

## CASE REPORT

# Evidence-based homoeopathy: A case of acute paraphimosis with balanitis

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### ABSTRACT

Paraphimosis occurs when the foreskin of the uncircumcised or partially circumcised male is retracted behind the glans penis, develops venous and lymphatic congestion and cannot be returned to its normal position. This urological emergency impedes blood flow to the glans penis with potential for permanent damage and gangrene. In infants and young children, paraphimosis usually results from self-manipulation by the child or inappropriate retraction of the foreskin by the caretaker in misguided attempts at cleaning. In the sexually active adolescent or adult male, intercourse is a potential precipitant. Iatrogenic paraphimosis follows cystoscopy or bladder catheterisation if the foreskin is not pulled back over the glans penis by the medical provider. This surgical intervention can be avoided through homoeopathic treatment. A case of paraphimosis with balanitis of an adolescent treated with homoeopathy is reported here. This case shows the usefulness of homoeopathic medicines, *Apis mellifica*, *Rhus toxicodendron*, *Cinnabaris* and *Mercurius solubilis*, in not only giving symptomatic relief to the patient but also restoring the foreskin completely to its normal position.

**Keywords:** Balanitis, Glans penis, Homoeopathy, Inflammation, Paraphimosis, Penis, Prepuce

### INTRODUCTION

Paraphimosis is an uncommon clinical condition where the foreskin becomes trapped behind the glans penis and cannot be reduced (i.e. pulled back to its normal flaccid position covering the glans penis).<sup>[1]</sup> If this condition persists for several hours or there is any sign of lack of blood flow, paraphimosis should be treated as a medical emergency, as it can result in gangrene or other serious complications.<sup>[1-3]</sup> Paraphimosis is usually caused by medical professionals or parents handling the foreskin improperly.<sup>[1,3]</sup> The foreskin may be retracted during penile examination, penile cleaning, urethral catheterisation, or cystoscopy; if the foreskin is left retracted for a long period of time, some of the foreskin tissue may become

oedematous, which makes subsequent reduction of the foreskin difficult.

Phimosis of both pathological and normal childhood physiological forms is a risk factor for paraphimosis; physiological phimosis resolves naturally as a child matures, but pathological phimosis needs to be treated through long-term stretching or elective surgical techniques such as preputioplasty to loosen the preputial orifice and circumcision to amputate the foreskin tissue partially or completely.<sup>[2]</sup>

Paraphimosis can often be treated by manual manipulation of the swollen foreskin tissue. This involves compressing the glans and moving the foreskin back to its normal position with the aid of a lubricant, cold compression and local anaesthesia, as necessary. If this fails, the tight oedematous band of

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tissue can be relieved surgically with a dorsal slit<sup>[1,3]</sup> or circumcision.<sup>[4-8]</sup>

**CASE REPORT**

A male boy aged 15 years, a high school student, came to the OPD of Regional Research Institute for Homoeopathy [RRI (H)], Gudivada on 18-03-2011 with complaints of swelling of genitalia, particularly prepuce and glans penis, and fever for the past 7 days. The fever was higher in the forenoon. The boy was subjected to the investigations of erythrocyte sedimentation rate (ESR), total leucocyte count (TLC), differential leucocyte count (DLC), haemoglobin (Hb) %, retroviral screening and urine analysis, which were found to be within normal limits. Earlier, the boy was treated with a course of antibiotics and anti-inflammatory preparations, without satisfactory improvement. On local examination, oedematous swelling of glans penis and prepuce, and tenderness were present [Figure 1]. Past medical history was not significant.

All the presenting symptoms of paraphimosis with balanitis were repertorised with complete repertory<sup>[9]</sup> in Hompath Software.<sup>[10]</sup> On repertorisation, a series of homoeopathic drugs, *Arsenicum album*, *Rhus toxicodendron*, *Apis mellifica*, *Cinnabaris* and *Mercurius solubilis*, were found to have covered the maximum presenting symptoms and signs of paraphimosis with balanitis. The outcome of repertorisation with weightage of different drugs is given in Table 1. The medicines *Apis mellifica*, *Rhus toxicodendron*, *Cinnabaris* and *Mercurius solubilis* were prescribed on the basis of the presenting symptoms and signs of the disease picture, and the prescribed medicines were changed



