

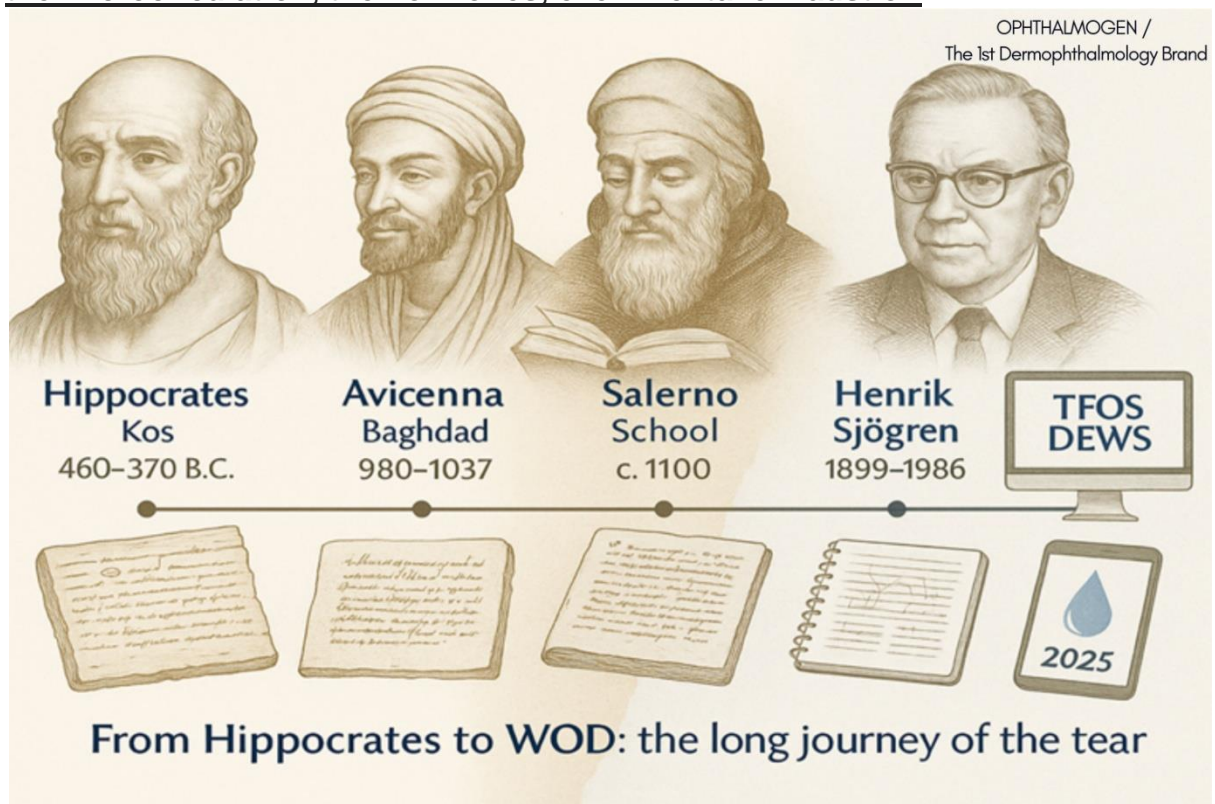
Dry Eye as a Reflection of the Overall Health of the Skin and the Gaze



Introduction – The silent epidemic of the gaze

Dry eye is today one of the most common and underestimated conditions of the developed world. More than 30% of the population report, daily or occasionally, a feeling of dryness, stinging, redness or “sand” in the eyes. This is not a small local nuisance. For many people it is that constant burning, the heaviness of the eyelids at night, the discomfort at screens, the tearing in the wind, the feeling that “my eyes got tired before I got tired.”

In the era of screens, air conditioning, poor sleep and overstimulation, the eyes — like the skin — suffer. But behind this symptom there is something deeper: **dry eye functions as a mirror of our overall balance. It reflects the health of the skin, the microcirculation, the hormones, even mental exhaustion.**



Dry eye is not a disease of the 21st century. Hippocrates already described in “On the Eyes” clinical pictures that resemble what today’s patients experience: “Dry eyes, burning, without tears; a sign of lack of humors.”

For Hippocrates, dryness in the eyes was not simply “a local problem.” It was a sign of systemic imbalance. And this idea — that the eyes reveal the inside — returns today, stronger than ever.



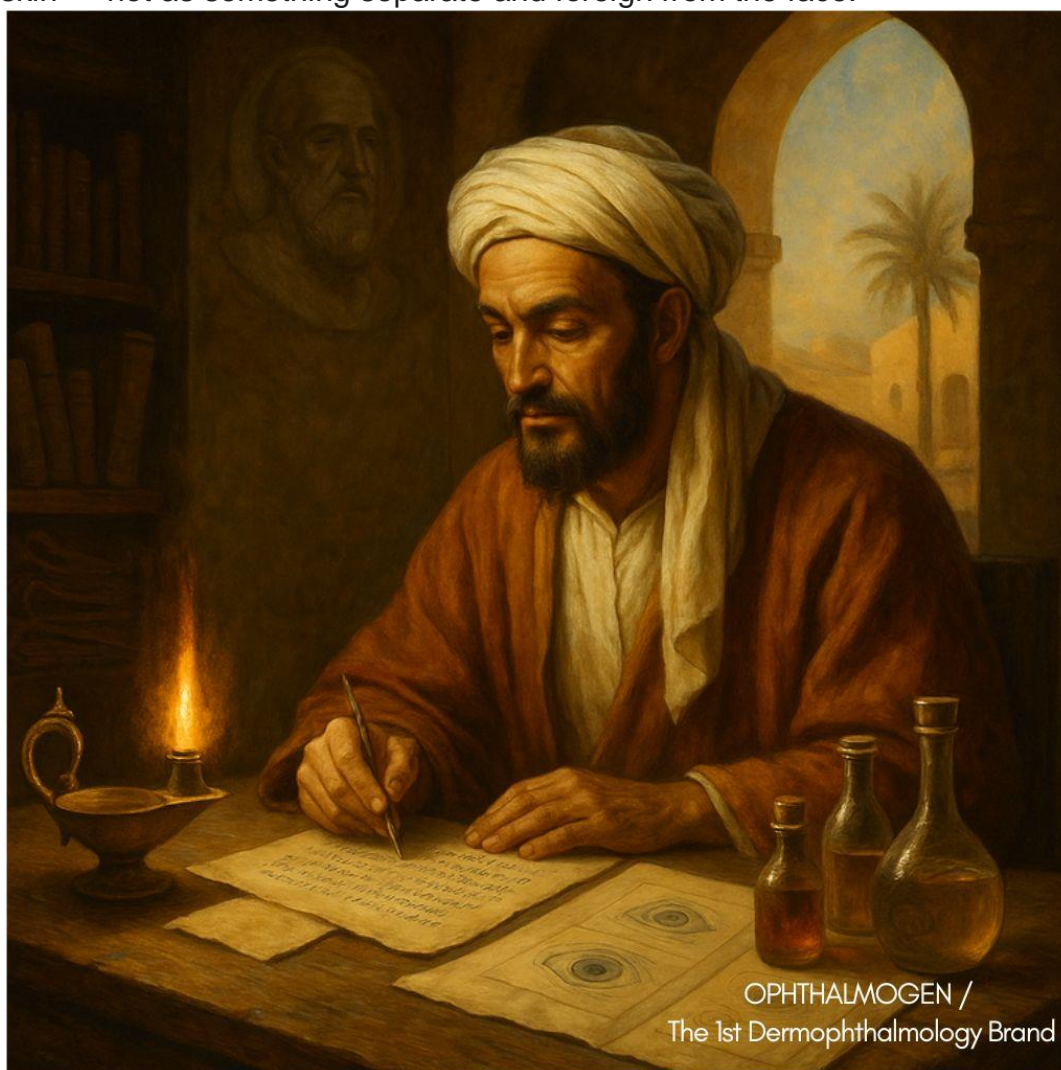
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Historical Overview – From the “dryness” of Hippocrates to Dermophthalmology

Antiquity – “Dryness” as a concept of imbalance

In classical medical thought, the condition of the eye was not separated from the overall condition of the body. **Hippocrates and Galen spoke of “dry inflammation,” attributing dry eye to disturbance of the humors, not to a local lesion.** The “moisture” of the gaze was considered a sign of vitality. “Where there is dryness, life is missing” was essentially the message.

