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A case of perianal abscess with fistula in ANO treated with homoeopathic management: A case report

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Abstract
Perianal abscess is a commonly encountered issue in clinical settings, often associated with a high likelihood of recurrence and the development of fistula if not managed appropriately. This type of abscess, which is the most prevalent among anorectal abscesses, typically arises from a non-specific obstruction and subsequent infection of the anal glands. It tends to occur more frequently in males, particularly those in their 30s and 40s. Even with standard surgical treatment, recurrence is frequent, with about 30% of cases reappearing and 26-50% advancing to fistula-in-ano. In the field of Homoeopathy, conditions affecting the anorectal region such as haemorrhoids and fistula-in-ano have been treated with notable success. This suggests that Homoeopathy could offer a promising, non-invasive alternative for managing such conditions, justifying the need for more in-depth study and clinical evaluation.

Keywords: Perianal abscess, fistula-in-ano, homoeopathy, paediatric

Introduction
Perianal abscess is a frequently observed condition in clinical settings, carrying a notable risk of recurrence and the potential to evolve into a fistula if not managed properly. Among anorectal abscesses, perianal abscesses are the most common. They typically result from non-specific blockage and subsequent infection of the anal glands. The condition most often affects males, particularly those in their 30s and 40s. Even after surgical drainage, recurrence is observed in approximately 30% of cases, with fistula formation occurring in 26% to 50% of patients. In Homoeopathic clinical practice, a range of anorectal conditions including haemorrhoids and fistula-in-ano have been addressed with favorable outcomes through individualized homoeopathic treatment. Perianal abscess and fistula-in-ano are closely linked anorectal disorders that often appear together and may be considered part of a pathological continuum. A perianal abscess is characterized as an acute, localized infection near the anal region, most often resulting from obstruction and infection of the anal glands. If not adequately treated or drained, the infection may persist and lead to the development of a chronic fistula an abnormal, epithelial-lined tract that connects the anal canal to the skin around the anus. This condition is more prevalent in males and typically presents with symptoms such as pain, swelling, and purulent discharge around the anus. A comprehensive understanding of the underlying causes, disease mechanism, and the progression from abscess to fistula is essential for accurate diagnosis and effective management. Prompt and appropriate intervention whether surgical or through alternative therapies is critical to reduce the risk of recurrence and long-term complications.

Case report
This case report is of a 8-year-old male child presenting with pain and itching in the anal region, pus filled abscess and oozing of pus occasionally, came to the Sarada Krishna Homoeopathic Medical College OPD. For this complaint he took allopathic medication and ointment and got temporary relief. He is affectionate and sensitive towards loved ones. He desire for spicy foods and cold food and drinks and thermal reaction was ambithermal.

Mental generals	Physical generals	Reaction to
• Affectionate • Friendly • Adjustable • Sensitive towards loved ones. • Desire for appreciation • Fear of ghost	• Appetite - normal • Thirst - normal • Sleep - normal • Dreams- dreams of ghost • Stool - regular • Urine - regular • Sweat - normal	• Desire summer season • Desire fanning • Aversion covering • Desire cold water • Desire cold food, spicy foods • Desire fish • Thermal - Ambi

Repertorial totality

Remedy	Sulph	Nux-v	Ign	Puls	Bell	Fl-ac	Staph	Nat-m	Ph-ac	Arg-n	Ars	Nit-ac	Sil	Graph	Phos
Totality	18	12	10	10	8	8	8	7	7	6	6	6	6	6	6
Symptoms Covered	7	5	4	4	3	3	3	4	3	4	4	4	3	2	2
[Knerr] [Stool and Rectum]Anus:Fistula:	3	3	1	0	0	3	3	0	0	0	0	3	2	3	3
[Murphy] [Clinical]ABSCESS, general, suppurations:Recurrent:	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0
[Complete] [Mind]Appreciation, desires:	1	0	0	3	0	0	0	0	0	1	0	0	1	0	0
[Boenning] [Aggravation and Amelioration]Emotions:Mortification, chagrin etc. agg.:	2	3	4	3	3	0	4	4	3	0	2	1	0	0	0
[Complete] [Mind]Dreams:Ghosts, spectres:	3	1	2	2	1	0	0	1	0	3	1	1	3	3	0
[Murphy] [Food]Spicy, general, (see Condiments, Highly seasoned):Desires:	3	2	0	2	0	2	1	1	1	1	2	1	0	0	3
[Complete] [Generalities]Food and drinks:Sour, acid:Aversion:	4	3	3	0	4	3	0	1	3	1	0	0	0	0	0

