



RETROSPECTIVE CLINICAL STUDY FOR THE CASE OF CHALAZION

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Abstract :-

It is a painless swelling in the eyelid unless gets infected with pyogenic organisms. It mainly reasons a cosmetic commotion to patient .Homoeopathy has mentioned treatment for chalazion and has been used in clinical practice. A retrospective study from OPD cases of G.D.Memorial Homoeopathic Medical College & Hospital was carried out with an aim to know the efficiency of homoeopathic medicine in chalazion .

Out of 20 patient , 13(65%) has resolved completely without any relapse . whereas in 5 subjects (25%) was reduced but they were lost to follow up. In 2 subjects (10%) there was no change .

Keywords

Chalazion, Homoeopathic medicine

Introduction :-

Chalazion (meibomian cyst) it is swelling of meibomian gland following an obstruction of its duct , accompanying by a chronic inflammation in the surrounding tarsus . it is actually not a cyst but a chronic inflammatory granuloma of a meibomian gland . The duct of gland gets obstructed either due to proliferation of its epithelium or by impaction of its secretion . chalazion occur in all age groups but it is more common in adults than in children .

Objectives for study

Review to know the efficacy of Homoeopathic medicine for Treatment of chalazion .

Causations :-

1. Endogenous infection
2. Rosacea
3. Poor lid hygiene
4. Chronic blepharitis
5. Seborrheic dermatitis
6. Refractive error

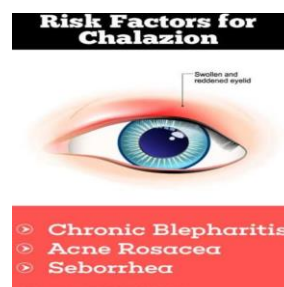


Figure: 1 Risk Factor for chalazion

Types of chalazion according to duration :-

1. Acute chalazion
2. Quiet chalazion



A quiet chalazion is a hard, painless lump in the eyelid due to chronic inflammation of an oil gland.

An acute chalazion is a painful, red lump in the eyelid due to an infection or inflammation of an oil gland.

Figure 2 types of chalazion

Relevant Palpebral anatomy :-

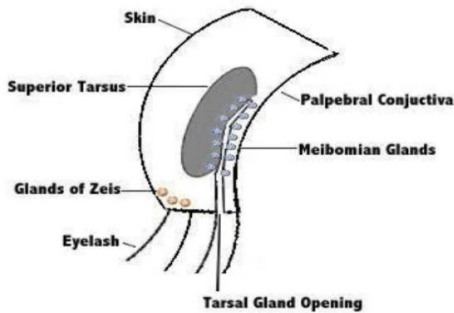


Figure 3 Palpebral anatomy

Pathogenesis :-

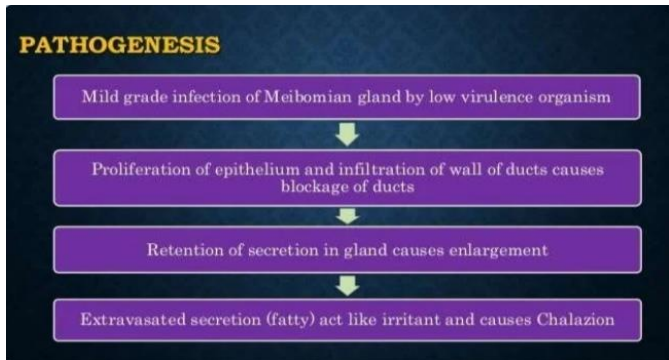


Figure 4 Pathogenesis

Signs and symptoms of chalazion:-

- Painless swelling on eyelid
- Typical Eyelid tenderness
- Increased tearing
- eyelid Heaviness
- Redness of conjunctiva



Figure 5 Symptoms of chalazion

Symptomatic and picturize differentiation of chalazion, Stye , Marginal Blepharitis, Orbital phlegmon

	Hordeolum	Chalazion
Acuity	Unaffected	Unaffected
Discharge	None	None
Location	Follicle or Tarsal Gland	Tarsal Gland
Etiology	Stenile or purulent inflammation	Obstruction
Pain	Tender	Non-tender
Plan	Warm compress, possible antibiotics	Warm compress, possible referral for incision and drainage

