



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2024; 8(3): 05-09
Received: 04-05-2024
Accepted: 09-06-2024

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Homoeopathic healing of keloid: A case report

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DOI: <https://doi.org/10.33545/26164485.2024.v8.i3a.1187>

Abstract

Keloid is a benign dermal fibro-proliferative tumor characterized by abnormal scar tissue growth arising at sites of cutaneous injury. Keloids are usually harmless but can be itchy, tender, or even painful. The case study here is a detailed analysis of a 22-year-old female presented with the complaint of nodular growth in the left ear-lobe since 6 months. Also presented with emotional distress exhibiting symptoms of sadness, anxiety and suppressed emotions. The diagnosis is made as keloid based on history, clinical presentation, clinical examination and history of trauma. After a detailed Case taking, Miasmatic evaluation and Repertorisation the Homoeopathic remedy *Staphysagria* was prescribed. A detailed follow-up revealed a gradual reduction in the size and consistency of the keloid over five months of treatment. This case emphasizes the potential of individualized Homoeopathic medicine in treating keloids effectively, offering a safe, cost-effective and minimal side effects.

Keywords: Keloid, *staphysagria*, dermal fibro-proliferative tumor, abnormal scar tissue

Introduction

Keloid is a non-malignant, Benign Dermal Fibro-proliferative tumor characterized by abnormal scar tissue growth. They arise at the site of cutaneous injuries, such as surgical incisions or trauma, and exhibit a unique behavior of not regressing and extending beyond the original scar margins^[1]. Alibert, in 1806, introduced the term "Keloid" to illustrate how the lesions expand laterally from the original scar into normal tissue^[2]. Keloid often presents with symptoms such as pain and itchiness, potentially causing disfigurement and functional impairment, thereby affecting the individual's quality of life^[3]. Keloids are notorious for their tendency to recur following surgical excision, posing challenges in their management.

Epidemiology

Keloids manifest in 5-15% of wounded cases. Women are more susceptible due to the cosmetic concerns associated with keloid formation^[3]. Individuals with highly pigmented skin face a significantly higher risk, with a prevalence of 15 times greater than those with lighter pigmentation^[3]. They are common between the ages of 10 and 30 and occur rarely at the extremes of age, spikes during pregnancy and puberty. In a random sampling of black individuals, as many as 16% have reported developing keloid scars, with an incidence rate of 4.5-16% in the black and Hispanic populations, White persons and albinos are least affected. A comprehensive literature review highlighted that over 70% of head and neck keloids occur on the ear, with the majority forming on the lobule (53.0%). Other regions on the head and neck have also been reported to have a heightened propensity for keloid development.

Etiology

The specific origins of keloid scars remain unclear, primarily attributed to an aberration in the normal wound-healing process. Keloid growth can be triggered by various forms of skin injury, including^[7].

- Body piercing, particularly ear piercing.
- Occurrences of acne or chickenpox lead to keloids on the face, chest, or back.
- Burn or Tattoo.
- Cut, scrape, or bug bite.
- Deep wound like a puncture wound.
- Skin conditions causing inflammation, like folliculitis.
- Wounds resulting from surgical procedures, medical procedures, or injections^[6].

Genetics

Keloid is determined as having a genetic predisposition among individuals of African and Asian ancestry, familial clustering, and occurrences in twins^[5]. Several genetic associations for abnormal scar development includes HLA-B14, HLA-B21, HLA-BW16, HLA-BW35, HLA-DR5, HLA-DQW3, and blood group A^[3].

Pathophysiology

Keloids arise from an irregular wound-healing process. Wound healing involves three sequential phases: inflammatory, fibroblastic, and maturation^[6]. In keloid the fibroblastic phase persists, leading to a reticular dermal layer of pathological scars^[4]. This includes chronic inflammation, angiogenesis and heightened collagen deposition. Keloidal fibroblasts display heightened proliferative activity, prolonged survival, and reduced apoptosis compared to normal wound healing. Consequently, there is an overproduction of collagen and cytokines, contributing to keloid formation^[7]. Transforming growth factor-beta and platelet-derived growth factor are essential for wound healing at the site of inflammation and aiding collagen production resulting in fibrosis and abnormal scarring^[4].

