



ORIGINAL RESEARCH PAPER

Siddha

THE EFFECTIVE MANAGEMENT OF SEBACEOUS CYST (KATTI) THROUGH TOPICAL THERAPY VELLAI MEZHUGU IN SIDDHA

KEY WORDS: *Siddha*, topical therapy, *vellai mezhugu*, sebaceous cyst.

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ABSTRACT

Background: Sebaceous cysts are common noncancerous cysts of the skin. Sebaceous cysts are mostly found on face, neck and trunk. They grow slowly and become uncomfortable. Cysts can develop if the gland or its duct becomes damaged or blocked. Small cysts are typically not painful. Large cysts on the face, neck and trunk may cause pain. Among 32 *Siddha* external therapies, topical therapy is one of the procedures that minimize the risks of systemic side effects and provides intimate contact between the drug and the target tissue. **Aim& objective:** To study and document the effectiveness of topical therapy through *vellai mezhugu* application in sebaceous cyst (*katti*). **Methodology:** A male case who reported with the complaint of cyst in the OPD of Ayothidass pandithar Hospital was recruited for the study. General physical examination along with local examination was used to diagnose the disease. The procedure was done as per the standard operating procedure. Size and symptoms of the cyst were used as the assessment criteria to monitor the outcome. **Results:** The symptomatic relief of pain & swelling was well appreciated by the patient after the procedure. The patient had good prognosis with each visit and recurrence of cyst was not reported till 6 months of follow-up. **Conclusion:** From this study, *Vellai Mezhugu* application on sebaceous cyst offers the satisfactory result.

INTRODUCTION

A Sebaceous cyst is a closed sac under the skin filled with a cheese like or oily material. It is a small, non-painful lump. Sebaceous cysts can be found on entire body except palm and sole, mostly found on the face, neck and trunk[1][2]. They grow slowly and aren't life-threatening but they may become uncomfortable if untreated. Usually diagnose a cyst with only a physical examination and a medical history. In some cases, a cyst will be examined more thoroughly for signs of cancer. A noticeable characteristic is that the cyst can communicate with the skin surface through a keratin-filled orifice so-called punctum. This punctum is the clinical sign connection between the cyst surface and the cyst lining. The central punctum is more prominent on large lesions. Rarely, more than one punctum may be noticed. A foul smelling yellowish cheese-like material discharged from the lump. Occasionally the cyst gets inflamed with multiple heads. It may be misdiagnosed for furuncle or carbuncle. Sebaceous cysts form out of sebaceous gland. Cysts can develop if the gland or its duct becomes damaged or blocked. This usually occurs due to a trauma to the area[2]. The trauma may be a scratch, a surgical wound or a skin condition such as acne[3].

Other causes of a sebaceous cyst may include high levels of testosterone, misshapen or deformed duct, damage to the cells during a surgery, genetic conditions such as Gardner's syndrome or basal cell nevus syndrome[4][5]. Small cysts are typically not painful. Large cysts on the face, neck and trunk may cause pressure and pain. Most cysts are soft to the touch. The cyst is treated by draining it or by surgically removing it. Normally, cysts are removed. This isn't because they're dangerous but rather for cosmetic reasons and functional disturbances. It's important to remember that without surgical removal, cyst will usually come back. The best treatment is to ensure complete removal. Some people do decide against surgery. However, because it can cause scarring[2].

Sebaceous cyst is may be correlated with the Siddha diagnostic term *katti* (tumor). Over eating of tubers, hot & spicy foods, suppression of 14 urges (*veganga*), over indulgence of sex that can damage *ratha thathu* followed by

kozhupu and *enbu thathu* and causes tumors. Tumors are said to be small tumors that affect the muscles and skin. And large tumors that affect initially skin then upto the level of bone. The treatment of tumor is to remove the deranged vital energies that cause the damage of *saaram* and *senneer thathu*. Some of the topical therapies are effective in the treatment of *katti*. *Vellai mezhugu* seems to be effective in the treatment of sebaceous cyst.

Here, the author present single case report of sebaceous cyst that was successfully treated with *vellai mezhugu*. Our primary objective was to study and document the effectiveness of external therapy through *vellai mezhugu* application in sebaceous cyst[6].

MATERIALS AND METHODS

Study design: Descriptive case report

No of case : 1

Place of study: Pura maruthuvam OPD, Ayothidoss Pandithar Hospital, Chennai.

Therapeutic intervention: Topical therapy-*vellai mezhugu*

Study period: 20 days

No. of sitting: 8 sittings

Case History

45 years-old male presented at outpatient department, Ayothidoss Pandithar Hospital, Tambarm sanatorium, Chennai in the month of February with the complaint of tender erythematous swelling with multiple sinuses have foul smelling discharge on the left sided upper back region since 3 days. The swelling got enlarged in size and become red and endured.

