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Keloid and its homoeopathic management: A case study

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Abstract
Keloid is an abnormal accumulation of fibroblast around the scar. In the process of healing Deep wounds in the broad surface of human body may leads to formation of keloids due to deposition fibroblast and collagen tissue. In Our OPD Department at Sivaraj Homoeopathic Medical College and Institute Salem We Found A case of Master. K. Kesavan 17 yrs/Male having C/O Keloid present in the dorsum of right foot and left side of face and neck, due to healing process electric shock wounds. After through case taking we have prescribed silicea 30/ BD and CF6x 90 tab {2-2-2} to one month. After one month patient came with follow up treatment on observation 50 percent of keloids disappeared we prescribed same medicine same potency for two month. At the time of third follow up keloid completely disappeared.

Keywords: Keloid, silicea 30, Calcarea flour 30

Introduction
A keloid denotes as a benign growth of immature fibrous tissue deposition over the dermal injury, extending towards border of the wound or injury site.

Fig 1: Keloid – Dorsum of RT Foot

Epidemiology
The epidemiology of keloidsis variable. Commonly occur in black skin people than white, Indian peoples are less commonly affected than Africans The reported incidence in the general population ranges from a high of 16% in Zaire among adults to a low of 0.09% in England [2]

Age and sex distribution
Keloids are more common in middle age group than children. The incidence is equal in both sexes [3].

Clinical features
- Initial formation of immature fibrous tissue deposition progressively increased in later life.
- First it appears as a raised pink, red in colour, and latter it become purple scar.

- Keloid appears on the earlobe is round or oval in shape but in other parts of our bodies it becomes flat in nature.
- Keloid feel soft and doughy or hard and elastic in nature. When we examine the scar, On the earlobe, it' smost like lyto feel firm in consistency.
- Symptoms like pain, itch, or tenderness. While a keloid is growing, it can feel itchy, painful, or both. Keloids on the chest walls are often tender. The keloid become mature; the symptoms progressively disappeared.

Most keloids are solid, fixed and immobile. keloid present in the neck, abdomen, oranear, akeloidmayhang bya stalk, soitmovess lightly when you feel it.
Become darker in developing stage. Once akeloid stops growing, it tends to become darker
than the person's skin colour [4].

Pathophysiology of akeloid
Three phases of wound healing
1. The initial stage of inflammation
2. The proliferative stage or granulation stage
3. The maturation or remodelling stage [5].

The process of wound healing occurs in imbalance between the anabolic and catabolic stage, along with formations of keloid occur due to more sustained and aggressive biotic disorder.
Keloid formation is due the process of chronic inflammatory period, along within mature fibroblasts cell deposition the scar tissue of keloids which may contribute to increased broblastic activity with greater and more sustained extracellular matrix deposition [6]

Treatment
Total Removal of a keloid stimulates additional collagen synthesis, thus prompting quick recurrence of a keloid, even larger than the initial one. For this reason, intra-marginal surgical excision of keloid tissue is recommended to prevent the aggregations of additional collagen synthesis.
Apart from surgery, other most commonly used treatments include intra-lesional steroid injection, cryotherapy, laser removal, radiotherapy, in addtions silicon gel sheeting topical immunomodulators are less commonly used.

Prevention
The care should be taken to prevent the recurrence of keloid. The clinician should be aware of risk factors along with keloid formation, mainly focus onprevious and family history of keloids, tension at site of trauma and dark skin.
Keloid scar should be examined histologically in order to avoid misinterpretation of malignant conditions. such as advanced age, lack of trauma preceding keloid formation, or the presence of a keloid-like lesion in uncommon sites, should be considered and histopathological confirmation of the diagnosis also important [8].