Basis of selection of remedy and potency

- Pustular abscess on gluteal region
- Itching on abscess
- Pus filled abscess
- < while lying down
- < sitting
- < washing

Selection of remedy

According to the repertorial totality sulphur 200 was given

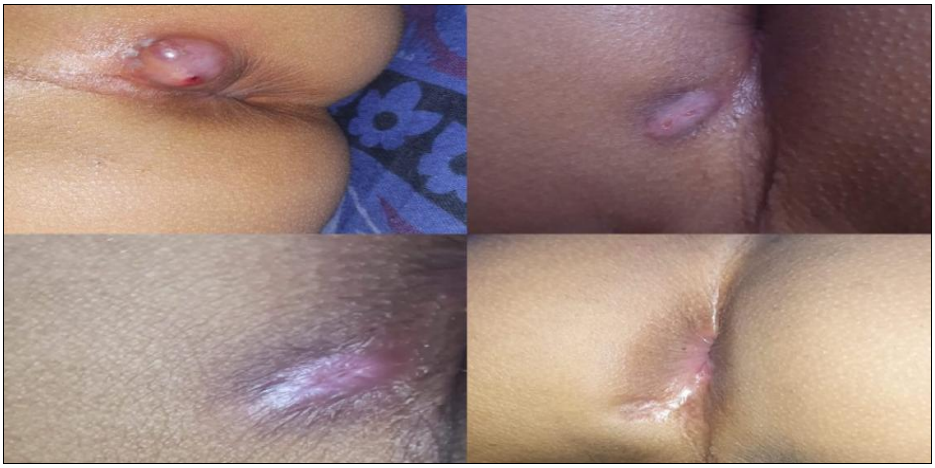
Rx

1. Sulphur 200/2D (1 dose in 10ml aqua X 5gtt) HS
2. B. pills 3 X TDS
3. B. disc 1 X BD X 2 weeks

200 potency is taken according to the intensity of the complaint and susceptibility of the patient.

Follow up and outcome

Date	Symptoms	Inference	Prescription
2/01/24	• Pustular abscess on left gluteal region • Burning sensation • All complaints better • Generals - good	Better	Sulphur 200/2D 1D IN 10ml aqua 5gtt HS B.Pills 3 TDS
30/01/24	• Pustular rash on left gluteal region • Burning sensation and itching • Generals - good	Better	Sulphur 200/2D 1D IN 10ml aqua 5gtt HS B.Pills 3 TDS
9/3/24	• Pustular rash on left gluteal region • Burning sensation • Itching • Generals - good	Better	PL/2dose 1 Dose in 10ml aqua 5gtt HS B.Pills 3 TDS
2/5/2024	• Pustular rash on left gluteal region • Burning sensation and itching • Generals - good	Better	PL/2dose 1 Dose in 10ml aqua 5gtt HS B.Pills 3 TDS



Before treatment **After treatment**

Discussion

Perianal abscess continues to be a clinically important condition due to its high prevalence, notable recurrence rate, and the risk of progression to fistula-in-ano. The most common cause is believed to be cryptoglandular infection, and the condition predominantly affects males, especially those in their third and fourth decades of life. Although incision and drainage remain the standard treatment, recurrence is frequently reported, with studies indicating reappearance in around 30% of cases and fistula development in 26% to 50% of patients. Various factors can contribute to recurrence and the formation of a fistula, such as incomplete drainage, compromised immune function, underlying conditions like diabetes mellitus, and the anatomical intricacies of the original abscess. While conventional treatment is largely surgical, there has been increasing interest in exploring complementary and alternative therapeutic options, notably Homoeopathy. Homoeopathy offers a personalized treatment approach and has shown anecdotal and observational success in addressing anorectal conditions, including fistula-in-ano and recurrent perianal abscesses. These findings have generated interest in its potential role as an adjunct or alternative to surgery. However, despite these promising reports, there remains a clear need for more rigorous, large-scale clinical studies to validate the effectiveness and consistency of homoeopathic interventions in this context. Strengthening the evidence base through standardized protocols and high-quality research is essential to support its broader integration into clinical practice.

Conclusion

Perianal abscess is a common anorectal disorder that carries a significant risk of recurrence and progression to fistula-in-ano if not addressed promptly and appropriately. Although surgical drainage remains the primary treatment modality, its limitations particularly the considerable recurrence rate highlight the need to explore supplementary and alternative treatment options. Homoeopathy has been reported to offer non-surgical management benefits in certain recurrent anorectal conditions; however, robust scientific evidence is still lacking to support its widespread adoption in conventional medical settings. Incorporating validated complementary therapies could contribute to a more comprehensive, patient-focused approach to managing these conditions in the future.

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