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Chronic sebaceous cyst resolved homoeopathically

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Abstract

Sebaceous cyst is a benign encapsulated sub epidermal nodule filled with keratin material, caused by retention or occlusion of one or more ducts and the most effective treatment involves complete surgical excision of cyst in modern method. A male patient named RA, aged 87 years old came with a slight painful swelling measuring (5x5x4) cm. on his left side shoulder since 15 years. He went first for conventional therapies and they suggested for surgical excision of the cystic growth. But patient preferred not to go any operation at this age and he came to visit here in OPD of Swasthya Rakshan Programme camp for homoeopathic treatment. On examination it was found non-fluctuant, non-compressible mass with a central dark comedone opening or punctum. After thorough case-taking followed by repertorisation Calcarea sulph-30 [CS-30], six doses along with 1drachm of placebo was prescribed and advised to report after a week. In next visit the cystic swelling becomes pustular, reddish, tensed and the inner contents were slowly discharging. Another repetition of CS-30 was done along with Echinacea mother tincture for dressing purpose of the wound. No further medication was needed on the subsequent 2 weeks of visit and the wound healed gradually. Documentation was done in the form of photographs of affected area of the patient in same angle and similar light exposure in every follow up.

Keywords: Calcarea sulph, sebaceous cyst, homoeopathy

Introduction

Sebaceous cyst term is a misnomer as it does not involve the sebaceous gland. Rather it should be appropriate if it called as epidermoid cyst. They are the most common cutaneous cysts and typically occur in the third and fourth decades of life. It is rare to find these cysts before puberty. They are predominantly found in males when compared to females (ratio 2:1). Approximately 1% of epidermoid cysts have been noted to have a malignant transformation to squamous cell carcinoma (SCC) and basal cell carcinoma (BCC) ^[1]. Prevalence of sebaceous cyst is 5 per 1000 ^[2].

These are benign encapsulated sub epidermal nodule filled with keratin material, most commonly located on the face, neck, and trunk, but can be found anywhere except palm and sole ^[2]. These are caused by retention or occlusion of one or more ducts of sebaceous gland with accumulation of the secretion, blocked sebaceous gland, swollen hair follicle, high testosterone, use of androgenic anabolic steroids etc. ^[3]

In elderly patients epidermoid cyst may result from chronic sun damage. These epidermoid cysts are usually asymptomatic and the most effective treatment involves complete surgical excision of cyst in modern method ^[1].

Histological study favors that punctum of an obstructed hair follicle is one of the major cause from which at least a proportion of the epidermal cysts are likely to develop. The biochemical analysis of the contents of the cysts revealed a very low protein and lipid content, thus ruling out any 'sebaceous' contribution. Bacteriological study of clinically inflamed cysts showed that inflammation in these lesions was usually aseptic unless there was a communication between the cyst cavity and the exterior ^[4].

Case Report

A male patient named RA aged 87 years came to Swasthya Rakshan Programme OPD ^{note} with a slight painful swelling measuring (5x5x4) cm. on his left side postero-lateral side of neck since 15 years. The swelling starts after a history of injury on his neck. Gradually it becomes larger in size without having much pain. On examination it was found hard in consistency, non-fluctuant, and slightly painful, non-compressible mass with a central dark punctum.

History: After getting injury on his back his complaints starts growing gradually. He took allopathic medicines and physician advised surgical removal (i.e. excision of the mass) when it was not responding to medicines and was gradually growing larger.

Family history: Nothing significant could be remembered by the patient.

Physical generals: Thermal reaction- hot patient, he can't tolerate hot weather. His appetite was normal, thirst was good- drinking 4-5 litres per day. He had desire for sweets and aversion to meat. Tongue was clean and flabby, stool and urine was normal and regular. He has tendency to sweat excessively in hot weather.

Local and Systemic examination: On examination it was found that the mass was cystic in consistency, non-fluctuant, and slightly painful, non-compressible with a central dark punctum on his left side postero-lateral side of neck. The patient was lean, thin, and having an ectomorphic built. His vital parameters were all within normal limits.

Analysis of the case: After analyzing the case with consideration of the physical general and particular symptoms we considered for the totality. Nature of the swelling, thermal reaction of the patient, thirst for large

quantities of water, desire of sweets, aversion to meat, along with profuse perspiration was included in the totality.

Miasmatic analysis of the case: As per the detail (Table 1), the case might be treated predominantly Psoric along with Sycotic manifestation [5].

Table 1: Miasmatic analysis

Symptoms	Miasmatic analysis
Cystic swelling	Sycotic
Thermal reaction- Hot	Psoric
Thirst for large quantities of water	Psoric
Perspiration profuse	Psoric
Desire for sweet	Psoric
Aversion to meat	Psoric

Repertorisation: After considering above presented totality repertorisation done from software version of Vithoulkas compass [6] indicating following medicines for the case shown in the fig- 1. The score from highest to lowest are as follows: Phosphorus > Calcarea sulph > Bellis perennis > Baryta carb > Bromium > Graphites > Bryonia alba etc. After consulting with material medica finally Calcarea Sulph 30, six doses prescribed in the first visit. Calcarea sulph was selected ahead of Phosphorus as it is more specific for cystic tumours and has a wider and deeper action in suppurative process [7].

