International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Impact Factor 2024: 7.101

Resolution of Carbuncle with Individualized Homoeopathy: A Clinical Case Study

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Abstract: ***A carbuncle is an exquisitely tender, suppurative nodule that commonly occurs on the neck, shoulders, or hips and is often associated with marked constitutional symptoms. In modern medical practice, bacterial swabs are taken for culture, and appropriate antibiotic therapy is initiated.[1] Homoeopathy offers a range of remedies that are selected on an individualized basis. A 63-year-old male patient presented with a chronic eruption on the dorsum of the left leg near the little toe, persisting for 4–5 months. The lesion was initially asymptomatic, with no itching or pain, though the patient reported a mild burning sensation that had developed over the preceding 10 days. After a thorough case evaluation, Hepar Sulphuris Calcareum 200C was prescribed. Within two months, marked clinical improvement was observed, and the eruption completely resolved. During a subsequent follow-up period of four years, no recurrence of the skin lesion was noted. This case demonstrates a favourable outcome following individualized homoeopathic treatment. However, definitive conclusions regarding the efficacy of homoeopathic medicines in the management of carbuncles cannot be drawn from a single case report.***

Keywords: Carbuncle, Homoeopathy, skin diseases, Hepar sulph

1. Introduction

A carbuncle is a coalescence of several inflamed follicles forming a single, deeply inflamed mass that drains pus from multiple follicular openings. [2] It represents an intense, deep-seated infection of the hair follicles and is most commonly seen in middle-aged men, particularly those with predisposing conditions such as diabetes mellitus or immunosuppression. The lesion typically begins as an inflammatory follicular nodule that progresses to a pustular, fluctuant, and tender swelling. Multiple lesions may develop simultaneously. Patients often experience fever and mild constitutional symptoms. Over several days to weeks, the lesion may rupture, discharge pus, undergo necrosis, and eventually heal with scarring. [1] Systemic symptoms are usually present, and regional lymphadenopathy may occur. [3] A carbuncle is an exquisitely tender nodule, usually on the neck, shoulders or hips, associated with severe constitutional symptoms. Bacterial swabs must be taken for confirmation and for treatment.[1] Staphylococcus aureus is the most frequent causative organism, although carbuncles may occasionally arise from anaerobic bacteria, particularly in recurrent cases involving the anogenital region. These infections are more likely to occur in individuals with impaired host defenses. S. aureus can also spread to other body sites via scratching. When the skin barrier is broken down or disrupted, the bacteria can enter and colonize the hair follicle, leading to a folliculitis, furuncle, and eventually carbuncle.[3,4]

2. Case History

Patient presentation:
A 63-year-old male presented with a chronic skin eruption located on the dorsum of his left leg near the little toe. The lesion had persisted for four to five months. Notably, the patient reported no itching or pain throughout the duration, except for a mild burning sensation that appeared preceding 10days. He described a daily, scanty, watery discharge from the same area, without any offensive odour. Additionally, he noticed slight swelling of the affected region after prolonged sitting.

Physical examination revealed an indurated plaque measuring approximately 8x4 cm, with multiple sinus tracts visible. Scanty watery discharge was observed oozing from one of the sinuses. The patient's general physical examination was unremarkable, with no signs of systemic involvement.

History of presenting complaints:
Patient presented with gradually developing eruptions near the little toe following an injury. The patient sustained a bamboo injury between the toes. Initially, antibiotics were administered for the injury. However, over time, eruptions began to appear near the little toe and persisted despite ongoing allopathic treatment targeted at the eruptions.

Past Medical and Treatment History
Initially, antibiotics were administered for the injury for the eruptions and was also empirically treated with anti-tuberculosis medications, neither of which provided significant relief.

Investigations
A biopsy was performed from the site of the eruptions, which returned negative for specific pathology.

3. Case Summary

Past History:
No significant past medical history.
Family History:
No relevant family history.
Personal History:
Known case of gout. No history of substance abuse or addictions.
Mental Generals:
No notable mental symptoms.

