

Individualized Homoeopathic Approaches for Recurrent External Hordeolum: A Hypothesis-Generating Perspective

Dr. Meena Pralhad Kale¹, Dr. Vibhavari Vinayak Pande²

¹Professor, Organon of Med. And Hom. Phil., DRSGWF'S Vrindawan Homoeopathic Medical College & Hospital, Sangamner

²Assistant Professor, Repertory & Case Taking, DRSGWF'S Vrindawan Homoeopathic Medical College & Hospital, Sangamner

ABSTRACT

Recurrent external hordeolum (stye) is a common eyelid disorder in adolescents that often results in discomfort and repeated consultations, while structured documentation of homoeopathic management remains limited. This article explores individualized homoeopathic approaches based on classical principles, susceptibility patterns, and miasmatic evaluation through a synthesis of literature on remedies such as Pulsatilla, Staphysagria, Silicea, and Hepar sulphuris, with emphasis on mental and physical generals and reported clinical outcomes. Individualized strategies demonstrate theoretical potential for reducing symptoms and preventing recurrence, and a flowchart outlines generalized disease phases and therapeutic decision-making. These findings are observational and hypothesis-generating; systematic studies are necessary to establish efficacy, reproducibility, and clinical relevance.

Keywords: external hordeolum; stye; recurrent eyelid inflammation; individualized therapy; Pulsatilla; homoeopathy; hypothesis-generating

INTRODUCTION

External hordeolum is an acute suppurative inflammation of eyelash follicles and associated glands, presenting with localized pain, redness, and swelling along the eyelid margin [1,2]. While most cases resolve spontaneously, recurrent episodes may occur, particularly in adolescents with chronic lid inflammation, blepharitis, or environmental and behavioural predispositions [3,4]. Recurrence can cause anxiety, disrupt daily routines, and lead to repeated medical consultations.

Homoeopathic literature documents classical remedies for ocular inflammation and styes, including **Pulsatilla**, **Staphysagria**, **Silicea**, and **Hepar sulphuris**, selected based on mental, physical, and modality characteristics [5–8]. Contemporary reports describe individualized management achieving resolution without invasive interventions [9,10].

This article synthesizes homoeopathic principles, literature evidence, and hypothesis-generating observations to explore individualized strategies for recurrent external hordeolum.

HOMOEOPATHIC INDIVIDUALIZATION-

Mental and Behavioral Generals: Remedies are selected based on disposition, emotional tendencies,

and anxiety patterns (Kent, 1905). For example, gentle or anxious temperaments may indicate **Pulsatilla**, while irritability or anger may suggest **Staphysagria**.

Physical Generals: Factors such as thirstlessness, amelioration in open air, and comfort in well-ventilated environments guide remedy selection.

Particular Symptoms: Recurrent tender inflammatory swelling, suppuration with relief after discharge, and episodic patterns are key differentiators.

Miasmatic Considerations: Psoric, sycotic, and tubercular tendencies influence susceptibility and guide remedy selection.

Repertorial Summary Table (Generalized)

Domain	Clinical Feature	Recommended Remedy	Example Weight
Mind	Gentle, yielding disposition	Pulsatilla	High
Mind	Irritable, resentful	Staphysagria	High
General	Thirstlessness	Pulsatilla	High
General	Desires open air	Pulsatilla	High
Particular	Recurrent styes, suppuration with relief	Silicea / Hepar sulphuris	Moderate

LITERATURE SYNTHESIS-

- **Pulsatilla:** Documented for recurrent eyelid inflammation with tender, moist, and mild dispositions [5,7].
- **Staphysagria:** Addresses recurrent styes associated with irritability or post-traumatic origin [6].
- **Silicea and Hepar sulphuris:** Used for chronic suppurative tendencies and delayed drainage.
- Observations highlight non-invasive resolution and recurrence reduction without antibiotics or surgical intervention [9,10].

HYPOTHESIS-GENERATING DISCUSSION-

Individualized homoeopathic management may reduce recurrence frequency and anxiety in adolescents. Potential mechanisms include modulation of inflammatory response and enhancement of natural drainage through remedy-specific constitutional and miasmatic matching.

Prospective observational studies or randomized controlled trials evaluating remedy selection strategies, dosing, and outcomes are warranted. Patient-reported outcomes and quality-of-life assessments should complement clinical evaluations.

