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ROLE OF CONSTITUTIONAL HOMOEOPATHY IN PAEDIATRIC CHALAZION: A CASE REPORT ON SILICEA

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ABSTRACT

Chalazion is a chronic, inflammatory lesion of the eyelid caused by blockage of the Meibomian glands. It presents as a painless, slowly enlarging nodule and is often confused with a stye during its early phase. While it can affect individuals of any age, children are frequently seen with such conditions. In conventional medicine, surgical removal or steroid injections are often recommended if the swelling persists. However, homoeopathy offers a non-invasive and effective solution. **Case Summary:** A 4-year-old girl was brought with a noticeable swelling on her right lower eyelid. Her parents reported that the swelling had been increasing gradually, and previous treatments had failed. They were advised surgical drainage due to suspected pus formation, but were hesitant. A thorough homoeopathic case-taking was done. Based on the complete symptom picture and after repertorization, *Silicea* was prescribed. Over the course of a treatment, the swelling gradually reduced in size and resolved completely without the need for surgical intervention. This case illustrates the potential of individualized homoeopathic treatment in managing conditions like chalazion, especially in pediatric patients, where gentle and safe approaches are preferred. *Silicea* proved curative by addressing the underlying susceptibility and promoting natural drainage and healing.

Keywords: Chalazion, Homoeopathy, *Silicea*, Case report, MONARCH criteria

INTRODUCTION:

Chalazion is a chronic, granulomatous inflammation of the Meibomian glands in the eyelid, resulting from obstruction of the gland duct and retention of its secretions. Clinically, it presents as a painless, slow-growing, firm nodule on the eyelid, and is often mistaken for a stye during the initial stages due to similar appearance. However, unlike a stye, a chalazion tends to be non-tender and persists longer **[1]**. It is more commonly observed in children and young adults, although it can occur at any age. Epidemiological data suggest that chalazion accounts for approximately 8.4% to 15.4% of eyelid lesions, with no strong gender predisposition, though some studies note a slightly higher incidence in females **[2]**. Predisposing factors include chronic blepharitis, poor eyelid hygiene, seborrheic dermatitis, acne rosacea, frequent eye rubbing, recurrent hordeola, and immunocompromised states **[3]**. Diagnosis of chalazion is primarily clinical, based on the patient's history and physical examination. The lesion is typically non-tender, movable, and firm to the touch. In some cases, slit-lamp examination is performed for better visualization **[4]**. Conventional treatment involves warm compresses, eyelid hygiene, and topical antibiotics; in unresolved cases, corticosteroid injections or surgical removal may be advised **[5]**.

Homoeopathy offers a holistic, safe, and individualized approach in the treatment of chalazion, especially effective in children and those averse to surgical interventions. Remedies such as *Silicea*, *Hepar sulphuris*, *Pulsatilla*, *Staphysagria*, and *Thuja* are frequently prescribed based on the patient's overall constitution and presenting symptoms **[6, 7, 8]**. *Silicea* is often useful in cases with induration and pus formation, helping promote natural resolution. Case studies and homoeopathic literature report positive outcomes with individualized remedies, reducing the need for surgery and minimizing recurrence. A study published in the *International Journal of Homoeopathic Sciences* documented several cases where chalazion was effectively managed with homoeopathy, demonstrating significant clinical improvement within weeks **[9]**. These findings support the efficacy of homoeopathic medicines in managing chalazion naturally and gently.

PATIENT INFORMATION

A 4-year-old female child was brought to Hari Om Homoeopathic Clinic, Rudrapur, on 05/09/2024, with complaints of swelling and pain in the right lower eyelid, persisting for 3 to 4 months. Initially, the swelling appeared as a small, painless cystic growth but gradually increased in size. The child experienced sharp pain,

particularly upon closing her eyes. Although the pain temporarily subsided with allopathic treatment, there was no reduction in swelling. After discontinuation of the medication, the pain recurred and the swelling progressed to the suppurative stage.

According to the father, the condition first appeared in May 2024. Initially, the child was treated by an ophthalmologist in Rudrapur, where the pain subsided temporarily, but the swelling persisted. Over time, the lesion became increasingly painful and inflamed. By the time she presented at the homoeopathic clinic, the condition had worsened and required thorough evaluation.

CLINICAL FINDING

On examination, the child had a firm, well-defined swelling on the right lower eyelid. It was red, slightly tender, and showed signs of suppuration. The swelling had grown gradually, causing sharp pain when she closed her eyes. Her vision was normal, and there were no other systemic complaints.

