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Individualize homoeopathic treatment of sebaceous cyst: A case report

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Abstract

Sebaceous cysts are typical, non-cancerous cysts of the skin. These cysts are unusual bodily growths that may contain liquid or semiliquid substances, even though they can occur anywhere on the body except the palms and soles.

A patient suffering from painful cystic swelling for 4-5 years is presented. After case analysis and evaluation, totality was constructed and after repertorisation, the most appropriate one Sulphur 0/1 was prescribed. Alongside medication, the regular dressing was done with Calendula Q and normal saline. A proper follow-up record was maintained and given accordingly. The treatment was continued for 8-10 weeks and the cystic swelling was completely healed at end of the treatment.

In this case study, homoeopathic treatment is recommended as a viable supplemental or alternative therapy, highlighting the importance of repertorization in customised homoeopathic prescriptions.

Keywords: Sebaceous cyst, homoeopathy, sulphur, case report

Introduction

A sebaceous cyst, also known as an epidermoid cyst, is a benign keratin-filled subepidermal nodule. Sebaceous cysts can be seen everywhere, including the scrotum, genitalia, fingers, and in some cases the buccal mucosa, despite being most frequently found on the face, neck, and trunk, except on the palms and soles^[1, 2].

It is commonly seen between the third and fourth decades of life^[3]. These cysts are seldom discovered before puberty. Males are more likely to have them than females (ratio 2:1)^[1, 4]. It may be single or multiple. It is spherical and smooth, with a border that yields to finger pressure. Usually, the swelling has a black spot that is the blocked hole and is known as a punctum^[5].

The differential diagnosis of a sebaceous cyst depends on the anatomical location and may include pilar cyst, lipoma, abscess, neuroma, benign growths, skin cancer, metastatic cutaneous lesions, ganglion cyst, neurofibroma, dermoid cyst, brachial cleft cyst, pilonidal cyst, and calcinosis cutis^[4].

Complications include Infection of the cyst, Ulceration, Rupture and sinus formation, Calcification, Carcinomatous change, Cock's peculiar tumor, and Sebaceous horn^[4, 5].

In addition to this, a few published research and case reports^[6, 7] demonstrated the value of individualized Homoeopathy in the management and treatment of sebaceous cysts. The current case study aims to support and illustrate the efficacy of individualized Homoeopathic therapy for sebaceous cysts.

Case Proper

A male patient aged 53 years came to the outpatient department of the National Institute of Homoeopathy on 28/01/2022 with a cystic swelling measuring (5x5x4) cm on his back for 5-6 years. The swelling gradually started increasing in size with pain also. On examination it was smooth, round shape with a central dark punctum, margin yields to the palpating finger and the fluctuation test was positive.

History of Present Complaint

Initially, the patient noticed a small eruption with slight pain resembling a pimple over his back. He went first to conventional treatment and was prescribed NSAID and some lotion but was of no relief. The swelling increased gradually with the collection of pus. The pain was more on touching.

Past history: He once suffered from chickenpox at 8 years of age. He had recurrent attacks of itching eruptions in the inguinal fold since 20 years of age for which he applied ointment many times.

Family history: Brother has Diabetes Mellitus, and his mother has hypertension.

Physical Generals

His appetite was adequate, he can't tolerate hunger and prefers warm food. His thirst was more with 3-4 liters per day, he drinks while eating food. The tongue was flabby, moist, clear, and had imprints of teeth with a red tip. He has a desire for sweet, meat. He has an unsatisfactory stool, morning on rising. His urine was offensive. He has disturbed sleep, wakes to every noise, and lies on the right side. He had profuse offensive perspiration on his chest and back.

Mental generals

Patient was forgetful with having a weak memory. Anxious about his health. Fear of heights.

On examination

Inspection – a solitary swelling on the back, of normal skin color, smooth, round in shape, having a black punctum over the swelling.

