

A case of recurrent perianal abscess with fistula-in-ano treated with homoeopathy: A case report

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ABSTRACT

Perianal abscess, often encountered in clinical practice, has a chance of recurrence and fistula formation if not treated properly. The system of modern medicine treats the condition with incision and drainage. This case report is of a 47-year-old male presenting with pain and swelling in the anal region. The patient was diagnosed by ultrasonography (USG) perineum as a recurrent perianal abscess in the right perianal region, who formed a fistulous tract, but who improved with homeopathic treatment, as documented with serial photographs and USG. It highlighted the scope of successful management without surgical procedures.

Key words: Perianal abscess, anorectal abscess, fistula-in-ano, homoeopathy

A perianal abscess is the most common type of anorectal abscess. In the majority of the cases, it is caused by non-specific obstruction and infection of the anal gland [1]. The peak incidence is in the third or fourth decade and males are more commonly affected [2]. The incidence of recurrent abscess after drainage is 30% and subsequent fistula formation is between 26% and 50% [3]. In modern medicine, immediate incision and drainage are the mainstay of treatment. The procedure may be accompanied by fistulotomy if a fistulous tract is identified [4]. In homeopathic clinical practice, different anorectal pathologies such as hemorrhoids and fistula-in-ano have been managed effectively with homeopathic medicines only. However, an adequate number of cases has not been properly documented.

In this case report, an ultrasonologically and photographically documented case of a recurrent perianal abscess associated with fistula-in-ano and treated successfully with homeopathic medication alone without any surgical intervention is presented.

CASE REPORT


A 47-year-old male, dentist by profession complained of throbbing pain and swelling in the anal region for 3–4 days. The pain was intense during defecation. There was no fever or any associated constitutional symptoms. The patient had a history of an ischiorectal abscess with intersphincteric tract a year ago (for

which he was admitted to the hospital for 20 days in July 2018 and underwent incision and drainage). Gradually, the patient recovered and became symptom-free. He was no longer on any medication. The patient was non-diabetic and non-hypertensive and there was no history of pulmonary tuberculosis or Crohn's disease.

On examination, the patient was afebrile, pulse rate 80/min, and blood pressure 132/80 mmHg. On inspection, there was a diffuse swelling in the right perianal region medial to the previous surgical scar. The superficial skin was not erythematous. There was some elevation of local temperature. On palpation, tenderness was present. There was no lymph node enlargement. Based on this, a clinical diagnosis of the recurrent perianal abscess was made.

Initial ultrasonography (USG) (recurrent perianal abscess in the right perianal region) was done on October 11, 2019 and homeopathic treatment was started on October 12, 2019. A local image of the abscess is shown in Fig. 1a. Hepar sulfuris 30 BD was given for three days, followed by the local application of Myristica sebifera Q (Mother tincture) in the anal region.

On the second day after treatment, the swelling became more prominent and the pain increased (Fig. 1b). The patient was advised to continue with Myristica sebifera Q local application. USG done on the third day showed an increase in volume as compared to the previous USG. On the 13th day, abscess contents were discharged without any surgical intervention. The pain reduced by 60% (as assessed by VAS of pain scoring) and there was no swelling in the anal region, but with an external opening.

Access this article online	
Received - 07 October 2020 Initial Review - 22 October 2020 Accepted - 23 November 2020	Quick Response code 
DOI: 10.32677/IJCR.2020.v06.i11.016	

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USG perineum showed two collections drained completely with no obvious residual collections.

A linear hypoechoic tract was noted in the right perineum measuring 5cm × 6mm and opening in the skin at 7 o'clock position extending deep into the anal canal with suspicion of communication with the anal canal. Perilesional subcutaneous edema was noted. Clinically, there was an opening at the right perianal region at the 7 o'clock position surrounded by the erythematous skin. Digital examination revealed fistulous tract posteriorly. Proctoscopy revealed an internal opening inside the anal canal. A local image of the abscess is shown in Fig. 2a. The patient was advised to pack with Calendula Q OD.

After one and a half months, the pain had completely gone and there was no swelling. The patient was apparently healthy without any discomfort. On examination, there was no visible swelling, no local heat, and tenderness. The scar was seen on the right side of the perineum. Digital examination and proctoscopy did not reveal any abnormality (Fig. 2b). USG Perineum showed subtle subcutaneous edema on the medial aspect of the old scar; no obvious fistulous tracts or collections. The patient was advised to take Carcinosinum 200 one dose, followed by placebo OD for 60 days.

DISCUSSION

A perianal abscess often recurs and causes significant discomfort and affects the quality of life (QoL) of the patient. If not treated properly, it may lead to serious complications. Emergency incision and drainage are the choice of treatment in modern



Figure 1: (a) Swelling at the right perianal region; (b) Swelling increased than before



Figure 2: (a) Perianal abscess drained with an external opening; (b) Scar on the right perianal region indicating healed fistula

medicine. Homeopathic medicine is having an affinity for various surgical conditions [5]. Literature in homoeopathy shows different medicines that have an affinity on the perianal abscess and fistula-in-ano [6]. The patient was keen to avoid surgery and wished to depend on the homeopathic system of the treatment for his illness. The basis for the prescriptions of homeopathic medicines is discussed.

