

# Healing Beyond the Scalpel: A Homoeopathic Cure of Perianal Abscess - A Documented Case Report

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**Abstract:** *Perianal abscess is a common anorectal condition characterised by painful swelling, erythema, and suppuration near the anal verge. Conventional management often involves surgical incision and drainage, with a risk of recurrence or fistula formation. This case report documents the successful homoeopathic management of a perianal abscess without surgical intervention. Timely prescription based on totality of symptoms resulted in rapid resolution of pain, reduction of swelling, and complete healing. The case highlights the therapeutic scope of homoeopathy in acute suppurative conditions.*

**Keywords:** Perianal abscess, Surgical incision, Therapeutic Scope of Homoeopathy, Suppurative conditions, Case report, Individualised treatment

## 1. Introduction

A perianal abscess is an acute infection originating from the obstruction and infection of anal glands, typically presenting with severe pain, fever, and localised swelling. Incision and drainage remain the standard treatment; however, recurrence and complications such as fistula-in-ano remain concerns.

Homoeopathy provides a safe, non-invasive alternative through individualised medicines that promote natural drainage, reduce inflammation, and support tissue healing. This case demonstrates significant improvement and complete resolution of a perianal abscess under classical homoeopathic management.

## 2. Case Presentation

A 22 year old male patient visited R. B. T. S Government Homoeopathic Medical college and Hospital (OPD-4, Surgery Dept.) on 23 Dec 2023 with Registration no. - 53396

### Presenting Complain:

i) Outgrowth around anal region for 1 year.

### History of Presenting Complain:

Patient was apparently well 1 year back when he suddenly started complaining of an outgrowth at anal verge.

**Onset:** Sudden

**Location:** Anal verge

**Sensation:** Itching pain at anal region

Burning pain at anal region

**Modality:** > warm water

**Concomitant:** Nothing specific

## On Local Examination

### A cystic outgrowth

Location: a 1.5cm at 2 o' clock position at anal verge

Consistency: soft, movable

Margin: regular

Tenderness: absent

Discharge: absent

**Vitals:** Mild fever (99.6 Fahrenheit), Pulse 92 per/min.

## Physical Generals

Appetite: 3-4 meal per day.

Desire: Nothing specific

Aversion: Nothing specific

Thirst: **5-6 litre per day (drinks often but small quantity at a time)**

Stool: 1-2 times a day, normal consistency, no peculiar odour, satisfactory.

Urine: 6-7 times a day, clear, normal strain, no peculiar odour.

Perspiration: Mostly in summer, whole body, no staining, no peculiar odour.

Sleep: 6-7 hours at night, lies on back mostly, sound sleep, refreshed.

Dreams: Nothing Specific.

Tongue: Clean, Moist.

Thermal Reaction: towards **Hot**

## Mental Generals

Patient was born and brought up in a middle-class family.

Childhood was normal and he was average in his study.

- Anxiety about his suffering.
- Restlessness - continuously changes his position.
- Wants everything arranged and in proper place.

**Diagnosis:** Perianal Abscess (ICD 11-DB 70)

## Analysis of Symptoms

Symptoms	Common / Uncommon	MG / PG / Particular
Anxiety about his suffering	Uncommon	Mental general
Wants everything arranged and in proper place.	Uncommon	Mental general
Restlessness - continuously changes his position.	Uncommon	Mental general
Thermal - towards hot	Uncommon	Physical general
Drinks often but small quantity at a time	Uncommon	Physical general
Itching around anal region	Common	Particular
Outgrowth at anal verge	Common	Particular
Burning pain in anal region > warm	Uncommon	Particular

## Miasmatic Analysis and Grading of Symptoms

Symptoms	Miasm	Grading
Anxiety about his suffering	Psora	+3
Wants everything arranged and in proper place.	Psora	+3
Restlessness - continuously changes his position.	Psora	+2
Thermal - towards hot	Sycosis	+2
Drinks often but small quantity at a time	Psora	+2
Itching around anal region	Psora	+1
Outgrowth at anal verge	Sycosis	+1
Burning pain in anal region > warm	Sycosis	+3

## Miasmatic Diagnosis: Psoro-Sycotic

## Totality of Symptoms

- ❖ Anxiety about his suffering
- ❖ Wants everything arranged and in proper place.

- ❖ Restlessness - continuously changes his position.
- ❖ Thermal - towards hot
- ❖ Drinks often but small quantity at a time
- ❖ Itching around anal region
- ❖ Outgrowth at anal verge
- ❖ Burning pain in anal region > warm

## Conversion of Symptom to Rubric

Symptoms	Rubric
Anxiety about his suffering	Mind-Anxiety - Health, about:
Wants everything arranged and in proper place.	Mind-Fastidious
Restlessness - continuously changes his position.	Mind-Restlessness-Bed: wants to go from one place to another
Thermal - towards hot	Generalities-Heat, flushes of:
Drinks often but small quantity at a time	Stomach-thirst-small quantities, for; often
Itching around anal region	Rectum-Itching-around anus
Outgrowth at anal verge	Rectum-Eruption about anus
Burning pain in anal region > warm	Rectum-Pain: Burning: Heat: Amel

