Abstract

Lacrimal glands are exclusive structures possessing both epithelial and lymphoid tissue and may produce a variable range of pathologies such as neoplastic, infective, infiltrative, inflammatory and structural. Treatment is either anti-inflammatory in the form of corticosteroids, radiotherapy or complete excision in the field of modern medicine. A female patient named IB, aged 35 years, came with bilateral firm swelling of the lacrimal gland. She started treatment under modern medicine doctors; however, when she was advised to go for Homoeopathy. The swelling was developing gradually for 2 months – painless, no fluctuation, no fixity to skin and underlying structures. After thorough case-taking followed by repertorisation, *Calcarea carbonica* 1M, two doses were prescribed. The patient reported after 2 months with zero Outcome in Relation to Impact on Daily Living instrument score. Further modification was done in repertorisation, and now *Silicea* 1M, two doses was prescribed. Treatment continued for 4 more months and no new medicine or further repetition was required. Documentation was done in the form of photographs of the patient from the same angle under similar light exposure in every follow-up.

**Keywords:** *Calcarea carbonica*, Inflammatory, Lacrimal gland, *Silicea*

Introduction

Lacrimal gland tumours represent only 10% of all space-occupying orbital lesions.[1] They are generally divided into two broad categories: epithelial and non-epithelial. Inflammatory lesions and lymphoproliferative lesions are a common variety of non-epithelial lesions. In the epithelial category, it is either a benign growth (pleomorphic adenoma) or malignant growth (adenoid cystic carcinoma). Characteristics of the particular lesion, duration of symptoms, presence of pain and radiologic findings are the major focusing points in the management.[2]

Acute onset of swelling associated with periorbital pain, chemosis and indurated lid indicates an inflammatory lesion. Lacrimal gland inflammation results in insufficient secretion, leading to dry eye syndrome.[3] Lymphoproliferative growths are characterised by insidious-onset, painless proptosis and are often bilateral. Pleomorphic adenomas present as painless, progressive proptosis and downward and inward displacement of the globe. A non-tender palpable mass in the superotemporal orbital quadrant is present in most patients. These palpebral lobe tumours are freely movable and do not produce proptosis or bony changes.[4]

The most common malignant epithelial tumour of the lacrimal gland is adenoid cystic carcinoma, which presents with a shorter duration of proptosis, globe displacement and characteristic pain due to perineural invasion and may be associated with motility disorder, diplopia, ptosis, lachrymation, numbness and decreased vision. The following case was either having benign, inflammatory or lymphoproliferative growth as there were no destructive and invasive changes such as ptosis, displacements or bony erosions. Of the above characteristics mentioned, the below-mentioned case report is most likely to be lymphoproliferative, i.e., painless, gradual development and bilateral.

Case Report

A female patient (IB) aged 36 years attended the outpatient
department with a complaint of swelling on superolateral side (close to the outer canthus) of the left and right orbital rims of both eyes. The swelling had been developing gradually for the last 2 months. It was a firm painless (occasional pain), no fluctuation, no fixity to skin and underlying structures. The size of the swelling was approximately 15 mm × 10 mm × 15 mm and 20 mm × 10 mm × 15 mm of the left and right orbital rims, respectively. Hot compression was used twice a day although with no results (as per the suggestion of the previous physician who diagnosed the swelling to be chalazion). The only symptom was the absence of tear.

Medical report of slit lamp examination reflected a firm swelling in the lacrimal gland on the upper eyelid of both eyes [Figure 1].

**History**

The patient had a history of appendicectomy 10 years ago. There were no post-operative complications. She suffered from Jaundice 14 years back during her college days. No specific medications were used except some liver tonics, and no significant consequences felt after recovery. The patient is a known case of essential hypertension and is under anti-hypertensive allopathic drugs for 3 years. She also had a constant predisposition to get affected by humid conditions. She said that whenever she returns to Kolkata, she develops cough and cold. In addition to this, she had a chronic diathesis of nasal obstruction.

**Family history**

Mother is suffering from uric acid diathesis and some kind of hearing impairment. Father is a patient of hypertension for 10 years and is on anti-hypertension drugs.

