

Non-Surgical Management of Chalazion through Individualized Homoeopathic Treatment: An Evidence Based Case Report

Parveen Middya^{1*} Kausthab Dey²

¹ Post Graduate Trainee, Department of Homoeopathic Materia Medica, Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, West Bengal, India

² Post Graduate Trainee, Department of Practice of Medicine, Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, West Bengal, India

ABSTRACT:

Chalazion, a persistent, painless swelling of the eyelid caused by meibomian gland blockage. It is typically treated conservatively, with corticosteroid injections, or with surgical excision, which may result in discomfort, recurrence, or cosmetic issues. In this case report, a 35-year-old woman has a reddish, painless swelling on her right lower eyelid that is 8 mm in size and has been there for two months which is accompanied by heaviness sensation of eyelid. Following a thorough case study that included physical, mental, and general symptoms, First, Pulsatilla 200C, Two doses were given. Followed by Placebo was prescribed. A gradual decrease in swelling and redness was noted after three weeks, followed by full resolution by five weeks. A three-month follow-up revealed no recurrence, and With a Modified Naranjo Criteria score of +9, the case demonstrated a causal relationship between the intervention and the result.

KEY WORDS: Chalazion, Homoeopathy, Pulsatilla, MONARCH, Non-Surgical Management.

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*Corresponding Author:

Dr. Parveen Middya

Post Graduate Trainee, Department of Homoeopathic Materia Medica, Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, West Bengal, India

Email: parveenmiddya@gmail.com

INTRODUCTION:

Chalazion (ICD 11 9A02.0) is a sterile, lipogranulomatous inflammation arising from obstruction of a meibomian (less often Zeis) gland duct, producing a localized eyelid nodule that may become chronic^{[1][2]}. Chalazion is a common eyelid disorder with prevalence ranging from 0.5–6% in large population studies, affecting both children and adults. It is mainly caused due to obstruction of meibomian gland, leading to stasis of lipid secretion and formation of swelling, but other predisposing factors are chronic blepharitis, poor lid hygiene, previous any eye infection etc^[3]. Recent clinical reviews and trials consistently describe it as an inflammatory (not

primarily infectious) lesion linked to meibomian gland dysfunction (MGD) ^[2]. It is generally painless swelling which is chronic with a gradual onset. Its common site is generally in upper eyelid > lower eyelid due to presence of more meibomian gland ^[2].

Worldwide prevalence data are lacking, but in one U.S. VA healthcare system cohort, chalazion affected 6.04% of patients from October 2010 to October 2015 ^[4]. The overall prevalence in India varies with population characteristics: a massive Indian electronic medical record (EMR) study of over 2 million new eye-care patients reported an overall prevalence of 0.57%, with higher prevalence in children (0.95%) compared to adults (0.51%), unilateral involvement in ~79% of cases, and an upper-lid predominance (39%) along with a recurrence rate of about 10% at presentation ^[5]. Importantly, epidemiology during the COVID-19 era revealed environmental modifiers, with a California study noting a significant rise in incidence during 2020, coinciding with widespread mask-wearing, possibly due to altered periocular airflow and increased eyelid margin inflammation ^[6].

Its occurrence is influenced by factors such as meibomian gland dysfunction, blepharitis, rosacea, age, and geographic or demographic variations. ^[7] It follows a pathological flow in development as, first Ductal blockage, which leads to stagnant/altered meibum, results in lipogranulomatous reaction (histiocytes/giant cells) within tarsus ^[8-9]. MGD is central, and chalazia can cause local meibomian gland loss proportional to lesion extent. Demodex infestation is associated with higher prevalence and recurrence, especially in children, likely via mechanical blockage/inflammation of glands ^[8-9]. histopathological examination of chalazion reveals a pool of lipid surrounded by epithelioid histiocytosis, tuft type multinucleated giant cell and plasma cell within a fibrovascular granulation tissue “pseudocapsule” ^[10].

Chalazion is usually painless and appears gradually over a period of days to weeks. Clinically it manifests as a firm, well-defined, non-tender swelling in the eyelid's tarsal plate, which is frequently seen as a cosmetic issue or as a weighty feeling in the lid or ptosis or foreign-body sensation ^[11]. The size can vary from a small pea-sized swelling (2–4 mm) to a larger lesion measuring up to (8–10 mm) or more ^[12]. It can be easily differentiated from hordeolum (stye), which is acute, painful, and infectious, a chalazion typically develops gradually over days to weeks and is painless ^[3]. Induced corneal astigmatism/higher-order aberrations and, rarely, hyperopic shift—typically reversible after resolution or excision ^[11]. Recurrent or multiple lesions in MGD/Demodex may happen. Secondary infection (preseptal cellulitis) is rare; recurrent/persistent atypical lesions should be biopsied to rule out sebaceous carcinoma ^[13].