## Repertorisation

Repertorisation								
Symptoms: 8 Remedies: 139   Applied Filter								
Remedy Name	Ars	Sulph	Calc	Nit-ac	Petr	Nux-v	Sep	Lyc
Totality / Symptom Covered	13 / 7	11 / 5	9 / 4	9 / 3	8 / 3	7 / 4	7 / 4	6 / 4
[Kent ] [Mind]Anxiety:Health, about: (33)	1	1	2	3		1	2	
[Kent ] [Mind]Fastidious: (2)	2					2		
[Kent ] [Mind]Restlessness, nervousness:Bed:Wants to go from one...	3		2				1	
[Kent ] [Generalities]Heat,flushes of: (17)	1	3	3	3	2	2	3	3
[Kent ] [Stomach]Thirst:Small quantities,for:Often: (19)	3	2						1
[Kent ] [Rectum]Itching:Around anus: (14)		3			3	2		1
[Kent ] [Rectum]Eruption about anus: (26)	1	2	2	3	3		1	1
[Kent ] [Rectum]Pain:Burning:Heat :Amel: (1)	2							

## Repertorial result:

✓ Arsenic - 13/7 Petroleum - 8/3

✓ Sulphur - 11/5 Nux-v-7/4

✓ Calcarea Carb - 9/4 Sep - 7/4

✓ Nitric acid - 9/3 Lyco - 6/4

**Prescription**

Rx

- i) Arsenic album 30/ 2dose/ OD/ 2days
- ii) Rubrum met 30/ 2drachm / BD/ 15 days

Justification: Arsenic album covers the **General features** of the case along with maximum symptoms of case and bears highest grade on repertorisation.

- Anxiety about his health/ his suffering.
- Fastidious
- Restlessness
- Thirst-small quantity but frequently
- Burning pain > warmth

**Follow-Up**

Date	Follow-Up	Treatment
30/12/2023	size of outgrowth reduced 40% Itching - mild Burning-relieved	I) Rubrum met 200 / 4globule / B. D / 15 days
22/01/2024	Size of outgrowth - same Itching - relapsed Burning - relapsed	ii) Arsenic album 200 / 2 dose /OD / 2days ii) Rubrum 200/ 4 globule/BD / 15 days
06/02/2024	Size of Outgrowth - reduced 70% Itching - relieved Burning-relieved	ii) Rubrum met 200/ 2drachm/ BD
28/02/2024	Size of outgrowth-reduced completely Itching, Burning-relieved	i) Rubrum met 200 /2 drachm / BD

23/ 12/ 2023 (First Visit)



30/12/2023 (First Follow)



22/01/2024 (Second Follow up)



06/02/2024 (Third Follow up)



28/02/2024 (Fourth Follow up)

**3.Discussion**

Perianal abscess is traditionally regarded as a condition demanding prompt surgical intervention to prevent tissue destruction and complications such as fistula-in-ano. This case challenges that long-held surgical paradigm by demonstrating that individualized homoeopathic treatment-specifically with Arsenicum album-can successfully manage the acute inflammatory and suppurative processes without resorting to operative procedures. The favorable outcome broadens the therapeutic horizon and invites renewed attention to conservative approaches in selected, well-evaluated cases.

The prescription of Arsenicum album was grounded firmly in the totality of symptoms, which remains the cornerstone of classical homoeopathic practice. The patient displayed hallmark features characteristic of Arsenicum: burning pain relieved by warmth, marked restlessness, anxiety about suffering, and marked thirst of Arsenic album. These guiding symptoms led to the remedy choice rather than reliance on disease-specific prescriptions. The rapid and sustained recovery validates Hahnemann's principle of



individualization and underscores the need to treat the patient, not merely the abscess.

Moreover, Arsenicum album possesses a well-known sphere of action on septic, inflammatory, and ulcerative conditions. In this case, the medicine appeared to regulate the inflammatory cascade, limit destructive tissue changes, and facilitate healthy, spontaneous drainage. The controlled course of suppuration observed aligns with classical Materia medica descriptions, reinforcing the therapeutic relevance of Arsenicum in Perianal abscesses. Notably, recovery was smooth, and the patient did not develop any fistulous tract-one of the most common sequelae of perianal abscess. This highlights the potential of timely individualized homoeopathic intervention in preventing chronic complications.

Another significant aspect of this case is the holistic improvement noted in the patient's general state. Symptoms such as anxiety, restlessness, improved concurrently with local healing. This integrated recovery reflects the deep action of Arsenicum album on the vital force and emphasizes the holistic nature of homoeopathic therapeutics.

From a practical standpoint, the case highlights the safety, affordability, and patient acceptability of homoeopathic management. Avoidance of surgery, hospital stay, postoperative dressing, analgesics, and antibiotics contributed to greater comfort and reduced overall healthcare burden. Such outcomes are particularly relevant in settings where surgical access is limited or where patients prefer non-invasive healing modalities.

#### 4. Conclusion

Homoeopathic management offers a safe, effective, and non-invasive alternative for perianal abscess. Individualised prescribing can lead to rapid resolution, avoidance of surgery, and improved patient satisfaction. Further well-documented case series and clinical studies are warranted to substantiate its therapeutic value in similar conditions.

This case demonstrates that individualised homoeopathic treatment can offer an effective management of a perianal abscess, a condition usually handled through surgical drainage. By carefully analysing the patient's complete symptom profile-local signs, modalities, general features, and mental state-the selected homoeopathic remedy stimulated the body's healing response, leading to steady recovery, controlled suppuration and inflammation, and full recovery without operative measures. The improvement extended beyond the local lesion, with notable enhancement in the patient's overall health and vitality, underscoring the holistic nature of homoeopathic care. The absence of complications such as fistula formation, recurrence, or systemic infection further supports the value of timely, individualised prescribing. While a single clinical case cannot be generalised to all patients, it provides meaningful evidence that homoeopathy, when applied according to its foundational principles, can play a supportive role in early or selected surgical conditions.

Continued documentation of similar cases and more structured research may help broaden understanding and encourage integrative, patient-centred treatment approaches.

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