The therapeutic means of the time were oils, beeswax, rose oil and plant extracts. These were not “eye drops” in the modern sense; they were nourishment and protection for the eyelid. Already then, the eyelid was treated as an extension of the skin — not as something separate and foreign from the face.



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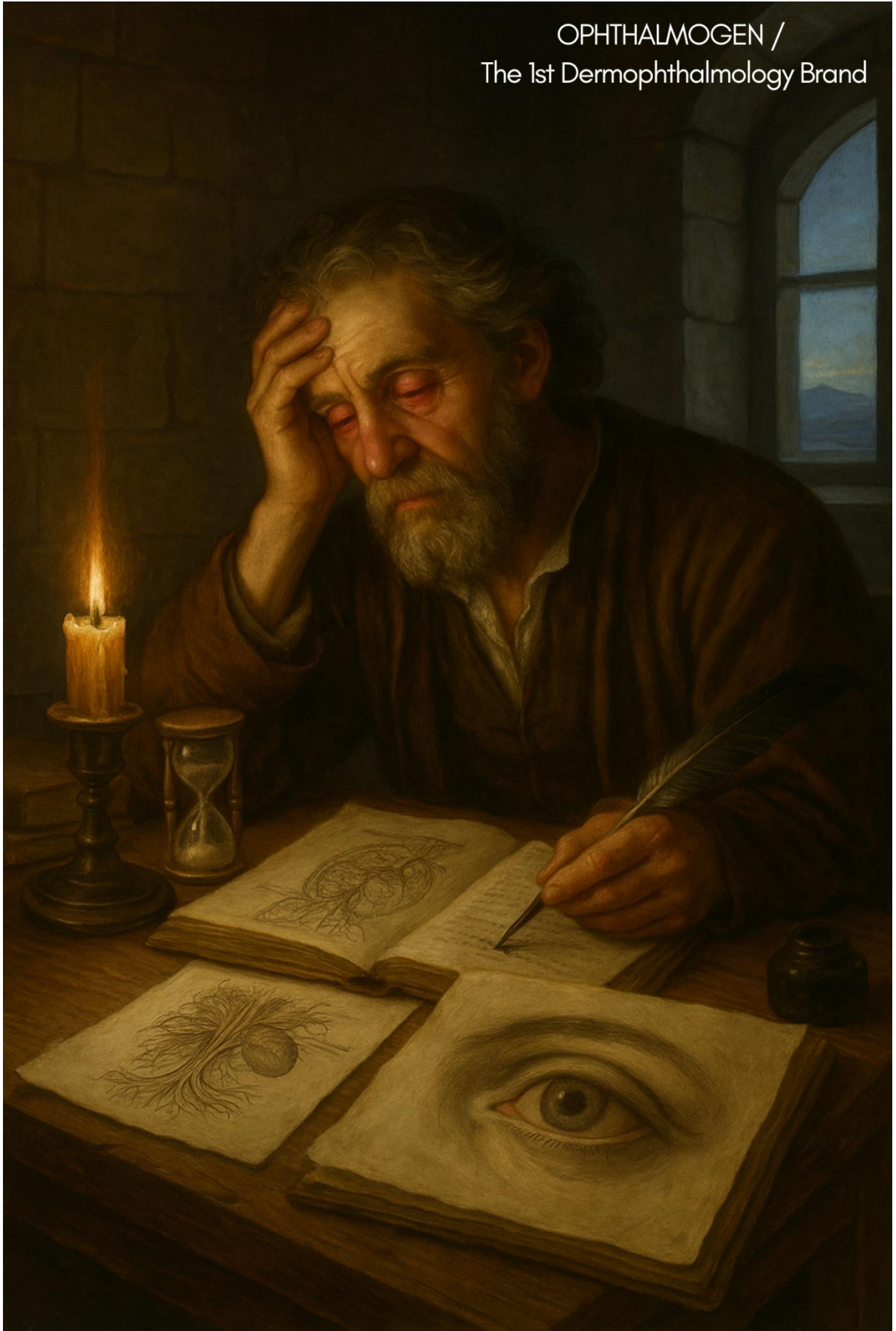
Middle Ages – The era of “ophthalmic oils”

In the Middle Ages, Arab physicians continued and advanced the line of Greek medical thinking. **Avicenna**, like other great scholars of the time, studied the Greek works of Hippocrates and Galen and reinterpreted them within the frame of his own era. “Dryness” and the need for “moist balance” of the eyes remained a foundation of therapy.

In Arabic manuscripts we find recipes with olive oil, rose oil and gold dust — all elements inspired by Greek tradition. The medicine of light and fluids thus passed from Kos to Baghdad, from Hippocrates to Avicenna, and later returned to Europe through the schools of Salerno and Padua.

During that period, dry eye was linked to dry air, dehydration of the organism and prolonged wakefulness. We therefore have an early — almost pre-scientific — model of environmental ophthalmology: environment and lifestyle injure the eyelid and the eye.

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Renaissance – Mental exhaustion writes itself in the eyes

Centuries later, in the Renaissance, the physicians of Salerno and Padua described “keratoconjunctivitis sicca” — a condition they attributed to excessive study, night work and “nervous exhaustion.” For the first time the idea appears clearly: “my eyes burn because my mind burns.” Here we also see the seed of today’s psychosomatic reading: the central nervous system and the ocular surface are not strangers to each other. Tension, anxiety, insomnia appear as redness, stinging, heavy eyelid.



