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Non-invasive resolution of epidermoid cyst with homoeopathy using gunpowder: A case report

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Abstract
Epidermoid cysts are also known as Epidermal Inclusion cysts, infundibular cysts or epithelial cysts. They are usually benign, subcutaneous, slow-growing swellings caused by blockage of the follicular orifice. They are almost always diagnosed based on the clinical findings and surgical excision is the conventional method of treatment. A 32-year-old female patient reported a painful, infected cyst on the upper back, near the right shoulder. The cyst persisted over the last 2 months, and was advised to undergo surgical intervention after oral medications did not benefit. The size kept on increasing and it became more painful and inflamed. The patient ultimately sought homoeopathic treatment. After proper case taking, Gunpowder 6X was prescribed due to its marked action on healing any infection, blood poisoning or wound. After the first prescription, the cyst broke open and discharged, leading to a slight improvement in the pain and tenderness. On the second visit, Sac lac 30, thrice daily, was prescribed as the ulcer was present at the site and a reduction in pain was reported. Within the next 2-3 weeks, marked improvement and healing in the ulcer was reported with the formation of healthy granulated tissue at the site. The successful treatment of an epidermoid cyst using Gunpowder 6X has been demonstrated in this case report, with documentation of improvement recorded in the form of photographs. Gunpowder is a wonderful blood purifier and increases the antiseptic action of blood.

Keywords: Epidermoid cyst, gunpowder, homoeopathy, skin diseases, healing

Introduction
Cysts are sac-like, fluid-filled structures that are lined by different types of epithelial cells. There are different types of cysts based on the cause and location. Cutaneous cysts majorly present as benign, however occasionally malignant lesions can also exhibit as cystic lesions. Morphologically, the cutaneous cysts manifest diverse features based on their origin, mainly arising from the epidermis, apocrine sweat ducts, and pilosebaceous units [1]. They are divided into 3 types- stratified squamous epithelium, non-stratified squamous epithelium, and absence of epithelium. Epidermoid cysts are a type of stratified squamous epithelium and account for 79% of all cutaneous cysts [2]. Epidermoid cysts are a type of benign tumor also known as follicular cysts-infundibular type, keratin cysts, epidermal cysts, epidermal inclusion cysts, or epithelial cysts [2]. These cysts rarely occur before puberty, and have been reported most commonly during the 3rd or 4th decade of life. They are found to occur more in males as compared to females (ratio 2:1) [3]. They tend to develop on any body part, with the head and neck involved in 7% of all the cases [4]. Epidermoid cysts usually result from obstruction in the follicular orifice; however, they can also result due to traumatic or penetrating injury, causing implantation of the epithelium [3]. These may also be associated with certain genetic disorders, like Gardner syndrome or Gorlin syndrome [2]. They can develop on any part of the body and most commonly appear as painless subcutaneous nodules, with the visible hallmark feature, a central punctum through which the cyst communicates with the skin surface. They manifest as freely movable nodule, with sizes ranging from a few millimetres to some centimetres [2, 5]. Infected or fluctuant cysts tend to be larger than usual, erythematous and more prominent. The inflammatory response can lead the cyst to become more tender, painful and develop into a fluctuant fluid-filled nodule beneath the patient's skin. Primarily, the diagnosis of the epidermoid cyst is based on clinical examination, characterized by a freely movable, discrete nodule, with a central punctum [5]. The definitive treatment of the cyst is complete surgical excision with its walls intact. However, in cases where the cyst walls are not completely removed, the residual epithelial cells regenerate and lead to the recurrence of the cyst [5]. In case of inflamed or infected epidermoid cysts, antibiotic drug therapy is preferred before opting for surgery [4].

Case report

A female patient of 32 years presented with a solitary swelling on the upper back near the right shoulder, of approximately 2.5 cm in diameter, which was first noticed 2 months back. The patient, before opting for homoeopathic treatment, had already undergone several medications and was advised to undergo surgical excision of the cyst. Initially, the swelling was small and painless, but gradually it grew in size. During the first visit, on examination, the swelling was found to be soft, slightly fluctuant, inflamed and painful with a visible punctum. A slight collection of pus in the cyst could be observed. The patient reported no systemic illness.

There was no significant past and family history. No history of allergy to any medication, dust or any food was reported.

The appetite and thirst of the patient were reported to be normal. She had attended an event 2 days back, and since then she has been complaining of sour eructations. The tongue was clean and moist. Her bladder and bowel habits were satisfactory. The sweat was generalized throughout the body, with no distinct odor. The sleep was disturbed due to the tenderness of the cyst. No significant desires and aversions were noted. She was a chilly patient thermally. The patient follows a vegetarian diet and prefers warm food and drinks.

