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

Relevant Palpebral anatomy:

Pathogenesis:

Figure 2: Types of chalazion

Figure 3: Palpebral anatomy

Signs and symptoms of chalazion:

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

Symptoms of Chalazion:

Swelling in the eyes
Vision problems
Infection
Watery eye

Figure 4: Pathogenesis

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

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

Epidemiology:

Males and females affected equally, but exact numbers are not available. It's commonly occur in ages 20-60.
Diagnosis :-
1. Patients history
2. External examination of eye
3. Evaluation of eyelid margin

Complication :-
- cellulitis
- Lid disfiguration with progression.
- Increases astigmatism and corneal aberrations.

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

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 patients 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 – chalaz, 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., thu.
meibomian gland - Bad., staph., thu.
nodules in the lids - con., sil., staph., thu.
Table no 1: Indication of medicine prescribed.

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

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 patients (65%)
Table 2: Medicines Prescribed and Improvement Assessment

<table>
<thead>
<tr>
<th>Medicine Prescribed</th>
<th>No of Patients (n)</th>
<th>%</th>
<th>Cured</th>
<th>Reduction</th>
<th>No-Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thuja</td>
<td>5</td>
<td>25</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Staphysagria</td>
<td>5</td>
<td>25</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Conium</td>
<td>4</td>
<td>20</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hepar Sulph</td>
<td>4</td>
<td>20</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Silicea</td>
<td>2</td>
<td>10</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

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.

References

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