Eye on Inflammation: Blepharitis, Pink Eye & Allergies Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Guest Background

I would say probably the most common is dry eye. Basically, when the surface of the eye is dried out, then the cornea gets exposed to kind of air and irritation.

And so all of that, that that irritation caused inflammation in the cornea and that can cause the release of cytokines and little inflammatory chemicals.

And so that can cause a red eye. So that's probably the most common cause. Other common causes of red eyes, things like allergy, allergic conjunctivitis.

So many people are allergic to things like pet dander or mold or pollen. Or for us in L. A., patients have been exposed to irritants in the air from recent wildfires.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. This episode was recorded during the Eye Health Summit, where the world's leading experts shared breakthrough insights in vision and holistic eye care.

Hello, everyone, and welcome back. I'm Dr. Ronnie Batik, and today I'm thrilled to be joined by Dr. Michael Chua, an ophthalmologist who has a very popular following online on YouTube and his YouTube channel.

Thank you so much, Dr. Chua, for joining us today. Yeah, thank you for having me. I'm very happy to be here. Absolutely. Now you are a wealth of information.

You cover so many topics on your YouTube channel. So we could talk about a host of different things. But what I thought we'd talk about today specifically are conditions that happen to many people, various different types of red eye and inflammation on the surface of the eye.

I'm going to be talking about all that. But before we do, I just want to ask you, how did you get so involved in education, particularly in making all your amazing videos online on YouTube?

Yeah, I always enjoyed teaching others even through college and medical school. I was for a private tutor and I was a TA in college and basically I supported myself through medical school by tutoring other people.

So I really enjoyed teaching others. And so when I was finishing up residency, I really I found it interesting that you could use video to teach so many people and help them with their problems and eye conditions.

I basically just started recording videos of me talking about how to treat and how to treat and manage different eye conditions and it took off. So I kept doing it and meld with what I love to do, which is I just love to help people with their vision and health problems and putting it online allowed me to help at this point, millions of people with their vision and health problems.

Yeah, you're doing such amazing work and the ability to reach, like you said, millions of people from around the world and a platform like YouTube is just phenomenal.

So now we have the technology to go along and support our passions in educating people.

Types of Eye Surface Inflammation

So let's talk about the various different types of things that can happen on the surface of the eye, because there are different types of inflammation that can develop.

First, let's just clarify some terms here. We say in general the term inflammation, but are there specific types of inflammation that tend to happen to people when it comes to their ocular surface?

Yeah, absolutely. A lot of it is dependent on the exact location, so you can have inflammation of the eyelashes and the eyelids, something we would call blepharitis.

And even blepharitis can get subtyped into anterior or posterior blepharitis. We have myobomian glands or the oil glands that secrete oil onto our tear film to help prevent tears from evaporating.

So if myobomian glands are involved, that's one particular type of inflammation called myobomian gland dysfunction. Or you can have inflammation of the surface of the eye, right?

That's keratitis. Or you can have inflammation inside the eye or uveitis. So yeah, there's all different types of inflammation. Oftentimes you get multiple types, some component of blepharitis with keratitis and also uveitis.

And it's up to us ophthalmologists and optometrists to figure out where exactly this inflammation is and trying to figure out what's triggering it. But in addition to inflammation, you can also have other conditions that could be causing red eyes or irritation or inflammation too.

It is actually a diagnostic challenge for us clinicians to figure out what's going on. Oh, you're so right. Sometimes it's straightforward. We can see exactly what's causing the inflammation, but sometimes we need to dig a little deeper and sometimes we're not sure and we just try to treat it the best way we can.

So now let's talk about, you talked about a couple of different types of issues. What are the most common reasons, let's say the four most common reasons people can develop a red eye?

So I would say probably the most common is dry eye. Basically when the surface of the eye is dried out, then the cornea gets exposed to kind of air and irritation.

And so all of that, that that irritation caused inflammation in the cornea and that can cause the release of cytokines and little inflammatory chemicals and so that can cause a red eye.

So that's probably the most common cause. Other common causes of red eyes, things like allergy, allergic conjunctivitis. So many people are allergic to things like pet dander or mold or pollen or for us in LA, patients have been exposed to irritants in the air from recent wildfires.