Generalities

She was described as a chilly child by her parents. Her appetite and thirst were good, with a marked desire for cold food. Bowel movements were irregular, often occurring on alternate days with hard stools. Bladder function was normal. She had perspiration of a sour odor.

Mentally, the child was very shy and anxious. During the consultation, she avoided direct responses and looked to her father for reassurance, remaining closely attached to him. She refused to sit separately, clinging tightly. According to her father, she is highly obstinate, cried easily when scolded, avoided interacting with other children, and showed poor concentration and memory, often appearing blank and confused when asked simple questions.

General and Systemic Examination

No abnormalities were detected on general or systemic examination. All vital signs — pulse, temperature, and respiratory rate — were within normal limits at the time of examination.

Miasmatic Analysis

The predominant miasm in this case is **sycotic**, as evidenced by the chronic, slowly progressing nature of the chalazion, its tendency to induration and suppuration, and the recurring obstruction of the Meibomian gland. The lesion developed gradually over several months, with a firm, cystic consistency—typical of sycotic pathology **[10]**.

Totality of symptoms

The case was meticulously taken following the fundamental homoeopathic principles as described by Dr. Hahnemann. Subsequent analysis and evaluation led to

the selection of characteristic symptoms, which formed the basis for repertorisation.

1. Stubborn nature, cries when contradicted
2. Shyness, hesitation to speak with strangers, clings to parents- Timidity
3. Inability to concentrate
4. Desire for cold food
5. Perspiration sour
6. Bowel movement every other day, hard stool
7. Chalazion

DIAGNOSTIC ASSESSMENT

Based on clinical findings, history and presentation, the case was diagnosed as chalazion. Differential diagnoses such as dermoid cyst, blepharitis, and dacryocystitis were considered but ruled out based on clinical findings. This case was diagnosed as Chalazion, following the evaluations done by Ophthalmologist whom already confirmed the clinical findings.

THERAPEUTIC INTERVENTION

After a thorough case-taking, the totality of symptoms was framed using Dr. Kent's method and symptom classification. Repertorisation was carried out using the Synthesis Repertory (version 9.1) through RADAR software (version 10.0) **[11]**. The repertorial chart is shown in **Figure 1**. *Silicea*, which obtained maximum marks and covered maximum rubrics, was found to be strongly indicated through the references in Materia Medica **[12, 13]**. *Silicea* was given in 200C stat dose on the first day of visit followed by Sac Lac for 7 days. As the patient has shown improvement in the symptoms no medicine was given in second visit. On third visit no significant improvement was noted which suggested that case is at standstill condition or slow improvement so one dose of *Silicea* 200C was again given followed by sac lac for 7days. During fourth visit patient has shown remarkable changes and in fifth visit her eye condition came back to normal along with the mental as well as physical symptoms.