Management strategies that assist in drainage and resolution, which are conservative in nature, involve the use of warm compresses, low level massages on the lids and maintenance of cleanliness in the eyelids ^[2]. Topical antibiotics or Intralesional injections of corticosteroids are occasionally of assistance, particularly where surgery is not possible ^[14]. Larger or more chronic lesions are treated by incision and curettage usually performed on the conjunctival side to avoid scarring ^[2]. Intense pulsed light with meibomian gland expression (IPL-MGX) has shown non-inferior lesion reduction and lower recurrence, especially in MGD driven disease ^[15]. Prevention methods include control of underlying predisposing factors and good lid hygiene ^[14].

CASE HISTORY:

A Female patient aged about 35 years came to OPD of Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, Howrah, West Bengal, on 10th December 2024 with the complaint

of a small pea size swelling in the right lower eye lid for last 2 months.[Figure 1] On next visit on 31.12.2024 the swelling size reduced [Figure 2] And on 14.01.2025 the swelling completely disappeared [Figure 3]

History of present complaint

The swelling was initially small but now size have been gradually increased. There was no pain but slight heaviness of eyelid is present when using her eye for a prolong period for sewing. The heaviness feeling generally increased toward evening. Colour of swelling was reddish. No discharge from it. No treatment was taken previously for the complaint.

Past History: History of measles in childhood

Family History: Grand Father suffered from Pulmonary TB, Mother having Hypertension

Physical General

Appetite was less, can tolerate hunger. Desire for pungent, Cold food and fish. Thirst was moderate. Thermal relation chilly. Sweat less, more on axilla and offensive. Stool regular but not clear sensation, One to two time daily. Urine clear. Sleep good. Dream of childhood events with friends.

Mental General

Patient was very sensitive to any kind of mental emotion. Cry easily from slightest emotion. Desire to be in company with known people.

Systemic and Local Examination

Patient was alert, conscious and co-operative. Well nourished.

The swelling was situated on the tarsal conjunctival surface of lower right eyelid. On eversion of lower eyelid, a reddish, well-defined, pea sized swelling appeared. There was no sign of inflammation on the overlying skin. The swelling was found to be firm in consistency freely movable and no tenderness was found. No discharge from the swelling.

Analysis of the case

After analysing the case, characteristics mental and physical symptoms were taken into account, the following symptoms guided to form the totality of symptoms which are as following- Sensitive to any kind of mental emotion, Cry from slightest emotion, Desire to be accompanied by known people, Thermal relation chilly, Desire for cold food, Sweat offensive, Dream of childhood events, Complaint generally aggravated at evening.

Considering the above-mentioned symptoms repertorization was done using Homeopath ZOMEIO Software [Figure 4]. The choice of remedy came out to be is Pulsatilla covering 5 rubrics and 15 points. Followed by Lycopodium covering 6 rubrics and 14 scores. Followed by Phosphorus, Sulphur, Apis. Final selection was done after consultation Materia Medica.

TREATMENT GIVEN:

After forming the totality of symptoms and with the help of Repertory and consulting Materia Medica *Pulsatilla* 200, 2 Doses were given. She was advised to take the medicine in empty stomach once in morning for two consecutive days. Followed by Placebo for 19 days. She was asked to come for follow up after 21days. The follow up is given below [Table 1].

Table-1: Treatment timeline and follow up of the case:

Date	Symptoms	Prescribed Treatment
10.12.2024	Swelling on the lower right eyelid for last 2months. Colour is reddish. No pain in the swelling. Only heaviness feeling after prolong eye use generally in evening.	Pulsatilla 200, 2 Doses were given. To be taken once daily in empty stomach for two consecutive days. Followed by Placebo for 19 days, once in morning.
31.12.2024	Swelling slightly reduced as well as redness. Heaviness still persisting.	Placebo was given.
14.01.2025	Swelling completely disappeared. No redness. No complaint of heaviness.	Placebo was given.
08.04.2025	Follow up after 3months showed no complaints at present. There was no recurrence of the complint. Overall well being was observed. Stool habit become now regular and clear.	Placebo was given.