Location	Hordeolum (Stye)	Chalazion
Location	Most commonly found at or near an eyelash follicle	Most commonly found above the eyelashes on the upper lid
Cause	Bacterial infection either at the root of the eyelash follicle or in the oil gland of the lid	A blocked oil gland (Meibomian or Zeis)
Symptoms	Tenderness, swelling	Firm, painless lump
Treatment	Spontaneous drainage, warm compresses	Warm compresses, steroid injection, surgery

Symptoms of Stye
Tearing of eye
Crusting along the eye margin
Sensitivity to light
Scratchy feeling in the eye

Chalazion	Hordeolum (stye)
Chalazion: Chronic inflammation of the sebaceous meibomian glands located in the tarsal plate of the eyelid caused by blocked secretions	Hordeolum (stye): Acute purulent bacterial infection of the sudoriferous ciliary glands or the sebaceous Zeis glands (external hordeolum) or of the sebaceous meibomian glands, located in the tarsal plate of the eyelid (internal hordeolum)
Basalioma (basal cell carcinoma): Infiltrating tumor which forms on meibomian	Marginal blepharitis: The possible causes of this inflammation of the edges of the eyelids include bacterial infection, irritation caused by dust or smoke, increased sebum formation, allergies and parasitic infestation of the eyelashes.
Orbital phlegmon: Acute progressive purulent inflammation of the content of the orbital cavity	

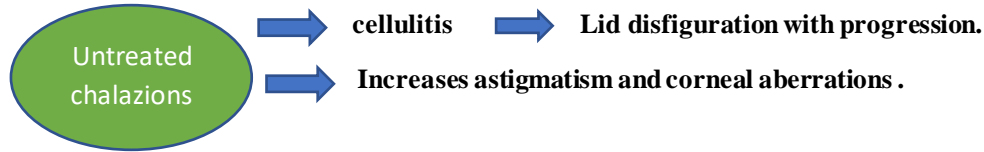
Figure 6 Differentiation of stye , Blepharitis , Orbital Phlegmon, Marginal Blepharitis

Epidemiology :-

Males and females affected equally, but exact numbers are not available. It commonly occur in ages 20-60

Diagnosis :-

1. Patients history
2. External examination of eye
3. Evaluation of eyelid margin

Complication :-**Preventive Measures :-**

1. Wash your Hands Before touch your eyes
2. Maintain your makeup hygiene
3. Clean your contact lens with a disinfectant and lens cleaning solution
4. Wash your face and eye before going to bed

General Management :-

1. Warm compression on the affected eye at least three times a day
2. Avoid eye makeup during this time
3. Gentle massage for a few minutes each day



Figure 3 General Managements

Case Discussion:-

Most of the chalazion becomes small after months but complete spontaneous resolution rarely occurs. 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.

Use of lid hygiene and warm compression as a conservative treatment includes in modern literature for a small painless chalazion that may result in its resolution within 1-2 month.

Some patient may experience sensitivity or a resistance to a systemic use of antibiotics or anti-inflammatory drug. So by taking into account above limitations of conventional treatment, a systemic homoeopathic medicine were used for this condition.

Repertorial result :-**BBCR :-**

EYE-EYELIDS-TUMORS (tarsal) -
Arg-n., Cal-c., hep., hyds., nat-s., pul., thu

WILLIAM BOERICKE :-

EYE- EYE AND MARGIN- ERUPTION – chalaze, tarsal tumours-

Ant. t.; cal. C.; caust.; con.; Ferr.pyroph. , kali iod., platanus; sil.; staph.; Thua ; Zinc. m.

KENT :-**EYE-TUMORS on lids :**

Cystic - calc., graph., merc., sil., staph., thuj.

meibomian gland - Bad., staph., thuj

nodules in the lids - con., sil., staph., thuj.

tarsal tumor - Bar-c., caust., puls., sil., staph., thuj., zinc

Table no 1 : -indication of medicine prescribed.

Name of Medicines :-	Indication of Medicines :-
Thuja Occidentalis	:- There are large granulation like warts and blisters. :- chalaze thick ,hard knots, small condylomata :- > warmth and covering :- Eyelids are agglutinated at night
Staphysagria	:- affect on eyelid especially upper :- Appear one after another :- Leaving hard nodosities in their wake :- Margin of lids itch also affect inner angle of eye :- > warm
Conium Maculatum	:- Hard nodosities after acute inflammation :- usefull for night work and intense photophobia
Hepar sulphur	:- Red thick margin of lid with little point of pus. :- Excessive soreness and sensitiveness of the lids :- < cold ,touch
Silicea Terra	:- Aversion to light. :- Eyelid tender to touch :- < closed the eye

