

**CHALAZION**

Homoeopathy in Chalazion

DEFINITION¹

Chalazion, also called a tarsal or meibomian cyst, is a chronic non-infective (non-suppurative) lipogranulomatous inflammation of the meibomian gland. This is the commonest of all lid lumps.

PATHOGENESIS¹

Usually, first there occurs mild grade infection of the meibomian gland by organisms of very low virulence. As a result, there occurs proliferation of the epithelium and infiltration of the walls of the ducts, which are blocked. Consequently, there occurs retention of secretions (sebum) in the gland, causing its enlargement. The pent-up and extravasated secretions (fatty in nature) act like an irritant and excite non-infective lipogranulomatous inflammation of the blocked meibomian glands and surrounding tissue.

RISK FACTORS²

- Age. It is more common in children and young adults (though no age is bar) and in patients with eye strain due to muscle imbalance or refractive errors.
- Habitual rubbing of the eyes or fingering of the lids and nose, chronic blepharitis and diabetes mellitus are usually associated with recurrent styes.
- Metabolic factors, chronic debility, excessive intake of carbohydrates and alcohol also act as predisposing factors.
- Acne rosacea.
- Chronic blepharitis (inflammation

of the eyelids, often from excess bacteria).

- Seborrhea.
- Tuberculosis.
- Viral infection.
- Rarely chalazions may be an indication of an infection or skin cancer.

SYMPTOMS²

- Painless swelling in the eyelid, gradually increasing in size is the main presenting symptom.
- Mild heaviness in the lid may be felt with moderately large chalazion.
- Blurred vision may occur occasionally due to induced astigmatism by a very large chalazion pressing on the cornea.
- Watering (epiphora) may occur sometimes due to eversion of lower punctum caused by a large chalazion of the lower eyelid.

CLINICAL COURSE AND COMPLICATIONS¹

- Complete spontaneous resolution may occur rarely.
- Slow increase in size is often seen and eventually it may become very large.
- Fungating mass of granulation tissue may be formed occasionally when the lesion bursts on the conjunctival side.
- Secondary infection may lead to formation of hordeolum internum.
- Calcification may occur, though very rarely.
- malignant change into meibomian gland adenocarcinoma (sebaceous

cell carcinoma) may be seen occasionally in elderly people.

CONSERVATIVE LINE OF TREATMENT²

- Apply warm compresses to the eyelid for 10 to 15 minutes, 4 to 6 times a day for several days. The warm compresses may help soften the hardened oil that is blocking the ducts and allow drainage and healing. Create a warm compress by dipping a clean, soft cloth in warm water and then wringing it out. Re moisten the cloth frequently to keep it wet and warm.
- Gently massage the external eyelids several minutes each day to help promote drainage.

PREVENTION²

- The best way to prevent a chalazion is with good hygiene.
- Wash hands before touching around eyes or removing contact lenses.
- Wash face at bedtime to remove dirt and makeup.
- Remove eye makeup before going to bed and replace mascara, eyeliner and eye shadow every 3 months.

HOMOEOPATHIC THERAPEUTICS

Some of the commonly prescribed homoeopathic medicines for chalazion are staphysagria, pulsatilla, thuja, kali carb, calc carb, silicea, calc. flour., conium, graphites, Merc. Sol. Etc.

1. STAPHYSAGRIA³: Used for recurrent chalazion commonly

CHALAZION

found on eyelid near the angle of eye, particularly the inner with itching and a feeling of heat and bursting pain in the eyeballs.

2. PULSATILLA⁴: Chalazion that exude thick yellow profuse bland discharging pus on pressure. This

ASSOCIATED COMPLAINTS:

Frequent colic
Flatulence
<eating

PHYSICAL GENERAL:

Appetite – normal
Thirst- normal

5th follow up:

Rx,
SL 30 TID for 15 days

After





found on eyelid near the angle of eye, particularly the inner with itching and a feeling of heat and bursting pain in the eyeballs.

ASSOCIATED COMPLAINTS:

Frequent colic
Flatulence

<eating

PHYSICAL GENERAL:

Appetite – normal
Thirst- normal
Thermal reaction – chilly patient
Desire – sour food

PRESCRIBING TOTALITY:

Chilly
Desire for sour food
Frequent colic having repeated history of worm infestation
Lachrymation in cold air
Swelling of meibomian gland.

5th follow up:

Rx,
SL 30 TID for 15 days

After



2. **PULSATILLA**⁴: Chalazion that exude thick yellow profuse bland discharging pus on pressure. This remedy indicated in recurrent chalazion that are accompanied with acrid lachrymation and swelling of the eyelid, burning & itching requiring to rub constantly. There is dimness of vision with a sensation as though there were something covering the eye which the patient wishes to rub or wipe.

3. **THUJA**⁴: Indicated in chalazion when the eyelids are agglutinated at night from the discharge. The eyelids feel heavy as lead and may be dry and scaly. Patient requiring thuja often feel as if cold air were streaming out of the head through their eye and feel better when covered warmly.

4. **SILICEA**³: Angles of eyes affected. Swelling of lachrymal duct. Aversion to light, especially daylight; it produce dazzling, sharp pain through eyes, eyes tender to touch, worse when closed.

5. **CALCAREA CARB**⁴: It's indicated when angle of eyelids are involved with sensation of coldness in the eyes, pressure, itching, burning, smarting and incisive pain on reading and by light. Lachrymation in the morning and by cold air.

Before



1st prescription:
Calc carb 30 C – 3 dose
SL 30 TID for 15 days

2nd follow up
Slight relief but still swelling is present
Parents of the patient were anxious during this time and was deciding for surgery but advise was given to wait for 1 month.

Rx,
Calc carb 30C- 3 dose
SL 30 TID for 15 days

3rd follow up
Not much relief

Rx,
Thuja 1m 1 dose (as a intercurrent medicine)
SL 30 TID for 15 days

4th follow up:
Remarkable reduce in the size of swelling

Rx,
SL 30 TID for 15 days

References

1. *Khurana A K ;comprehensive ophthalmology; 7th edition; JAYPEE; pg. 383,384*
2. *www.aoa.org*
3. *Boericke William (2015) pocket manual of homoeopathic materia medica with Indian medicine & repertory; 9th edition; new delhi; IBPP; pg.607, 591*
4. *Clarke John Henry (1990) A dictionary of practical Materia Medica; London; the homoeopathic publishing company; vol I 344,345; vol II pg.916, 1428,1429*

CASE

Name: xyz

Age: 11y Sex: Male

PRESENT COMPLAINTS:

c/o swelling over left eye since 3 months. Patient has consulted ophthalmologist where he was diagnosed as chalazion and was advised for surgery.

Lachrymation in cold air

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AUTO IMMUNE DISORDERS

CREST Syndrome – Systemic Sclerosis



Homoeopathy heals and helps in regaining healthy skin. It treats the person as a whole. Treatment is constitutional. It means that homoeopathic treatment focuses on the patient as a person, as