Diagnostic assessment: The case was diagnosed as an epidermoid cyst on the basis of clinical examination. This diagnosis comes under the specific ICD-10-CM diagnosis code L72.0 (6).

Treatment administered: After carefully evaluating the symptoms, Gunpowder 6X was given as a specific. The patient was not on any other medication during the entire duration of the homoeopathic treatment.

Results

The patient was prescribed Gunpowder 6X, thrice daily, 2 tablets each time. The medicine was continued for 7 days, followed by Sac Lac 30. The detailed timeline and follow-up over a period of 1 month starting from the day of the first prescription has been provided in Table 1. She reported marked improvement in the pain and swelling. The cyst became more pustular and gradually discharged, leading to healing. This improvement in the epidermoid cyst throughout the treatment has been illustrated in Figures 1 to 4.

As stated in the Organon of Medicine, aphorism 248, “The dose of the same medicine may be repeated several times according to the circumstances, but only so long as until either recovery ensues, or the same remedy ceases to do good and the rest of the disease, presenting a different group of symptoms, demands a different homoeopathic remedy.” [7]. Abiding by this principle, the potency of Gunpowder was not changed since the initially prescribed 6X potency was showing marked improvement in the patient's condition.

The Modified Naranjo Criteria for Homoeopathy (MONARCH) score was +7, which indicates a probable causal relationship between the prescribed medicine and improvement in the patient's health (Table 2) [8].

Discussion

Homoeopathy is the system of medicine based on the principle of symptom similarity. Homoeopathic remedies stimulate the immune system, thus increasing the fighting capability of the patient against the disease. Homoeopathy has been found to be effective in treating various skin ailments like psoriasis, eczema, ulcers, cysts, abscesses, among many other systemic disorders.

Homeopathy offers a non-invasive approach that appeals to patients seeking treatments with minimal side effects, particularly for chronic or recurrent cystic conditions, contraindications to surgery or cosmetic concerns related to scarring. The homoeopathic remedies resolve the cyst by discharging and clearing off the contents present within the cyst, thus it shrinks and dissolves.

Many homoeopathic remedies have been found to be effective in the management of various types of cysts. The most common remedies prescribed for cystic inflammations are *Silicea, Graphites, Hepar sulphuricum, Arsenic album, Calcarea sulphuricum, Calcarea carbonicum,* and *Kali Sulphuricum* [9]. In this case, the successful treatment of an epidermoid cyst with the homoeopathic remedy Gunpowder underscores its potential as an alternative therapeutic option to surgical intervention. Gunpowder is a combination, having three powerful constituents- sulphur, carbon and potassium nitrate. As per the homoeopathic literature, Gunpowder has been found to have curative properties in Abscesses, acne, Bites, Blood-poisoning, Boils, Carbuncles, Poisoned cuts, Septic tonsillitis, etc. [10]. The keyword which aptly defines Gunpowder is “healing” [11]. Gunpowder has been stated to be a wonderful remedy in purifying blood and enhancing the antiseptic action of the blood. Gunpowder is indicated for conditions involving suppuration, abscess formation, and localized infections where there is a tendency for infection and pus development [10]. Hence, it was considered for treating the epidermoid cyst, which was presented to us at the infected stage. Once the cystic contents were expelled, the ulceration was healed, pain and swelling subsided gradually, leading to complete healing, leaving no scarring at the site, indicating anti-infective and tissue-draining properties of the remedy.

Table 1: Timeline and follow-up

Date of visit	Presenting symptoms	Prescription
09/10/2024	Cystic swelling on the upper back near the right shoulder. Soft but inflamed and painful. Punctum was visible.	1. Gunpowder 6X, thrice daily, 2 tablets each time empty stomach for 7 days. 2. Sac lac 30, thrice daily, 4 pills each time.
20/10/2024	Pus discharged, formation of an ulcer. Pain decreased.	1. Sac lac 30, thrice daily, 4 pills each time.
31/10/2024	No discharge. Size and depth of the ulcer decreased. Marked reduction in pain and inflammation.	1. Sac lac 30, twice daily, 4 pills each time.
10/11/2024	Formation of healthy granulated tissue at the site. No pain and inflammation.	1. Sac lac 30, twice daily, 4 pills each time.
20/11/2024	Completely healed	No prescription
20/12/2024	No recurrence	No prescription

Table 2: Modified Naranjo criteria for homoeopathy for this case

	Domains	Yes	No	Not sure/ NA
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1		
3	Was there a homeopathic aggravation of symptoms?		0	
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?			0
5	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	+1		
6A	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
6B	Direction of cure: did at least one of the following aspects apply to the order of improvement in 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
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?			0
8	Are there alternative causes (i.e., other than the medicine) that with a high probability could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
10	Did repeat dosing, if conducted, create similar clinical improvement?			0

