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Treated case of a post-surgical scar-keloid with homoeopathy: Case report

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Abstract

Keloid results from abnormal wound healing and causes emotional and physical distress in patients. We present a case of keloids treated with indicated Homoeopathic remedy. A 55-year-old woman with diabetes mellitus type 2 and hypertension underwent surgery for a sebaceous cyst on her right arm, which led to the development of a post-surgical scar keloid. The lesion was painful with mild swelling and was gradually increasing in size. A surgeon advised scar excision that would require steroid injections and a surgical procedure. The patient sought other treatment options as she did not wish to undergo another surgical procedure. Hence data was taken, repertorial totality was constructed, and the indicated homoeopathic sector remedy was administered. Relief was seen in subjective as well as objective symptoms within a duration of 12 weeks.

Keywords: Keloid, chronic inflammation, homoeopathic simillimum, indicated homoeopathic remedy

Introduction

Keloid is caused by injury or irritation to the cutaneous tissues; this can be due to trauma, surgery, acne, folliculitis, or infections like chicken pox and herpes zoster ^[1]. Keloid formation occurs mostly due to an imbalance between increased synthesis and reduced degradation of collagen and intracellular matrix. The injury to the skin layer and subsequent wound healing leads to continuous localized inflammation. Due to this, the reticular layer contains increased number of fibroblasts, inflammatory cells, collagen deposits, and newly formed blood vessels. Patients developing keloid have proinflammatory genes in the skin, which increases sensitivity to trauma. The proinflammatory genes upregulate various cytokines, including IL-1, TNF, and IL-6 in the keloid tissues, further promoting chronic inflammation and invasive growth of the lesion. Reticular inflammation might also increase due to post-wounding stimuli, either external or internal. These post-wounding stimuli determine the pace at which the scar will grow along with the intensity of symptoms ^[2].

Keloids mostly become visible approximately 3 months after injuries. In cases of surgical wounds, the sutures are removed in 7-14 days once the wound have matured. At this stage, there is ongoing inflammation with maturation of dermal matrix in the reticular dermis, which on further stimulation (internal/external) causes increased inflammation leading to pathological scarring that becomes apparent a few months after surgery. Keloids usually do not regress spontaneously and often tend to recur after excision ^[5]. Despite the various management methods available, the normal process of wound healing is skipped with keloid scarring and it remains recalcitrant. In hypertrophic scars, there is excess of collagen production and they eventually mature to become pale and flat, this spontaneous resolution differentiates it from keloid scars. Hypertrophic scars are more common in children whereas keloids are seen mostly in the 10 to 30 years age group and in the sixth decade of life ^[4].

Clinical presentation of keloid

1. Common affected areas- earlobes, shoulders, upper back, chest
2. Lumps on the affected skin
3. Darkening of skin
4. Pruritus
5. Localized Pain
6. Redness and swollen blood vessels

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Keloid progresses to form a thick scar which is firm in nature and it rarely heals spontaneously

Management of keloid [3]

1. Occlusive dressings- silicon gel sheeting -It prevents dehydration of stratum corneum which limits activation of fibroblasts and collagen production.
2. Compressive therapy: it is used as an adjunct to surgical excision to prevent recurrence of ear keloids.
3. Intralesional steroids: Triamcinolone is injected 20 to 40 mg for non facial keloids.
4. Topical imiquimod and topical mitomycin C
5. Intralesional and topical 5- fluorouracil
6. Surgical techniques- simple surgical excision
7. Cryotherapy
8. Radiation therapy
9. Laser-assisted drug delivery and Ablated laser reduces scar redness, elevation and hardness by 50%

Current guidelines state that the keloid only improves and does not disappear completely and it has a high rate of recurrence [5].

Homoeopathic management follows a holistic approach, i.e., it considers the patient as a whole rather than just treating the affected part or organ or system [6]. This case enabled us to determine the efficacy of individualized homoeopathic medicines in the process of wound healing and cicatrization in a keloid [6].

Case report

Name: Mrs P.A.T Age: 54 years Sex: Female

The patient reported with complaint of a hyper-pigmented raised eruption in the right arm that developed 3 months after a surgical procedure (removal of sebaceous cyst). There was pain⁺² on pressure with redness and swelling. The patient was sometimes unable to move the arm because of pain. The pain was better by warm application and aggravated in the morning. The scar was growing gradually in size with occasional severe itching.