Clinical presentation

Lesions can manifest within 1 to 3 months to a year post-injury, exhibiting colors varying from red, flesh-colored, to hyper-pigmented. Commonly affected areas are earlobes, shoulders, upper back, and chest^[7]. They often present as raised, firm, glossy and redness. Nodular or butterfly-like shapes, resembling mushrooms or cauliflower, depending on location and triggers. Associated symptoms may include pain, itching, and discomfort on occasion^[10].

Differential diagnosis

- Mixed tumor of the skin (Chondroid Syringoma).
- Dermato fibrosarcoma Protuberans^[13].
- Cutaneous squamous cell.
- Juvenile Xanthogranuloma.
- Pseudolymphoma.
- Nodular scleroderma also called keloidal scleroderma.
- Lobomycosis^[7].

Treatment

- Occlusive dressings (silicone gel sheeting) - It prevents Stratum Corneum dehydration and limits fibroblast activation and collagen production^[3].
- Compressive therapy: It is used as an adjunct to surgical excision to prevent the recurrence of ear keloids^[9].
- For non-facial keloids, an injection of 20 to 40 mg of Triamcinolone is administered as intralesional steroids.
- Surgical techniques- simple surgical excision
- Cryotherapy
- Radiation therapy
- Laser-assisted drug delivery combined with ablative laser treatment can reduce scar redness, elevation, and hardness by up to 50%.
- Surgical excision^[4].

Case report

A case of a 22-year-old female, studying B.Sc. Final year,

belonging to a middle socio-economic family, came with the complaint of a nodular growth in the posterior side of the left earlobe since 6 months.

History of chief complaint

The patient came with complaints of a nodular growth in the posterior side of the left earlobe since 6 months. The patient got her ear pierced for the first time when she was 1 year old and had not developed any growth following the piercing. At the age of 22, an additional ear piercing was performed approximately 1 cm above the original site. Following this, the patient noticed a growth that continued to enlarge until it reached its current size. The swelling was firm, non-tender, dumbbell-shaped, measuring 1 cm in diameter, present in the inferior part of the helix.

Life space investigation

The patient hails from a middle-class family and shares a strong bond with her siblings and parent. She has 1 sister and 1 brother. Her school days were good, had so many friends. Very much interested in drawing. She is an average student in school. After passing 12th standard she wanted to do engineering but her family wanted her to take some Arts group. She tried convincing them but failed. She was very sad and upset about it but didn't express it. It stays in her mind as a suppressed emotion, still regrets not studying. A year ago, the patient was engaged in a relationship that unfortunately met opposition from her parents, leading to the discontinuation of her studies. This event deeply affected her causing sadness and depression. Since then, she has been irritable towards others and anxiety regarding her academic. Persistent thoughts about the failed relationship torment her. She is angry with herself and blames her for not being strong enough to voice out her emotions. The patient bears the burden of guilt for betraying her boyfriend.

Physical generals

The patient had excessive thirst and a good appetite. She is fond of milk and spicy foods. She has constipation and had hard stools at 2-day intervals, which were passed with much difficulty. Sweating is increased and generalized. Her sleep is disturbed by overthinking, with dreams related to present issues. Thermally, she is chilly.

Clinical findings

The patient was well-oriented, alert and cooperative. Clinically, no signs of anemia, cyanosis, clubbing, jaundice or edema were observed. Her weight is about 52 kg.

Local examination

Inspection: Raised, soft, smooth, small nodules, dome-like shape appearance protrude above the surrounding skin. Brownish skin coloured appearance, well-defined borders on the posterior surface of the left earlobe.

Palpation: No tenderness, feels firm to touch.

Systemic examination

Respiratory system: Normal vesicular breath sound heard all over the lung field with bilateral air entry.

Cardiovascular system: S1, S2 Heard normally.

