

Resolution of Sebaceous Cyst Using Silicea 200: An Evidence-Based Case Study

Jayasree V^{1*}, Sahana Babu², Ramya J K³

¹Department of Organon of Medicine & Centre for Research, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Tamil Nadu, India (Affiliated to The Tamil Nadu Dr. M.G.R Medical University, Chennai)

²Department of Materia Medica, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Tamil Nadu, India (Affiliated to The Tamil Nadu Dr. M.G.R Medical University, Chennai)

³Department of Pathology & Microbiology, Rosy Royal Homoeopathic Medical College & Hospital, Bangalore, India

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***Corresponding author:** Jayasree V, Department of Organon of Medicine & Centre for Research, India

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ABSTRACT

Sebaceous cyst is benign condition. It consists of yellowish thick greasy material which can be expressed when compressed with pressure. These cysts can be commonly seen in the face, back, trunk but except palms and soles. It is commonly seen in the third and fourth decade of life. With homoeopathic mode of treatment, the recurrence of the sebaceous cyst can be eradicated. This paper shows the case of a female patient diagnosed with sebaceous cyst treated with the homoeopathic medicine Silicea and the remarkable resolution of the sebaceous cyst within a month of treatment.

Keywords: Silicea; Sebaceous Cyst; Homoeopathy; Case report

INTRODUCTION

Sebaceous glands are present in the skin. These glands secrete sebum which keeps the skin soft and oily.^[1] Sebaceous cyst is actually a misnomer and it is known as epidermoid cyst. It is the proliferation of epidermal cells within the dermis and it originates in the follicular infundibulum. The prevalence of these cysts is 5 per 1000.^[2] It is commonly seen in the third and fourth decade of life.^[1] They are commonly seen in the face, back, trunk and in some cases it can be found in the genitals too. It does not occur in the palms and soles due to absence of sebaceous gland in that region. They measure from few millimetres to several centimetres in diameter. They are easily movable. It is the blockage of the sebaceous gland, which secretes sebum through sebaceous duct which opens directly in the epidermis or in to a hair follicle.^[3] Punctum is present over in 70% of the cases,^[3] it is black in colour. In 30% of the cases where the sebaceous cyst opens into the hair follicle, punctum is not visible.^[3] The loss of hair in the affected region is common if the cyst is present for longer duration.^[4] The cyst contains yellowish white cheesy material which has greasy, thick consistency, and it can be expressed out from it when compressed with pressure, unpleasant odour is common. These can also occur due to

traumatic injuries which causes the multiplication of the epithelial cells which matures and finally form keratin, called as epidermal inclusion cyst. The cyst is lined by the stratified squamous epithelium that leads to an accumulation of keratin within the subepidermal layer or dermis. Usually they are asymptomatic, the inflammatory reaction occurs once they rupture and discharge the contents of it into the dermis and surrounding tissue.^[5] The other complications include the cyst forming into an abscess, ulcers, sebaceous horn or even lead to multiple sebaceous cyst. Rarely, the epidermal cyst can undergo malignant changes.^[5,6] Evaluation of the condition is usually based on physical and history. The radiographic investigation are not commonly used. The histological examination may be performed if required. Histopathological examination reveals an epithelial lined cyst filled with laminated keratin located within the dermis.^[5] A granular layer is present which is filled with keratohyalin granules.^[5] The conventional mode of treatment usually is complete excision of cyst through incision and incase of abscess formation then drainage is done first and later proceeded with the excision of complete cyst once the infection subsides.^[3] With a proper homoeopathic similimum we can cure the cyst and prevent it's recurrence in future.

CASE REPORT

A female patient of age 57 years came to the outpatient department of our hospital on 26/1/24 with a cystic swelling on her back since 2 months. On examination, it was smooth, soft, movable swelling and oval shaped.

HISTORY OF PRESENTING COMPLAINT:

Initially, the patient noticed a small eruption on her back with slight pain which gradually increased on size with gradual collection of pus. The pain ameliorated by warmth application. And there was mild itching present on and off.

PAST HISTORY:

No relevant history

FAMILY HISTORY:

No relevant history

PHYSICAL GENERALS:

Her appetite was decreased. Prefers warm food and drinks. Her thirst was excessive. The tongue was moist and clear. Her bowel and bladder habits were satisfactory and regular. Sleep was adequate and felt refreshed after sleep. Sweat occurs on whole body after physical exertion.

ON EXAMINATION:

Inspection:

A solitary swelling on the back, of the normal skin, oval in shape

Palpation:

Trans-illumination test was negative.

The swelling is smooth, soft, movable and oval shaped.

