

## Mooren's Ulcer (Chronic - Serpiginous Ulcer, Rodent Ulcer) and its Management -

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Ever since Bowman in 1849 made the Mooren's ulcer a clinical entity, the Mooren's Ulcer and its management have been enigmas for the treating ophthalmologists. In spite of the available treatments, the ulcer progresses to involve the whole cornea, without any amelioration of pain, lacrimation and visual loss. Ophthalmologists are of the opinion that antibiotics and the steroids do not help in combating the disease; they are equivocal in saying that cauterization can come to some help in combating the disease. Various cauterizing agents, such as, heat cautery, diathermy cautery, cryo-cautery and medical cauterizing substances like Carbolic acid, Tincture Iodine and Trichloro Acetic Acid have been tried without imparting a substantial result. Also, operations like cutting the overhanging edge, lamellar Keratoplasty, crecentric full thickness graft, amniotic membrane implant, cutting and making a gutter of 4 mm in the limbus have been tried by some ophthalmologists. Some have taken resort to treatment with cyclosporine, but salutary results have not been achieved by these.

After trying the conventional methods and not getting a desired relief for the patients with Mooren's ulcer, I resorted to use Sandalwood oil as a surface application on the corneal ulcer of the affected eye. Only after 2 to 3 application of Sandalwood oil on weekly basis, the patients showed improvement in the clinical condition. The neuralgic pain, ciliary and conjunctival congestion were less and in a span of two to three months i.e, after application of 7 to 8 times in a weekly basis the patients were symptom less and the ulcers were healed. I have tried this treatment in 12 cases, and all the patients have responded to this treatment. I think this method

can be used in treating Mooren's ulcer cases, who are not responding to the conventional line of treatment to get a satisfactory result

The Text books of Ophthalmology states that, the Mooren's ulcer is a rare superficial ulcer, usually occurring in elderly' people, starting at the corneal margin, as a patch or two greyish infiltration which breaks down to produce the ulcer. The ulcer progresses towards the center of the cornea, by undermining the superficial corneal lamellae, the progressive edge is characterized by a white overhanging border, the floor heals from the periphery and becomes vascularized. The ulcer progresses gradually to involve the whole of the cornea and the sight is much reduced. Sometimes, at a later period the other eye may be similarly involved. It produces severe pain and lacrimation. The cause is unknown and the treatment is very difficult. Even upto this date, the outlook of prognosis has not been changed.

### **Materials and Method:**

During the last 40 years, I was in the lookout for the patients with Mooren's ulcer. I got the opportunity of treating 10 cases during my stay at cuttack and 2 cases in Sambalpur. The paucity of the cases in my series of observation is due to the fact that the incident of Mooren's ulcer is rare. The incident I think is more in the Eastern side of Odisha than in the western side. In almost all cases, one eye was involved. The Mooren's ulcer had proceeded to half of the cornea in 10 cases and to the whole extent in 2 cases. Each patient was treated with Atropine drops, Itone eye drops, Tetracycline/ Azithromycin eye ointment and good nutritious diets and

care for the general health, like treating the helminthiasis and anaemia. Locally warm boric compresses were given daily.

Investigations- Blood investigation for T.L.C & D.C, V.D.R.L, E.S.R and X-ray of chest were done and necessary treatment were given. Generally the chests were clear. X-ray of Chest and Mantoux test were done.

The eye was cleaned with antibiotic drops and with a swab stick, one or two drops of 4% Lignocaine Hydrochloride was put in the affected eye. The sandalwood oil was taken with a sterilized swab stick and applied to the affected cornea. After 3 to 4 minutes, the swab was applied again to the same cornea and the tarsal conjunctiva of the same eye, then antibiotic ointment was applied. The patient was administered Itone eye drop 3 times a day and antibiotic ointment at bed time. After 7 days, the procedure was repeated again. Every time the patient came for treatment, his clinical condition of the eye was assessed.

**Observation and discussion:-**

Generally in 2 months time, the eye was quiet with no cilliary congestion, pain or lacrimation. In all the cases, vision was recorded. The patients had retained some vision in the affected eye. They did not return again with similar complains and their vision was C. F at various distances, depending on the length of the disease and the extent of cornea involved.

Sandalwood Oil- Sandalwood oil can be purchased from Ayurvedic shops in small sealed bottles.

The oil is pressed from the Sandal wood or extracted with alcohol or water. It acts as an antiseptic, disinfectant and an astringent. The active principle of the Sandalwood oil (Raktachandan & Swetachandan) along with other herbal products are being used for the treatment of eyes with redness, excessive secretion, burning in chronic conjunctivitis and Pterygium.

Sandalwood oil is extracted from the Sandalwood for use. The Indian Sandalwood, Santalum Album is found in Western Ghat hills (Karnataka, Tamil Nadu and Kerala). The active principle is Sweta Chandan used in Itone eye drop). The red Sandalwood is called Rakta chandan and its botanical name is Pterocarpus Santalinus. It is also used as an eye drop.

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