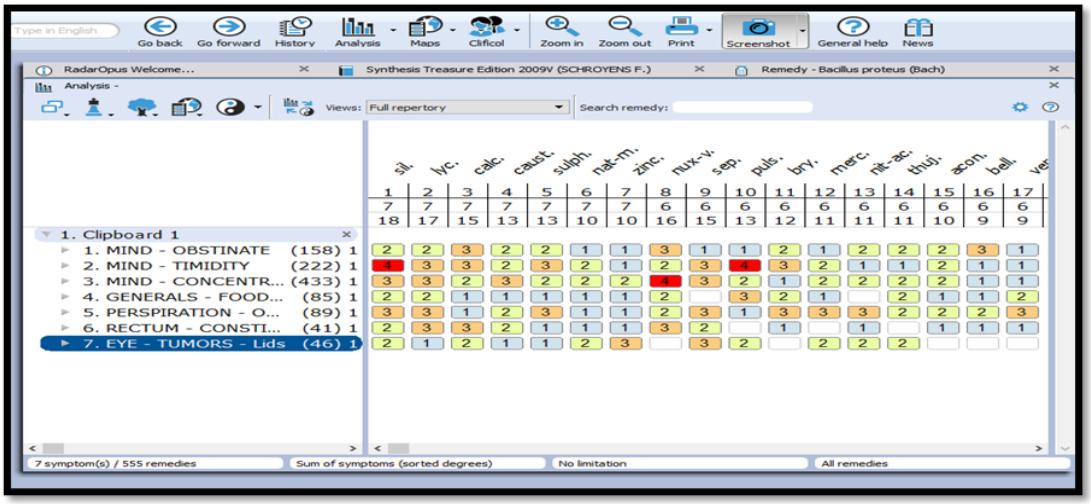

Figure 1: Repertory sheet showing repertorisation of the case

FOLLOW UP AND OUTCOMES

The patient was followed up almost every week from first visit 05 September 2024 to last visit 08 October 2024**.** During the follow-ups, the repetition of the remedy was guided by the principles of homoeopathic philosophy **[14]**. Changes in signs, symptoms, and prescriptions at each follow-up are detailed in **Table 1**. The Modified Naranjo Criteria for Homeopathy (MONARCH) was applied to assess the causal relationship between the homoeopathic intervention and the treatment outcome **[15]**. The MONARCH score was +11 on a scale from '−6 to +13', which is indicative of the possibility of the patient's improvement resulting from the homoeopathic treatment **[Table 2]**.

Table 1: Follow up

Date of Visit	Symptoms and Observations	Prescription
05 September 2024	**Baseline presentation:- (presented subjective and objective symptoms/signs)** • **Swelling and pain in the right lower eyelid** • **Sharp pain, especially when closing the eyes** • **Suppuration present on affected part** • **Bowel irregular and hard stool** • **Obstinate, headstrong** • **Timidity** • **Weakness of memory** • **Aversion to company of children**	***Silicea* 200/ STAT (in globules)** **Followed by-** **Sac Lac/BD for 7 days**
13 September 2024 **2nd Visit**	**Improvement noted:-** • **Swelling and pain in the right lower eyelid was reduced** • **Sharp pain, especially when closing the eyes also reduced** • **Suppuration is now not present. Pus discharged after giving medicine.** • **Bowel irregular and hard stool also reduced but not so much**	**No medicine given (Decided to wait and watch, as changes were incessant)** **Sac Lac/BD for 7 days**
21 September 2024 **3rd Visit**	• **No further improvement was seen in swelling and pain.** • **Suppuration was not present** • **No change in bowel habit.**	***Silicea* 200/ STAT (in globules)** **(Repetition of same medicine due to very slow improvement or a standstill state)** **Followed by-** **Sac Lac/BD for 7 days**
30 September 2024 **4th Visit**	• **Swelling is markedly reduced and no pain** • **On closing eyes no pain was there.** • **Bowel habit improved. Consistency of stool is soft and once in a day.**	**No medicine given** **(Wait and watch, as recovery going on, no need to interrupt the action of the given medicine)** **Sac Lac/BD for 7 days**
08 October 2024 **5th Visit**	• **Swelling disappeared** • **Bowel habit is normal** .	**No medicine given** **(Just wait and watch, as recovery was still going on)** **Sac Lac/BD for 15 days**
23 October 2024 **6th Visit**	• **Obstinacy at mental level is reduced** • **Timidity is now not present** • **Weakness of memory is improved than before** • **Patient now start getting mingled with other children**	**No medicine given** **(Wait and watch, as positive response is present from patient)** **Sac Lac/BD for 15 days**
7 November 2024 **7th Visit**	• **Obstinacy at mental level is much reduced** • **Memory improved** • **Mentally improved in all previous complaints.** **Marked change and improvement overall**	**No medicine given** **(As improvement is seen. No medicine is prescribed)** **Sac Lac/BD for 15 days**

DISCUSSION

In *Lectures on Homoeopathic Materia Medica*, Dr. J.T. Kent refers to *Silicea* as the "surgeon's knife" due to its distinctive ability to promote suppuration, expel foreign bodies, and facilitate the resolution of abscesses and localized infections. This characteristic makes it particularly valuable in managing conditions where surgical intervention might otherwise be considered **[13]**.

In this case, the patient exhibited key symptoms such as swelling and pain in the right lower eyelid, sharp pain on closing the eye, and localized suppuration—symptoms that align closely with the clinical profile of *Silicea*. In addition to the physical manifestations, the patient also demonstrated mental characteristics typical of *Silicea*, including obstinacy, timidity, aversion to company, and weakness of memory. These mental and emotional features play a crucial role in homoeopathic prescribing and were central to remedy selection in accordance with the principles laid out in Aphorisms 5, 6, 153, and 210–213 of the *Organon of Medicine*, which highlight the importance of identifying the totality of symptoms, particularly peculiar and mental signs **[16]**.