Table-2: Miasmatic Analysis of the case

Symptoms	Miasmatic analysis
Sensitive to any kind of mental emotion	Psora
Desire company	Psora
Thermal relation Chilly	Sycosis
Desire cold food	Syphilis
Desire Company	Psora
Sweat offensive	Syphilis
Complaint aggravated at evening	Syphilis
Past history of measles	Sycosis

Table-3: Assessment of the case according to MONARCH (Modified Naranjo Criteria for Homeopathy)

Domains	Yes	No	Not sure
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	+	
3. Was there an initial aggravation of symptoms?		0	
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
5. Did overall well-being improve? (Suggest using validated scale)	+1		

Parveen Middya et al. Non-Surgical Management of Chalazion through Individualized
Homoeopathic Treatment

6A. <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
6B. <i>Direction of cure</i> : did at least two of the following aspects apply to the order of improvement of symptoms: ☐ from organs of more importance to those of less importance? ☐ from deeper to more superficial aspects of the individual? ☐ from the top downwards?	+1		
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2	+2	
10. Did repeat dosing, if conducted, create similar clinical improvement?			0
	Total Score = +9		



Figure 1: Swelling and Redness of lower right eyelid on 10.12.2024



Figure 2 : Swelling and redness slightly reduced on 31.12.2024



Figure 3: No swelling or redness on 14.01.2025

Symptoms: 8 Remedies: 219 Applied Filter							
Remedy Name	Puls	Lyc	Phos	Sulph	Apis	Carb-v	Verat
Totality / Symptom Covered	15 / 5	14 / 6	14 / 5	12 / 5	11 / 5	11 / 5	11 / 5
[Kent] [Mind] Sensitive, oversensitive (see offended): (111)	3	3	3	3	1	2	1
[Kent] [Mind] Company: Desire for: (58)	2	3	3		2	1	1
[Kent] [Stomach] Desires: Cold : Food: (14)	3	2	3				2
[Boenning] [Appetite] Desire for: Cold: Food: (27)							4
[Boenning] [Chill] Chilliness: In general, lack of vital heat: (82)	4	2	3	3	4	4	
[Kent] [Eye] Heaviness: (22)		1		2	1	2	
[Kent] [Eye] Heaviness: Lids: Evening: (5)				1			
[Kent] [Mind] Weeping, tearful mood, etc.: (166)	3	3	2	3	3	2	3

Figure 4: Repertorial Analysis

RESULT AND DISCUSSION:

In the given case the individualized prescription was based on the totality of symptoms rather than only local pathology, which reflects the holistic approach of homeopathy. After analysing miasmatic background [Table-2], Repertorization [Figure-4] and consulting with Homoeopathic Materia Medica, Pulsatilla 200, Two doses were administered ^{[16][17]}. Following the administration of Pulsatilla, the patient demonstrated gradual and sustained improvement. Within three weeks, there was a noticeable reduction in redness and swelling. By the five weeks, the size of the chalazion had decreased significantly, with associated symptoms such as heaviness of the eyelid resolved completely without the need for surgical intervention, as surgical intervention is an invasive procedure and carries potential risk of eyelid scarring, cosmetic irregularity, bleeding, infection and may be globe perforation with that surgery need local anaesthesia which may invite transient ptosis or lid-contour change and in complex reconstruction, risk of dehiscence is there. ^{[18][19]}. In homoeopathic philosophy surgery is also considered as

suppression of the disease as described in organon of medicine from §186-190 and §200-203 ^[20]. The patient reported satisfaction with the outcome, and no recurrence was observed during the three-month follow-up period. A scientific framework for evaluating the dependability of the relationship between the intervention and the result is provided by the MONARCH causal attribution criterion. ^[21] The observed result has scientific validity because the case received a favourable score of +9 on important factors like improvement in general health, therapeutic relevance, temporal association, and non-recurrence. [Table 3]

CONCLUSION:

This case highlights the potential role of individualized homeopathic medicine in the non-surgical management of chalazion. Conventional management often relies on topical antibiotics, intralesional steroid injections, or surgical excision. While these modalities are effective, they may be associated with recurrence, patient discomfort, procedural risks, and cosmetic concerns. In contrast, the present case

demonstrated that individualized homeopathic treatment could achieve complete resolution in a safe, minimally invasive, and cost-effective manner. As this is a single case report, the findings cannot be generalized. Larger clinical studies and controlled trials are required to establish the reproducibility and efficacy of this approach.

Patient consent:

Written informed consent was obtained from the patient for publication of this case report and accompanying images. The patient was assured of not disclosing the identity.

Limitation of study:

This report's primary drawback is that it only discusses one instance without a control group, making it impossible to generalize the findings. The efficacy of individualized homeopathic treatment in the management of chalazion has to be confirmed by larger controlled research.

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