CASE REPORT

Treatment of post-burn hypertrophic scar with homoeopathic medicine

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ABSTRACT

Hypertrophic scar (HSc) is a dermal fibro proliferative disorder that occurs following trauma, inflammation, surgery, burns, and sometimes spontaneously. This is a case report of a 23 year old male with post-burn HSc after acid burn injury on his left jaw. The homoeopathic medicine Silicea was prescribed in 30th potency on the basis of the totality of symptoms followed by repertorization; though only three doses of Silicea were prescribed at baseline during the course of treatment followed by placebo, there was a marked improvement in HSc as well as in associated complaints.

Keywords: Burn scar, Hypertrophic scar, Homoeopathy, Silicea

INTRODUCTION

Annually about two million people suffer from various modes of burn injuries worldwide, of whom more than a lakh die. In India, about 60,000 people suffer from burns annually, more than 50,000 are treated in hospitals, and about 10,000 succumb to thermal injury. Every year, a substantial proportion of deaths in India occur due to burn injuries. Prolonged morbidity as well as temporary and permanent disability due to burns results in a heavy economic loss. Scarring secondary to burns leads to a multitude of adverse medical consequences including loss of function, restriction of joint mobility, restriction of growth, altered appearance, and adverse psychological effects. Homoeopathic medicines like Arnica and Staphysagria have demonstrated a significant role in wound healing and cicatrization process, concluded in a recent animal model study. As per the literature available, it is seen that homoeopathic medicines had positive effects on scar resolution but the scientific studies for showing its effectiveness are rarely found. A case report of post-burn HSc is presented here with a positive effect of the homoeopathic medicine Silicea in reducing the HSc. This case is an attempt to document the usefulness of homoeopathic treatment in post-burn scars. An increasing number of such cases will create an adequate database to enable a well-designed research study in this area.

CASE REPORT

A young male of 23 years of age, an unmarried cloth merchant, suffered from acid burn on the left side of the face and left shoulder seven months previously when walking on the road. It was 4.5% burn as per the past reports of the Burn Department of Safdarjung Hospital, New Delhi. He was treated by
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Allopathy with minimal improvement. Subsequently, he developed HSc on the left jaw since one month. He consulted at the outpatient department of the Homoeopathic Treatment Centre, Safdarjung Hospital, New Delhi. Presenting complaints were HSc post-burn scar since one month on the left jaw with severe itching, worsening at night and during perspiration. Pain was of a stitching type along with marked redness of the region [Figure 1].

The patient had a history of pneumonia in childhood and was treated with conventional medicines. Family history revealed nothing except filariasis in his mother. The patient was thin and tall in appearance with decreased thirst and appetite. He was habitually constipated with constant desire for defaecation. During physical and systemic examination, nothing abnormal was found. He lacked confidence in his work. When angry, he threw things. He sweated profusely during the daytime specially in morning leaving white stains on his cloths; he had disturbed sleep till midnight. In general, heat aggravated the patient’s symptoms.

The Vancouver Scar Scale (VSS)\textsuperscript{[5]}, an internationally accepted scale for assessing scars, was used during pre and post-treatment assessment of HSc in this case. VSS [Table 1] consists of four variables: Vascularity, height (thickness), pliability, and pigmentation. In this case report, “Patient’s VSS” was used for the assessment of symptom of Itching. Each variable has four to six possible scores. The total score ranges from 0 to 16, where score 0 reflects normal skin. VSS score of this patient was 13 at baseline on October 23, 2010 and this reduced to 2 on February 4, 2011 during three months of follow-up with seven visits [Table 1].

Selection of medicine was based on totality of symptoms of the patient and the final medicine was selected after repertorization in consultation with homoeopathic materia medica. Three doses of Silicea 30 were prescribed the first day followed by placebo twice a day for 15 days before the first follow-up. Placebo was continued, as improvement continued after the first follow-up. The following rubrics were selected for repertorization (chart is attached in Table 2):

**MIND - ANGER - violent**

**MIND - CONFIDENCE - want of self-confidence**

**STOMACH - THIRSTLESS**

**STOMACH - APPETITE - diminished**

**RECTUM - CONSTIPATION - constant desire**

**PERTURBATION - PROFUSE - morning**

**PERTURBATION - STAINING the linen**

**PERTURBATION - ODOUR - offensive**

**SLEEP - SLEEPLESSNESS - night - midnight - before**

**SKIN – CICATRICES-painful-stitching**

**SKIN - ITCHING - night**

**SKIN - ITCHING - perspiration - agg.**

**RESULTS**

The patient was followed up on every 15\textsuperscript{th} day and the VSS score was filled after observation of the scar and measurement of its height. The score reduced from 13 to 2 in three months of follow-up and showed 84.6% improvement (marked improvement) in the scar [Figure 2]. Follow-up schedule is shown in Table 1 as per the VSS score. This result shows the usefulness of the homoeopathic medicine Silicea in HSc. Redness, itching, and height of scar are reduced as shown post treatment [Figure 2] after the prescription of Silicea compared to the pretreatment stage [Figure 1].
Table 1: Follow-up chart as per Vancouver Scar Scale