**Figure 1:** Paraphimosis with balanitis – before treatment (dt. 18-03-2011)

**Table 1: Repertorial outcome with weightage of medicines**

Totally of paraphimosis symptoms and rubrics repertorised	<i>Arsenicum album</i> 10/5	<i>Rhus toxicodendron</i> 10/5	<i>Apis mellifica</i> 9/4	<i>Cinnabaris</i> 7/3	<i>Mercurius solubilis</i> 7/3	<i>Calc</i> 6/4	<i>Gels</i> 6/4	<i>Lach</i> 6/4	<i>Nat-c</i> 6/4	<i>Sulph</i> 6/4	<i>Thuj</i> 6/4	<i>Canth</i> 6/3	<i>Nat-m</i> 6/3	<i>Lyc</i> 5/4	<i>Acon</i> 5/3
C: Male genitalia inflammation; penis, prepuce, balanitis	2	2	2	3	3	2	2	1	2	2	2	2	2	1	2
C: Male genitalia inflammation; penis, glans, balanitis	1	1	2	3	2	2	2	1	2	2	2	1	2	2	2
C: Male genitalia inflammation	3	2	3	1	2	1	1	1	1	1	1	3	1	1	1
C: Male genitalia inflammation; penis, prepuce; erysipelatos	3	3	2				3								
C: Fever, heat, forenoon	1	2				1	1	1	1	1	1	3	3	1	1

from time to time depending upon the response to the earlier medicines and subsequent presentation of the disease picture. The boy successfully responded to the treatment and the condition was completely resolved in a couple of weeks [Figure 2].

During the course of treatment, the medicines were also prescribed on alternation basis, that is, *Cinnabaris* 30 and *Mercurius solubilis* 30 for 4 days. These types of alternating prescriptions were also given by certain homoeopathic stalwarts<sup>[11]</sup> in acute conditions. Details of the follow-up, response and prescription of medicines are given in Table 2.

### DISCUSSION AND CONCLUSION

Paraphimosis is usually considered as a surgical condition in its pathological form and is usually treated by the surgical method preputioplasty to loosen the preputial orifice or by circumcision to amputate the foreskin tissue partially or completely. In certain occasions, the condition is treated by manual manipulation of the swollen foreskin tissue, and if this fails, the tight Oedematous band of tissue is relieved surgically with a dorsal slit.

The patient visited the OPD of RRI (H), Gudivada for the acute condition of paraphimosis and balanitis [Figure 1]. He had earlier taken a course of antibiotics and anti-inflammatory drugs for treating this condition, for which he did not respond favourably. The case was repertorised with all the disease symptoms of paraphimosis with balanitis. During the first 6 days of treatment, *Apis mellifica* and *Rhus toxicodendron* in 30 CH potency were prescribed based on the coverage and weightage after repertorisation. Though the fever was reduced with *Apis mellifica* 30CH potency, there was no improvement in paraphimosis, and *Rhus toxicodendron* was prescribed. No inimical relationship was observed between *Apis mellifica* and *Rhus toxicodendron*. Later on, based on the response to these drugs, the next equal weightage medicines, *Cinnabaris* and *Mercurius solubilis*, in 30 potency were prescribed as morning 1 dose and evening 1 dose, respectively, for 4 days. Within 7 days of prescribing *Cinnabaris* and *Mercurius solubilis* in 30 potency, the paraphimosis was significantly improved, but the condition was still persisting.

Therefore, the same medicines were continued in 200 potency for another 4 days and the condition was resolved completely within 4 days [Figure 2].

Usually, the medicines covering the symptoms with equal weightage, when prescribed simultaneously,

**Table 2: First and follow-up visits**

Date of first visit and follow-up visits	Symptoms and criteria for prescription	Medicine and doses
18-03-2011	Oedematous, inflammatory swelling of prepuce and glans penis Stinging and burning pain with fever	<i>Apis mellifica</i> 30-BD/day×3 days
21-03-2011	Fever relieved Oedematous, inflammatory swelling of prepuce and glans penis status quo	<i>Rhus toxicodendron</i> 30-Tid/day×3 days
25-03-2011	Oedematous, inflammatory swelling of prepuce and glans penis status quo, no improvement Change of medicines <i>Cinnabaris</i> and <i>Mercurius solubilis</i> 30 based on coverage of symptoms	<i>Cinnabaris</i> 30-morning 1 dose <i>Mercurius solubilis</i> 30-night 1dose for 4 days
01-04-2011	Oedematous, inflammatory swelling of prepuce and glans penis significantly reduced, but persisted Same medicines in higher potency	<i>Cinnabaris</i> 200-morning 1 dose <i>Mercurius solubilis</i> 200-night 1 dose for 4 days
05-04-2011	Oedematous, inflammatory swelling of prepuce and glans penis completely reduced Repetition of <i>Mercurius solubilis</i> 200 as concluding prescription and to prevent recurrence	<i>Mercurius solubilis</i> 200-1 dose/day for 5 days, followed by placebo BD/day for 15 days
27-02-2013	On follow-up with the patient, it is found that there is no recurrence of the complaint till date	-



**Figure 2:** Complete relief of paraphimosis with balanitis – after treatment (dt. 05-04-2011)

are found to relieve the sufferings effectively in acute conditions like inflammatory arthritis, acute coryza, dyspepsia, acute headaches of different origin, etc.

