



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)

IJHS 2020; 4(3): 272-274

Received: 05-06-2020

Accepted: 10-07-2020

## Dr. Liyi Karso

Research Officer/Scientist-1,  
Regional, Research Institute  
(Homoeopathy), Central  
Council for Research in  
Homoeopathy, Ministry of  
AYUSH, Govt. of India, New  
Delhi, India

## Dr. Brunda Bezawada

Senior Research Fellow,  
Regional Research Institute  
(Homoeopathy), Gudivada,  
Andhra Pradesh, Central  
Council for Research in  
Homoeopathy, Ministry of  
AYUSH, Govt. of India, New  
Delhi, India

## Corresponding Author:

### Dr. Liyi Karso

Research Officer/Scientist-1,  
Regional, Research Institute  
(Homoeopathy), Central  
Council for Research in  
Homoeopathy, Ministry of  
AYUSH, Govt. of India, New  
Delhi, India

## Individualised homoeopathic treatment of Balanitis: A case report

**Dr. Liyi Karso and Dr. Brunda Bezawada**

### Abstract

Balanitis is the inflammation of the glans penis, which often involves the prepuce (balanoposthitis). It is a common condition, affecting boys under the age of four years and uncircumcised men at any age. The causes of balanoposthitis is both infective and non-infective. Infective balanoposthitis is more common in uncircumcised male, as a result of poor genital hygiene, lack of aeration, irritation by smegma, diabetes mellitus and immune suppression. Infection is a relatively uncommon cause of acute balanoposthitis in children. Balanitis by irritation, trauma, chemicals or medicines are some of the non-infectious causes. Complications associated with balanitis include the development of pain, ulcerative lesions of the glans/foreskin, phimosis, paraphimosis, meatal/urethral stricture, and malignant transformation of premalignant lesions. In this report, a case of balanitis has been documented where the patient was suffering from fever and inflammation of glans with prepuce and body of penis even after the conventional treatment for three days. Marked improvement was seen in both the local and general symptoms after homoeopathic individualized medicine.

**Keywords:** Balanitis, Acute Balanitis, Balanoposthitis, Glans penis, Homoeopathy, Penis, Prepuce

### 1. Introduction

Balanitis is defined as inflammation of the glans penis, which often involves the prepuce (Balanoposthitis) and both the terms are used interchangeably <sup>[1]</sup>. The causes of balanoposthitis are both infective and non-infective <sup>[2]</sup>. Infective balanoposthitis is more common in uncircumcised male, as a result of poor genital hygiene, lack of aeration, irritation by smegma, diabetes mellitus and immune suppression. Among the infective causes, candida albicans is the most common etiology. It is one of the presenting features of diabetes mellitus. Apart from candida albicans, other important agents are staphylococcus, streptococcus, anaerobes and various other organisms may also cause balanoposthitis. Among the non infective causes irritant balanoposthitis, fixed drug eruption, plasma cell balanitis, circinate balanitis are the important ones <sup>[3]</sup>.

Balanitis can occur at any age. It affects approximately one in every 25 under four year old boys, and one in 30 uncircumcised males during their life. Balanitis is more likely to occur if there is phimosis, a condition where a tight foreskin can't retract back over the penis. When boys reach approximately the age of five years, the foreskin becomes easy to retract, and the risk of balanitis reduces significantly. Various studies have shown that circumcised males have a 68% lower prevalence of balanitis than uncircumcised males and that individuals with balanitis have a 3.8 times increase in the risk of penile cancer <sup>[4-6]</sup>. Infection is a relatively uncommon cause of acute balanoposthitis in children. In most prepubertal patients with acute balanoposthitis, diagnostic testing is unnecessary. In patients with discharge, a rapid group A beta-hemolytic Streptococcus test may be warranted. Educating parents on foreskin care can help prevent recurrence <sup>[7]</sup>.

Balanitis caused by irritation, trauma, chemicals or medicines come under non infectious causes. Irritation is typically related to poor hygiene, contact irritation or allergic reaction to products (shower gels, soaps), and/or reaction to a medication (e.g., tetracycline, salicylates) causing a fixed drug eruption. It can also be caused by trauma due to friction, lacerations, cleaning the penis too much or too little can also cause balanitis. Babies can develop balanitis when they have diaper rash <sup>[8, 9]</sup>.

Symptoms of balanitis include tight, shiny skin on the glans, redness around the glans, inflammation, soreness, itchiness, or irritation of the glans, a thick cheesy white discharge under the foreskin (smegma), an unpleasant smell, tight foreskin that cannot retract, painful urination, swollen glands near the penis, sores on the glans. Complications associated with balanitis include the development of pain, ulcerative lesions of the glans/foreskin, phimosis,

paraphimosis, meatal/urethral stricture, and malignant transformation of premalignant lesions [10, 11].