According to the history given by the patient, tight clothing and heavy perspiration in the hairy area of upper back region may be the cause of development of sebaceous cyst. The

inflamed sebaceous cyst was associated with pain which increased with the friction by clothing or pressure on that area while lying with back, thereby affecting the day to day activities of the patient. The past medical and surgical history was non-significant. The patient had no history of hypertension and diabetes. The patient had no family history of sebaceous cyst.

Examination of Patient

A. General Examination

- General condition of the patient was stable.
- Vitals were within normal limit.

BP-120/80 mm Hg HR- 84/min
PR- 82/min RR-19/min

- And no abnormality was detected through systemic examination.

B. Local Examination

Mode of onset - Spontaneously
Duration-3 days
Associated disease- Nil

Inspection

Site- Upper back region (left sided)
No. of cyst- One
Size- 4×4 cm
Shape- Dome shaped
Openings- Multiple (due to inflammation)
Punctum- Present
Discharge- Foul smelling yellowish cheesy material

Palpation

Local temperature - Nil
Tenderness -Present
Based on clinical findings, the diagnosis was made as sebaceous cyst.

Therapeutic Intervention

Method of plaster preparation

5g of siddha formulation *Vellai mezhugu* was taken in a bowl and melted by heat. This melted *vellai mezhugu* was smeared over the sterile gada cloth and placed over the affected part[6].

Procedure

The treatment was commenced on the first day of OPD visit. The cyst was cleaned by *padigara neer*, followed by *vellai mezhugu* applied which was then covered with sterile adhesive bandage. Patient was advised to visit for three consecutive days.

The same procedure was repeated. First 2 days the sebaceous cyst remains intact. On third day, cyst burst out spontaneously and material inside the cyst was drained manually. After that, the patient was advised to visit OPD for once in three days.

It takes 12 days for complete drainage of sebaceous cyst and leaves with mild ulceration. Siddha formulation *mathan thylam*[7] was used to heal the ulcerated area. After 1 week of application of *mathan thylam* the ulceration got completely healed and left a mild scar.



15th day Healing of ulcer



20th day Healed with minimal scar

Photographs of Sebaceous Cyst During Treatment Period

| CHARACTERS | BEFORE TREATMENT | AFTER TREATMENT |
|------------|---------------------------|-----------------|
| Size | 4×4 cm | Healed |
| Shape | Dome shaped | Healed |
| Discharge | Yellowish cheesy material | Nil |
| Pain | Present | Nil |
| Tenderness | Present | Nil |

DISCUSSION

Sebaceous cysts are common benign intradermal or subcutaneous tumors. Inflamed and ruptured sebaceous cyst is rare entity in clinical practice. These can occur at any age group. The most common site of occurrence is the face, neck and trunk. These are common in male. Normal size varies from a few millimeters to a few centimeters but within the limit of 5 cm. These are intradermal in origin and adherent to the epidermis and usually have a central punctum that is often identifiable. Usually the sebaceous cysts are asymptomatic, painless, dome shaped lesions

With overlying smooth skin and contain thick sebum. In this patient too, the cyst was adherent to the epidermis. Size of the cyst 4×4 cm in diameter and arise from a ruptured pilosebaceous follicle. Cysts are more difficult to remove once they have ruptured[8]. During the application of *vellai mezhugu* the cheesy material of cyst was drained completely and removes the surface skin over the cyst which gives good prognosis. If the entire cyst wall is not removed, the cyst may reoccur. In this case the complete removal of cyst provides better improvement without recurrence. Coconut oil, bee wax and white arsenic were the ingredients that used to prepare *vellai mezhugu*. The wound healing property of coconut oil[9] and antimicrobial effect of bee wax[10][11] may fastens the healing process.

There was a visible effect of *vellai mezhugu* application was observed on healing process. After 20 days treatment, there was a considerable reduction in the size of the sebaceous cyst and significant improvement in the other symptoms like pain and tenderness. Good hygienic methods & regular visit of the patient is the main factors to promote proper healing with this procedure. In this case study, the patient had satisfactory healing on follow up visit. He did not have any complications and recurrence till 6 months of follow-up period. This result reveals highlights the importance of *vellai mezhugu* application in treating sebaceous cyst with minimal scar.

CONCLUSION

The patient signs and symptoms were reduced significantly after treatment without any complications. This study signifies that the application of Siddha topical therapy on sebaceous cyst is effective. A follow-up large sample study will be important to access the efficacy of given Siddha protocol.

Information Consent

Written consent was obtained from patient for publication.

Source of Funding – nil



1st day Inflamed sebaceous cyst 3rd day Burst out of cyst 12th day Completely drained

Conflict of Interest – none

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