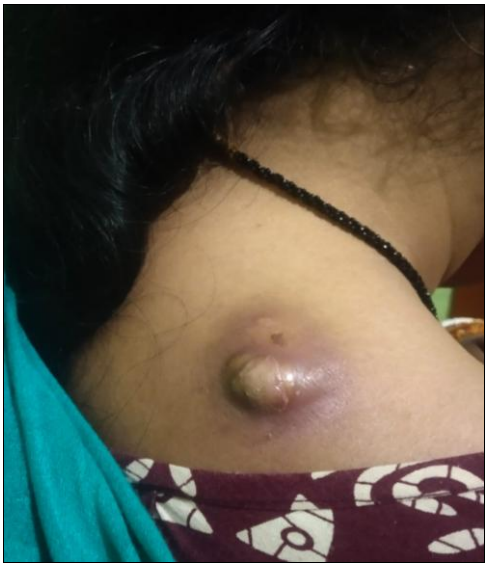

Fig 1: Presenting complaint during the first visit

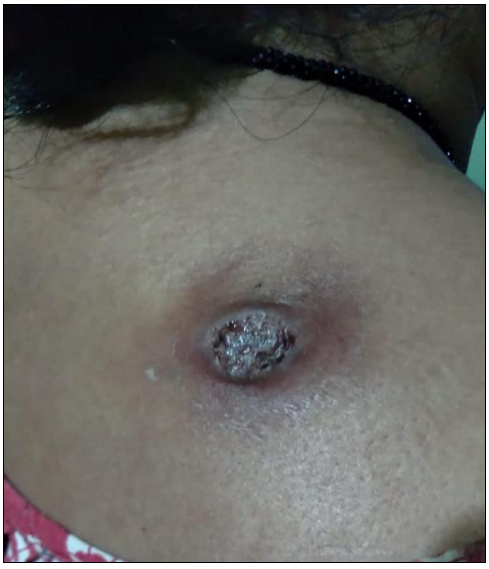

Fig 2: Formation of an ulcer

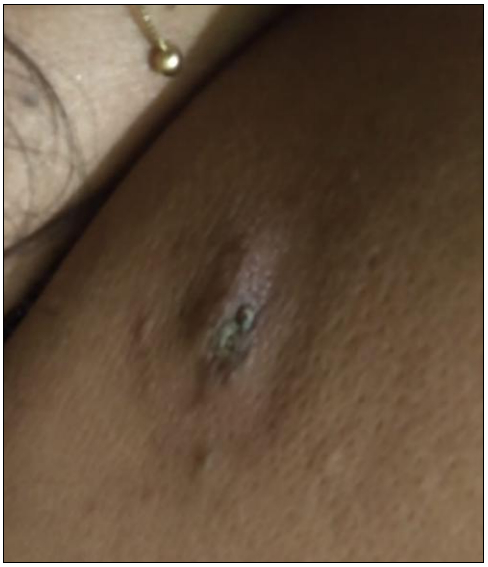

Fig 3: Development of healthy granulated tissue

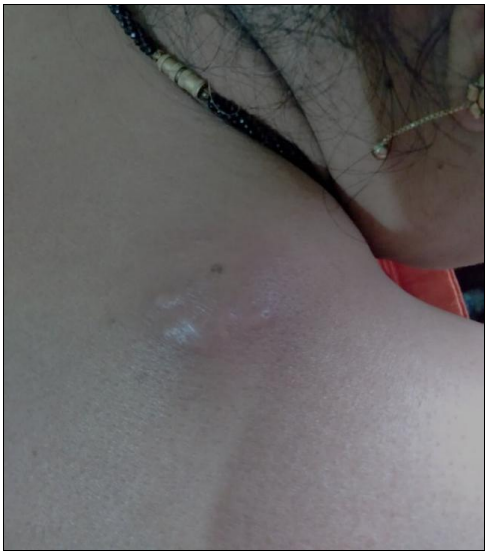

Fig 4: Healing of the ulcer

Conclusion

This case highlights the potential usefulness of Gunpowder in managing infected epidermoid cysts conservatively. However, apart from its action in treating diabetic foot ulcers and poisonous bites, not many case reports or series are available for use in treating different ailments. The use of this wonderful remedy more often in clinical practice could lead to exploring its curative action in other diseases and strengthening the existing evidence.

Consent of patient: The authors certify that they have obtained all appropriate patient consent for treatment and publication of images without disclosing the identity of the patient.

Conflict of interest: The Authors declare that there is no conflict of interest.

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