Conventional treatment of non-specific acute balanoposthitis includes a sitz bath, gentle cleaning of the preputial sulcus, and application of a low-potency corticosteroid cream. Children with recalcitrant, recurrent (more than two episodes), or an initial acute balanoposthitis that causes pathological phimosis may require circumcision. [12, 13].

Prognosis is good for patients with non-specific or streptococcal acute balanoposthitis. In some patients, recurrence may be related to a persistent underlying cause, such as diabetes or atopy [14].

**Case Report**

A male patient aged four years, came to the OPD of Regional Research Institute for Homoeopathy [RRI (H)], Guwahati on 02-06-2020 with complaints of swelling of penis, particularly prepuce and glans penis, and body of penis and fever since seven days. The fever was high at the onset and the boy was taken to a nearby allopathic hospital and was prescribed medicines for three days. Though the fever became mild (101°F), however on examination there

was oedematous swelling of glans penis and prepuce and the body of penis, [Figure 1] along with painful urination, discharge from penis and fear to pass urination. The patient was irritable, easily getting angry, throwing things away in anger and crying while passing urine. Decreased appetite, aggravation from heat, profuse perspiration and increased thirst were among the changes in general symptoms. There were no other abnormal physical findings. Past medical history was not significant.

All the presenting symptoms of balanitis and balanoposthitis were repertorised with Vithoulkas Compass. On repertorisation, a series of homoeopathic drugs [Table 1] were found to have covered the maximum presenting symptoms and signs of balanitis with balanoposthitis. Details of the follow-up, response and prescription of medicines are given in [Table 2].

First prescription Sulphur 30, bd 3 days was prescribed after repertorisation in Vithoulkas compass. (Table 1) The patient came for follow up after a week as advised however the recovery was within two days as told by the parents of the patient. The fever and inflammation of the penis subsided and there was general improvement overall.

**Table 1:** Repertorisation chart

Symptom (By Chapter)	Degree	Remedies (Score/No. of symptoms)																									
		Sulph. 16/7	Canth. 8/7	Arg-n. 14/6	Bry. 14/6	Lyc. 14/6	Merc. 12/6	Puls. 11/6	Thuja 10/6	Fl-ac. 10/6	Lach. 10/6	Nat-m. 16/5	Sep. 12/5	Apis 11/5	Carb-v. 11/5	Kali-i. 11/5	Kali-s. 11/5	Phos. 11/5	Sec. 10/5	Bell. 10/5	Mez. 10/5	Ph-ac. 10/5	Psor. 10/5	Alum. 9/5	Caps. 9/5	Carbn-s. 9/5	
1. MIND - ANGER, irascibility	3	1	1	1	3	3	3	1	2	1	2	3	3	2	3	1	3	1	1	3	2	2	2	1	2	2	
2. STOMACH - THIRST	2	3	2	3	4	2	3	1	2	2	2	4	2	2	2	2	2	4	3	2	2	2	1	1	2	1	
3. BLADDER - URINATION - dysuria - painful - child cri...	3					2					1																
4. URETHRA - DISCHARGE - gleety	2	3	1			1	2	2		3	1		3	3		2	3	2	2			2	2	2	3	2	1
5. GENITALIA-MALE - ABSCESS penis	2																										
6. GENITALIA-MALE - INFLAMMATION - Penis	3	2	1					1									2						2				
7. GENITALIA-MALE - PAIN	3			3					1	1																	
8. PERSPIRATION - PROFUSE	3	2	1	1	3	3	3	2	2	2	2	2	3	3	1	3		1	2	2	3	2	3	3	1	2	3
9. GENERALITIES - COLD - applications - amel.	2	2	1	2	1				3		1	1							1	1						1	
10. GENERALITIES - WARM - agg.	3	3	1	4	2	2	2	4	1	3	2	3			3	1	3	3	2	4	1	2	1		3	2	

**Table 2:** Follow up of the case assessed using the Vithoulkas compass degrees of symptoms

Symptom (By Chapter)	Degree
1. MIND - ANGER, irascibility	3 -
2. STOMACH - THIRST	2 -
3. BLADDER - URINATION - dysuria - painful - child cries before urine starts	3 -
4. URETHRA - DISCHARGE - gleety	2 -
5. GENITALIA-MALE - ABSCESS penis	2 -
6. GENITALIA-MALE - INFLAMMATION - Penis	3 -
7. GENITALIA-MALE - PAIN	3 -
8. PERSPIRATION - PROFUSE	3 -
9. GENERALITIES - COLD - applications - amel.	2 -
10. GENERALITIES - WARM - agg.	3 -

  