Common Causes of Red Eye

These things can cause an allergic reaction too. So oftentimes with allergic conjunctivitis, patients mention that they have red eyes or sometimes a component of tearing, and the most common symptom is itching.

Another common cause for red eye is subconjunctival hemorrhage, or basically when you have a burst blood vessel in the surface of the eye, that can cause your eye to be red.

And another common cause like we talked about is some sort of inflammatory disease, something like a uveitis or keratitis can cause a red eye as well.

Yeah. So that's pretty, it's very broad and that certain types of conditions can be associated with certain types of symptoms. So let's talk about dry eye, which is what you mentioned first.

So you mentioned people can have some burning. Are there other indications that the redness may be coming from dry eye other than burning? Yeah. It's a lot of it is based on symptoms and clinical histories.

Like you mentioned, burning foreign body sensation. Patients say they have a sandy, gritty feeling in their eyes. Oftentimes we can just see it on exam when patients have dry eyes, they can have these things called punctate

epithelial erosions or little breakdown.

the surface of the cornea of the eye, on the front of the eye. If you have really dry lips, you can have cracked lips. The surface of your lips may crack a little, so we can see that on exam two.

So I would say those are probably the most common things we're looking out for. Yeah, that gritty, sandy sensation is oftentimes so common. People say, I feel like there's an eyelash in my eye or I feel like there's gravel inside my eye.

Another symptom I've often heard from patients is tearing. And can you explain this a little bit? Like, why do people, if they have dry eye, why may they have tearing?

Because you would think that's counterintuitive there. Yeah, definitely. Yeah, it's a little bit confusing, counterintuitive. So it depends on the quality of the tears that we're making.

Basically, there's three different components of the tears that we have. There's the aqueous layer, which is like the water part. There's the oil layer, which is the oil secreted from our myobomian glands.

And that helps to prevent tears from evaporating. And then there's also the mucus layer, which helps the tears to spread over the surface of the eye.

Dry Eye Symptoms and Tear Quality

And so basically, if we're missing any of those components, the quality of our tears are not that good. And so even though you may have some tears, if the tears aren't staying on the surface of the eye or it's not working properly, then yeah, your lacrimal glands might be getting triggered to make more tears when the surface of the eye keeps drying out.

Oftentimes it's not just a question of, oh, do you have enough tears? It's also a question of what's the quality of the tears that you're making. And so sometimes we need to address the quality to help with the dry eye symptoms.

So what I'm hearing from you is that the tear quality is not good and the tears evaporate too quickly. Is that correct to say? And then other gland kicks in, the lacrimal gland kicks in and overproduces tears in compensation for that.

Yeah, exactly. Okay. Now let's talk a little bit about, you mentioned allergies, which are so common. Sometimes people have seasonal allergies. Sometimes they're allergic to something new in their environment, in their home even.

What are some of the definitive or defining features of allergy? Like, how can you tell that apart from dry eye? Yeah, that's a good question. For me and my practice, a lot of it is with clinical history.

So yeah, one of the most common complaints patients will mention is itching. The itching is probably the number one symptom patients will mention when it's related to allergy and on exam two.

So just trying to differentiate between dry eye and allergic conjunctivitis. With dry, like we mentioned, we're looking for those changes in the surface of the cornea.

If it's just allergic conjunctivitis, you usually don't really see those kind of the breakdown in the surface of the cornea as much, unless a patient, which is totally possible, a patient can have both allergy and dry eye, but those things we look out for.

What about like discharge? Do you oftentimes see discharge in some of these patients? Yeah, that can definitely be a component. Oftentimes too, patients will mention tearing with allergy, but you can also have tearing with dry eyes.

So sometimes there's not very specific signs. And then with discharge too, that's one thing I forgot to mention in terms of the most common causes for red eyes, also infection.

So if you start seeing discharge, you might want to at least think about infection also, which could be contributing to the red eye. I've also seen patients with allergies who have like really puffiness of their eyelids.

They wake up with puffiness and then gradually make it better during the day. Is that something you see often as well? Yeah, you could definitely have eyelid involvement with allergic conjunctivitis as well.

Absolutely. And what do you tell people in terms of how to manage that that puffiness? Yeah, usually the Standard of care for me is just a good antihistamine regimen.