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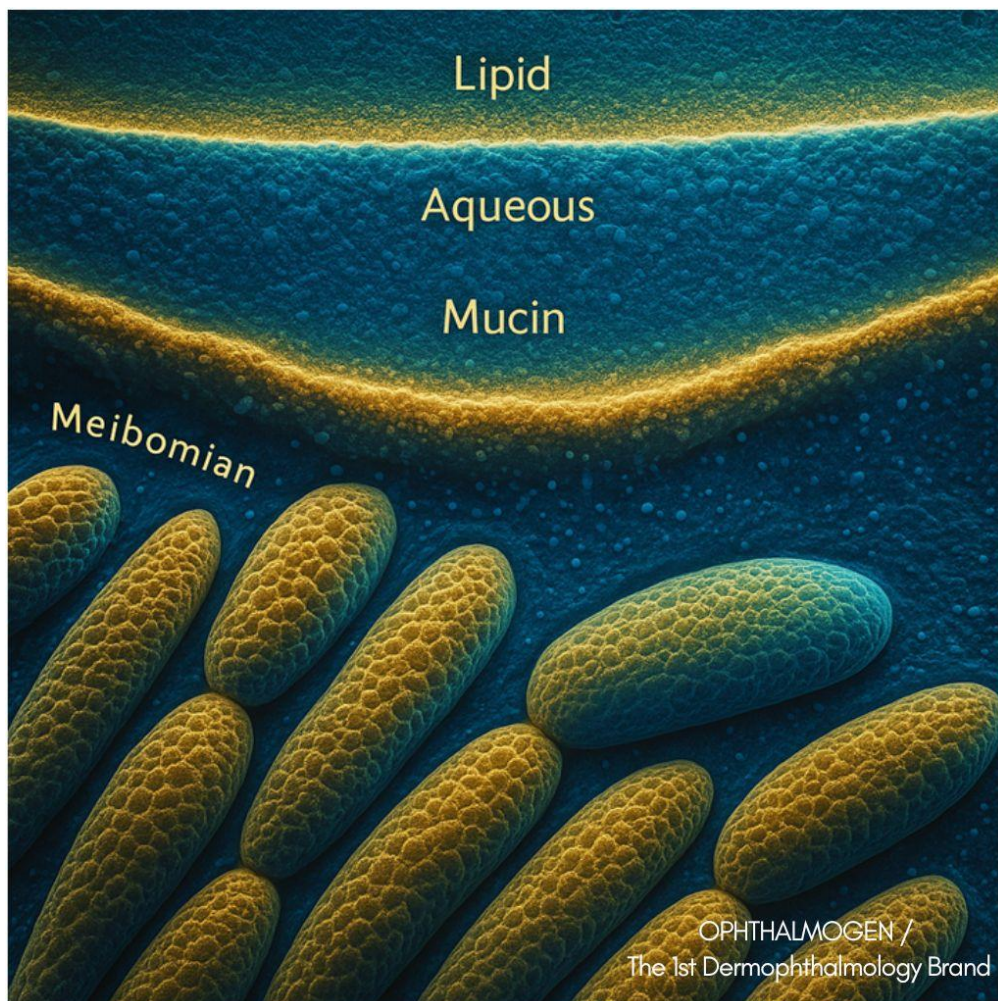
19th–20th century – Science isolates the phenomenon

In the 19th century, Himly established the term “xerophthalmia.” In the 20th century, ophthalmology — now a surgical and laboratory specialty — tried to define dry eye with measurable terms: Schirmer test, corneal staining, assessment of tear film stability.

In 1950, Henrik Sjögren described Sjögren’s syndrome, proving something colossal: dry eye can be an expression of a systemic autoimmune disease. It is not “an eye that dries on its own.” It is an immunological event. It is medicine.

In the following decades, progress in biochemistry, immunology and microscopy revealed a remarkable universe: the Meibomian glands, the lipid layer, the eyelid microbiota — all operating in delicate balance. This balance can be disrupted by stress, hormonal changes, medication, smoking, pollution, contact lenses, intense makeup.

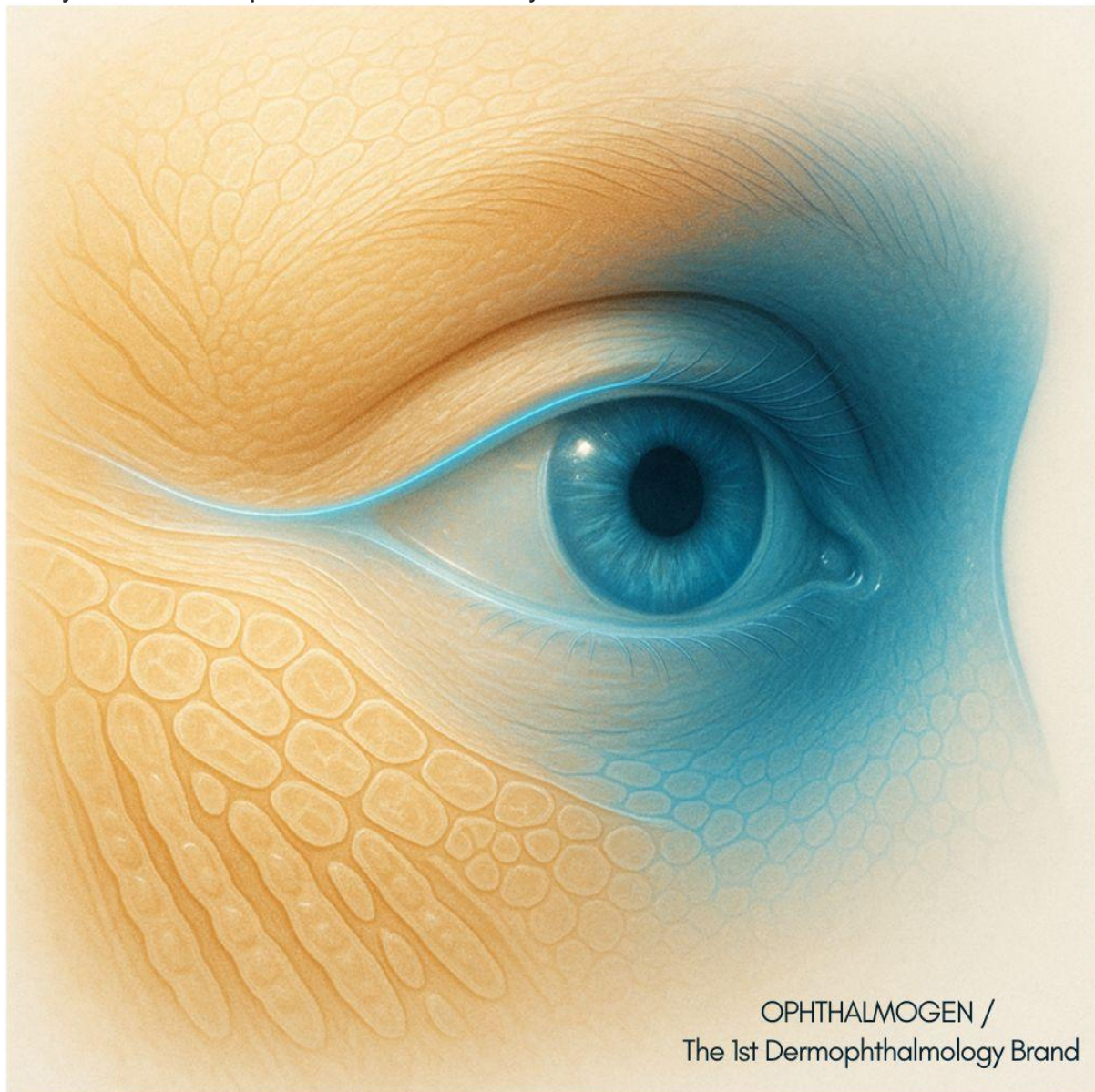
In the 1980s, the studies of Tiffany and Holly highlighted the structure of the tear film as a triple layer (lipid – aqueous – mucin). The ocular surface was not simply “wet.” It was organized, dynamic, alive.



The 21st century – From lack of tears to loss of balance

In 2007 and 2017, the TFOS DEWS definitions made the great shift: dry eye is no longer just lack of tears. It is dysregulation. It is inflammation. It is loss of homeostasis. And here an even more fascinating finding appears: studies in Nature Aging (2023) show that aging of the microbiome around the eyes precedes visible skin aging. In other words, the eyelid “ages” as a biosystem before the facial skin even looks tired.