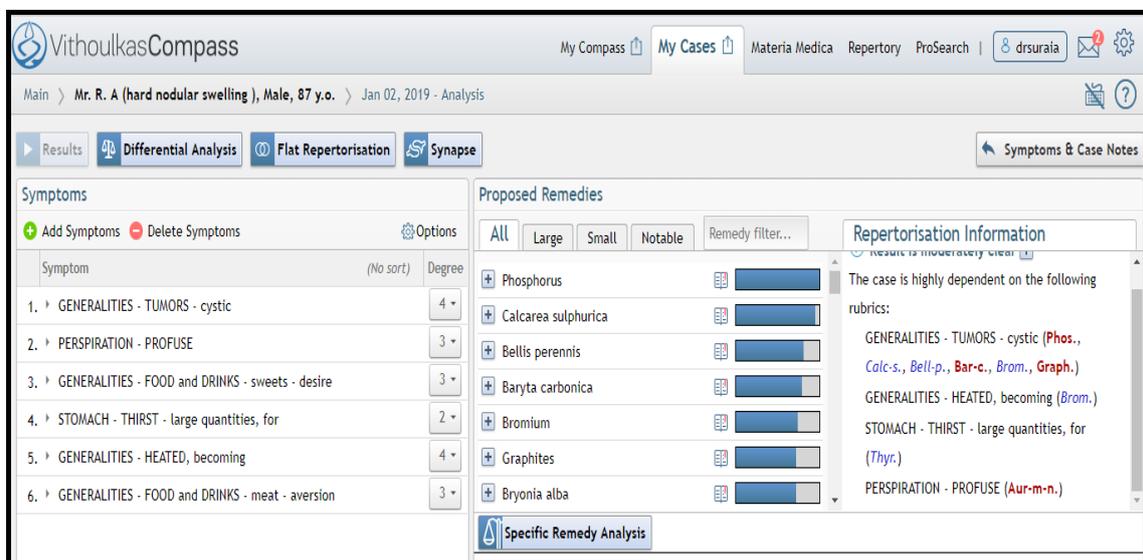


Fig 1: Repertorisation from Vithoulkas compass

Table 2: Follow ups: are presented in a tabular format along with the photographs in the following table

Visit	Present Condition	Photograph	Prescription
1 st visit 02/01/19	Cystic swelling on left shoulder.	No photograph taken due to rush in the camp site	1. Calcarea sulph 30, 6 doses BD x 3 days 2. Placebo 30, 1 drach BD x 1 week
2 nd visit 09/01/19	Cyst become pustular, punctum opened, reddish hue all over the affected area and discharging slowly		1. Calc. sulph 30, 6 doses BD x 3days 2. Echinacea mother tincture (30ml) BD x 7 days Locally as a cleansing and antiseptic wash [8].

3 rd visit 16/01/19	Swelling decreased much. Healing on progress		1. Placebo-1/2 drachm BD x 7 days 2. Echinacea- mother tincture Locally to be applied BD x 7 days
4 th visit 23/01/19	Healing continues. Pain after squeezing the cystic material. The affected area has now become sore to touch due to tenderness.		1. Arnica-1M 2 doses BD x 3 days 2. Placebo 1 drachm 4 globules twice daily for a week
5 th visit 30/01/19	Cystic swelling resolute totally, the wound healed properly. Only scar remain in the affected area.		Placebo ½ drachm 4 globes x BD x 1 week

Discussion: It is known to all that, treatment of sebaceous cyst in conventional treatment is only surgical excision. Many homoeopathic medicines in different literature of homoeopathic materia medica explain the treatment of cystic growth. Among them one of the great medicines is Calcarea sulph, first introduced by Schuesslar⁹. This medicine is much effective in controlling the purulent discharges, exudation from mucous membrane, serous sacs, and cystic swellings and discharges the matters from skin and mucous linings⁸. Calcarea sulph was prescribed for this case after repertorisation with keeping the view of affection of Calcarea sulph in cystic tumors. The swelling subsides within 5th visit which was present for 15 years long. The chances of recurrence were not overruled and hence patient was kept under observation for 3 more months with no relapse.

Conclusion

This is the beauty of homoeopathy that if we consider the totality it will cure diseases even when it is surgical. So we should give space to the literatures of homoeopathic medicines which describes about many surgical conditions and should be tried out keeping view of totality.

Note: Swasthya Rakshan Program has been initiated through Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Unani Medicine (CCRUM), Central Council for Research in Homoeopathy (CCRH) and Central Council for Research in Siddha (CCRS) in selected districts/ villages with the objective of promoting health and health education in villages as per the directions of Ministry of AYUSH.

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