

Role of Homoeopathy and Biochemic Medicines in the Treatment of Chalazion : A Retrospective Clinical Study

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ABSTRACT

Chalazion is a painless, round swelling in the eyelid unless gets infected with pyogenic organisms. It mainly causes a cosmetic disturbance to patient. It is treated usually with intralesional corticosteroid injection or with incision and curetting. However this conventional treatment is associated with chances of recurrence or steroid induced complications. Homoeopathy has mentioned treatment for Chalazion and has been used in clinical practice. A retrospective study from OPD cases of institute was carried out with an aim to know the effectiveness of homoeopathy and biochemic medicines in Chalazion. Total 21 patients registered during the year 2003 to 2006 were studied irrespective of their age, gender and socioeconomic status. 5 cases presented with acute inflamed stage were resolved with homoeopathic Hepar sulphuris 200C. During non-inflamed stage homoeopathic Con., Nat. mur., Silicea and biochemic Calc. flur., Natrum sulph. medicines were used. Out of 21 subjects, in 15 (71%) Chalazion has resolved completely without any recurrence. Whereas in 4 subjects (19%) it was reduced but they were lost to follow-up. In 2 subjects (9.5%) there was no change. Thus medicines were found effective in treating Chalazion in majority of subjects without any recurrence and untoward effects.

INTRODUCTION

Chalazion (meibomian cyst) it is a swelling of meibomian gland following an obstruction of its duct, accompanying by a chronic inflammation in the

surrounding tarsus. ^[1] It is actually not a cyst but a chronic inflammatory granuloma of a meibomian gland. The duct of the gland gets obstructed either due to proliferation of its epithelium or by impaction of its secretion. Chalazion occurs in all age groups but it is more common in adults than in children. Chalazion occurs due to some endogenous infection, rosacea, poor lid hygiene, chronic blepharitis, seborrhoeic dermatitis, refractive error etc. however many times no obvious cause is noticed.

Patients presents with either a small, painless, round swelling in the eyelid especially upper one or may present with an acute inflammation of eyelid when it gets infected with pyogenic organisms. Lid swelling may cause a cosmetic disturbance to a patient while a large and centrally located chalazion gives pressure over the cornea leading to blurred vision due to astigmatism.

Although Chalazion is known to undergo spontaneous resolution, most of the Chalazion becomes small after months but complete spontaneous resolution rarely

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occurs.^[2] A Chalazion may sometimes rupture through the tarsal plate and the palpebral conjunctiva and granulation tissue protrudes out causing irritation, watering and even discharge if there is a secondary infection.^[3]

Treatment in modern literature includes use of warm compresses and lid hygiene as a conservative treatment for a small painless Chalazion that may result in its resolution within 1 month. Otherwise Intralesional injections of long acting steroids may help in resolution of small chalazion. If it doesn't resolve or in case of large Chalazion a surgical incision and curettage is the treatment of choice. Recurring Chalazion is treated by a subconjunctival total excision. In an acute stage of inflammation (internal hordeolum) it is treated by meticulous eyelid hygiene together with local and systemic antibiotics. There are some limitations of conventional treatment such as chances of recurrence of Chalazion after incision and curettage surgery, if curetting is not done properly. While with the use of intralesional injection of corticosteroid there are chances of ocular complication such as inadvertent corneal penetration, traumatic cataract and serious complications of corticosteroid injection. If there are multiple and small chalazion they are difficult to remove surgically or with an intralesional corticosteroid injection.^[4] Some patients may experience sensitivity or a resistance to a systemic use of antibiotics or anti-inflammatory drugs. So by taking into account above limitations of conventional treatment, a systemic homoeopathy and biochemic medicines were used for this condition.

In homoeopathy different medicines mentioned for Chalazion with their gradation were as follows :

Eyes – Eyelids and margins – Eruptions – Chalazae, tarsal tumors : Ant-t., Calc., Caust., Con., Ferr-py., Kali-i., Platan-oc., Sil., Staph., Thuj., Zinc.^[5]

Chalazion – PLATANUS OCCIDENTALIS, STAPH., Thuj., Calc. c., Caust., Con., Hep., Puls., Zinc.^[6]

Eye – tumors on lids – nodules in the lids : Con., sil., staph., thuj.^[7]

Eyes - Eyelids – Tumours (tarsal) – Arg-n., calc-c., hep., hyds., nat-s., pul., thu.^[8]

Eyelids – Tumours – N.M., SIL.^[9]

A retrospective clinical study was carried out from records of OPD patients of the institute suffering from Chalazion with an aim to know the effectiveness of Homoeopathic and biochemic medicines in such condition.

MATERIAL AND METHODS

Case papers of diagnosed patients of Chalazion who were enrolled in outpatient department of institute during the year 2004 to 2006 were studied. All Chalazion subjects were considered for this study irrespective of their age, gender, race and socioeconomic status. The preliminary information in case paper and associated ocular and general symptoms were noted. Eye examination findings such as vision, eyelid examination with details of Chalazion such as its location, number, size, hardness, tenderness etc. were noted. Homoeopathic medicines prescribed, duration of treatment and its response were recorded.

