conjunctivitis

A. The fundamental basic histopathological changes of acute inflammations present in acute conjunctivitis are:

Edema (chemosis) and hyperemia, which are most marked in the fornices. Microscopically, the vessels appear markedly dilated and shows high content of polymorphs (Figure 2). Cellular exudates is marked and intense in the region of adenoid layer. The cells are mostly polymorph neuclear leucocyte in bacterial infection, while lymphocytes occur in viral and chlamydial infections. The inflammatory exudates and the leucocytes and may be red blood cells invade the epithelium after being stopped by basement membrane and mix with the secretions of the various conjunctival glands thus constituting the Discharge, which may be watery, mucoid, mucopurulent (Figure 3), purulent or even sanious.

Figure (2)
Conjunctival chemosis and hyperemia .
(Spalton et al, 1993)

Figure (3)
Mucopurulent discharge
(Kanski, 1994)