CASE REPORT

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

Chinta Raveendar, Kishan Banoth

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). 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. Paraphimosis is usually caused by medical professionals or parents handling the foreskin improperly. 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.

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
tissue can be relieved surgically with a dorsal slit\textsuperscript{[1,3]} or circumcision.\textsuperscript{[4-8]}

**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\textsuperscript{[9]} in Hompath Software.\textsuperscript{[10]} 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

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Totality of paraphimosis symptoms and rubrics repertorised</th>
<th>Arsenicum album</th>
<th>Rhus toxicodendron</th>
<th>Apis mellifica</th>
<th>Cinnabaris</th>
<th>Mercurius solubilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>C: Fever, heat, forenoon</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>C: Male genitalia inflammation</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>C: Male genitalia inflammation; penis, glans</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>C: Male genitalia inflammation; penis, prepuce</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>C: Male genitalia inflammation; penis, prepuce; erysipelatous</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>C: Male genitalia inflammation; penis, prepuce; erysipelatous; heat, forenoon</td>
<td>1</td>
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</tbody>
</table>

![Figure 1: Paraphimosis with balanitis – before treatment (dt. 18-03-2011)](image-url)
Raveendar and Banoth: A case of paraphimosis with balanitis

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 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,
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

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