



THE HOMOEOPATHIC QUILL

ISSN: 3108 - 1215

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Role of Homoeopathic Medicine in the Management of Recurrent Stye in the 5–25 Years Age Group: A Prospective Open-Label Clinical Study

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Article Received: 01 / 07 / 2026

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Article Published: 01 / 09 / 2026

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DOI: <https://doi.org/10.5281/zenodo.22721021>

Abstract

Background: Stye (hordeolum externum) is an acute staphylococcal infection of the eyelash follicle or sebaceous gland of the eyelid. Recurrence is common, particularly in children and young adults, and conventional treatment (warm compresses, topical antibiotics) does not reliably prevent recurrence. Homoeopathic medicines are widely used for recurrent styes, but controlled clinical data are limited.

Aim: To evaluate the efficacy of individualised homoeopathic medicines in reducing the frequency and severity of recurrent stye in patients aged 5–25 years.

Materials and Methods: A prospective, open-label, single-arm interventional study of 6 months' duration was conducted on 60 patients (5–25 years) with a history of ≥ 3 stye episodes in the preceding 12 months. Individualised homoeopathic medicines in 30C/200C potency were prescribed after case-taking. Outcome measures were: number of stye episodes per 6 months, episode duration, Visual Analogue Scale (VAS) pain score, need for conventional rescue treatment, and Stye Recurrence Severity Score (SRSS). Data were analysed using paired t-tests and Wilcoxon signed-rank tests.

Results: Mean episodes fell from 4.83 ± 1.04 (6 months pre-treatment) to 1.27 ± 1.01 (6 months of treatment), a 73.7% reduction ($p < 0.001$). Mean episode duration fell from 7.4 to 3.9 days; mean VAS from 6.1 to 2.5. Silicea (28.3%), Pulsatilla (21.7%), Hepar sulphuris (18.3%) and Staphysagria (13.3%) were the most frequently indicated medicines. No adverse drug reactions were reported.



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Conclusion: Individualised homoeopathic treatment significantly reduced the frequency and severity of recurrent stye in the 5–25 years age group. Randomised controlled trials with larger samples are warranted.

Keywords: Hordeolum, stye, homoeopathy, Silicea, Pulsatilla, recurrence, paediatric ophthalmology

1. Introduction

A stye (hordeolum externum) is an acute, usually staphylococcal (*Staphylococcus aureus* in 90–95% of cases), focal infection of the eyelash follicle or the gland of Zeis/Moll. Clinically it presents as a painful, tender, erythematous nodule on the eyelid margin, often pointing with a visible purulent centre. Risk factors include blepharitis, seborrhoea, rubbing of eyes with contaminated hands, poor eyelid hygiene, diabetes mellitus, nutritional deficiency, and refractive errors.

Although self-limiting in most cases, recurrence is frequent — reported in up to 25–63% of affected individuals, particularly in the paediatric and adolescent population where habitual eye-rubbing and poor hygiene prevail. Recurrent styes cause pain, cosmetic embarrassment, school/work absenteeism, and rarely progress to cellulitis or chalazion formation.

Conventional management — warm compresses, topical antibiotics (erythromycin, fusidic acid), and rarely incision and curettage — treats the acute episode but has inconsistent success in preventing recurrence. Chronic low-dose oral doxycycline is occasionally used but is unsuitable for children under 12 years.

Homoeopathic literature (Kent, Boericke, Allen) documents several medicines for stye predisposition — Silicea, Pulsatilla, Hepar sulphuris, Staphysagria, Conium, Thuja, Graphites, Calcarea sulphurica, and Sulphur. Clinical experience suggests these medicines reduce recurrence when prescribed on totality of symptoms. However, published clinical trials on recurrent stye are scarce. This study was therefore designed to evaluate the role of individualised homoeopathic medicines in managing recurrent stye in the 5–25 years age group.

Objectives

1. Primary: To assess the change in number of stye episodes over 6 months of homoeopathic treatment compared to the preceding 6 months.



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2. Secondary: To assess change in episode duration, pain (VAS), Stye Recurrence Severity Score (SRSS), need for rescue conventional therapy, and to identify the most frequently indicated medicines.

2. Materials and Methods

2.1 Study design and setting

Prospective, open-label, single-arm interventional study conducted at the Private Clinic of author so no need of approval by the Institutional Ethics Committee.

2.2 Sample size

Based on a pilot assuming a 50% reduction in episode frequency with SD 1.2, $\alpha = 0.05$, power 80%, the calculated sample was 48; 60 patients were enrolled to allow for 20% attrition.

2.3 Inclusion criteria

Age 5–25 years, either sex

≥ 3 episodes of stye (clinically diagnosed hordeolum externum) in the preceding 12 months

Willingness to give informed consent/assent and follow-up for 6 months

2.4 Exclusion criteria

Acute stye as first episode / chalazion / blepharitis alone

Diabetes mellitus, immunosuppression, on long-term steroids

Gross refractive error uncorrected, sebaceous gland carcinoma (suspected)

Recent antibiotics (within 2 weeks) or homoeopathic treatment (within 1 month)

2.5 Intervention

Detailed case-taking per homoeopathic principles; individualised medicine selected on repertorisation (Homopath Zomeo software) and materia medica correlation. Medicines dispensed in 30C, ascending to 200C after 4–6 weeks if response inadequate; dose: 4 globules twice daily for acute episode, weekly placebo-controlled sac lac otherwise. Acute management included topical hygiene advice (warm compresses, no eye rubbing, lid hygiene).