Diagnostic assessment: The diagnosis was based on the

history of trauma from piercing the ear and clinical appearance. On examination, the lump was dome-shaped, soft, and painless. After analyzing the symptoms, the characteristic mental generals, physical generals and particular symptoms were considered for framing the totality. The symptoms included in totality aversion to company, very anxious about the future, indignation with brooding about the disappointment of love, irritability towards others and blaming everything on her and growth on the left earlobe after piercing. Miasmatic evaluation for the presenting symptoms was done with the help of ‘The Chronic Diseases’^[16] and ‘The Principles and Art of Cure by Homoeopathy’^[17]. In the disease classification chapter pathology, temperament, and progression are considered as the fundamental components of the psoric miasm. Thus, the patient’s fundamental miasm was psora and the dominant miasm was sycosis^[18].

Totality of symptoms

- Disappointed love
- Blames herself for mistakes
- Anxious about future
- Unexpressed anger
- Doesn’t like company
- Craving for milk
- Constipated
- Nodular growth behind the left ear
- After ear piercing
- Thermal - Chilly
- Miasm - sycosis

Reportorial analysis

Considering the above symptomatology, Repertorization was done with complete repertory in Zomoeo software. 3.0 (Hompath 11 version).

Symptoms: 8 Remedies: 754		Hide Repertorisation Tools			Prescribe	Remedy List		Record
Remedy Name	Nat-m	Lach	Nux-v	Staph	Aur	Puls	Phos	
Totality	24	22	22	20	20	19	18	
Symptoms Covered	7	8	8	7	6	6	7	
Kingdom								
[Complete] [Mind]Love:Disappointment, unhappy, ailments from, ag...	4	3	2	4	4	3	3	
[Complete] [Mind]Despair:Future, about: (28)	3	3	3	1		3	3	
[Complete] [Mind]Reproaches:Oneself: (104)	3	1	2	1	3	3		
[Complete] [Mind]Company:Aversion to: (448)	4	4	4	4	4	4	3	
[Complete] [Mind]Indignation: (193)	3	3	3	4	3	3	1	
[Complete] [Generalities]Food and drinks:Milk, milk products:Desire...	3	3	3	3	3		3	
[Complete] [Stool]Hard: (447)	4	4	4	3	3	3	4	
[Complete] [Skin]Cicatrices:Keloid: (36)		1	1				1	

Fig 1: Repertorization of the case using Zomoeo software

Reportorial result

1. Natrum Mur - 24/7.
2. Lachesis - 22/8.
3. Nux Vomica - 22/8.
4. Staphysagria - 20/7.
5. Aurum - 20/6.
6. Pulsatilla - 19/6.
7. Phosphorus - 18/7.

Prescription

1. Staphysagria 200 (1 dose).
2. B tab – bds.
3. B pills (4) – Qds.

Follow up

Table 1: Symptom Changes and Prescription Timeline

Date	Symptom changes	Prescription
2/10/2023	The size of the growth slightly increased, firm in consistency. Mental symptoms are better. No new complaints. All other generals are good	Staphysagria 200(2 doses) BD
25/10/2023	Lump/growth size remains the same, firm in consistency. No pain or tenderness. No new complaints. Sleep is disturbed due to family pressure for marriage. Cries at night. All other generals are good	Staphysagria 1M (1 dose) STAT
12/11/2023	Lump/growth size remains the same. Firmness in consistency has changed. Mental symptoms are better now. All generals are good	Staphysagria 1M (1 dose) STAT
1/12/2023	The size of growth is reduced. No pain or tenderness. All generals are good	Placebo
18/1/2023	The size of growth is reduced by 50%. All generals are good	Staphysagria 1M (2 doses) BD
5/2/2024	The size of growth is reduced by 75%. All generals are good	Placebo
23/2/2024	The size of growth remains the same. All generals are good.	Staphysagria 1M (1 dose) STAT
12/3/2024	The size of the growth is almost reduced. The patient feels better.	Placebo