Palpation – Swelling margins yield to the palpating fingers

Fluctuation test was positive

Trans illumination test was negative

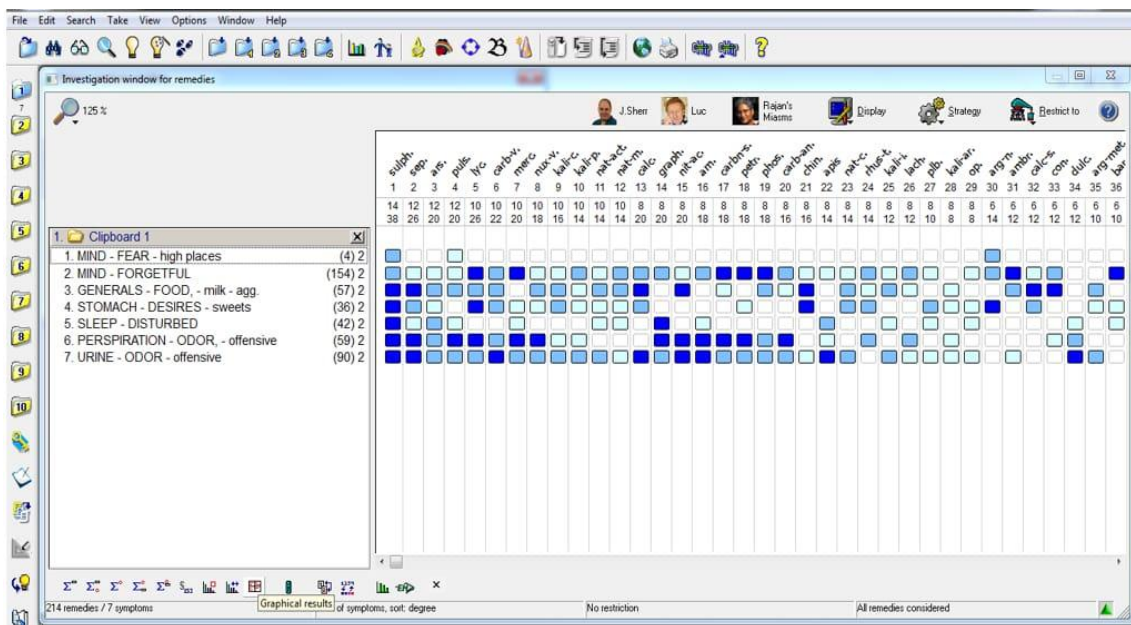
Diagnostic assessment

This case was diagnosed as a Sebaceous cyst on the basis of clinical examination. This diagnosis comes under the specific ICD 10, L72.3 code.

Totality of Symptoms

- Forgetful
- Fear of height
- Desire -Sweet+++
- Milk - aggravation
- Sleep - disturbed, wakes to every noise
- Sweat - offensive
- Urine – offensive

Repertorisation



Repertorisation sheet

Result

This case was repertorized using Kent's Repertory and the software RADAR OPUS 3.1.5^[8]. The repertorial results were analysed, giving more priority to mental symptoms as well as physical general symptoms than specific symptoms for medicine selection. According to repertorization, the most indicated remedy was Sulphur.

Prescription

After considering the totality of symptoms, Sulphur 0/1, 16 doses were prescribed in 100 ml of aqua dist, OD for 16 days. The potency was gradually increased up to Sulphur 0/5 with progressive improvement in the patient.

Table 1: Follow-up

S. NO.	DATE	Symptoms	Medicine	Justification
1.	(First visit) 14/02/2022	<ul style="list-style-type: none"> • Pain was reduced • Stool was satisfactory 	Sulphur 0/2	Patient was improving
2.	(Second visit) 04/03/202	<ul style="list-style-type: none"> • Cyst broke open with the discharge of pus • Pain was subsided 	Sulphur 0/3	Patient was improving
3.	(Third visit) 22/03/2021	<ul style="list-style-type: none"> • Ulcer formed in the place of cyst. 	Sulphur 0/4	Patient was improving
4.	(Fourth visit) 01/04/22	<ul style="list-style-type: none"> • Ulcer healed completely. 	Sulphur 0/5	Patient was improving

Discussion

Homoeopathy is a system of medicine that embraces a holistic approach to the treatment of the sick. In Homoeopathy, detailed case-taking is done to elucidate the constitutional makeup of the patient and a single remedy is selected on the basis of the totality of symptoms.

A 53 years aged, male patient came to the outpatient department of the National Institute of Homoeopathy with the complaint of painful cystic swelling measuring about 5x5x4cm on his back for 5-6 years. He went first to the conventional treatment and was prescribed NSAID and ointment but of no relief instead, he started with enlargement of the cyst with the accumulation of pus inside and unbearable pain. On examination, it was found that the swelling was fluctuant, compressible, pus-filled mass with a

central dark punctum.

After case taking & repertorization, Sulphur 0/1 was prescribed once daily for 16 days. The potency was gradually increased up to Sulphur 0/5 with progressive improvement in the patient. While taking the medicine cyst was broke open with the discharge of pus, with complete relief from pain & tenderness, and within a few days, an ulcer was formed in the region of the cyst. He was advised for cleaning & dry dressing of wound with *Calendula officinalis* mother tincture daily. The Wound healed gradually within 1-2 weeks. The patient was kept under observation for another 3 months and there was no relapse of symptoms. Documentation of the case was done in the form of photographs of the affected area in starting, during, and at the end of the treatment.



Fig 1: Before Treatment

Fig 2: During Treatment

Fig 3: After Treatment

Conclusion

The miracle of Homoeopathy is that if the prescribed medicine is similimum, it works wonderfully and quickly. In this case, Sulphur 0/1 was administered once daily for 16 days. The potency was gradually increased up to Sulphur 0/5 with progressive improvement in the patient. While taking the medicine cyst broke open with the discharge of pus, with complete relief from pain & tenderness, and within a few days, an ulcer was formed in the region of the cyst, along with Homoeopathic medication, regular dressing with *Calendula Q* was advised. The Wound healed gradually within 1-2 weeks. This case report suggests Homoeopathic treatment as a viable supplemental or alternative therapy and highlights the need for repertorization in individualized Homoeopathic prescription. In order to strengthen the data supporting Homoeopathy's efficacy in treating sebaceous cysts, a more carefully planned study with a larger sample size is necessary.

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Not available

Conflict of Interest

Not available

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Not available

References

1. Zito PM, Scharf R. Epidermoid cyst. InStatPearls [Internet] 2021 Nov 15. Stat Pearls Publishing.

2. Venus MR, Eltigani EA, Fagan JM. Just another sebaceous cyst?. *Annals of the Royal College of Surgeons of England*. 2007 Sep;89(6):W19.
3. Handa U, Chhabra S, Mohan H. Epidermal inclusion cyst: cytomorphological features and differential diagnosis. *Diagnostic cytopathology*. 2008 Dec;36(12):861-3.
4. Weir CB, St Hilaire NJ. Epidermal inclusion cyst
5. Das S. A manual on clinical surgery. 10th edition. Kolkata; S Das; c2013.
6. Naik DR, Lakshmi HC. Homoeopathic treatment of complicated sebaceous cyst: A case study.
7. Sarkar B, Sheopal MM, Pal PP. Chronic sebaceous cyst resolved homoeopathically. *RADAR OPUS 3.1.5. Software*.

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