Mental generals

The patient had already undergone surgery so was very scared and reluctant to undergo another one. The patient was very anxious about whether the lesion would be cured or would it worsen. She was also rather self-conscious as the scar on the shoulder was visible.

Physical generals

Moderate build, shiny skin, fair complexion. Thermals - chilly

Totality of symptoms [7]: (Boger Approach) Right sided affection

Keloid
 Keloid redness Keloid painful Keloid itching Keloid pain <touch
 Keloid pain <morning Keloid pain >warmth Anxiety about health
 (Synthesis software 9.0) Zeus Soft sprl, Namur (Belgium)

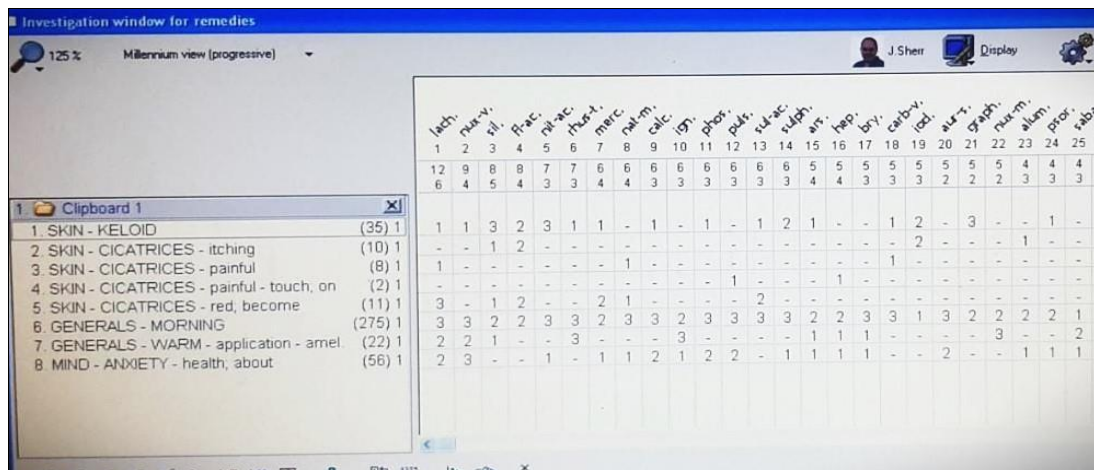


Fig 1: reperitisation sheet Remedy differentiation [8, 9, 10]

Table 1: Remedy differentiation

Headings	Fluoric acid	Silicea
Tissue affinity	Fibrous tissues- veins, skin Indicated in deep destructive processes, bedsores, ulceration, varicose veins, and ulcers. Tissues are puffy, indurated, and	Cellular tissues, bones, cartilage, skin Stimulates the organism to reabsorb fibrotic conditions and scar tissue. Keloid growth.
	fistulous.	Suppurative processes, related to all fistulous burrowings. Ripens abscess since it promotes suppuration.
skin	Ulcers-red edges and vesicles, Decubitus, syphilitic rupia, itching of cicatrices. Itching especially of the orifices. Periosteal abscess, syphilitic tubercles. Atony of capillary and venous system. Oedema, felon, naevi, secondary syphilis	Felons, abscesses, boils, old fistulous ulcers. Delicate, pale waxy. Scars suddenly become painful. Every little injury suppurates. Eruptions itch only in daytime and evening. Bursa, lepra, nodes and coppery spots. keloid growths
Modalities	<warmth, night, warm drinks, sour foods >cool bathing, rapid motion	< uncovering, in morning, lying down, lying on, cold air > warmth
Mind	Buoyancy, inability to realize responsibility	Yielding, faint-hearted, anxious, nervous, and excitable. Sensitive to all Impressions

Follow-up

1. Keloid - pain
2. Keloid - itching
3. Affected area - redness

4. Size of keloid

Remedy response

Table 2: Follow up analysis

Date and visit	Signs and symptoms	Prescription
5/4/2020	Shoulder - redness, pain, itching with lot of anxiety about health Figure-no 01 and 02	Silicea 200 1 P weekly Placebo BD
6/5/2020	Pain on and off present, mild itching, redness- 0 but keloid size SQ Figure no-04	Silicea 200 3 P weekly Placebo BD
10/6/2020	Gradually the keloid started getting dry and hyperpigmented but pain was still present Figure no-05	Silicea 1 M 1 P weekly was given SL pills BD
14/7/2020	The healing and remodelling phase is seen in Figure no-06 and Figure no-07	SL pills BD

We used the Modified Naranjo Criteria to determine the treatment outcomes ⁽¹¹⁾.