In the present case report, initially Hepar sulfuris 30 was prescribed in frequent doses because of the acuteness of the condition and the literature mentions it as one of the remedies in the treatment of abscess [7]. The other points that were in favor of the selection of Hepar sulfuris are the severity of pain, sensitiveness of the affected part, and chilly patient. The potency of homeopathic medicine was selected based on the pathological condition of the patient [8]. Myristica sebifera has a special affinity for suppurative processes and fistula-in-ano [7]. So initially, Hepar sulfuris was prescribed internally and Myristica sebifera mother tincture was advised for the external application. Initially, pain and swelling increased clinically. Myristica Q was continued as an external application.

Within four days of the start of treatment, the abscess was discharged by itself without any mechanical/surgical intervention. There was pus and blood in the discharge. The discharge continued for a few days and stopped. Hence, when the patient came for follow-up after 13 days of treatment, there was no discharge but only an external opening. USG showed no residual collection but there was a fistulous tract. Subsequently, the patient was advised packing with Calendula Q as it is regarded as “the most remarkable healing agent applied locally” [7]. The fistulous tract healed gradually, leaving only an old surgical scar. The patient was prescribed Carcinosinum 200 single dose to prevent further recurrence. After two months, the symptom-free patient reported with a USG in which subtle edema was noted on the medial aspect of the old surgical scar on the right side. Subsequently, the patient has been observed to be apparently healthy without any complaints.

Hepar sulfuris is prepared from the Oyster shells and well-mashed flowers of sulfur. When used in potentized form showed action in controlling pus and inflammation of wounds [9,10]. Calendula officinalis is prepared from fresh flowering tops and leaves of the plant. In different *in vitro* studies, Calendula officinalis showed antibacterial activity when used in mother tincture form and the extract from the flowers of Calendula officinalis also showed wound healing properties when tested on rats [9,11-13]. Carcinosinum is a nosode from carcinoma [7]. Myristica sebifera is prepared from the gum obtained from the bark of the tree. Some Myristica species have anti-inflammatory, antibacterial, and antifungal activity [14-15].

CONCLUSION

This case report is an attempt to show the effectiveness of homoeopathy in perianal abscess and fistula-in-ano. The patient has been effectively treated without the need for any surgical intervention. The condition and progress of the patient have

been properly documented through both photographic and ultrasonographic techniques.

ACKNOWLEDGMENT

The authors would like to thank Dr. D. Basu Retd. Professor and Head of Department of Practice of Medicine, National Institute of Homoeopathy, Kolkata, and Dr. Sanjoy Kumar Das Consultant, Department of Surgery, National Institute of Homoeopathy, Kolkata.

REFERENCES

1. Das S. A Concise Textbook of Surgery. 9th ed. Kolkata: Dr. S. Das Publisher; 2016.
2. Elhassan YH, Guraya SY, Almaramhy H. The prevalence, risk factors and outcome of surgical treatment of acute perianal abscess from a single Saudi hospital. *J Res Educ Indian Med* 2017;23:101-6.
3. Begum N, Ahmed Q. Incidence of anal fistula and recurrent abscesses following management of perianal abscess. *J Armed Forces Med Coll Bangladesh* 2016;12:26-9.
4. Whiteford MH. Perianal abscess/fistula disease. *Clin Colon Rectal Surg* 2007;20:102-9.
5. Hahnemann S. Organon of Medicine. 5th and 6th ed. New Delhi, India: B. Jain Publishers; 2013.
6. Lilienthal S. Homoeopathic Therapeutics. 5th ed. New Delhi, India: B. Jain Publishers; 2018.
7. Boericke W. Boericke's New Manual of Homeopathic Materia Medica with Repertory. 3rd ed. New Delhi, India: B. Jain Publishers; 2017.
8. Close S. The Genius of Homeopathy-Lectures and Essays on Homeopathic Philosophy with Word Index. New Delhi, India: B. Jain Publishers; 2013.
9. Government of India. Homeopathic Pharmacopoeia of India. New Delhi: Government of India, Ministry of Health & Family Welfare; 1971.
10. Lenger K. Wound healing according to biochemical laws by highly potentized homeopathic remedies containing magnetic photons. *Int J Appl Sci Res Rev* 2018;5:16.
11. Faria RL, Cardoso LM, Akisue G, Pereira CA, Junqueira JC, Jorge AO, et al. Antimicrobial activity of *Calendula officinalis*, *Camellia sinensis* and chlorhexidine against the adherence of microorganisms to sutures after extraction of unerupted third molars. *J Appl Oral Sci* 2011;19:476-82.
12. Preethi KC, Kuttan R. Wound healing activity of flower extract of *Calendula officinalis*. *J Basic Clin Physiol Pharmacol* 2009;20:73-9.
13. Zaman MM, Shaad MA, Ahmad S, Abbasi WM, Rehman T. Comparative analysis of antibacterial activity of povidone iodine and homoeopathic mother tinctures as antiseptics. *Indian J Res Homoeopathy* 2016;10:36-41.
14. Clarke JH. A Dictionary of Practical Materia Medica. Vol 2. New Delhi, India: B. Jain Publishers; 2010.
15. Asgarpanah J, Kazemivash N. Phytochemistry and pharmacologic properties of *Myristica fragrans* Hoyutt.: A review. *Afr J Biotechnol* 2012;11:12787-93.

Funding: None; Conflicts of Interest: None Stated.

How to cite this article: Singh L, Reddy M. A case of recurrent perianal abscess with fistula-in-ano treated with homoeopathy: A case report. *Indian J Case Reports*. 2020;6(11):656-658.