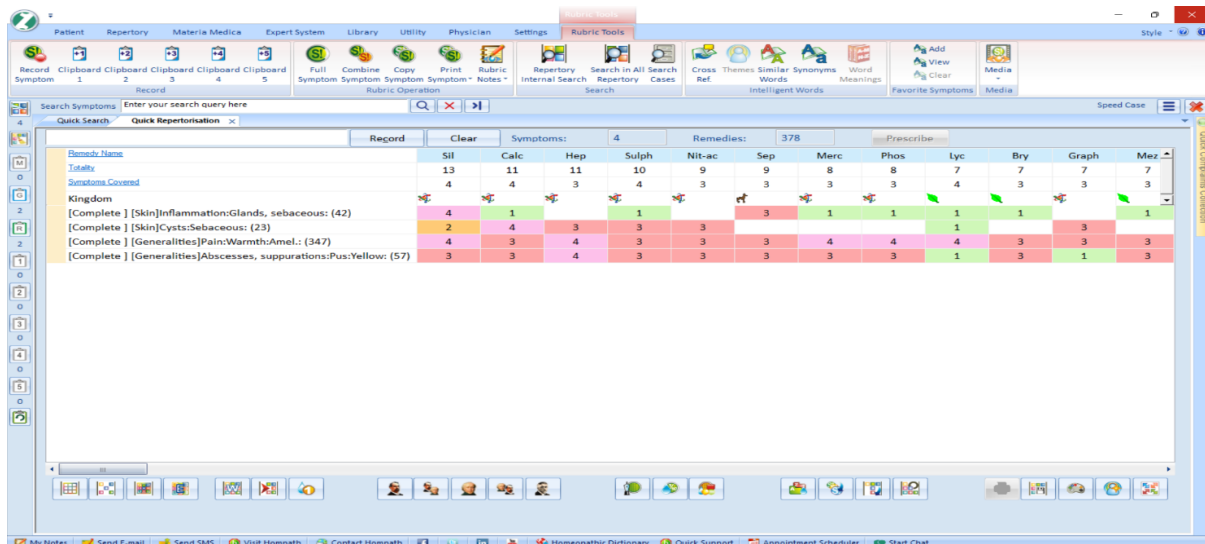
DIAGNOSTIC ASSESSMENT:

This case was diagnosed as a sebaceous cyst on the basis of clinical examination. This diagnosis comes under ICD 10, L 72.3 code

ANALYSIS OF THE CASE:

S.No	Symptoms	Intensity	Miasmatic analysis
1	Swelling	+++	Psora
2	Pain	++	Psora
3	Warmth amel	+++	Psora
4	Thirst - excessive	++	Sycosis
5	Appetite - decreased	+	Psora

REPERTORIAL ANALYSIS:



BASIS OF PRESCRIPTION:

Repertorisation:

The repertorisation was done with Complete repertory. Silicea was the first remedy indicated based on the symptomatology of the patient with a scoring of 13/6.

The symptoms covered were sebaceous cyst, pain ameliorated by warmth, suppurative abscess with yellow coloured pus.

Selection of the potency:

It was selected based on the susceptibility of the patient

Repetition:

As stated in aphorism 248, “The dose of the same medicine may be repeated several times according to the circumstances, but only so long as until either recover 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]”

PRESCRIPTION:

On 26/01/2024 Silicea 200 / 1 DOSE (MORNING) along with PLACEBO was given for one week.

DISCUSSION

Silicea has wonderful control over the suppurative process of the soft tissue, maturing abscesses when desired or reducing excessive suppuration.^[8]

After case taking and repertorisation, Silicea 200 was prescribed. While taking the medicine, the contents of the cyst got expelled from it, the pain and tenderness got reduced. She was advised to clean the discharges with sterile cotton. The cyst healed gradually within a month and the patient was kept under observation for 3 months and there was no relapse. Documentation of case was done in the form of photographs.

FOLLOW UP:

Date	Complaints	Inference	Prescription
26/1/24	Swelling in the region of back Mild pain <touch	1 st Visit	Rx 1.SILICEA 200/1D (MORNING) 2.SAC LAC/6D(HS)
2/2/24	Swelling in the region of back Pain <touch	Slightly better	Rx 1.SILICEA 200/1D (MORNING) 2.SAC LAC/6D(HS)
9/2/24	Swelling in the region of back reduced Yellow coloured pus discharges Pain reduced	Better	Rx 1.SILICEA 200/1D (MORNING) 2.SAC LAC/6D(HS)
16/2/24	Swelling healed and no discharges No pain	Better	Rx 1.SILICEA 200/1D (MORNING) 2.SAC LAC/6D(HS)

23/3/24	Swelling healed No pain and discharges	Better	Rx 1.SAC LAC /1D (MORNING) 2.SACLAC/6D(HS)
8/3/24	Swelling healed completely No new complaints	Better	Rx 1.SAC LAC /1D (MORNING) 2.SACLAC/6D(HS)
5/4/24	No recurrence	Better	Rx 1.SAC LAC /1D (MORNING) 2.SACLAC/6D(HS)
12/4/24	No recurrence	Better	Rx 1.SAC LAC /1D (MORNING) 2.SACLAC/6D(HS)



CONCLUSION

With the proper similimum, potency and dosage homoeopathy acts wonderfully and quickly. While taking the medicine, the expelled its contents and the cyst healed within a month without recurrence and complications. This case report suggests that Homoeopathic treatment is effective in cases of sebaceous cyst. In order to strengthen the efficacy of homoeopathic medicines in treatment of sebaceous cyst, a planned study with a larger sample is required.

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Conflict of interest: Nil

Consent to participant: The patient has given their consent to report her clinical information in the journal. The patient understands that her name and initials will not be published, and due efforts will be made to conceal her identity, but anonymity can't be guaranteed.

Contributors: Dr. Jayasree.V and Dr.Sahana Babu – Data collection & analysis, Dr. Ramya JK – Manuscript preparation and correction.

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