FLOWCHART

Generalized Phase of Recurrent External Hordeolum

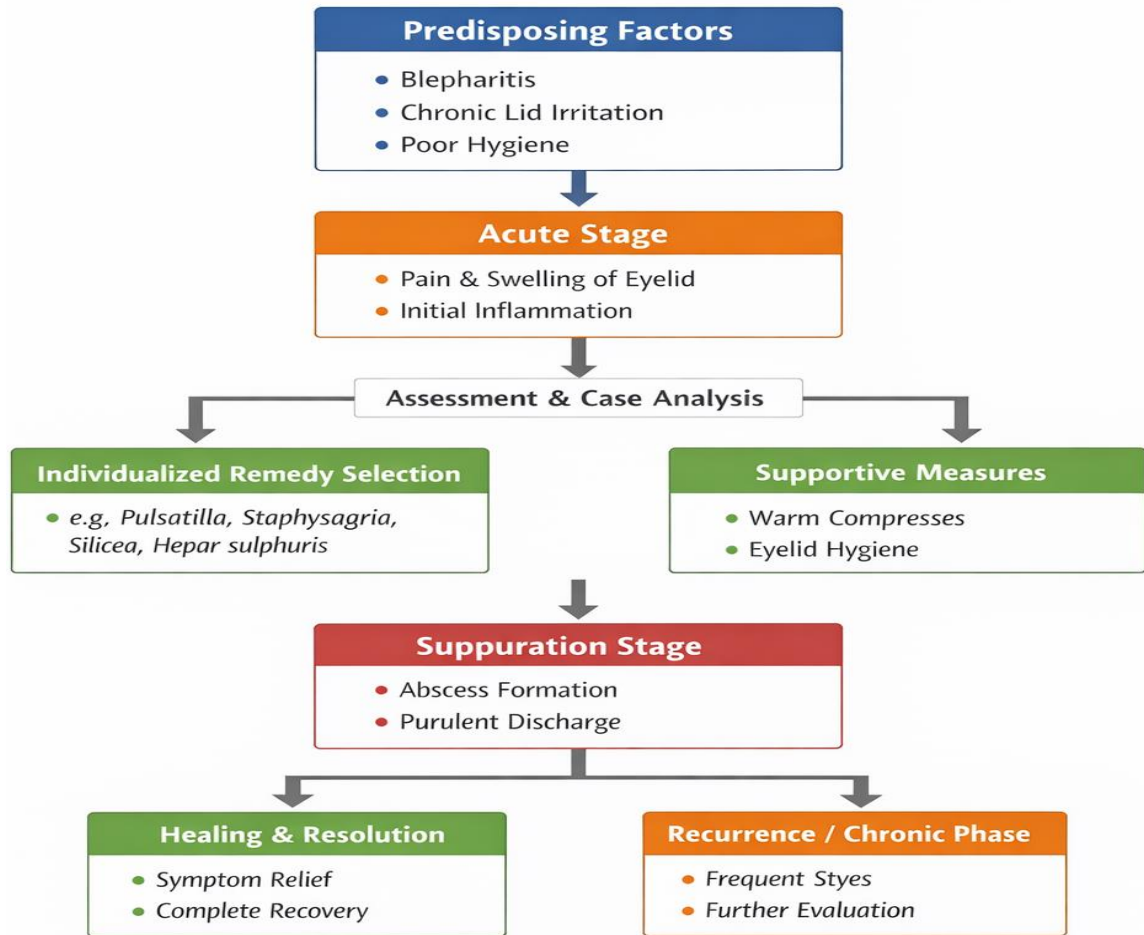


Figure 1

CONCLUSION

Individualized homoeopathic strategies for recurrent external hordeolum, based on classical mental, physical, and particular characteristics, show potential as non-invasive management approaches. This manuscript is literature- and hypothesis-driven and should be interpreted as a guide for future research. Systematic studies are needed to establish reproducibility, efficacy, and clinical relevance.

DECLARATIONS

- **Funding:** None
- **Conflict of Interest:** None declared
- **Ethical Approval:** Not applicable (no patient-specific data used)
- **Data Availability:** Available upon request

REFERENCES

1. American Academy of Ophthalmology. External hordeolum and chalazion preferred practice pattern. AAO. 2023.

2. Kanski, JJ & Bowling, B. *Clinical Ophthalmology: A Systematic Approach*. 7th ed. Elsevier; 2011.
3. StatPearls Publishing. Hordeolum (stye). StatPearls Publishing; 2025.
4. Eyewiki. Stye. American Academy of Ophthalmology. 2024. Available from: <https://eyewiki.aao.org/Stye>
5. Boenninghausen, CH. *Therapeutic Pocket Book*. 1846.
6. Kent, JT. *Repertory of the Homoeopathic Materia Medica*. 1905.
7. Hering, C. *Guiding Symptoms of Our Materia Medica*. 1879.
8. Homeocareclinic.in. Homoeopathic management of stye. 2023. Available from: <https://www.homeocareclinic.in/stye-and-its-homeopathic-management>
9. Homoeopathic Journal. Individualized homoeopathic management of recurrent styes in adolescents. 2023;6(3):90-97.
10. IJACARE. Case report: Aegle marmelos 30 in recurrent external hordeolum. 2022;8(2):45-50.