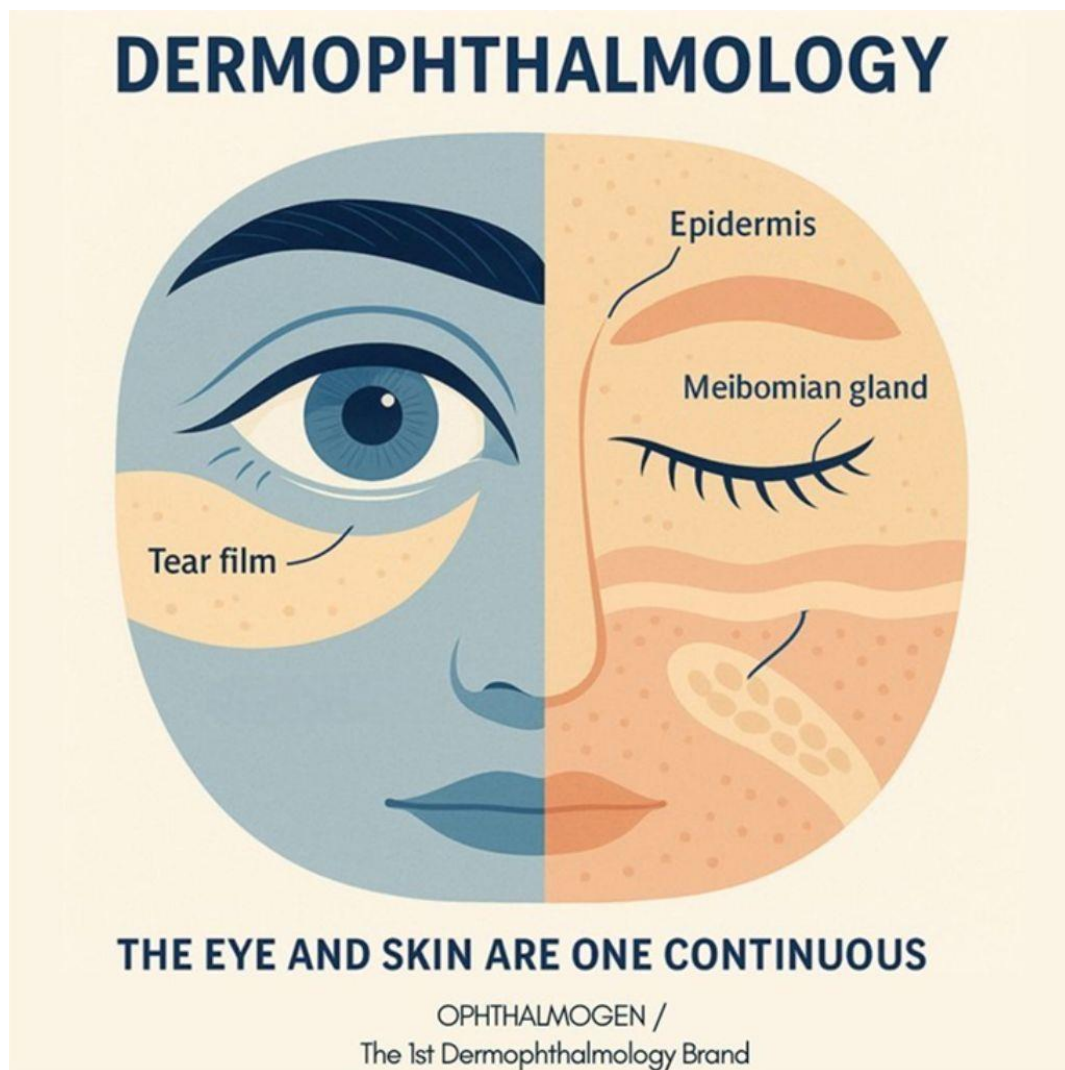
Prevention of dry eye is therefore not only a matter of hydration. It is the care of an ecosystem — the ophthalmodermal ecosystem.



2025 – Dermophthalmology and the crossing of borders

In 2025, the World Organization of Dermophthalmology (WOD) openly formulates the new position: “The eye and the skin are one continuous organ — and the care of one affects the other.” Dermophthalmology is not simply “ophthalmology talking to dermatology.” It is a new shared vocabulary for the eyelids, the eyelashes, the Meibomian glands, the tear film and the ocular surface, all together as one unified system. **This system is called the Ophthalmoderma.** (ΟΦΘΑΛΜΟΔΕΡΜΑ)

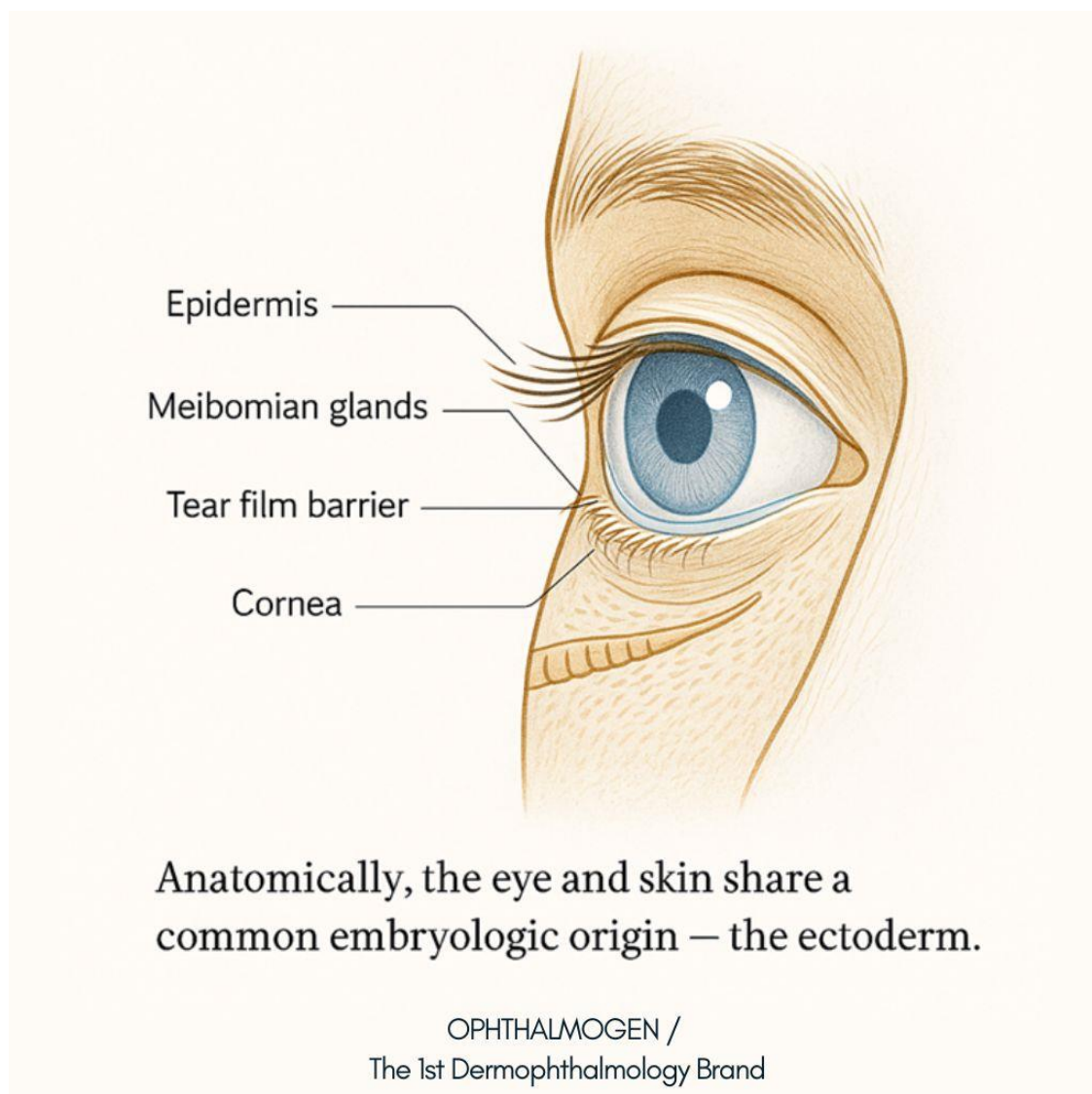
And here something deeper, almost ethical, comes in: Dermophthalmology is presented as the continuation of the same thread that began with Hippocrates. In classical Greece, health was balance. Today, the WOD once again describes balance — this time through the eyelid, the gland, the tear film and the ocular surface. It is the same philosophy, expressed in modern biology. In other words: Dermophthalmology is not a “trend.” It is the modern continuation of the Hippocratic principle that health is the balance of the elements of the body. Now we speak of the hydrophilic layer, the lipid film, the microbiome, MMP-9 and IL-6 — but the heart of the idea is the same.