**Personal history**

The patient by occupation is a teacher in English-medium school, living with her spouse in Hyderabad who is an Engineer doing his job in a private firm. They had no issue although they are married for >7 years. For this problem, they were under consultation with a fertility clinic 2 years ago, but no result. As per the oral conversation (since they did not bring any reports regarding the infertility clinic and was only concerned with the swelling on the eyelids) with the couple, the patient had polycystic ovary detected in a ultrasonography.

**Generals**

The patient by nature was a perfect example of a foodie. She enjoys food with delight. Of many things, she had strong desire for egg and milk. Bowel movements and urination had no significant points of deviations. The patient had an extreme intolerance to the cold (dry and wet) of winter and rainy seasons. She also had tendency of profuse sweating, especially on head and scalp. Menstrual irregularities were marked of which late catamenia was the key.

**Local and systemic examination**

The patient had Endomorph body with obesity (body mass index = 31). Fatty streaks along the flanks on lower abdomen and also around the anterior folds of axilla (both) were observed. Numerous brown spots were visible on the skin.

**Analysis of the case**

After analysing the symptoms of the case, the characteristic general and particular symptoms were considered for framing the totality. Desire for egg and milk, delayed menses, profuse perspiration on scalp ailments from humid and cold weather, chronic nasal obstruction and swelling on eyelids were included in totality.

**Miasmatic analysis**

Miasmatic evaluation of all the presenting symptoms was done which showed the predominance of psoric and sycotic miasm in combination[5] [Table 1].

**Reportorial analysis**

Considering the above symptomatology, Kent Repertory was preferred, and using HOMPATH software,[6] systemic repertorisation was done. The repertorisation chart is presented in Figure 2.

After repertorisation, many medicines were competing with each other, namely Calcarea, Silicea, Mercurius and Sulphur, where the maximum number of symptoms was covered by

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**Figure 1:** Report of Slit Lamp findings

**Figure 2:** Repertorization chart for second prescription
Calcarea (i.e., 7 out of 8) with maximum score. Ultimately, on consultation with Materia Medica, Calcarea 1M, two doses were prescribed in the first visit.

Follow-ups
The follow-ups are given at Table 2 along with the photographs [Figures 3-11].

**DISCUSSION**
The above swelling of the lacrimal gland was considered to be lymphoproliferative as per the clinical features, but the rubric selection during the 2nd repertorisation (in the 2nd visit) was ‘eye–inflammation–lacrimal gland’ replacing the rubric ‘eye–swollen–lids’ during the 1st repertorisation (1st visit). This should not be doubted as an error as literature search from reputed clinical Materia Medicas such as TF Allen’s *Encyclopedia of pure Materia Medica*, Boenninghausen’s *Characteristics and Repertory* and Clark’s *Dictionary of Materia Medica* showed ‘swelling in the region of the right lacrimal gland and lachrymal sac (after

Table 1: Miasmatic evaluation of all the presenting symptoms was done which showed the predominance of psoric and sycotic miasm in combination

<table>
<thead>
<tr>
<th>Symptoms/rubrics</th>
<th>Miasm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head-perspiration: Scalp</td>
<td>Sycosis</td>
</tr>
<tr>
<td>Nose-obstruction: Chronic</td>
<td>Psora + Latent Psora + Sycosis</td>
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<tr>
<td>Stomach-desire: Egg</td>
<td>Psora</td>
</tr>
<tr>
<td>Stomach-desire: Milk</td>
<td>Psora</td>
</tr>
<tr>
<td>Genitalia female-menses: Late</td>
<td>Psora + Latent Psora</td>
</tr>
<tr>
<td>Generalities-heat, vital, lack of</td>
<td>Psora</td>
</tr>
<tr>
<td>Generalities-wet: Weather</td>
<td>Sycosis</td>
</tr>
<tr>
<td>Eyes-swollen: Lids</td>
<td>Psora</td>
</tr>
</tbody>
</table>