Physical Generals:
- Diet: Non-vegetarian
- Appetite: Good
- Thirst: Normal; consumes approximately 2–3 litres of water daily
- Bowel and Urinary Habits: Regular
- Sleep: Sound and refreshing
- Thermal State: Chilly by nature

Clinical Examination
- Blood Pressure: 130/80 mm Hg
- Pulse Rate: 76/min

General Examination:
No significant abnormalities detected.

Analysis of the Case

The case analysis is rooted in classical homeopathic methodology, emphasizing Samuel Hahnemann's principles from "Chronic Diseases" regarding miasmatic origins and totality of symptoms. The chief pathological findings—carbuncle, burning swollen eruptions, and unhealthy skin—were compiled as characteristic symptoms, forming the foundation for repertorization and remedy selection with Hompath Zomeo3.0 software.

Miasmatic Analysis: Psora Dominance[5]
Hahnemann theorized that chronic diseases often originate from deep-seated disruptions in the vital force, expressed as "miasms": Psora, Sycosis, and Syphilis. Psora is recognized as the most fundamental and prevalent miasm, manifesting through symptoms like unhealthy skin, chronic eruptions, and general functional disturbances. In this case, the predominance of psoric features guided the treatment approach, aligning with Hahnemann's recommendation to analyze symptoms for underlying miasmatic influences before constructing the totality and prescribing.

Totality Construction and Repertorization
Building the totality requires careful inclusion of mental, general, and characteristic particular symptoms as in Kent's methodology; in this case, the local symptoms (carbuncle, burning and swelling eruptions) with unhealthy, non-healing skin were central. Hahnemann emphasized that cure depends on identifying and matching the patient's total symptom profile, not on speculated internal causes. After repertorization—systematic comparison of symptoms with remedy profiles—the appropriate homeopathic remedy is selected, targeting both the presenting pathology and the dominant miasm.

In summary, the case approach demonstrates miasmatic analysis with Psora dominance, comprehensive symptom totality construction, and remedy selection grounded in repertorization—hallmarks of homeopathic precision per Hahnemann's principles.

Diagnosis: The case diagnosed as Carbuncle (L02.93 of ICD 10)

Repertorial analysis: Repertorization was done in Hompath zomeo 3.0 software.

Repertorisation Sheet - Zomeo 3.0												
Physician Name: Dr. Sangita Tamuly, Patient Name: Male/63years												
Remedy	Hep	Merc	Rhus-t	Sep	Sil	Bell	Ars	Sulph	Graph	Lach	Lyc	Calc
Totality	17	17	17	17	17	16	15	14	14	14	13	13
Symptoms Covered	5	5	5	5	5	5	5	5	4	4	5	4
[Complete] [Skin] Ulcers: Discharging, suppurating: Scanty:	4	4	1	3	4	3	3	1	3	4	1	4
[Complete] [Skin] Eruptions: Carbuncles:	3	1	4	4	4	4	4	3	0	3	4	0
[Complete] [Skin] Eruptions: Burning:	4	4	4	4	3	3	4	4	4	3	4	3
[Complete] [Skin] Eruptions: Swelling, with:	2	4	4	3	2	3	1	3	3	0	1	2
[Complete] [Skin] Unhealthy, every scratch suppurates or heals with difficulty:	4	4	4	3	4	3	3	3	4	4	3	4

First prescription: Rx Nux vomica 30 /HS for 3days.
Hepar sulph 200/ OD before food for 7 days.

Basis of prescription: The prescription of Hepar Sulphuris Calcareum in this case is grounded in classical homeopathic principles. Nux vomica was indicated first due to the adverse chronic effects resulting from medication overdose, and Hepar sulph was chosen specifically because of the patient's unhealthy skin, marked tendency to suppuration, and spread of lesions via papules at the lesion borders. According to Boericke, higher potencies of Hepar sulph (such as 200C) may abort suppuration, aligning with the selection of 200C potency for this case.

Follow ups:

Date of visits	Symptoms	Medicine prescribed	Justification of the medicines
17.06.2021	Symptoms diminished 20%, burning aggravates from before. No itching, mild discharge.	Rubrum 30/ BD for 10 days.	As improvement seen, not to disturb the action of already administered medicine Rubrum was prescribed.
03.07.2021	Carbuncle on the left leg, mild itching started. Burning diminished. Mild discharge present.	1.Hepar sulph 200/ OD x 3days Before food. 2.Kali sulph 6x 2tab BDx 10days After food. 3.Echinacea Q/ Apply locally.	1.Burning and itching in the popular eruption was there, so Kalium Sulph 6x was prescribed. 2.Echinacea was locally prescribed for a cleaning and antiseptic purpose.