<table>
<thead>
<tr>
<th>Sign/ Symptoms</th>
<th>Score at entry 23-10-10</th>
<th>2nd visit 5-11-10</th>
<th>3rd visit 20-11-10</th>
<th>4th visit 5-12-10</th>
<th>5th visit 15-12-10</th>
<th>6th visit 30-12-10</th>
<th>7th visit 4-1-11</th>
<th>8th visit 15-1-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pigmentation</td>
<td>Mixed</td>
<td>Mixed</td>
<td>Mixed</td>
<td>Mixed</td>
<td>Mixed</td>
<td>Mixed</td>
<td>Mixed</td>
<td>Mixed</td>
</tr>
<tr>
<td>Height</td>
<td>2-5 mm</td>
<td>2-5 mm</td>
<td>2-5 mm</td>
<td>&lt;2 mm</td>
<td>&lt;2 mm</td>
<td>Flat</td>
<td>Flat</td>
<td>Flat</td>
</tr>
<tr>
<td>Pliability</td>
<td>Ropes</td>
<td>Firm</td>
<td>Yielding</td>
<td>Yielding</td>
<td>Yielding</td>
<td>Supple</td>
<td>Supple</td>
<td>Supple</td>
</tr>
<tr>
<td>Vascularity</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Pink</td>
<td>Pink</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Patient’s VSS</td>
<td>Severe</td>
<td>Severe</td>
<td>Occasional itching</td>
<td>Occasional itching</td>
<td>Occasional itching</td>
<td>Sometimes itching</td>
<td>Sometimes itching</td>
<td>Sometimes itching</td>
</tr>
<tr>
<td>Itchy sensation</td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total score</td>
<td>13</td>
<td>12</td>
<td>10</td>
<td>9</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Treatment schedule</td>
<td>Silicea 30 3 doses×1 day; placebo BD×15 days</td>
<td>Improvement started; placebo continued</td>
<td>Placebo BD×15 days</td>
<td>Placebo BD×15 days</td>
<td>Placebo BD×15 days</td>
<td>Placebo BD×15 days</td>
<td>Placebo BD×15 days</td>
<td>Placebo BD×15 days</td>
</tr>
</tbody>
</table>

*BD: Twice daily; VSS: Vancouver Scar Scale

Table 2: Repertorization chart

![Repertorization chart](radar.png)
DISCUSSION AND CONCLUSION

It is known that Arnica is a useful remedy in injuries and in after effects of injuries. In the literature on burn cases, the usefulness of homoeopathic medicines like Cantharis and Aconite is found. One of the studies conducted to see the effects of Cantharis as an analgesic in 34 cases of minor burn found that Cantharis was effective in alleviating pain.

Strong evidence of homoeopathic treatment for HSc burn scar is not found in the literature, except in one article by Dr. Foubister, Homoeopathy and Scar Tissue, where he discusses his experience and the comments of stalwarts in such cases. In homoeopathic materia medica, medicines like Graphites, Silicea, Nitric acid and so on are described for use in scar dissolution.

In this case report, the patient showed improvement after the homoeopathic medicine not only in the scar but also in other associated complaints; stools became satisfactory, appetite and sleeping pattern improved, and so on. Only three doses of Silicea 30 were prescribed at baseline during the whole period of treatment. Pigmentation, height, vascularity, pliability, and itching of HSc improved markedly with the homoeopathic medicine.

In the conventional system, silicone gel or sheath are used for the treatment of HSc coincidentally, in this case, potentized Silicea was prescribed on the basis of the totality of symptoms with marked improvement. It is interesting to know that the silica as a substance is useful in HSc scar treatment in a crude form like gel as well as in homoeopathic potency. However, phases of scar evolution can be protracted, and a tremendous range exists between the time that a scar becomes hypertrophic in the first few months to the time that it completely resolves with little or no treatment. In this case report also, we cannot exclude the chances of spontaneous resolution of scar or resolution due to delayed response to allopathic treatment. Though the homoeopathic treatment has shown favourable results in this case, in the future, randomized controlled trials with larger sample size are required for validation of the effects of the homoeopathic treatment.

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