Symptom (No sort)	Degree	Prescr	Curr
1. GENITALIA-MALE - INFLAMMATION - Penis	3	0	-
2. GENITALIA-MALE - PAIN	3	0	-
3. GENITALIA-MALE - ABSCESS penis	2	0	-
4. URETHRA - DISCHARGE - gleety	2	0	-
5. STOMACH - THIRST	2	2	-
6. BLADDER - URINATION - dysuria - painful - child cries before urine starts	3	0	-
7. BLADDER - URINATION - dysuria	3	0	-
8. MIND - ANGER, irascibility - throws things away	2	1	-
9. PERSPIRATION - PROFUSE	3	3	-
10. GENERALITIES - WARM - agg.	3	3	-



**Fig 1:** Before treatment



**Fig 2:** After treatment

### Discussion and Conclusion

Balanitis in children even though is not of a serious nature, lack of timely management may give rise to further complications such as ulcerative lesions of the glans/foreskin, phimosis, paraphimosis, meatal/urethral stricture, and malignant transformation of premalignant lesions which may require surgery. In this case report, the patient suddenly complained with high fever and inflammation of the penis including glans penis and prepuce with painful urination and whitish discharge from urethra. With the use of allopathic medicine fever decreased in intensity but the swelling and mild fever persisted for more than seven days. After the homoeopathic individualized medicine the patient recovered within two days and came for usual follow up after a week with overall improvement.(Figure 2)

Homoeopathy chooses a holistic way of treatment. In this case important mental, physical generals along with particulars were included for repertorisation purpose. After repertorisation with vithoukas compass, many remedies came up namely Merc sol, Thuja, Cantharis, Staphysagria, Arg.nit etc (Table 1), but after consulting with materia medica, Sulphur was given based on the following points i.e., inflammation of penis, gleety, white urethral discharge, painful urination, profuse perspiration, warmth aggravation, thirst increased and anger easily. In Vithoukas Compass for balanitis, rubric genitalia male, inflammation of penis, 17 drugs are given. For the rubric, genitalia male, inflammation of penis, glans 45 drugs and for the rubric genitalia male, inflammation of penis, prepuce, 24 drugs are given. Sulphur comes in second grade in all these rubrics and it also

covered the presenting totality of the case, hence confirming the holistic concept of homoeopathy.

Even though for the most part, balanitis is a self limiting disease in children, spontaneous or natural resolution of balanitis is not a possibility in this case, because the patient was suffering even after the conventional allopathic treatment and responded rapidly with sulphur, also his overall wellbeing was improved like appetite and anger and anxiety along with the particulars.

In future more cases of balanitis treated with homoeopathy are required to know the median time of recovery. In order to exclude chances of spontaneous recovery or resolution due to delayed response to allopathic treatment randomized controlled trials are required for validation of the effects of homoeopathic treatment. This case again signifies the similar, single, individualistic and holistic concept of homoeopathic treatment.

**Informed consent:** The parents of the patient gave consent about the use of the photographs without disclosing their identity for the publication.

**Conflicts of interest:** None declared.

### References

- Gaffoor APM, Nabil PA. Balanitis and Balanoposthitis. *The Gulf Journal of Dermatology*. 2000; 7(2):29-30.
- Lisboa C, Ferreira A, Resenda C, Rodrigues AG. Infectious balanoposthitis; Management, Clinical and laboratory features *Int. J Dermatol*. 2009; 48 (2):121-4.
- AS, MS, SB, SR. Balanitis and Balanoposthitis - Review article. *Int J Res Health Sci*. 2014; 2(1):375-92.
- Wray AA, Velasquez J, Khetarpal S. Balanitis. [Updated 2020 Jul 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing, 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK537143/> (accessed on 10.08.2020)
- Escala JM, Rickwood AM. Balanitis. *Br J Urol*1989; 63:196-7.
- Escala JM, Rickwood AMK, Balanitis. *British Journal of Urology*, 63:196-197.
- Acute Balanoposthitis. Available from: <https://www.consultant360.com/articles/acute-balanoposthitis> (accessed on 10.08.2020)
- Balanitis. Available from: <https://my.clevelandclinic.org/health/diseases/21186-balanitis>. (accessed on 12.08.2020)
- What to know about balanitis. Available from: <https://www.medicalnewstoday.com/articles/184715> (accessed on 14.08.2020)
- Das S. *A Concise Textbook Of Surgery*. (6<sup>th</sup> Edition). Calcutta:Das.
- Bailey H, Love RJMN, Russell RCG, Williams NS, Bulstrode CJK. *Bailey and Love's short practice of surgery*. London: Arnold, 2000.
- Schwartz RH, Rushton HG. Acute balanoposthitis in young boys. *Pediatr Infect Dis J*. 1996; 15:176-177.
- Vohra S, Badlani G. Balanitis and balanoposthitis. *Urol Clin North Am*. 1992; 19:143-147.
- Birley HD, Walker MM, Luzzi GA *et al*. Clinical features and management of recurrent balanitis; association with atopy and genital washing. *Genitourin Med*. 1993; 69:400-403.