Antihistamine drops do really well for treating allergic conjunctivitis. The eye drops are really good for that. When there's eyelid involvement, sometimes what we could do is some oral antihistamines as well that can help with the puffiness.

And in some cases, if there's refractory or they're still having a lot of puffiness and the drops and with pills didn't really help. Sometimes we'll try an ointment they have some you could either use like a steroid ointment although we try not to use that long term or even something like tacrolimus which is a good ointment for eyelid puffiness as well.

Allergic Conjunctivitis and Eyelid Puffiness

Yeah those are some great great suggestions and some of those things you can do on your own but some of them you need to work with your provider and get a prescription for it correct.

These are not available over the counter for the most part some of these treatments. Now let's move on to the third cause of red eye that you mentioned, which is a subconjunctival hemorrhage.

So Dr. Chua, can you tell us a little bit about what is it, why does it happen, and what can people expect from a subconjunctival hemorrhage? Yeah, so basically we all have these tiny little blood vessels in the front of our eye and the conjunctiva.

And so basically if something causes one of those blood vessels to break, so if you accidentally rub your eye too hard or maybe taking out a contact lens, accidentally scratch one of those blood vessels, or maybe even while you're asleep.

One common story I hear from patients is, oh yeah, I just woke up with it. it's possible maybe when you were sleeping you accidentally rubbed your eye in the pillow and caused one of those blood vessels to break.

Then you can have blood basically on the front surface of your eye that conjunctiva and instead of it being white it turns red and those are a little bit easier those are definitely easier for us to diagnose because once you see the blood on exam at the microscope we could pretty much easily say it's subconjunctival hemorrhage Although I will say, in patients who get recurrent subcontractival hemorrhage, sometimes that could be a sign of something else that's going on, whether it be uncontrolled blood pressure or in my case, I just literally yesterday, I had a patient who had recurrent subcontractival hemorrhages and it was related to a problem in her brain.

She had a fistula. Yeah, and I learned that from you, Dr. Banik. Thank you very much. So I'm still using all the things you taught me from residency. Yeah, subconjunctival hemorrhage, luckily, is not dangerous in the vast majority of the cases.

But sometimes if it's recurrent, it can be a sign of something else going on. Yeah, actually, I'll just share a story. A few years ago, I had a subconjunctival hemorrhage.

Just out of the blue, maybe I was coughing or sneezing, and then I noticed, oh, there's a little red spot. And then

over the next few hours, it grew and grew and grew.

And it basically covered like more than a third of my, the white part of my eye. And honestly, it looks a lot worse than it is, right? There's no pain.

It's just, it's a cosmetic issue, right? People look at you, they see your bright red eye and they get concerned, but really it's pretty benign. And like you said, in most cases, it just goes away.

It's only the recurrent ones you really have to worry about. I know some people when they have it though, they try to put in eye drops and sometimes even tinctures.

Like for example, I've had a patient who was putting castor oil in his eye because of a subconjunctival hemorrhage. What are your thoughts about treatments like that?

That's hard. I think usually what I say for subconjunctival hemorrhage, it's kind of like a bruise.

Subconjunctival Hemorrhage Explained

It just goes away on its own. There's not really much, you're just waiting for the hemorrhage to resolve on its own is usually fine. Some patients, I found that if they really want to try to speed it up as much as possible, something like a Lumify, something like some sort of vasoconstricting type of eye drop, but oftentimes you don't really need to do that.

But in terms of castor oil or eye drops, usually that's not necessary. It'll go away on its own. Yeah, I think patience is key. A lot of people expect it to be gone within a day.

And honestly, it can take, for me, it took almost three weeks for mine to go away. But it can take, just like you said, it's a bruise, right? It's a bruise on the surface of the eye and it just give it some time.

This has been such a fascinating discussion with Dr. Chua. about eyelid issues, eyelid issues, et cetera. We're gonna be right back after some words from our sponsor and we'll learn more.

Soothe provides a complete blend of the Omegas 3, 6, 7, and 9 to support healthy inflammatory responses and provide essential nourishment and lubrication for dry eyes.

The patented Bruder Moist Heat Eye Compress helps to support your eyelids oil glands, allowing natural oils to flow onto your eyes, relieving discomfort effectively.

