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Homoeopathic treatment of complicated sebaceous cyst: A case study

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Abstract

Sebaceous cyst, a benign encapsulated, subepidermal nodule filled with keratin. A 28 year old, male patient came with complaints of painful swelling measuring about 2.5x2.5x2 cm on right side of his neck since from 4 days. He went first to the conventional treatment and was prescribed NSAID'S but of no relief instead he started with enlargement of cyst with accumulation of pus inside and unbearable pain with painful neck movements. On examination it was found that the swelling is non-fluctuant, non-compressible, pus filled mass with a central dark come done. After case taking & repertorization, Hepar sulph 200 water dose was prescribed hourly for 6hours followed by PL TID and was advised to report daily. On the same night abscess broke open with discharge of pus, with relief from pain & tenderness. Within a day come done came out with formation of ulcer in region of cyst. Later he was prescribed PL internally 3 times a day, cleaning & dry dressing of wound with Calendula officinalis mother tincture daily. Wound healed gradually within 2 weeks. The patient was kept under observation for another 3 month and there was no relapse. Documentation of the case was done in the form of photographs of affected area in every follow up and at the end Modified Naranjo Criteria was used to assess the causal relationship between the Homoeopathic medicine given to the patient and the positive outcome.

Keywords: Abscess, sebaceous cyst, hepar sulph, calendula officinalis, homoeopathy

Introduction

Epidermoid cyst commonly known as sebaceous cyst, is a benign encapsulated, subepidermal nodule filled with keratin. These are most commonly located over the face, neck, trunk and can also be found even over genitalia, fingers and in few cases even within the buccal mucosa. Onset and progression of cyst is gradual and remain present for years. These are the most common cutaneous cysts, typically occurring between third to fourth decade of life and are rare before puberty. They are predominantly found in males than females with ratio of 2:1. It was found that, approximately 1% of epidermoid cysts have a tendency for malignant transformation into squamous cell carcinoma (SCC) or basal cell carcinoma (BCC) ^[1,2].

Although the term sebaceous cyst is a misnomer as it doesn't denote the underlying pathophysiology, i.e., it does not involve the sebaceous gland and the cyst develops within the infundibulum due to blockage of follicular orifice. It communicates with the skin surface through a keratin-filled orifice. Plugging of the follicular orifice is an important step in the pathogenesis, because of this, those with acne vulgaris will have multiple epidermoid cysts originating from comedones. These can also occur from traumatic and penetrating injuries leading to the implantation of the epithelium within. Cyst is lined with stratified squamous epithelium that leads to an accumulation of keratin within the sub epidermal layer or dermis. Histological examination reveals that, the epidermoid cyst commonly called as sebaceous cyst is a stratified squamous epithelial-lined cyst filled with laminated keratin located within the dermis. The lining of the cyst is similar to the surface epithelium but differs in that it lacks rete ridges. A granular layer is present within cyst, filled with keratohyalin granules. Recently even ultraviolet (UV) light, infection with the Human Papilloma Virus (HPV) are implicated as cause of epidermoid cyst ^[1].

Cyst appears to be attached to skin at the site of punctum; containing greasy, thick, greyish material and the contents may be expressed from it on pressure over the swelling. If it is big, it will show an indentation at the site of punctum. Usually, these cysts are asymptomatic until they rupture, an inflammatory reaction starts once the cyst ruptures due and yellow

keratin into the dermis and surrounding tissue. These cysts are benign in nature and in rare cases may also turn into malignant. Other common complications includes, infection of cyst leading to abscess formation, ulceration, fungation (cock’s peculiar tumor), sebaceous horn, alopecia may also result in with multiple sebaceous cysts on scalp due to pressure of the cyst on hair follicles [1].

Conventional mode of treatment includes complete excision of cyst through elliptical incision and if infected, drainage is done first and then complete excision is done after the infection subsides [1]. In Homoeopathy a Similimum i.e., a remedy matching with the totality of symptoms presented by the patient will cure the current cyst and even prevents the recurrence.