The eye and the skin – One organ, two surfaces

Anatomically, the eye and the skin share a common embryological origin from the ectoderm. The same cellular lineage that creates the epidermis also gives rise to the cornea, the conjunctiva and the eyelid glands. This is not just a beautiful phrase. It is the basis for something clinically revolutionary:

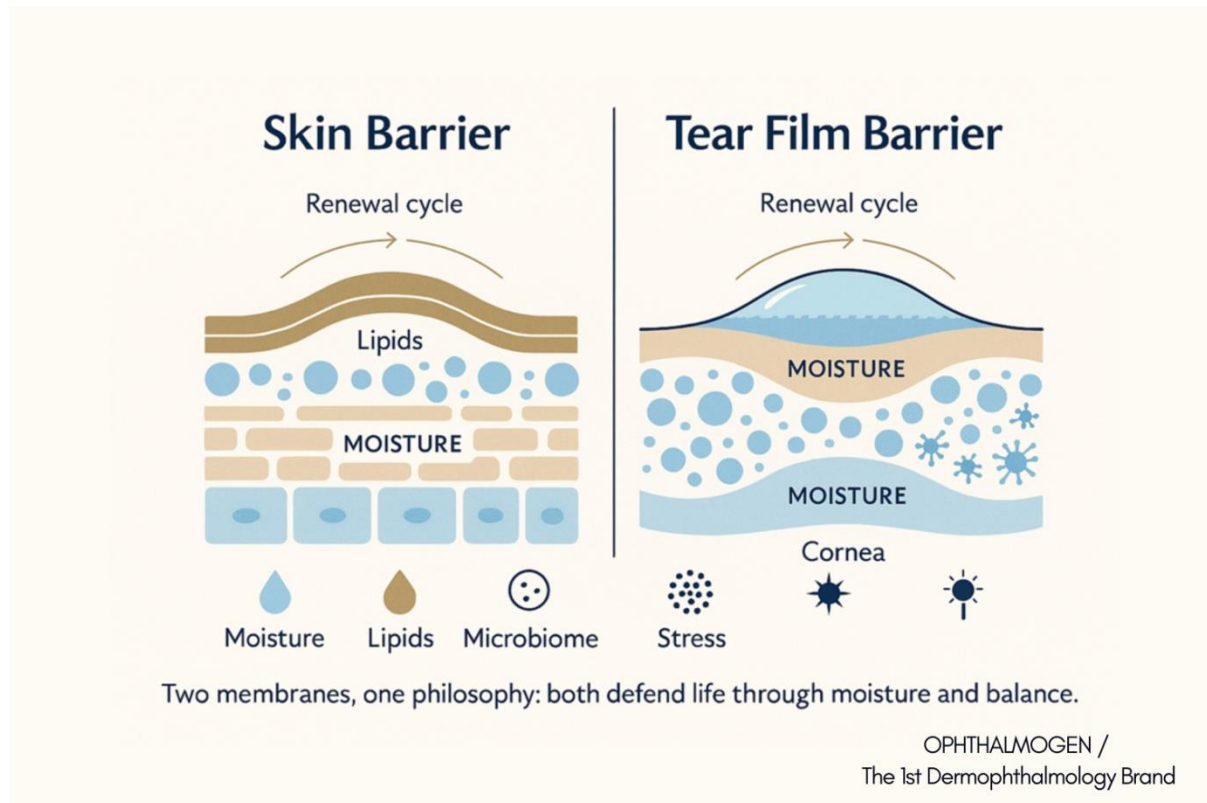
- If the skin around the eyes is dehydrated, inflamed or contaminated, the ocular surface will become unstable.
- If the Meibomian glands contain dense, stagnant secretion, the lipid layer of the tears becomes poor → the tears evaporate faster → high-evaporation dry eye appears.
- If the microbiome of the eyelid changes (Demodex, overgrowth of staphylococcus), the eyelid reddens, the eyes “sting,” the gaze feels heavy.



Dehydration, inflammation, dysfunction of the sebaceous and Meibomian glands, and even the microbial balance of the skin, all influence the stability of the tear film. The tear film is not “a bit of water.” It is an evolved protective layer — the tear film

barrier. Every blink, every gaze, is an instantaneous regeneration of this film. But if the eyelids are inflamed, dirty, dry, or the glands are blocked, that restoration fails. And then dry eye is born.

Dry eye, therefore, is not only a matter of “few tears.” It is a matter of barriers. It is a matter of surface. It is a matter of defense.



Skin Barrier vs Tear Film Barrier. Two defenses, one philosophy

In recent years, dermatology has placed into everyone’s vocabulary the concept of the skin barrier: the integrity of the epidermis, its lipids, its moisture and its microbial balance. If the skin barrier “breaks,” we get irritation, loss of moisture, chronic microinflammation.

In Dermophthalmology we introduce a sister concept: **the tear film barrier** — the **“epidermis of the eye.”**

The tear film barrier:

- is the very thin layer of tears that coats the cornea,
- stabilizes vision (without a smooth film you cannot have clear focus),
- lubricates, cools and protects,

- carries antimicrobial agents and antioxidants.

Similarities between skin barrier and tear film barrier:

- both are membranous defenses that keep the internal environment stable,
- both depend on moisture + lipids,
- both collapse under stress, pollution, lack of sleep, age, hormonal changes.

Differences:

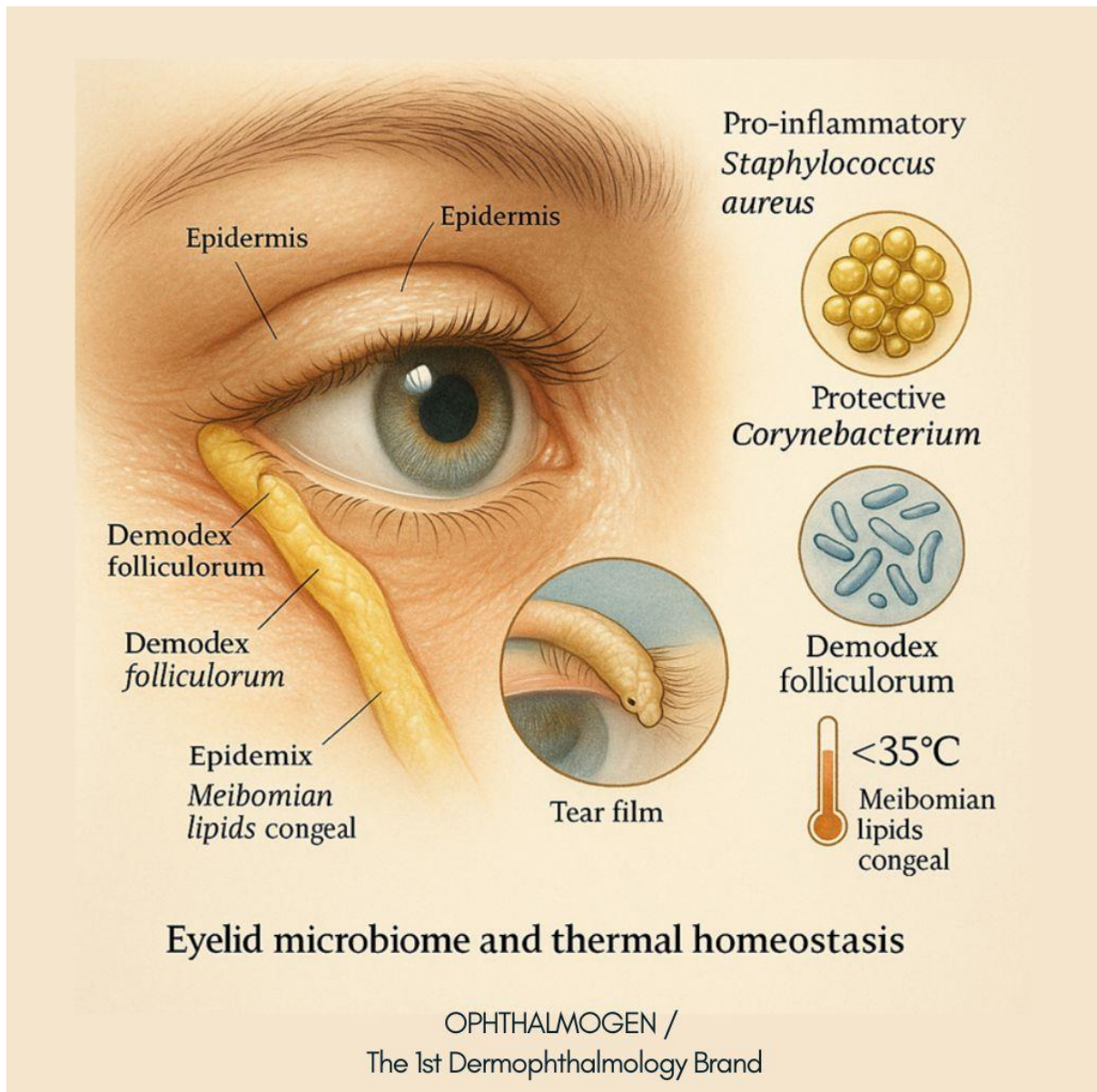
- the skin barrier is relatively thick and static,
- the tear film barrier is literally renewed every few seconds with each blink — it is alive and mobile,
- the skin barrier protects the body “inward,”
- the tear film barrier protects something even more delicate: the clarity of vision itself.

This means something simple but enormous: if you want clear, stable, comfortable vision, you must protect the tear film barrier daily, exactly as you protect the skin barrier of your face. It is not just “put in drops and that’s it.” It is routine.

Dry eye as a reflection of internal balance

Dry eye does not always begin in the eye itself. Very often it is the first visible sign of systemic imbalance:

- Hormonal (thyroid, menopause, contraceptives)
- Metabolic (diabetes, dehydration, dyslipidemia)
- Immunological (Hashimoto’s, Sjögren’s, rheumatologic disease)
- Psychosomatic (chronic stress, insomnia, overstimulation)



The eye loses comfort before it loses vision. Discomfort comes before damage. The role of microcirculation, the tear film and thermal regulation

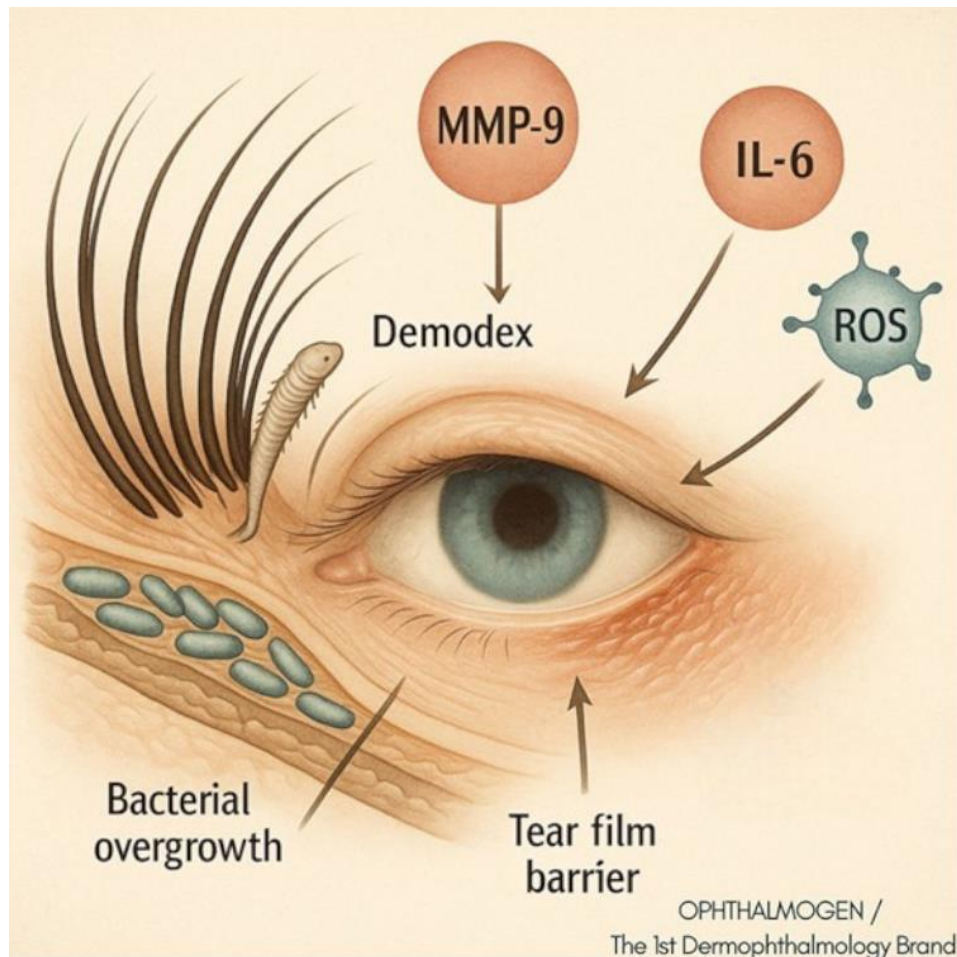
The eyelid area is full of small blood vessels and lymphatic channels. The microcirculation there:

- removes inflammatory mediators,
- brings oxygen and nourishment,
- keeps the eyelid “alive” and elastic.

When microcirculation is blocked (e.g. due to fluid retention, hormonal changes or chronic inflammation), the Meibomian glands “get heavy,” the lipid thickens, the pores clog. The lipid layer of the tear film barrier becomes poor → tears evaporate faster → burning, stinging, “sand.”

Thermotherapy (gentle controlled heat around ~40°C) helps exactly there: it liquefies the thick secretions, unclogs the glands, restores flow. It is circulation through heat. It is “decongestion” of the gaze.

The tear film is not only lubrication: it is also a thermal regulator of the ocular surface. A stable tear film barrier maintains thermal balance at the corneal surface and reduces oxidative stress.



Scientific data – MMP-9, IL-6, Demodex, ROS

Under conditions of chronic dryness and eyelid dysfunction:

- MMP-9 increases, an enzyme that “gnaws” at the ocular surface,
- IL-6 increases, an inflammatory cytokine that triggers redness and burning sensation,
- Reactive Oxygen Species (ROS) increase — oxidative molecules that age the ocular surface.

At the same time, Demodex (microscopic mites that live in the eyelashes) and bacterial overgrowth along the eyelid margin feed a vicious cycle: more inflammatory

secretion, more blockage, worse tear film barrier. This biochemistry is not a cosmetic issue. It is pathophysiology. It is medicine.