Patients who had come with an acute inflamed stage of Chalazion were treated with *Hepar sulphuris* 200C potency in repetition till inflammation gets subsided. Whereas those in non-inflamed stage homoeopathic

Table 1. Indications of medicines prescribed

Name of Medicines	Indications
Calcarea fluorica	Patients involved in excess near work and hard chalazion.
Conium maculatum	Patients of older age group (> 40 years) with hard chalazion or induration of lid after acute inflammation.
Natrum muriaticum	Patients suffering from dandruff over scalp, blepharitis and oily face
Natrum sulphuricum	Patients having itching of eyes with associated complaints of skin allergy to artificial metals or allergic rhinitis.
Silicea terra	Patients involved in occupation of civil work

medicines *conium maculatum*, *natrum muriaticum*, *silicea terra* were used in 30C potency and biochemic medicines *Calcarea fluorica* and *natrum sulphuricum* 6X were used. Medicines and their indications for prescription are given in table no 1. All subjects except in cases during acute inflammation were advice to apply hot fomentation to affected eyelid for half a minute once per day. No local medication was given. The results of treatment were graded as cured, reduction and no change. The results of this study were shown by descriptive statistics and presented as percentages.

RESULTS

Total 21 patients suffering from Chalazion were studied. Age group is concerned, 2 (9.5 %) subjects were d" 10 years of age, 7 (33.3 %) were between

age group of 11 to 20 years whereas 4 (19 %) subjects between 11 to 30 years of age, 3 (14.3 %) subjects were between 31 to 40 years of age and 5 (23.8 %) subjects were above 40 years of age. Sex ratio is concern, 14 (66.7 %) cases were females while 7 (33.3 %) were male patients. Associated ocular condition is concerned, 9 cases had myopia, 2 had symptoms of itching of eyes. Associations of other conditions is concerned; history of chronic cold was noticed in 4 cases, general allergic to artificial ear ring was noticed in 2 cases, dandruff over scalp in 1 case and dryness of skin observed in 3 cases. Working environment is concern, 2 cases were working in the civil work, 12 were having table work and 7 cases had no much ocular work. Stage of disease is concerned 5 cases (23.8 %) came with an inflamed stage of chalazion, whereas in 16 (76.2 %) case it was a painless swelling.

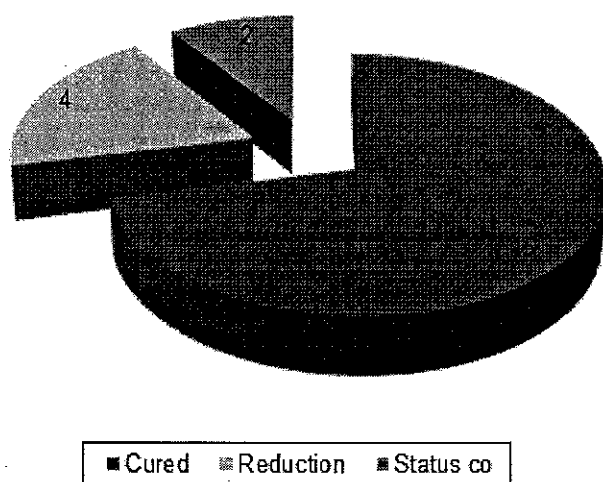


Figure 1. Improvement status in Chalazion patients.

Response of medicine is concern, 5 patients were presented during an acute inflammatory stage of chalazion and *Hepar sulphuris* 200C has controlled infection in all patients without need of any local or systemic conventional treatment.

Out of total 21 cases in 15 (71.4%) Chalazion subsided completely without any recurrence. Whereas in 4 (19%), Chalazion has subsided but not gone completely but patient had no further follow-up. In 2 (9.5%) cases Chalazion remained in a status co-condition condition, so they shifted to conventional treatment (Figure1) Medicines prescribed and improvement assessment is shown in table 2.

Table 2. Medicines prescribed and improvement assessment

Medicine prescribed	No. of patients		Improvement Assessment		
	(n)	%	Cured	Reduction	No change
Calcarea fluorica	5	23.8	4	1	-
Conium maculatum	5	23.8	3	1	1
Natrum muriaticum	4	19.0	3	1	-
Natrum sulphuricum	5	23.8	3	1	1
Silicea terra	2	9.5	2	-	-

DISCUSSION

Chalazion is many times a painless condition of eyelid causing a cosmetic disturbance in majority and visual disturbance in others. Many times surgical intervention is carried out by ophthalmologist but it may recur if not curetted properly. Use of Homoeopathy and biochemic medicines has resulted in complete resolution of Chalazion in 71 % subjects without any adverse effects and with no recurrence as observed during 1 year of follow-up of these subjects. Homoeopathic *Hepar sulphuris* 200C has resolved acute stage of inflammation in all Chalazion cases.

Probable mode of action is concerned, medicine might have removed the blockage of duct of gland and resulted in resolution of Chalazion without giving any recurrence. This has occurred as medicines were prescribed by taking into consideration associated local and systemic complaints that may be a causative factor in obstruction of duct of meibomian gland.

Out of total 21 cases, in 4 Chalazion has subsided but not gone completely and patients were lost to follow-up. From this it suggests that as Chalazion was small and painless so patient have not bother about it even though it remained over the eyelid. In 2 Chalazion remained in a status co condition, probably patient might not have taken the medicine regularly.

This being a retrospective clinical study, its results are generalizable. Each patient was given an individualistic treatment as per the aetiopathogenesis of Chalazion, so it has resulted in complete resolution of Chalazion in majority of cases. Medicines were sweet and easy to administer so even children took it regularly and showed a better compliance.

CONCLUSIONS

Systemic homoeopathic medicine was effective in

controlling acute inflamed stage of chalazion without help of conventional medications. Homoeopathy and biochemic medicines were found effective in complete resolution of Chalazion in 71 % cases without giving any recurrence and an adverse effect. Thus these medicines helped to avoid surgical intervention of Chalazion. This retrospective study has shown positive results however it is difficult to attribute these results solely to medical therapy as use of hot fomentation might have helped in resolution of Chalazion. So further controlled clinical study is needed with patients undergoing hot fomentation as a control arm for validation of these results.

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