Case Report

Homeopathic management of carbuncle: A case report

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ABSTRACT

A carbuncle is a deep bacterial infection involving adjacent hair follicles and surrounding subcutaneous tissue, commonly managed with incision and drainage along with antibiotic therapy. A 52-year-old male presented with a painful swelling over the nape of the neck of 5 days' duration, associated with foul-smelling purulent discharge mixed with blood and pain aggravated at night. The patient was a known case of type 2 diabetes mellitus and hypertension and was on regular allopathic medication. Clinical examination revealed an indurated, tender swelling with purulent discharge and localized inflammation, leading to the diagnosis of a carbuncle. Individualized homeopathic treatment with *Tarentula cubensis* was prescribed along with local dressing using *Calendula officinalis* mother tincture. Progressive reduction in pain, discharge, and swelling was observed during follow-up, with complete healing achieved within 1 month without surgical intervention. This case highlights the possible role of individualized homeopathic medicine as a therapeutic approach in carbuncle in a diabetic without recourse to antibiotics or surgical intervention.

Key words: *Calendula officinalis*, Carbuncle, Case report, Homeopathy, *Tarentula cubensis*

A carbuncle is an infectious condition affecting contiguous hair follicles and the surrounding subcutaneous tissue, most commonly associated with *Staphylococcus aureus* [1]. It may progress from folliculitis to furuncle and subsequently to carbuncle if untreated [2]. Predisposing factors include diabetes mellitus, obesity, immunosuppression, and poor hygiene [3]. In India, carbuncles are most frequently observed in elderly individuals with slight male predominance [3,4]. Carbuncles commonly occur over the nape of the neck, upper back, shoulders, thighs, and buttocks [5]. The symptoms include painful swelling, multiple pustules, and purulent discharge. In patients with diabetes and immunocompromised states, systemic symptoms such as fever, malaise, regional lymphadenopathy, cellulitis, and septicemia may occur [1,5]. Carbuncles require both medical and surgical intervention. The treatment includes incision and drainage under local anesthesia, followed by oral and topical antibiotics. In recurrent cases, surgical excision of the lesion may be required [5,6]. In homeopathic clinical practice, different skin and soft-tissue infections have been managed effectively with homeopathic medicines alone. However, documented evidence remains limited.

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In this case report, a clinically and photographically documented case of a carbuncle treated successfully with homeopathic medication alone without surgical intervention is presented.

CASE REPORT

A 52-year-old male patient presented to the outpatient department with a complaint of a painful swelling over the nape of the neck for the past 5 days. The swelling was associated with thick, yellow, foul-smelling pus mixed with blood, and localized pain aggravated at night. No lymphadenopathy was noted. The patient was a known case of type 2 diabetes mellitus and hypertension and was on regular allopathic treatment.

At the time of presentation, the patient was taking vildagliptin 100 mg once daily, glimepiride 3 mg with metformin hydrochloride 500 mg once daily, and telmisartan 40 mg once daily. No changes in the dosage of these medications were made during the course of homeopathic treatment. On examination, the patient was afebrile, with a pulse rate of 80/min and a blood pressure of 132/80 mmHg. On inspection, a diffuse, indurated swelling with irregular margins was noted at the nape of the neck, associated with offensive, thick, yellowish discharge mixed with blood. The overlying skin appeared

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erythematous with areas of necrosis (Fig. 1a). On palpation, there was a noticeable rise in local temperature; the swelling was tender and firm with marked induration. Regional lymph nodes were not enlarged. Based on these findings, a clinical diagnosis of carbuncle (International Classification of Diseases 11th Revision – 1B75.1) at the nape of the neck was made.

After thorough case taking and analysis, *Tarentula cubensis* was found to be the similimum to the case. Homeopathic treatment was started on July 20, 2024 (Day 1). *T. cubensis* 30C TID was prescribed for 3 days, along with dressing using *Calendula officinalis* Q (to apply locally over the affected area after dilution with sterile water, twice daily, maintaining proper local hygiene). On the second visit, i.e., Day 10 (July 29, 2024), marked improvement in pain and reduction in purulent and blood-stained discharge were noted. Gradual healing of the swelling was evident, as shown in Fig. 1b; *T. cubensis* 200C BD was given for two days, followed by dressing with *C. officinalis* Q. On the third visit, i.e., Day 18 (August 06, 2024), swelling had reduced, and no discharge was present, as shown in Fig. 2a. *T. cubensis* 200C BD was given for one day, followed by rubrum 200 OD for 7 days. As no external wound was visible, local dressing with *C. officinalis* Q was discontinued. On the fourth visit, i.e., Day 26 (August 14, 2024), Complete healing was observed, as shown in Fig. 2b (Table 1).