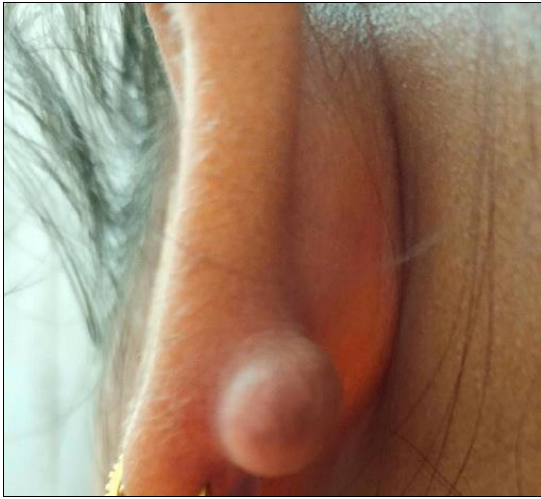


Fig 2: Before treatment

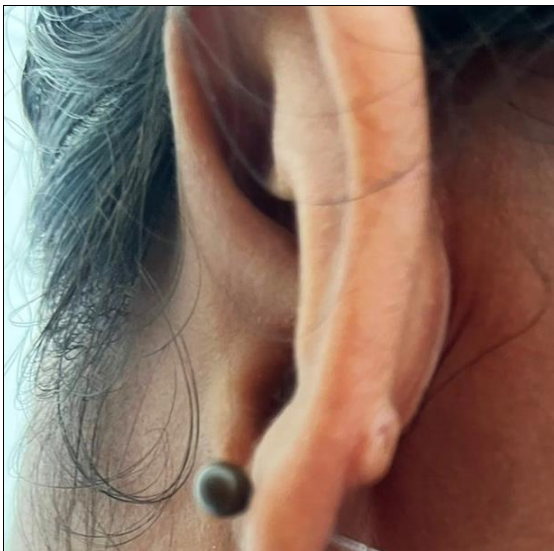


Fig 3: After treatment

Plan of intervention

- After analyzing the symptoms of the case, Repertorisation was done using Kent's method of evaluation in Complete repertory done using Zomoeo software.
- Homoeopathic medicines Natrum Mur, Lachesis, Nux Vomica, Staphysagria and Aurum Metallicum were the top five medicines in the Repertorisation sheet.
- After further reference in the Materia Medica the remedy Staphysagria is selected as the Similimum of the case.

Therapeutic intervention

Based on the Reportorial result and Miasmatic background the patient was prescribed Staphysagria 200 C (1 dose) to be taken once in 2 weeks for 1 month^[11]. As there was no improvement in the size of the growth, potency was increased to Staphysagria 1M. The size of growth is reduced with a change in consistency. During the course, a few doses of placebo was administered. A marked improvement was seen within a few months and in the last follow-up visit, the complaints of the patient were completely better.

Methodology

A case study of a 22-year-old female resident of Nagercoil

visited White Memorial Homoeo Medical College on 15/09/2023 with the complaint of a nodular growth in the left earlobe. The patient was thoroughly examined and a detailed case history was taken. The case was diagnosed as Keloid and Staphysagria 200C was prescribed based on the clinical findings and symptomatology. In the Outcome assessment the general improvement of the patient is assessed in every follow-up with Pre and post treatment pictures.

Discussion

Keloid is abnormal scar tissue growth that arises at the site of cutaneous injury- surgical incisions or trauma. In the literature, over 70% of head and neck keloids occur on the ear with the majority of 53% forming on the lobule. Modern treatments for managing keloid scar are steroid injections, steroid-impregnated tape, silicone gel sheeting, Cryotherapy and laser treatment^[11]. This case is diagnosed as keloid based on the history, examination and clinical findings. The growth formation happens within a few months grows to a specific size and lasts for months. Homoeopathic constitutional medicine Staphysagria 200C (1 dose) prescribed at 2-week intervals for 5 months showed a positive result in the patient's complaint. In subsequent follow-ups, the patient was completely better at the end of treatment.

Conclusion

This case reports about the role of Homoeopathy in managing a case of keloid the indicated constitutional remedy Staphysagria 200C showed evident positive results. The homoeopathic method of treatment is safe, effective and causes no adverse effect on the human body throughout the treatment time period when compared to allopathic Treatment^[17]. This case also illustrates the scope of homoeopathy in surgical cases.

Conflict of interest

Not available.

Financial support

Not available.

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