Table 2: Follow up

<table>
<thead>
<tr>
<th>Date of visits</th>
<th>Left eye</th>
<th>Status of the patient</th>
<th>Right eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 July 2017</td>
<td><strong>Figure 3:</strong> Lacrimal gland tumour - Left eye - First visit (Baseline)</td>
<td><strong>Figure 4:</strong> Lacrimal gland tumour - Right eye - First visit (Baseline)</td>
<td></td>
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<tr>
<td>First visit</td>
<td>Symptoms</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>As illustrated above</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Justification</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>After consultation with Materia Medica which states ‘increased local and general perspiration, swelling of glands: persons of scrofulous types who take cold easily: fat, fair and flabby’ as the keynotes for a <em>Calcarea carb</em> prescription.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicine prescribed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Calcarea carb</em> 1M, 2 doses in sac lac pulvis OD × 2 days to be taken in empty stomach in the early morning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Placebo for the rest of the 2 months (OD)</td>
<td></td>
<td></td>
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<tr>
<td>25 September 2017</td>
<td><strong>Figure 5:</strong> Lacrimal gland tumour - Left eye - Second visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second visit</td>
<td>Symptoms</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>On considering the response on basis of Outcome in Relation to Impact on Daily Living instrument (ORIDL) scale⁷ - the main complaint was ‘no change’, and regarding overall well-being, ‘unsure’</td>
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</tbody>
</table>

Contd...
Pal: Lacrimal gland tumour

<table>
<thead>
<tr>
<th>Date of visits</th>
<th>Status of the patient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Left eye</strong></td>
<td><strong>Right eye</strong></td>
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<td></td>
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**Justification**

Once again, case-taking was revised followed by two modifications during repertorisation - i.e., instead of eye-swollen-lids, the rubric eye-inflammation-lacrimal gland was considered, and nose-obstruction chronic was more specified by nose-obstruction-after every cold.

Considering the pathology of inflammation for lacrimal gland was based on the conclusion of a study which stated that 'The cause of bilateral lacrimal gland disease most commonly was inflammatory, followed by structural and lymphoproliferative'.[8] Now, the result was different and *Silicea* which was second in the previous repertorisation sheet scored the maximum (20/8). Moreover, after consultation John Moffat’s Homeopathic therapeutics in Ophthalmology, it was found that the only drug under lacrimal gland swollen is *Silicea*[9]

**Medicine prescribed**

*Silicea* 1 M, 2 doses in sac lac pulvis
OD × 2 days to be taken in empty stomach in the early morning
Placebo for the rest of the months (OD)

**Figure 7:** Repertorization Chart

**Figure 8:** Lacrimal gland tumour - Left eye - Third visit

**Figure 9:** Lacrimal gland tumour - Right eye - Third visit

**Symptoms**

On considering the responses on basis of ORIDL scale - the main complaint was ‘moderate improvement’, and regarding overall well-being, ‘affecting daily living’. In simple terms, the size of the glandular swelling was decreasing from the sides. The patient also noticed the decrease in delay regarding the timing of menstruation

**Justification**

The patient was on the better side and her generalities were also improving. Hence, as per our basic conception, no medicine was (*Aphorism 245)[10] is required in such conditions

**Medicine prescribed**

Placebo for 1 month (OD)

**Figure 10:** Lacrimal gland tumour - Left eye - Fourth visit

**Figure 11:** Lacrimal gland tumour - Right eye - Fourth visit

Contd...
The beauty of Homoeopathy is that it has widespread effectiveness. For example, many a times, certain cases which are expected to be entirely surgical (as per the printed books, journals, articles, etc.) may be annihilated with Homoeopathic medicines and lifestyle modifications only. The outcome of the above-mentioned case clearly proves that proper selection of the Homoeopathic remedy after classical miasmatic and repertorial approach can remove tumours without any surgical intervention, and this can serve as an alternative option. This is definitely cost-effective and may be an alternative for the reasonably under-privileged section of the people, particularly residing in distant areas where medical facilities and infra-structural conveniences for doing surgery are negligible.

<table>
<thead>
<tr>
<th>Date of visits</th>
<th>Left eye</th>
<th>Right eye</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Symptoms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>She was expected to come after 2 months. However, she came after almost 4 months. This delay was basically, for two reasons. First, she was not feeling any swelling over the eyelids on palpation, and hence, however, no medicine is required further. Second, and most importantly, she conceived. Now, she came with acute complaints of nausea and discomfort in epigastrium</td>
<td></td>
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<tr>
<td></td>
<td>Medicine prescribed</td>
<td></td>
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<tr>
<td></td>
<td>Sulphur 200, 1 dose in sac lac pulvis OD × 1 day to be taken in empty stomach early morning</td>
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<td></td>
<td>2. Placebo for rest of the 2 months</td>
<td></td>
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</tbody>
</table>

Declaration of patient consent
The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

Financial support and sponsorship
Nil.