The microbiome and the thermal homeostasis of the gaze

The eyelid microbiome is the “invisible shield” of ocular health. Studies (Nature Aging, 2023) show that with age, the composition of microbes changes — pro-inflammatory populations (Staphylococcus aureus) increase and protective ones (Corynebacterium) decrease.

At the same time, Demodex folliculorum — a physiological mite that lives in the eyelash follicles — can become pathogenic when we neglect cleanliness or makeup. Its overpopulation causes blepharitis and Meibomian Gland Dysfunction (MGD), the main cause of dry eye.

The temperature of the eyelids is also critical: below 35°C the glandular lipids “solidify,” preventing their release. Thermotherapy, therefore, is not a cosmetic luxury — it is a therapeutic necessity.

The return to holistic care – The birth of Dermophthalmology

The scientific team of Breath Purity with the brand Ophthalmogen Advanced Eyecare, in collaboration with Greek and international scientific organizations and key opinion leaders, highlighted this connection through the founding of the WOD – World Organization of Dermophthalmology (www.WOD.global).

Purpose: to promote collaboration between Ophthalmologists and Dermatologists for the health and aesthetics of the eyes.

In Dermophthalmology, dry eye is addressed not only as a disorder of tear secretion, but as dysfunction of the Ophthalmoderma — the unified system of eyelids, eyelashes, glands and ocular surface. Treatment is not just drops, but a daily ritual of care and prevention.

Daily care – the “invisible 50%” of therapy

The experience of doctors and patients shows that even the most advanced surgical or pharmaceutical intervention can fail if the eyelids are not clean and healthy. Daily eyelid and eye hygiene is the “invisible 50%” of success.



The Dermophthalmologic Care Protocol

Dermophthalmology does not treat dry eye as “put in drops and wait.” Care is active, daily, preventive. The goal: to restore Ophthalmodermal Homeostasis, that is, the harmonious balance between the eyelid, the gland, the tear film and the ocular surface.

The protocol includes:

- **Thermotherapy (Ophthalmogen Eye10)**

Self-heating compresses at 40°C for ~20 minutes. They soften the lipids, open the glands and activate microcirculation.

- **Cleansing (Ophthalmogen Gel)**

Gentle cleansing and massage of the eyelids to remove secretions, microbes and Demodex. It is the “washing” of the eyelids.

- **Spraying (Ophthalmogen Spray)**

Antimicrobial and hydrating action with tea tree oil & hyaluronic acid. It relieves the eyes in front of screens and supports the tear film barrier during the day.

- **Ocular Hydration (Visionlux Plus Duo, Thealoz Duo, Systane and other high-quality artificial tears)**

They stabilize the tear film and reduce oxidative damage (ROS).

- **Annual maintenance (OphthalmogenMeiboEvacuators)**

Professional evacuation of the Meibomian glands — like a dental cleaning at the dentist. It is preventive medicine, not “emergency care.” When this care is integrated into daily life, it restores balance not only to the eyes but also to the gaze.

Dermophthalmologic hygiene becomes a ritual of well-being — like washing the face or brushing the teeth. It is not a luxury. It is self-care.



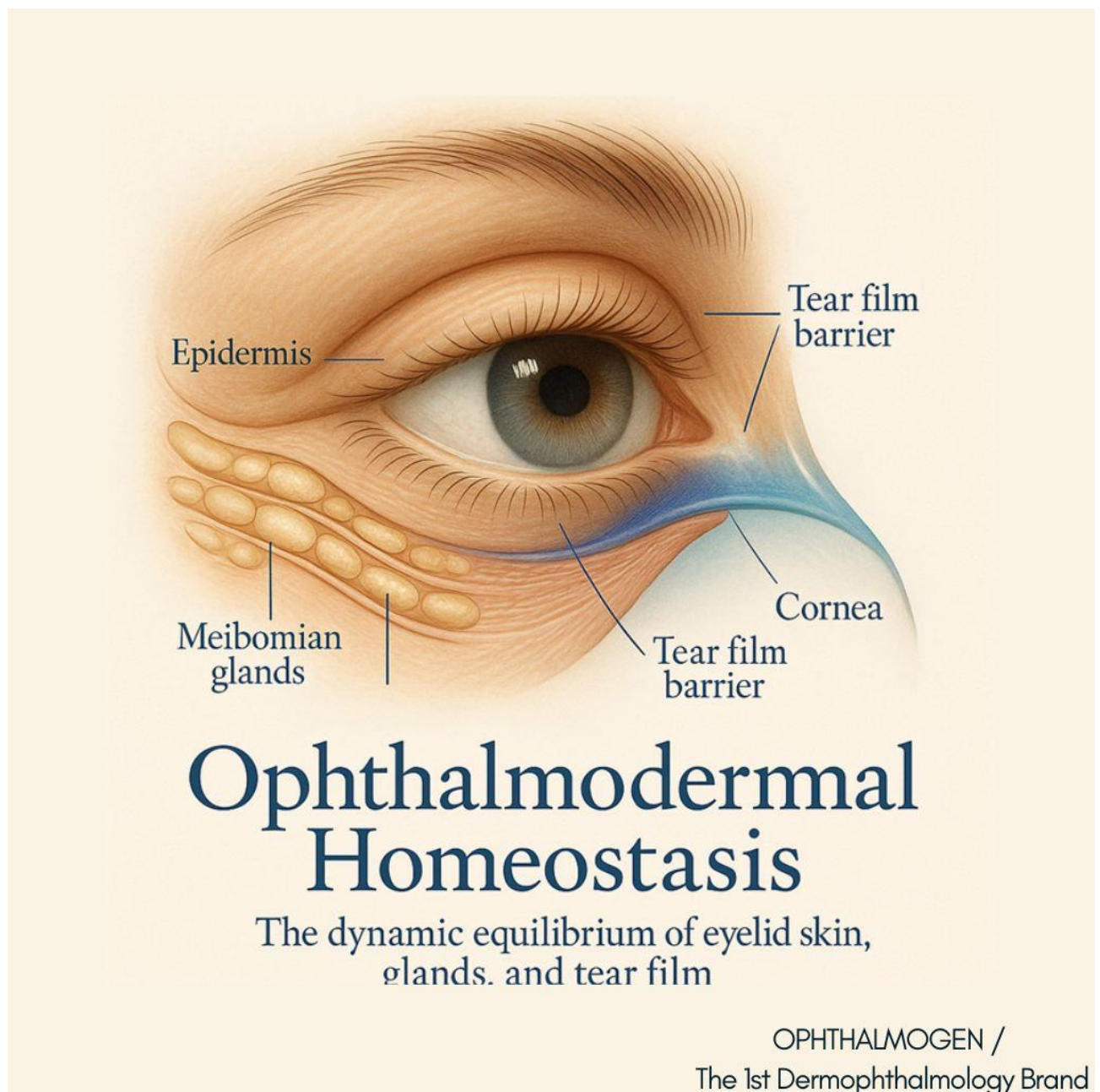
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The eyes don't only see light —
they express it.

The gaze as a mirror of health – The psychosomatic dimension

The eyes are the most exposed folds of the soul. In Dermophthalmology, vision is not measured only in clarity, but also in quality of light. Patients often describe dry eye as a psycho-visual fatigue: “It’s not that I can’t see. It’s that my gaze feels heavy.”

Studies (*British Journal of Ophthalmology*, 2022) show that dry eye affects mood and concentration more than any other non-severe ophthalmic condition. The eye — like the skin — is an organ of communication. When you restore moisture, thermal comfort and clarity to the gaze, you are not only improving the visual signal. You are improving your presence in the world.



The concept of Ophthalmodermal Homeostasis

Ophthalmodermal Homeostasis is the new central concept of Dermophthalmology.