Our all-natural isotonic brooder hygienic eyelid solution delivers professional strength results without the hassle and cost of a prescription. Brooder hygienic eyelid cleansing wipes with tea tree oil provide targeted relief for dry eye associated with myobomian gland dysfunction and demodex mite infestation.

These wipes can help improve lid hygiene. Visit our website today at drronnybanik.com to get 10% off your first order. Give your eyes the relief they need with the dry eye bundle.

Now, Dr. Chua, earlier, you had mentioned that sometimes there can be an infection as the underlying cause for redness. Can you explain a little bit more about that and the different types of eye infections people can get?

Yeah, infection is definitely one of the more common causes for red eye that we see. I guess the layman's term, pink eye, is something that a lot of patients know about.

And so usually what that's referring to is something called viral conjunctivitis, or basically, again, the conjunctiva that kind of that the pinkish clear tissue in the front of the eye.

When you have a viral infection, it could cause inflammation of conjunctiva. And it's usually associated with maybe

sometimes you'll have a runny nose or a cough or some type of cold symptoms.

And when that virus can get into the eye, it can cause red eye, it can cause tearing, discharge. Oftentimes it starts in one eye and then it goes to the other eye.

Oftentimes patients can point out the person they got it from, whether it be from a coworker or someone at home who also had a recent cold or even pink eye.

So that's one of the most common causes. Other types of infections that we see, it could be not just caused by a virus, but bacterial conjunctivitis.

Sponsor Message

Usually when a bacteria is involved, it's a little bit more of a severe clinical picture. You might have more discharge, more inflammation and other causes.

You can have infections of the cornea or that transparent clear surface right in the front of the eye. So when you have a corneal infection that's usually associated, oftentimes it's associated with contact lens wear.

And so those are all different types of infections that you can get and cause redness in the eye. So when it comes to whether the conjunctivitis is viral or bacterial or perhaps something else, what do you look for on the exam or are there signs that people can look for at home that may point them in one direction or another?

Yeah, so it's a good question. Sometimes it's actually not as straightforward. Sometimes you have to give the infection a little bit of time for the signs and symptoms to pop up to help you differentiate.

In general, it's more commonly viral. So sometimes that's just the assumption. And then if it's not getting better after a few weeks, maybe then your doctor might start thinking, oh, maybe it might be bacterial.

But things we look out for in terms of viral conjunctivitis, usually the discharge is a little bit more watery, a little bit more mucousy. Whereas bacterial conjunctivitis, the discharge can look more like pus, like thicker, more purulent.

Eye Infections and Pink Eye

Yeah, that sort of picture. like more goopy and angry looking. So I think this is a big misconception from many people. They develop quote unquote pink eye and they immediately come and come to get checked out and they expect a prescription and antibiotic prescription.

What do you tell people? Yeah, like we mentioned in most cases, it's viral. And so with viral conjunctivitis, those kind of improve on their own. And so if you have a cold and you go to your primary care doctor and if it's viral, antibiotics are to treat bacteria.

And so the antibiotics are really not going to do much for a viral infection. And so oftentimes it's self-limited. It improves on its own with time. Yes, it's uncomfortable.

Yes, you have pink eyes. Yes, you have watering and it's uncomfortable, but usually it gets better on its own. Antibiotics necessary. Dr. Chua? Yeah, that's right.

Usually you don't need antibiotics to treat. You definitely don't need antibiotics to treat viral conjunctivitis. Yeah. Yeah. Okay. Sometimes patients, they do want something.

And I do recommend for viral, I would recommend artificial tears for comfort. That is something that I recommend, but not a prescription drop. Now, Dr.

Chu, I wanted to ask you about this other condition, which is related to some of the other things you mentioned.

Sometimes people get crusting along their lids and inflammation along their lids.

And it could be from something like a mite. Can you talk to us a little bit about that? What is that condition? How would people know and how do we take care of it?

That's a good question. Blepharitis basically is when you have inflammation along the eyelids and along the base of the eyelashes. And so you can have these little flakes, almost looks like dandruff flakes at the base of your eyelashes.

And so the common trigger is we all have you know, bacteria and little microbes on our skin and our hair. But in some patients, they just happen to be a little bit more sensitive to these microbes.