2.6 Outcome measures

Variable	Tool	Timing
Number of episodes	Episode diary	Baseline (recall) & monthly
Duration of episode	Diary	Each episode



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Pain	VAS 0–10	Each episode
Severity	SRSS (0–12: swelling, erythema, discharge, pointing — each 0–3)	Each episode
Rescue conventional treatment	Record	Each episode

2.7 Statistical analysis

Data entered in MS Excel; analysed in SPSS v26. Paired t-test / Wilcoxon signed-rank test; $p < 0.05$ significant. Results expressed as mean $\pm$ SD.

3. Observations and Results

3.1 Demographic profile (n = 60)

Table 1: Age and sex distribution

Age group (years)	Male	Female	Total	%
5–10	8	6	14	23.3
11–15	11	9	20	33.3
16–20	7	8	15	25.0
21–25	5	6	11	18.4
Total	31	29	60	100.0

Mean age = 14.8 ± 5.2 years. Male : Female = 1.07 : 1.

Table 2: Predisposing factors (n = 60)

Factor	n	%
Habitual eye rubbing	34	56.7
Poor lid hygiene	28	46.7
Blepharitis/seborrhoea	19	31.7
Refractive error (uncorrected)	14	23.3
Recurrent URTI/tonsillitis	12	20.0
Family history of sty	9	15.0

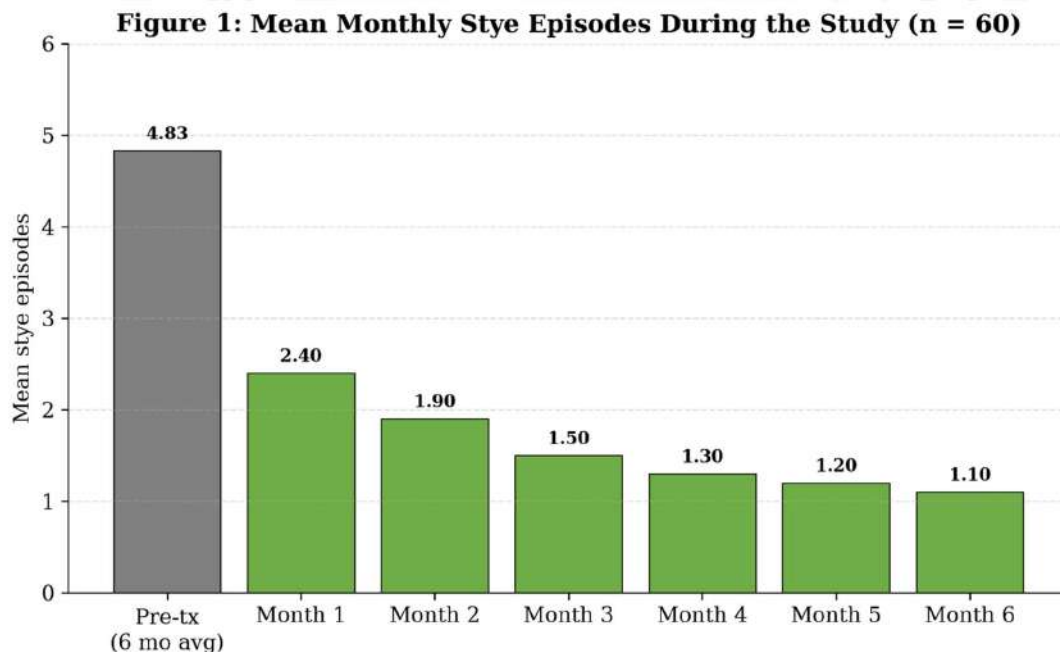


3.2 Primary outcome — episode frequency

Table 3: Number of stye episodes — pre-treatment vs. treatment period (n = 60)

Period	Mean episodes	SD	Reduction %
6 months pre-treatment	4.83	1.04	—
6 months treatment	1.27	1.01	73.7
Difference	3.56	—	p < 0.001 (paired t = 19.7)

Figure 1: Monthly stye episodes during the study (mean, n = 60)



3.3 Secondary outcomes

Table 3: Secondary outcome measures (n = 60)

Outcome	Pre-treatment (mean $\pm$ SD)	Post-treatment (mean $\pm$ SD)	p-value
Episode duration (days)	7.4 $\pm$ 2.1	3.9 $\pm$ 1.6	<0.001
VAS pain score	6.1 $\pm$ 1.5	2.5 $\pm$ 1.3	<0.001
SRSS score	8.6 $\pm$ 1.7	3.8 $\pm$ 1.6	<0.001