Modified Naranjo Criteria (MONARCH)

Table 3: Monarch scale

Domains		Yes	No	Not sure or N/A
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+3	0	0
2	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	0	0
3	Was there an initial aggravation of symptoms?	+1	0	0
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0
5	Did overall well-being improve? (suggest using validated scale)	+1	0	0
6A	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	0	0
6B	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?	0	0	NA
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?	+1	0	0
8	Are there alternate causes (other than the medicine) that-with a high probability--3 could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	0	0
9	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.	+2	0	0
10	10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0

The results obtained after going through all the 10 domains is 11/13.

Discussion: The above case report shows that the sector remedy can help in treating keloids. In this case, Silicea 200 was prescribed, which covered the pathology as well as the characteristic sensations and modalities with characteristic mental concomitants; this yielded optimum results. As per

the standard books and guidelines, keloids are best cured with a combination of surgery and postoperative radiotherapy (interstitial). In this case, the cure was possible with the sillimum where initially the subjective symptoms were relieved, followed by the objective symptoms. This case is an example of the scope of homoeopathy in surgical cases.

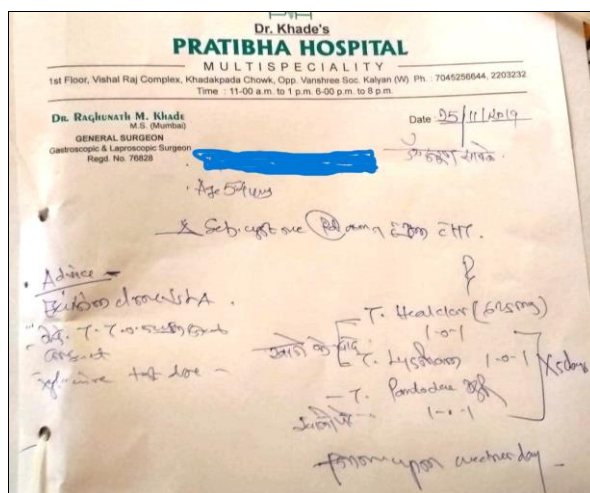


Fig 2: prescription letter of the surgeon -image no-01



Fig 3: keloid- before treatment



Fig 4: during on-going treatment



Fig 5: During on-going treatment



Fig 6: During on-going treatment Fig 6: treatment post treatment

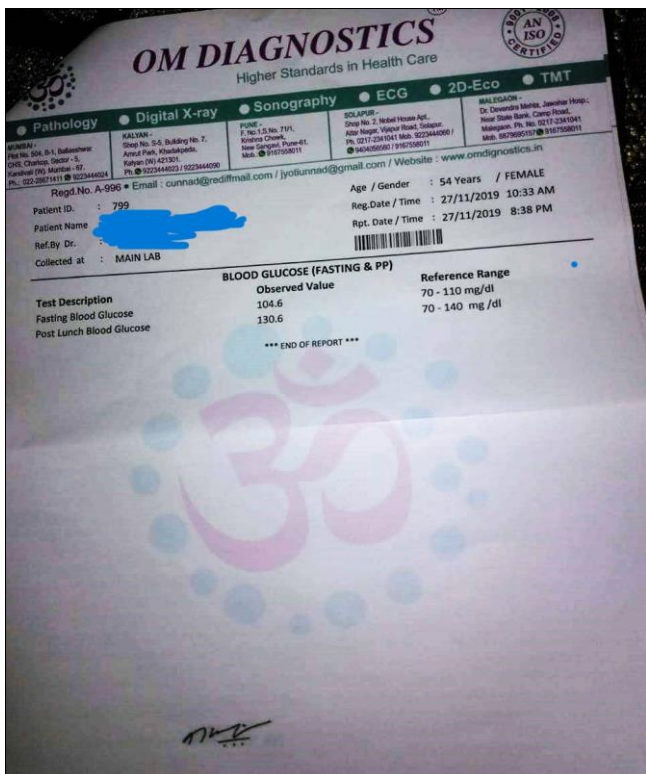


Fig 7: Blood sugar levels for reference

Conclusion

This case report shows the role of homoeopathy in treating and managing a case of keloid; the indicated sector remedy showed evident positive results. This case report adds to clinician’s knowledge regarding such cases, which will benefit the patient and may help them avoid surgical intervention.

Conflict of Interest: Not available

Financial Support: Not available

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