It is defined as the dynamic balance between:

- the eyelid skin and its microbiome,
- the Meibomian glands and their lipids,
- the tear film barrier,
- and the ocular surface (cornea, conjunctiva).

When this system works in harmony, the eye is lubricated, optically clear, immunologically calm, aesthetically bright. When it is disrupted — by stress, hormones, poor sleep, dehydration, pollution, excessive makeup or neglect of cleansing — dry eye appears as a clinical symptom.

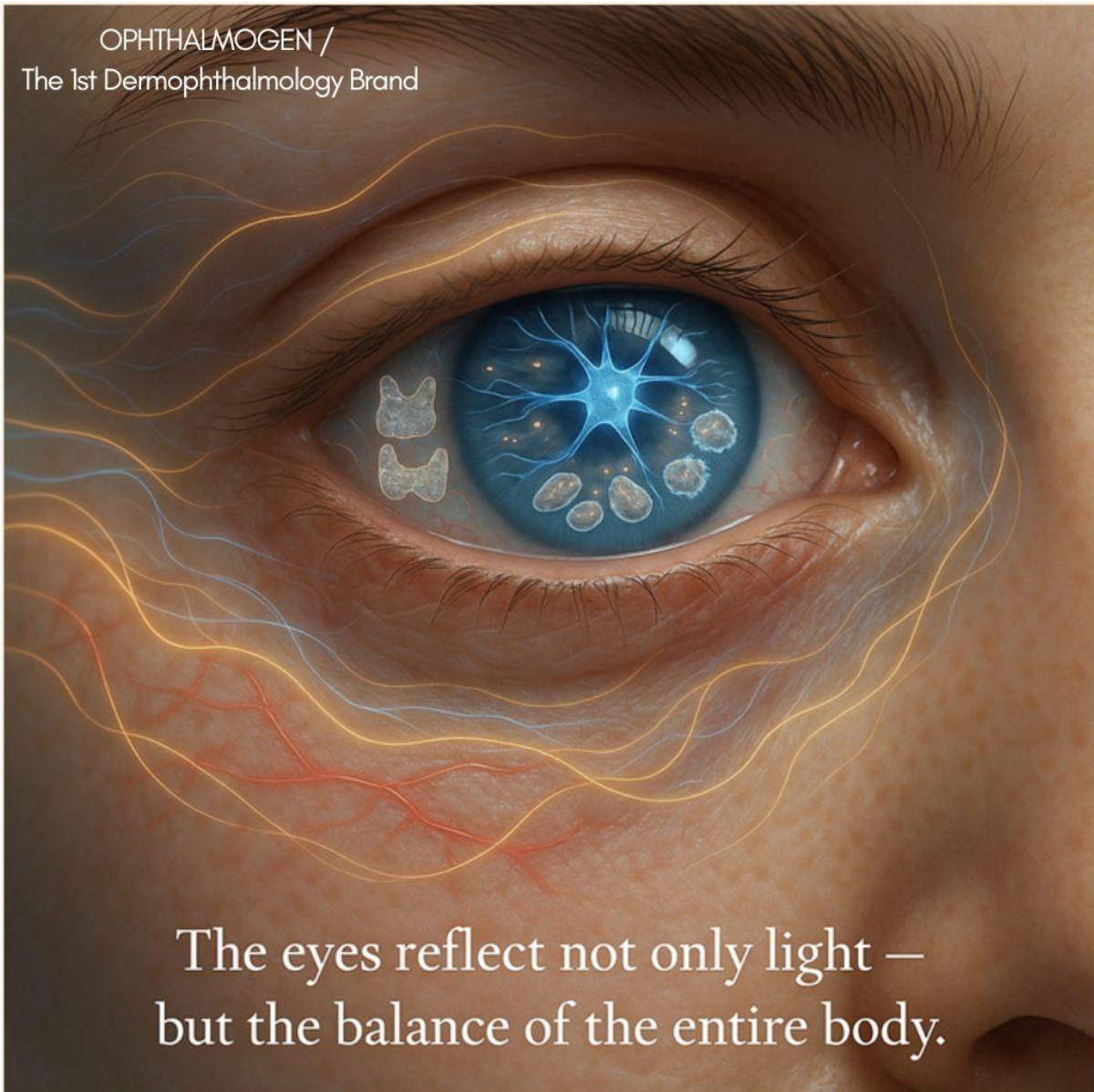
Ophthalmodermal Homeostasis is the medical language of what Hippocrates suspected 2,500 years ago: if the balance of fluids and heat is lost, the gaze degrades and the person tires.

From past to future – The evolution of care

From the compresses of Hippocrates to the biotechnological tears of the 21st century, the history of dry eye is the history of Medicine itself: a journey from the symptom to the whole.

The next era belongs to synthetic / integrative medicine, where ophthalmology, dermatology, neuroscience and psychobiology meet. Greece, the land that gave birth to Hippocrates, today hosts the WOD, once again giving the gaze the role it deserves: to be a gateway of life, health and beauty.

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The eyes reflect not only light —
but the balance of the entire body.

Why this article matters

This article was not written to give “tips for dry eye.” It was written to restore a truth.

Clinically

It overturns the model of “local dryness.” It shows that dry eye is an expression of imbalance of the ophthalmodermal ecosystem. It is not treated only with eye drops, but with retraining of the organism itself — through daily care, hygiene and prevention.

Scientifically

It unites tear film barrier, Meibomian glands, microbiome, microcirculation and inflammatory markers (MMP-9, IL-6, ROS, Demodex) in a single framework. This is the foundation of Dermophthalmology, which WOD promotes.

Philosophically

It reinstates the Hippocratic idea of balance. He spoke of the humors and “dry inflammation.” We speak of the tear film barrier, Meibomian glands and the microbiome. It is the same thought, translated into modern biology. Dermophthalmology continues the work of Hippocrates in the language of the 21st century.

Public Health

Dry eye affects drivers, screen workers, elderly individuals, people after surgery (LASIK, cataract, corneal transplant, Athens Protocol for keratoconus). It affects productivity, mood, ability to focus. Establishing “eyelid hygiene” as a daily practice is the new preventive public health measure — as important as dental or dermatological care.

Strategically for Medicine

Dermophthalmology does not come to replace anyone. On the contrary, it honors and strengthens the role of the ophthalmologist — the physician who, by definition, knows the eyelid, the cornea and the ocular surface. It simply widens the frame, recognizing that eyelid inflammation is simultaneously an ophthalmic and a dermatologic phenomenon.

Dermophthalmology is the bridge. It is the shared language between two specialties that until now looked at the same organ from different sides — the eye “from within,” the eyelid and the skin “from the outside.” WOD-World Organization of Dermophthalmology formalizes this bridge, and Greece is positioned as the place where this new medical understanding is articulated, organized and taught.

And perhaps, this is the most moving point: the country that gave birth to Hippocrates, today gives the human gaze a new medical language.



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From the land of Hippocrates, a new
medical language for the gaze is born

Epilogue – Water, light and balance

Dry eye is much more than a lack of tears. It is a sign of dehydration of the self — the result of a lifestyle that separates the person from their natural flow.

Dermophthalmology reminds us that caring for the eyes means caring for the whole: the skin, the nervous system, the immune system, the image we present to others. The light that returns to the gaze is not only optical; it is existential. Every tear, every cell, every gland collaborates to preserve the miracle of vision — that thin, watery film that reflects our life.

“Dermophthalmology is not merely a new medical specialty. It is Medicine’s return to the beauty of simplicity — to the care of the gaze that reflects the Human Being.”—

Scientific Editorial Team – Ophthalmogen/ Breath Purity Group

Read the full scientific version at www.Dermophthalmology.com