And so they develop this immune response and it manifests as blepharitis, right? You can have pink puffy eyelids with those little scales and along the base lashes.

And It's one other cause of blepharitis is what's called Demodex blepharitis. And Demodex is a little type of mite that can live on the base of your eyelashes.

It's not that common, although it usually is a trending topic on social media because it gets a lot of clicks when you see that there's a mite that could be living on the base of your eyelashes.

And for diagnosing Demodex, The typical thing we look out for on exam is you can have these little colorettes where it's like circular deposits at the base of the eyelashes.

And basically when we see those colorettes, we're at least thinking about Demodex.

Blepharitis and Demodex Mites

And fortunately, I think another part of why Demodex has been taking off recently is because there's been a new prescription medication that has been released for Demodex.

And so that company who released the medication has made a big marketing push to make sure that all of the eye doctors are looking out for Demodex. Yeah.

I was looking at the prevalence of demodax in the general population and I saw that it significantly increases with age. Yes. Some children have it, but as you get to be an adult and especially older adult, I think I read somewhere, if you live into your like nineties, then almost a hundred percent of people have demodax.

So it's just something that is very common in the population. Not something to be alarmed about. I know a lot of people, they hear this, like you said, like it's, it's, you don't want to have to have something living on you, but many people have these eyelid mites and it's not really, not really too dangerous.

I guess that's what I'm trying to say. Okay. Dr. Chua, is there anything else you wanted to add that people should be doing to take care of their eyes and their eyelids?

Like any preventative measures for any of these conditions that may be helpful, like for example, eyelid hygiene. Yeah, so eyelid hygiene is super important.

I think if someone is struggling with chronic red eyes or if they have a component of blepharitis, blepharitis you can tell in the mirror. If you look really closely at the base of your eyelashes, if you notice there's some flakes there, some white deposits or flakes, eyelid hygiene is really good.

What you can use is kind of some eyelid scrubs. There's a few different companies that make different eyelid scrubs, but you basically, twice a day, you want to just clean off the base of your eyelashes.

Good warm compress. Warm compress helps to open up the oil glands, the myobomian glands, and helps them to drain properly so that you have that oil layer in your tear film to help prevent dry eye.

a good artificial tear. A dry eye. And so having a to use handy to use whene dry or irritated. That's those are excellent tips to do. Now, is there any k or misconception people eye that you want to dis that patients oftentimes a know, that's just not rig The tough thing, actually with red eye is you can ne what's causing the red i we talked about, I think but there are so many re might have a red eye.

I m I think I've had to make multiple videos because there's so many possible different reasons of why someone might have a red eye. So I think the one thing to try to avoid is just assuming that, oh yeah, I have a red eye.

It must be an infection or it must be this or it must be that. Just seeing your local eye doctor and trying to make sure you diagnose it correctly. Because like we mentioned, there's so many different causes and the treatments are so different, whether it be an infection or like a uveitis or inflammation, the treatments are so different that the first step is you really got to diagnose it correctly so you can get down to the bottom of it.

So that's what I'd recommend.

Eyelid Hygiene and Final Advice

Yeah, those words are gold, Dr. Chua, so important. Yes, you can try to self-diagnose, but it's really best, especially if you have a chronic issue, get it checked out.

Don't just sit on it and try to do DIY at home. Dr. Chua, thank you so much for sharing all of your expertise. You've been a wealth of information and You've shared so much on this short interview and you share so much on your videos, on your channel.

So I highly encourage people to reach out and follow you. And if anyone else wanted to contact you, perhaps even become a patient, if they live in the, in your area, how could they find you?

Yeah, I practice at a practice is called Puente Hills Eye Care. But if you just look up my name, Michael Chua, our website will come up. You could give our office a call or you could just look for me on YouTube.

All of our information is there. And again, if you don't yet follow Dr. Chua, please do so on his YouTube channel. Thank you all for joining us. Thank you, Dr.

Chua for spending some time with us and I will see you all during the next session. Thanks for having me. Thank you for tuning into Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

Each day is a new opportunity to make choices that empower your well-being. For more insights and strategies, subscribe to our podcast and visit our website, www.doctortalks.com.

Stay connected, stay healthy, and join us next time on Doctor Talks. Real Talks from real doctors on the issues that matter to you most.