Conflicts of interest
None declared.

References
Pal: Lacrimal gland tumour

Tumeur des glandes lacrymales : une étude de cas clinique

Résumé
Les glandes lacrymales sont des structures exclusives possédant des tissus épithéliaux et lymphoïdes et elles sont susceptibles de produire une gamme variée de pathologies de types néoplasiques, infectieuses, infiltrantes, inflammatoires et structurelles. Dans le domaine de la médecine moderne, le traitement est soit anti-inflammatoire sous forme de corticostéroïdes, de radiothérapie ou d’excision complète. Une patiente (IB/36 ans) s’est présentée avec une tuméfaction bilatérale ferme des glandes lacrymales. La tuméfaction se développait progressivement depuis 2 mois – sans douleur, sans fluctuation, et sans fixité à la peau et aux structures sous-jacentes. Après une analyse détaillée du cas suivi de la répertorisation, 2 doses de Calcarea carbonica 1M ont été prescrites. Deux mois plus tard, la patiente est revenue avec un score ORIDL (Résultats par rapport aux effets sur la vie quotidienne) de zéro. Après une répertorisation modifiée, 2 doses de Silicea 1M ont été prescrites. Le traitement a continué pendant 3-4 mois et 3 suivis ont été effectuados. Aucun nouveau médicament ni répétition de médicaments n’ont été nécessaires. La documentation a été faite lors de chaque suivi sous forme de photographies de la patiente prises sous le même angle et sous les mêmes conditions d’exposition à la lumière. Ce cas démontre que l’homéopathie joue également un rôle dans le traitement de cas chirurgicaux.

Tratamiento del tumor de glándula lagrimal: estudio de un caso clínico

Resumen
Las glándulas lagrimales son estructuras exclusivas que poseen tejidos tanto epiteliales como linfoides. Pueden sufrir diversas patologías, como neoplásicas, infectiosas, infiltrativas, inflamatorias y estructurales. En el ámbito de la medicina moderna, el tratamiento reside en antiinflamatorios como corticosteroides, en radioterapia o en la escisión completa. Una mujer (IB/36 años) se presentó con una hinchazón firme bilateral de las glándulas lagrimales. La hinchazón se había desarrollado gradualmente a lo largo de 2 meses, era indolora, no fluctuaba y no estaba adherida a la piel o a las estructuras subyacentes. Tras la toma detenida del caso y la repertorización de los síntomas, se prescribió Calcarea carbonica 1M, en 2 dosis. Tras 2 meses, se documentó en la paciente una puntuación 0 en la escala ORIDL (Outcome in Relation to Impact on Daily Living). En ese momento, conforme a las modificaciones en la repertorización, se prescribió Silicea 1M, en 2 dosis. El tratamiento continuó durante 3 a 4 meses más y se realizaron 3 controles de seguimiento. No se precisaron otros medicamentos ni la repetición de los ya administrados. Para la documentación del caso, en cada visita de seguimiento, se tomaron fotografías de la paciente desde el mismo ángulo bajo condiciones lumínicas similares. Este caso muestra que la homeopatía también desempeña un papel en el tratamiento de casos quirúrgicos.
Behandlung des Tumors der Tränendrüse: eine klinische Fallstudie

Abstrakt


淚腺瘤的治療:臨床個案研究

摘要

淚腺是唯一同時擁有上皮和淋巴組織的結構，可產生多樣的病理，例如：腫生性、傳染性、浸潤性、發炎性和結構性病理。現今醫療的治療方法只有使用皮質激素去消炎、放射療法或完全切除。一個女病人（IB/36歲）由於兩側淚腺的堅實腫脹而求診。腫脹是在近2個月中逐漸發展的——無痛、沒有波動、沒有固定於皮膚和底下組織。

在詳盡的會診和隨後的療劑彙集分析法之後，處方了碳酸鈣 (Calcareacarbonica) 1M 兩劑。病人在兩個月之後報告，日常生活對結果影響 (ORIDL) 得分為0。進一步調整療劑彙集分析，處方改為矽 (Silicea) 1M 兩劑。治療持續了另外3至4個月，經過了3次複診。不需要新的療劑或重複療劑。在每次複診，都在相似的光線底下，以相同角度為病人照相，作為記錄。這個案顯示了順勢療法在處理外科個案上亦有其作用。