It is very clear from the case that certain acute medical/surgical conditions like paraphimosis with balanitis can be successfully managed with homoeopathic medicines. In acute clinical conditions, presenting clinical picture of the disease suggesting indications of more than one drug can be frequently and alternately prescribed for achieving good results.

## REFERENCES

1. Donohoe JM, Burnette JO, Brown JA. Paraphimosis. eMedicine. Available from: <http://emedicine.medscape.com/article/442883> [Last accessed on 2011 Mar 19].
2. Ghory HZ, Sharma R. Phimosis and Paraphimosis. eMedicine. Available from: <http://emedicine.medscape.com/article/777539> [Last accessed on 2011 Mar 19].
3. Choe JM. Paraphimosis-Current Treatment Options. Am Fam Phys 2000;62:2623-6, 2628.
4. Santucci RA, Terlecki RP. Phimosis, adult circumcision, and buried penis. eMedicine. Available from: <http://emedicine.medscape.com/article/442617> [Last accessed on 2011 Mar 19].
5. Reynard JM, Barua JM. Reduction of paraphimosis the simple way-the Dundee technique. BJU Int 1999;83:859-60.
6. Surgical care at the district hospital. Geneva: World Health Organization. pp. 9-10. ISBN 9241545755. Available from: <http://whqlibdoc.who.int/publications/2003/9241545755.pdf> [Last accessed on 2011 Mar 19].
7. Stead LG, Stead SM, Kaufman MS. First Aid for the Emergency Medicine Clerkship. pp. 231. ISBN 007144873X. Available from: <http://books.google.co.in/books?id=uqeplbeFAVYC> and <http://books.google.co.in/books?id=3A007144873X> and [q=paraphimosis#search\\_anchor](http://books.google.co.in/books?id=q=paraphimosis#search_anchor) [Last accessed on 2011 Mar 19].
8. Zderic S, Platcher N, Kirk J. Pediatric Urology for the Primary Care Provider. pp. 80. ISBN 1556427859. Available from: <http://www.openisbn.com/preview/1556427859/> [Last accessed on 2011 Mar 19].
9. Van Zandvoort R. Complete Repertory. Accessed from Homoeopathic classic 8.0 version soft ware. Mind Technologies, Mumbai, India; 2002.
10. Homoeopathic classic 8.0 version soft ware. Mind Technologies, Mumbai, India.
11. Mathur KN. Prescribing on the basis of alternations and combinations of remedies. In: Mathur KN, editor. Principles of prescribing. New Delhi: B. Jain Publishers (P) Ltd; 1995. p. 454-76.

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## पैराफिमोसिस

पैराफिमोसिस की समस्या तब उत्पन्न होती है, जब किसी खतना पुरुष के लिंग मुंड की ऊपरी चमड़ी पीछे से सिकुड़ जाती है, शिरापरक और लसीका में भी सिकुड़न बढ़ जाती है और अपनी सामान्य स्थिति में वापस नहीं जा पाती। यह मूत्र संबंधी आपात स्थिति लिंग मुंड में रक्त के प्रवाह में स्थायी क्षति और अवसाद के लिए संभावित बाधा उत्पन्न करती है। आमतौर पर शिशुओं और युवा बच्चों में, पैराफिमोसिस की समस्या स्वयं-परिचालन से अथवा कार्यवाहक द्वारा गलत ढंग से ऊपरी चमड़ी की सफाई करने से उत्पन्न होती है। यौन सक्रिय किशोर या व्यस्क पुरुष में संभोग एक संभावित प्रबल क्रिया है। यदि चिकित्सा प्रदाता द्वारा लिंग मुंड की ऊपरी चमड़ी वापस नहीं खींची जाती, तो चिकित्साजन्य पैराफिमोसिस के कारण मूत्राशयदर्शन या मूत्राशय कैथेटराइजेशन की समस्या पैदा हो सकती है। इस शल्य अंतर्वेशन समस्या से होम्योपैथी उपचार के माध्यम से बचा जा सकता है। होम्योपैथी उपचार के साथ एक किशोर के लिंग मुंड शोथ सहित पैराफिमोसिस के एक मामले का वर्णन यहाँ दिया गया है। इस मामले में एपिस मेल्लीफिका, रस टोक्सीकोडेंड्रोन, सिनाबरिस और मर्कुरियस सोल्यूबिलीस जैसी होम्योपैथिक औषधियों की उपयोगिता न केवल रोगी को लक्षणों से राहत देने में बल्कि ऊपरी चमड़ी को वापस सामान्य स्थिति में लाने में भी सिद्ध हुई है।

**खोजशब्द:** लिंग मुंडशोथ, लिंगमुण्ड, होम्योपैथी, सूजन, पैराफिमोसिस, लिंग, लिंगमुंडच्छद