08.08.2021	No symptoms, No pain, no itching, no burning of the eruptions present.	Rubrum 30/ BD for 15 days.	As improvement seen, not to disturb the action of already administered medicine Rubrum was prescribed.
31.08.2021	Eruptions relieved 80 percentage. No itching. But mild burning sensation reappearing. Discharge dried completely.	Anthracinum 1M ODx 2days. Sarcream ointment/ Apply locally.	Anthracinum 1M was prescribed as an intercurrent remedy to avoid repetition.
10.09.2021	Symptoms cured completely.	Sarcream	Apply locally for the scar

4. Discussion

A carbuncle typically begins as a cluster of inflamed follicles that merge to form a painful, pus-filled swelling. The condition is often accompanied by fever and systemic discomfort. Lesions may persist for days to weeks, eventually rupturing, discharging purulent material, and healing with scarring. Contributing factors can include poor hygiene, diabetes, or a weakened immune system.

In the context of homeopathic management, medicines such as *Arsenicum album*, *Belladonna*, *Silicea*, *Arnica montana*, *Apis mellifica*, *Hepar sulphuris*, *Rhus toxicodendron*, and *Sulphur* are often selected using the law of similars—matching the patient's total symptom picture rather than focusing on the lesion alone. The goal is not only symptomatic relief but also constitutional correction to prevent recurrence.

In this case, despite prior allopathic and even anti-tubercular treatments providing no significant relief, a properly chosen constitutional homeopathic remedy reportedly produced encouraging results. This underlines the potential benefit of individualized homeopathic treatment, especially for recurrent, chronic, or resistant infections like carbuncle.

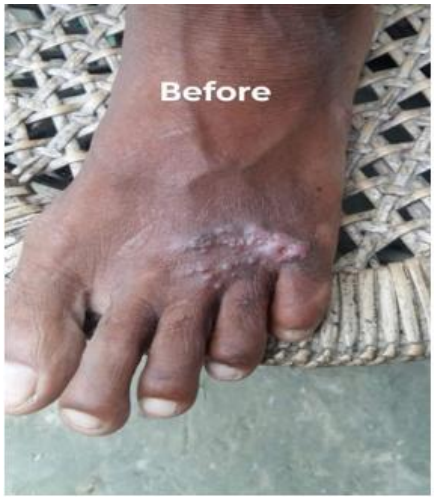
5. Conclusion

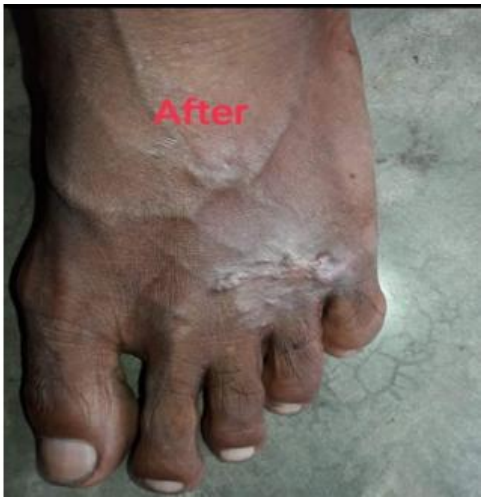
The case demonstrated an excellent clinical outcome, with no signs of recurrence over a four-year follow-up period. This observation suggests that homoeopathy may effectively treat carbuncles when the totality of symptoms is carefully analyzed, the chosen potency aligns precisely with the patient's susceptibility, and the homoeopathic similimum is judiciously repeated. This case report supports the potential role of homoeopathy in managing carbuncles; however, further systematic studies are warranted to validate the efficacy of homoeopathic treatment in such cases.

Conflict of Interest: NIL

Funding: NIL

Consent for Publication: Consent was obtained from the patient for publication of the case report.





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