Differential Discussion :-**Total Patients: -20****Age :-**

1. Below 10 years- 1 patients (5%)
2. (10-20) years – 2 patients (10%)
3. (20-30)years – 5 patients (25%)
4. (30-40) years – 4 patients (20%)
5. (40-50) years – 3 patients (15%)
6. (50-60) years – 2 patients (10%)
7. (60-70) years – 2 patients(10%)
8. Above 70 years – 1 patient (5%)

Sex :-

1. Male :- 14 patients(70%)
2. Female : - 6 patients (30%)

Stage of Disease :-

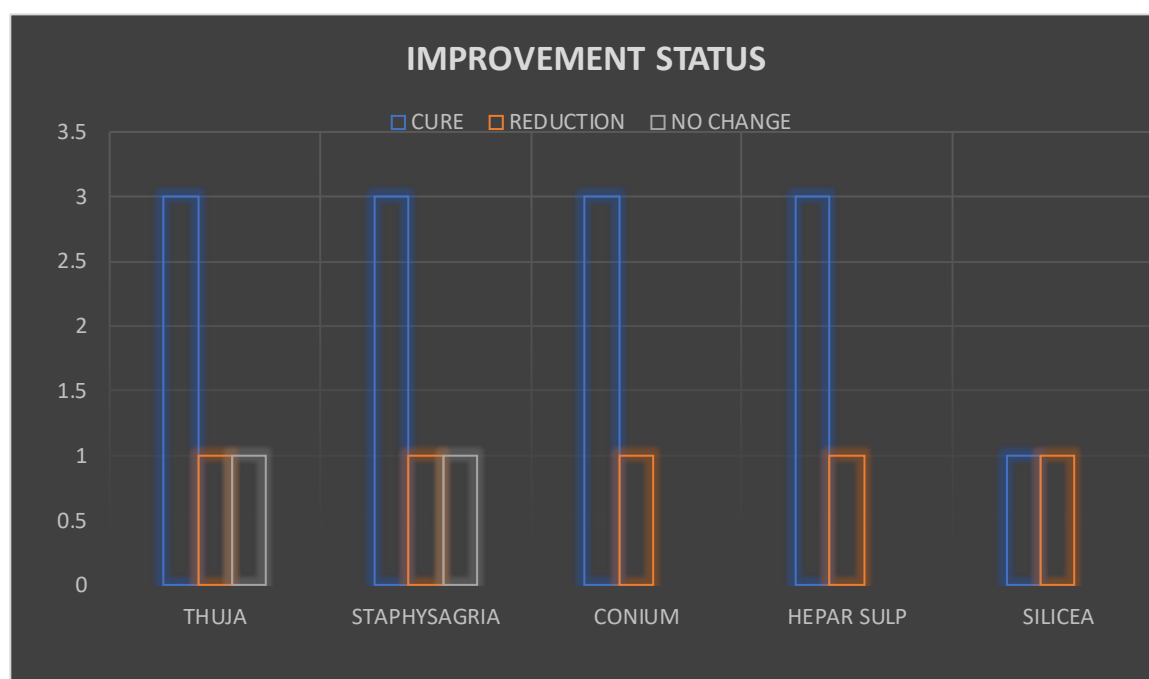
1. Inflamed stage – 8 patients (40%)
2. Painless swelling - 12 patients (60 %)

Associated Eye Disease: -

1. Associated with eye disease : - 7 patients (35%)
2. Other - 13 Patient (65 %)

TABLE NO 2 -MEDICINES PRESCRIBED AND IMPROVEMENT ASSESSMENT

MEDICINE PRESCRIBED	NO OF PATIENTS		IMPROVEMENT ASSESSMENT		
	(n)	%	CURED	REDUCTION	NO-CHANGE
THUJA	5	25	3	1	1
STAPHYSAGRIA	5	25	3	1	1
CONIUM	4	20	3	1	
HEPAR SULPH	4	20	3	1	
SILICEA	2	10	1	1	

**Result : -**

Out of total 20 cases in 13 (65 %) chalazion subside completely without any recurrence . whereas in 5 (25%) has subside but not gone completely . In 2 (10%) cases chalazion remained in a status of no change , probably patient might not have taken the medicine regularly.

Probable mode of action in 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 consideration associated local and systemic complaints that may be a causative factor in obstruction of duct of meibomian gland .

This clinical study results are generalizable . Each patient was given an individualistic treatment as per the 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 medication . This clinical 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 as a control arm for validation of these results.

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