The individualized prescription of **Silicea 200C**, based on the complete symptom picture, led to steady improvement and full resolution of the condition, obviating the need for surgical intervention. Kent's philosophy strongly supports the approach used in this case. He emphasizes that mental symptoms take priority over physical ones and that remedy selection should be based on the patient's overall constitutional picture rather than just the disease. This was evident in the management of this chalazion case, where the prescription of *Silicea* was based on both the local symptoms and the child's emotional and behavioral traits **[14]**.

The positive response to treatment, without the need for allopathic support, reflects Kent's observation that when improvement is seen early in treatment, it confirms the remedy selection was appropriate. *Silicea 200C* was chosen following Kent's guidelines on potency selection, where higher potencies are recommended when mental and general symptoms clearly match the remedy. This approach helped achieve complete recovery in a gentle yet effective manner **[14, 16]**.

In this case report, the selection of medicine was guided by the fundamental principles of Homoeopathy: individualization, the use of a single remedy, and the minimum dose. The potency and dosing schedule were determined according to standard homoeopathic principles, particularly aligned with Dr. J.T. Kent's guidelines for the second prescription **[14]**. Notable

improvement in swelling and pain of the right lower eyelid was observed from the initial visit to the final follow-up over a one-month treatment period, demonstrating the efficacy of a constitutional approach in this case.

The treatment outcome was further evaluated using the MONARCH criteria, which yielded a score of +11, indicating a strong positive correlation between the homoeopathic treatment and clinical improvement **[15]**. The most compelling evidence supporting this improvement is visible in the comparative images **(Figure 2a, 2b, 2c)**, showing significant reduction in swelling and resolution of symptoms over the course of treatment.

Table 2: Assessment by Modified Naranjo Criteria for Homoeopathy (MONARCH)

Domains	Yes	No	Not Sure / N/A
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-	-
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	-	-
3. Was there a homoeopathic aggravation of symptoms?	-	0	-
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms improved)?	+1	-	-
5. Did overall well-being improve (physical, emotional, behavioral)?	+1	-	-
6A. Direction of cure: Did some symptoms improve in the reverse order of development?	+1	-	-
6B. Direction of cure: Did any of the following apply—improvement from more important organs to less important, deeper to superficial, top-down?	+1	-	-
7. Did "old symptoms" reappear temporarily during the course of improvement?	-	0	-
8. Are there alternate causes (other than the medicine) that could have caused the improvement?	-	+1	-
9. Was the health improvement confirmed by any objective evidence (clinical observation, photos, follow-ups)?	+2	-	-
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	-	-

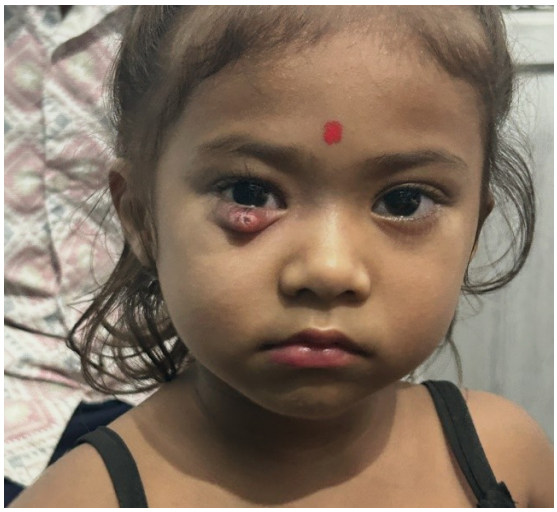

Figure 2a: Before the treatment

Figure 2b: During the treatment

Figure 2b: After the treatment

CONCLUSION

This case highlights the successful management of recurrent chalazion in a young child using individualized homoeopathic treatment, with notable improvement in both physical symptoms and emotional well-being. The approach was based on classical principles, giving importance to the child's timid, anxious nature alongside the local pathology. The chosen remedy led to complete resolution without surgical or conventional intervention, demonstrating the value of constitutional prescribing. While the outcome is encouraging, being a single case limits generalizability. Further studies with larger sample sizes and controlled methodologies are needed to validate the role of homoeopathy in managing recurrent chalazion and similar chronic conditions.

DECLARATION OF PATIENT'S PARENT CONSENT:

The authors certify that informed written consent was obtained from the parents of the minor patient for the publication. The parents were made aware that their child's name and information would not be disclosed and that every effort would be made to ensure confidentiality. However, they also acknowledged that complete anonymity cannot be guaranteed.

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CONFLITS OF INTEREST: None declared.

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