Case Report

A 28 year old, male patient came to OPD of BVVS Homoeopathic Medical College& Hospital, Bagalkot, with the complaints of painful swelling measuring about 2.5x2.5x2 cm over posterolateral aspect of neck below the hair line on right side since from 4 days.

History of presenting complaints

Initially he noticed a small bump with slight pain resembling pimple over posterolateral aspect of neck below the hair line on right side. He went first to conventional treatment and was prescribed NSAID’S but was of no relief. After taking painkiller, pain & size of swelling increased with collection of pus inside the swelling. Pain was more on touch and with movements of the neck, he could not even move the neck on account of pain. There is no history of fever, earache, headache, etc.

Family history

No significant health issues.

Past medical & surgical history

H/o recurrent sebaceous cyst, abscess and acne vulgaris, had taken allopathic treatment.

Allergic History”
Not allergic to drug, diet & dust.

Physical generals

He has good appetite and is thirsty, thermally chilly, sleep disturbed since the presenting complaints started, has regular bladder and bowel habit, doesn’t sweat much, no significant desires and aversions noted.

Systemic and local examination

He is well oriented with time, place & person, moderately built & nourished, no abnormality detected in any of the systems. On local examination of the swelling it was found that, pus filled mass with dimension of about 2.5x2.5x2 cm, tenderness present, non-compressible and non-fluctuant swelling.

Analysis of the case

After analysing the case by considering the physical generals and particular symptoms we erected the following totality.

1. Cystic swelling
2. Painful abscess in neck
3. Pain aggravated by turning the neck
4. Tendency for recurrent abscess
5. Thermally chilly patient

Miasmatic analysis

Table 1: Dominant miasm in this case is Sycotic miasm. Miasmatic analysis is given in table

Symptoms	Miasmatic analysis
Cystic swelling	Sycotic
Recurrent abscess	Sycotic
Movement aggravation	Psora
Thermals – chilly patient	Sycotic
Abscess formation	Sycotic

Repertorisation

Repertorisation Sheet - Zomeo LAN 3.0															
Physician Name : Dr. Deepak R Naik , Patient Name : Mahesh V Laddi , Reg. No. : 2 , Date : 15/07/2021															
Remedy	Sil	Hep	Calc	Lyc	Merc	Sulph	Ars	Bar-c	Iod	Lach	Nit-ac	Staph	Calc-s	Canth	Caust
Totality	17	14	13	13	13	13	11	11	10	10	10	10	9	9	9
Symptoms Covered	5	4	5	4	4	4	4	3	4	3	3	3	3	3	3
[Complete] [Generalities] Tumors:Cystic, steatocystoma, steatoma:	3	3	4	3	2	3	1	4	3	3	3	3	3	2	1
[Complete] [Neck] Abscesses, suppurations:	4	4	1	3	4	3	3	0	1	3	3	3	0	3	0
[Complete] [Neck] Pain:Turning head agg.:	3	0	3	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Generalities] Abscesses, suppurations:Recurrent:	3	3	1	3	3	3	3	3	3	0	0	0	3	0	4
[Complete] [Generalities] Cold:Agg.:	4	4	4	4	4	4	4	4	3	4	4	4	3	4	4






Fig 1: For the above presented totality, repertorisation was done using Hompath Zomeo software.



Remedy selection and prescription

After repertorisation, leading remedies with the score from highest to lowest were: Silicea>Heparsulph.>Calcarea carb. >Lycopodium>Merc. > Sulphur. Hepar sulphur was selected

as it was covering the totality and also in Hepar sulphur there is severe pain in abscess with great sensitiveness to touch and easy suppuration. Whereas Silicea is indicated in painless glandular swellings [3].