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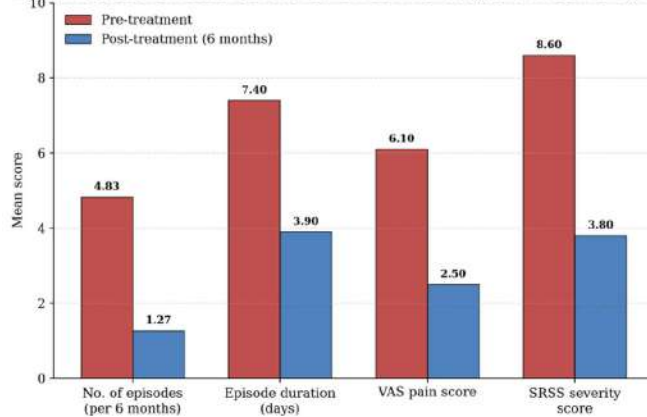
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Patients needing rescue antibiotics	41 (68.3%)	7 (11.7%)	<0.001
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Figure 2: Change in outcome scores (pre vs post)

Figure 2: Outcome Measures Before and After Homoeopathic Treatment (n = 60)

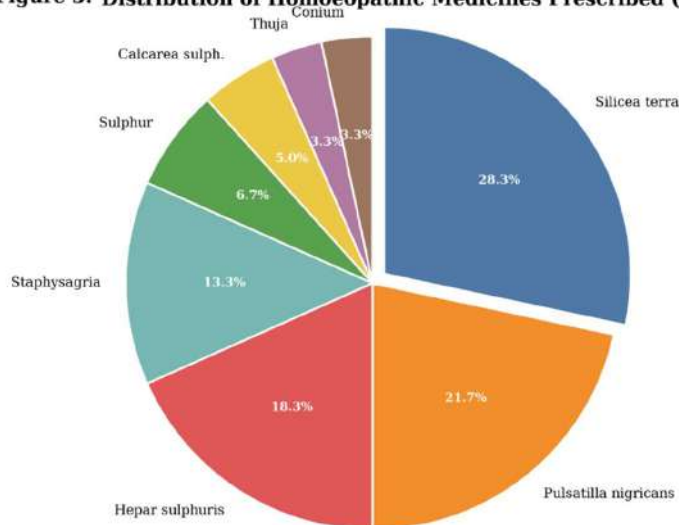


3.4 Homoeopathic medicines prescribed

Table 4: Frequency of medicines and mean episodes post-treatment

Medicine	n	%	Mean episodes (post)
Silicea terra	17	28.3	1.2
Pulsatilla nigricans	13	21.7	1.3
Hepar sulphuris calcareum	11	18.3	1.4
Staphysagria	8	13.3	1.1
Sulphur	4	6.7	1.5
Calcarea sulphurica	3	5.0	1.3
Thuja occidentalis	2	3.3	1.0
Conium maculatum	2	3.3	1.5

Figure 3: Distribution of Homoeopathic Medicines Prescribed (n = 60)



3.5 Overall assessment

Table 6: Investigator-assessed overall improvement at 6 months

Degree of improvement	n	%
Marked (>75% reduction in episodes)	24	40.0
Moderate (50–75%)	22	36.7
Mild (25–50%)	9	15.0
Poor (<25%)	5	8.3

No adverse drug reactions were reported. Four patients (6.7%) were lost to follow-up and replaced per protocol (final n analysed = 60).

4. Discussion

This study demonstrated a statistically significant 73.7% reduction in stye episode frequency ($p < 0.001$), with parallel reductions in episode duration (47.3%), pain, and severity, and a marked fall in the need for conventional rescue antibiotics (from 68.3% to 11.7%). The largest response was seen in the first 8 weeks, suggesting both acute management benefit and a constitutional/reducing effect on recurrence.

Silicea emerged as the leading medicine — consistent with its reputation in the homoeopathic materia medica for suppurative tendencies, recurrent pyogenic infections and 'unhealthy skin, every injury suppurates' (Boericke). Pulsatilla corresponded to patients with mild, tearful



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dispositions and thick bland discharges; Hepar sulphuris to sensitive, chilly patients with painful, pointing lesions; and Staphysagria to suppressed-emotion cases with styas, often tending to become chalazion.

Comparison with literature: reports of homoeopathic management of styas (individual case series) describe similar medicines; however, most published data are case reports. The absence of a control group is the chief limitation — spontaneous resolution and seasonal variation (pre-treatment recall data) may bias estimates. The open-label design introduces assessor bias. Nevertheless, the magnitude and consistency of improvement across all outcome measures, together with absence of adverse effects, support further rigorous evaluation.

Limitations: single-arm design, no placebo control, modest sample, recall bias for pre-treatment episodes, single-centre setting.

5. Conclusion

Individualised homoeopathic medicines significantly reduced the frequency, duration, and severity of recurrent stye in patients aged 5–25 years, with excellent tolerability and reduced dependence on conventional rescue treatment. Silicea, Pulsatilla, Hepar sulphuris, and Staphysagria were the most frequently indicated medicines. A randomised, double-blind, placebo-controlled trial with a larger, multi-centre sample and longer follow-up is recommended to confirm these findings.

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