Homoeopathic management
- Thiosinaminum
- Silicea
- Nitric Acid
- Fluoric Acid
- Causticum
- Calendula
- Thuja
- Graphites

A case study: keloid
Name: K. Kesavan
Age: 17yrs
Sex: Male
Date: 6-6-2021
Address: 2/104, Vattamuthampatti, Salem-30
Occupation: Student
Religion: Hindu

Presenting complaints
C/O Thickening of skin over the old scar presenting right foot, left side of neck & face since 6 months - Whitish discoloration of the skin on scar present in the neck

H/O presenting complaints
Thickening of skin due to after healing of wounds caused by electric shock wound

Past history
Wound caused by electric shock, progressively form blister on the skin of right dorsum of foot and left side of neck and face, he was admitted under allopathic treatment he recovered after 15 days

Personal history
Born & brought up: Vattamuthampatti, Salem
Vaccination: Done

Generals
Appetite: Normal
Thirst: Normal
Urine: Regular
Stool: Regular
Sleep: Good
Dreams: Nil

General exam
Patient is conscious, comfortable, afebrile, no cyanosis, no oedema
BP: 110/70 mmHg
Pulse: 76/Min
Temp: 98.6 F

Respiratory System: Normal vesicular breath sound heard all over the lung field

Cardiovascular System: S1, S2 Heard normally

Diagnosis

Fig 2: Keloid – LT Neck and Dorsum of RT foot

Treatment
Rx
1. SILICEA 30/1 Dram (5-0-5) before food
2. C.F 6X /90
   (2-2-2) after food

Follow Up
Date: 10/08/2021
Thickening of the skin reduced
Whitish discolouration in the neck reduced
Rx
1. SILICEA 30/1 Dram (5-0-5) before food
2. C.F 6X /90
   (2-2-2) after food

Fig 3: Keloid in LT Neck and Face Before and after Treatment

Date: 10/12/2021
Thickening of the skin reduced
Whitish discolouration skin disappear
Rx
1. S.L One Dram Pills (5-0-5) before food
2. C.F 6X /90
(2-2-2) after food

Fig 3: Keloid in dorsum of RT Foot before and after treatment

Before and after Treatment
Date: 15/01/2022
Thickening of the skin completely disappear
Whitish discolouration skin disappear
Rx
1. S.L One Dram Pills (5-0-5) before food
2. Disketes /90 (1-1-1) after food

Conclusion
In Modern Methods of treatments, commonly used for keloid scars include, steroid injections, steroid-impregnated tape for 12 hours a day, and silicone gel sheeting for several months. Furthermore, Cryotherapy is also performed, wherein keloids are frozen using liquid nitrogen. Finally, laser treatment is used to reduce the redness. From above result concluded that cost of treatment for keloid scars in Modern Medicines are much more and also it may lead to some adverse effect causing damage to various organs present in our bodies. But in Homoeopathic methods of treatment was Safe and Effective no adverse effect occurs in human bodies throughout the Treatment when compare to allopathic Treatment.

Conflict of Interest
Not available

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Not available

References
1. David T Robles, Erin Moore, Michelle Draznin, Daniel Berg. Keloids pathophysiology and management. Dermatology online Journal 2008;13(3):9.
2. Bloom D. Heredity of keloids. New York State Medicine Journal. 1956;56:511-519.
3. Shaffer JJ, Taylor SC, Cook-Bolden F. Keloidal Scars: A review with acritical look at the rapeutic options; 46, 63-97.
4. Moshref SS, Mufti ST. Keloid and hypertrophic scars: Comparative histopathological and immunohis to chemical study. Med Sci; 17, 3.
5. Gauglitz GG, Korting HC, Pavicic T, Ruzicka T, Jeschke MG. Hypertrophic scarring and keloids: Patho mechanisms and current and emerging treatment strategies. Mol Med. 2011;17:113.
6. Robles DT, Berg D. Abnormal wound healing: Keloids. Clin Dermatol; 25:26
7. Theopold C, Pritchard S, McGrouther DA, Bayet A. Keloids car harbouring malignant blue naevus emphasises the need for excision biopsy and routine histology. J Plast Reconst Aesthete Surg. 2009;62:93.
8. Manipal manual of surgery 5 Edition by K. Rajagopal shenoy and Anitha shenoy.
9. Bailey & love's short practice of surgery 27th edition by Normans Williams.
10. Principles and practice of Surgery, 7th edition by D. James Garden & Rowan W. Parks.

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