Follow up

Visit	Symptoms	Photo	Prescription
15-07-2021	<ul style="list-style-type: none"> Swelling on right posterolateral aspect of neck <ul style="list-style-type: none"> Pain+++< turning the neck Abscess with pus inside 		<p>Rx</p> <ol style="list-style-type: none"> Hepar sulphur 200 water dose hourly 1spoon for 6 hour PL 3pills TID
16-07-2021	<ul style="list-style-type: none"> Discharge of pus <ul style="list-style-type: none"> Pain reduced 		<p>Rx</p> <ol style="list-style-type: none"> PL 3pills TID
18-7-2021	<ul style="list-style-type: none"> Comedon fell completely on previous day leaving behind ulcerated area. <ul style="list-style-type: none"> Pain reduced Ulcer with healthy granulation tissue 		<p>Rx</p> <ol style="list-style-type: none"> PL 3pills TID Dressing with Calendula Q
20-07-2021	<ul style="list-style-type: none"> Size and depth of ulcer reduced <ul style="list-style-type: none"> Pain better 		<p>Rx</p> <ol style="list-style-type: none"> PL 3pills TID Dressing with Calendula Q
23-07-2021	<ul style="list-style-type: none"> Size and depth of ulcer reduced <ul style="list-style-type: none"> Pain better 		<p>Rx</p> <ol style="list-style-type: none"> PL 3pills TID Dressing with Calendula Q

29-07-2021	<ul style="list-style-type: none"> Ulcerated surface with healthy granulation tissue. Pain better 		<p>Rx</p> <ol style="list-style-type: none"> PL 3pills TID Cleaning with Calendula Q
3-08-2021	<ul style="list-style-type: none"> Healed completely without any scar Modified Naranjo Criteria for Homoeopathy score after treatment: +9 		<p>Rx</p> <ol style="list-style-type: none"> PL 3 pills TID for 3days. Cleaning with Calendula Q
30-11-2021	<ul style="list-style-type: none"> No recurrence 		

Modified Naranjo Criteria ^[4] score is +9 indicating positive cause-effect relationship between the Homoeopathic medicine given to the patient and positive outcome.

Domains	Patient answer	Score
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	Yes	+2
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	Yes	+1
3. Was there an initial aggravation of symptoms?	No	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	Yes	+1
5. Did overall well-being improve? (suggest using validated scale)	Yes	+1
6A. <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	Not sure	0
6B. <i>Direction of cure</i> : did at least two of the following aspects apply to the order of improvement of symptoms: <ul style="list-style-type: none"> from organs of more importance to those of less importance? from deeper to more superficial aspects of the individual? from the top downwards? 	Yes	+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?	Not sure	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)	No	+1
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	Yes	2
10. Did repeat dosing, if conducted, create similar clinical improvement?	Not sure	0
Total score = +9		

Discussion

We all know that, the treatment for sebaceous cyst in conventional treatment is only surgical excision. We have many Homoeopathic medicines to treat cystic growth, about which a lot is mentioned in our Homoeopathic Officialis Medica. Among them one of the great medicine is Hepar sulphur, introduced by Dr Samuel Hahnemann. This medicine is indicated in every kind of suppurative conditions of skin with burning and pain ^[3, 5]. Another medicine used in this case is Calendula Officialis, which is

popularly known as Homoeopathic antiseptic and healing agent ^[3]. Hepar sulph 200 was prescribed for this case after repertorisation with keeping the view of affection of Hepar sulph in cystic swelling with suppuration. Once the contents of the cyst got expelled leaving behind an ulcerated area, calendula officinalis tincture was used for cleaning and dressing of the wound. The cyst completely resolved within a month. The chances of recurrence were not overruled, hence patient was kept under observation for another 3 months and there was no relapse.

Conclusion

This is the beauty of Homoeopathy that, if the prescribed medicine is a Similia then it can do wonders in a short time. In the current case pain did not decrease even with pain killers, instead it increased but after taking Hepar sulphur 200 water dose pain reduced with complete expulsion of contents within the cyst and healing of the resultant ulcer without leaving behind any scar mark.

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