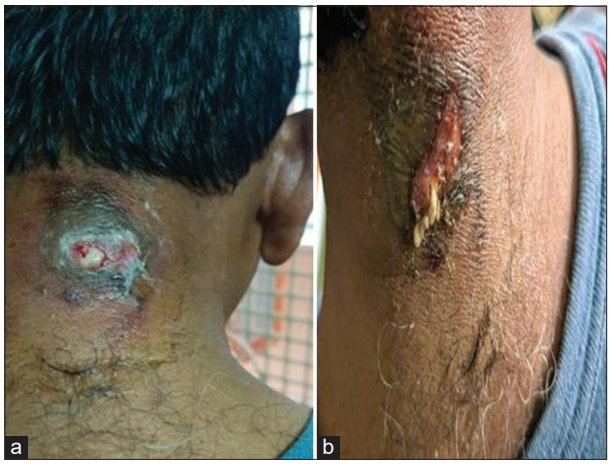

Figure 1: (a) A carbuncle with a diffuse, indurated swelling with irregular margins was noted in the first visit; (b) Gradual healing of the swelling was evident after treatment in the second visit

DISCUSSION

A carbuncle often recurs and causes significant discomfort, thereby affecting the quality of life of the patient. If not treated properly, it may lead to serious complications such as deeper tissue infection or systemic involvement. Homeopathic medicines have been recommended in homeopathic literature for the management of various surgical conditions [7]. However, the evidence is primarily limited to case reports. Literature in homeopathy describes different medicines that are indicated in the management of carbuncles and other suppurative skin conditions [8]. The patient preferred homeopathic treatment and was managed under regular clinical observation. Although carbuncles in diabetic patients may require antibiotic therapy and surgical drainage depending on clinical severity, no evidence of systemic infection or disease progression was observed during follow-up. The basis for the prescription of homeopathic medicines is discussed.

In the present case report, a single individualized homeopathic medicine, *T. cubensis* (syn. Mygale *cubensis*), was prescribed considering the acute nature of the condition, as it is well known for its efficacy in severe suppurative conditions such as carbuncles. Tarentula is a spider that belongs to the family Lycosidae and is found in Cuba and Mexico. *T. cubensis* is prepared from the entire living spider as described in the Homeopathic Pharmacopeia of India [9]. The potency of the homeopathic medicine was selected according to the pathological state of the patient.

According to Boericke Materia Medica, *T. cubensis* is indicated for carbuncles with burning, stinging pain; abscesses with marked pain and inflammation; a puffed sensation all over; and complaints worse at night [10]. The prescription was based on the characteristic symptom similarity between the patient's presentation and the known indications of *T. cubensis* described in homeopathic literature. According to Boericke,

Table 1: Timeline: Follow-ups with intervention

Date/day from start of treatment	Symptom	Medicine, potency and dosage
First visit July 20, 2024 Day 1 (Fig. 1a)	• Swelling over the nape of the neck for 5 days • Painful and tender for 2 days • Pain aggravated at night • Associated with pus and bloody discharge	• *T. cubensis* 30C TID 3 days. • *C. officinalis Q* for local dressing, twice daily for 7 days.
Second visit July 29th, 2024 Day 10 (Fig. 1b)	• Marked reduction in pain • Decreased pus and blood discharge	• *T. cubensis* 200C BD 2 days. • *C. officinalis Q* for local dressing, twice daily for 7 days.
Third visit August 06th, 2024 Day 18 (Fig. 2a)	• Swelling reduced • No discharge	• *T. cubensis* 200C • 2 Doses BD 1 day
Fourth visit August 14th, 2024 Day 26 (Fig. 2b)	• Completely healed	-

T. cubensis: Tarentula cubensis, C. officinalis: Calendula officinalis

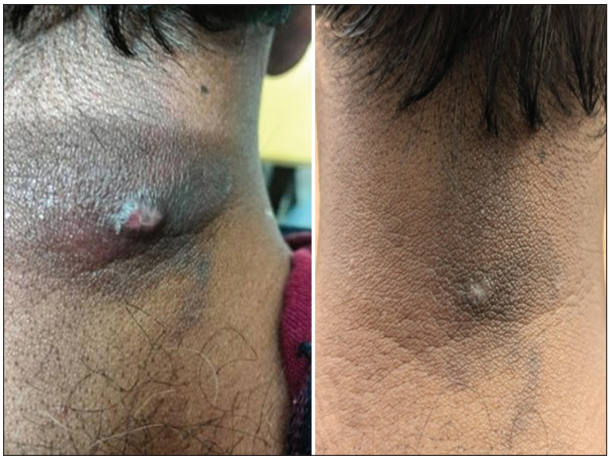

Figure 2: (a) Swelling had reduced, and no discharge was present at the third visit; (b) Complete healing at the fourth visit

C. officinalis is indicated in conditions associated with open wounds, ulceration, suppuration, and delayed healing, and is known to promote healthy granulation and reduce local inflammation [10]. In homeopathic practice, it is commonly used externally for wound dressing in traumatic and suppurative conditions. In the present case, local application of *C. officinalis* mother tincture was used as an adjunctive measure during the healing phase.

In addition to the internal administration of *T. cubensis*, local wound care was carried out using *C. officinalis Q* applied as a dressing twice daily throughout the course of treatment. *C. officinalis* is well described in homeopathic materia medica for its role in promoting healthy granulation, reducing suppuration, and aiding in the healing of open wounds, ulcers, and lacerations [10]. Contemporary scientific evidence also supports its wound-healing potential. Recent experimental and clinical studies have demonstrated that *C. officinalis* enhances fibroblast activity, promotes epithelialization, and accelerates the inflammatory and proliferative phases of wound healing. A 2022 study evaluating *Calendula*-based wound dressings reported improved tissue regeneration and healing outcomes in both *in vitro* and *in vivo* models [11]. Similarly, a randomized clinical trial showed beneficial effects of topical *Calendula* in acute wound healing [12]. These findings support its adjunctive use in the present case, where regular application may have contributed to faster resolution of discharge and improved healing of the carbuncular lesion.

During the course of treatment, a reduction in random blood sugar levels was observed, with values decreasing from 299 mg/dL on July 21, 2024 (Day 2), to 148 mg/dL on August 07, 2024 (Day 19). The patient continued to be on regular anti-diabetic medication, with no changes in dosage during this period of homeopathic treatment. This improvement may be partly attributed to better glycemic control, which influenced the resolution of infection; however, glycemic control alone could not have produced the extent of improvement observed. It is not possible to quantify what proportion of improvement was due to better glycemic control and homeopathic treatment; however, it is understood that patients under allopathic treatment with similar glycemic control often require antibiotics and, at times, surgical intervention.

After a month, the symptom-free patient reported for follow-up. On examination, a well-healed scar was noted at the nape of the neck. Subsequently, the patient was observed for 6 months and remained apparently healthy without any complaints. The present case of an acute carbuncle with long-standing diabetes mellitus was compared with previously published peer-reviewed reports. One such report described a chronic carbuncular lesion over the dorsum of the foot with multiple sinus tracts and persistent discharge of 4–5 months' duration, which was treated with Hepar sulphuris calcareum 200C and resolved over approximately 2 months [13]. In contrast, the present case demonstrated rapid clinical improvement within a few days and complete healing within 1 month following administration of *T. cubensis*, despite the presence of a known risk factor for delayed healing. The comparatively shorter duration of recovery and early reduction in pain and discharge observed in this case may suggest a favorable clinical response. However, these findings should be interpreted cautiously due to differences in disease chronicity and the inherent limitations of single case reports.

The present case showed a positive response to the individualized homeopathic medicine *T. cubensis*, with complete healing of the carbuncle within 1 month. No other homeopathic remedy was prescribed internally during the course of treatment. The patient was on homeopathic treatment only. The positive outcome of this case represents the usefulness of individualized homeopathic treatment of carbuncles. Another point to consider is that the cost of treatment is substantially lower with the homeopathy approach.

CONCLUSION

This case report is an attempt to demonstrate the possible role and usefulness of homeopathy in the management of carbuncles. The diabetic patient with a carbuncle showed favorable clinical recovery without requiring antibiotic therapy or surgical intervention during the course of treatment. However, this observation is based on a single case report and warrants further investigation through larger clinical studies. The condition and progress of the patient have been properly documented through photographic evidence and clinical examination findings.

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AUTHORS' CONTRIBUTIONS

Mallesh Reddy contributed to the clinical management of the case, case documentation, and critical revision

of the manuscript. (Guarantor) Lokesh Kadapa drafted the manuscript and performed the literature review; Asmita Tiwari critically reviewed and approved the final manuscript. All authors approved the final version of the manuscript.

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