

Homoeopathic Treatment in Fistula-in-Ano: A Prospective observational Study

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Abstract— Background: Fistula-in-ano is a chronic ano-rectal surgical condition characterized by persistent pain, purulent discharge, inflammation, and frequent recurrence. Surgical intervention remains the conventional treatment; however, it may be associated with complications such as delayed wound healing, recurrence, and sphincter damage. Homoeopathy, with its individualized and holistic approach, may provide a non-invasive therapeutic option in selected cases of fistula-in-ano. Objectives: 1. To assess the improvement in clinical symptoms such as pain, discharge, inflammation, and local discomfort. 2. To evaluate the healing response of fistulous tracts following homoeopathic treatment. 3. To observe recurrence, if any, during the follow-up period. Materials and Methods: A prospective observational study was conducted on 20 patients clinically diagnosed with fistula-in-ano. Patients were selected based on predefined inclusion and exclusion criteria. Individualized homoeopathic medicines were prescribed after detailed case taking and constitutional evaluation. Patients were followed up regularly over a period of 12 months. Assessment was done using clinical symptom scores and local examination findings before and after treatment. Results: Out of 20 patients, a majority showed marked improvement in pain, discharge, and local inflammation. Several patients demonstrated partial to complete healing of the fistulous tract during the study period. No significant adverse effects were reported. The recurrence rate observed during follow-up was minimal. Conclusion: The findings of this prospective observational study suggest that individualized homoeopathic treatment may be effective in reducing symptoms and promoting healing in patients with fistula-in-ano. Homoeopathy appears to be a safe, non-invasive therapeutic option for selected cases. Further studies with larger sample sizes and controlled designs are recommended to substantiate these results.

Index Terms— Fistula-in-ano; Homoeopathy; Prospective observational study; Ano-rectal disorders; Individualized treatment

I. INTRODUCTION

Fistula-in-ano is a chronic ano-rectal surgical condition resulting from an abnormal communication between the anal canal and perianal skin, commonly following anorectal abscess. It presents with pain, discharge, and recurrent infection, leading to significant discomfort and impaired quality of life. Surgical management is the standard treatment; however, it may be associated with recurrence, delayed healing, and sphincter-related complications. Homoeopathy, with its individualized and holistic approach, may offer a non-invasive therapeutic option in selected cases by aiding symptom relief, promoting healing, and reducing recurrence. This prospective observational study was undertaken to evaluate the effectiveness of individualized homoeopathic treatment in patients with fistula-in-ano.

II. MATERIALS AND METHODS

Study Design

A prospective observational study was conducted to evaluate the effectiveness of individualized homoeopathic treatment in patients with fistula-in-ano.

Study Setting and Duration

The study was carried out at the outpatient department of Narayanshree Homoeopathic Medical College & Hospital, over a period of 12 months.

Study Population

A total of 20 patients clinically diagnosed with fistula-in-ano were included in the study.

Inclusion Criteria

- Patients aged 18–60 years
- Clinically diagnosed cases of fistula-in-ano
- Patients willing to participate and provide informed consent

Exclusion Criteria

- Patients requiring emergency surgical intervention
- Cases associated with malignancy, tuberculosis, or Crohn's disease
- Patients with severe systemic illness or immunocompromised states

Intervention

Individualized homoeopathic medicines were prescribed based on detailed case taking, constitutional assessment, and totality of symptoms. Medicines were selected according to homoeopathic principles and administered in appropriate potencies and dosage. Supportive advice regarding diet and hygiene was given.

Assessment Criteria

Patients were assessed at baseline and during follow-up visits for:

- Pain
 - Discharge
 - Local inflammation
 - Healing of fistulous tract on clinical examination
- Clinical improvement was evaluated using symptom severity scores and objective findings.

Follow-Up

Patients were followed up at regular intervals throughout the study period to assess response to treatment and any recurrence.

Statistical Analysis

Data were recorded and analyzed using descriptive statistical methods. Results were expressed as frequencies and percentages.

III. OBSERVATIONS AND ANALYSIS

A total of 20 patients diagnosed with fistula-in-ano were included in the study. The observations were recorded at baseline and during subsequent follow-up visits.

Demographic Profile

Out of 20 patients, the majority were males. Most patients belonged to the age group of 30–50 years, indicating higher prevalence in the middle-aged population.

Clinical Presentation

All patients presented with one or more of the following symptoms: perianal discharge, pain, local inflammation, and discomfort. Purulent discharge was the most common presenting complaint, followed by pain and irritation.

Response to Treatment

Following individualized homoeopathic treatment, the majority of patients showed improvement in clinical symptoms. Reduction in discharge and pain was observed in most cases within the follow-up period. Local inflammation decreased progressively, and several patients demonstrated partial to complete healing of the fistulous tract on clinical examination.

Overall Outcome

Out of 20 patients:

- Marked improvement was observed in the majority of cases
- Moderate improvement was seen in a few patients
- Minimal or no improvement was noted in a small number of cases

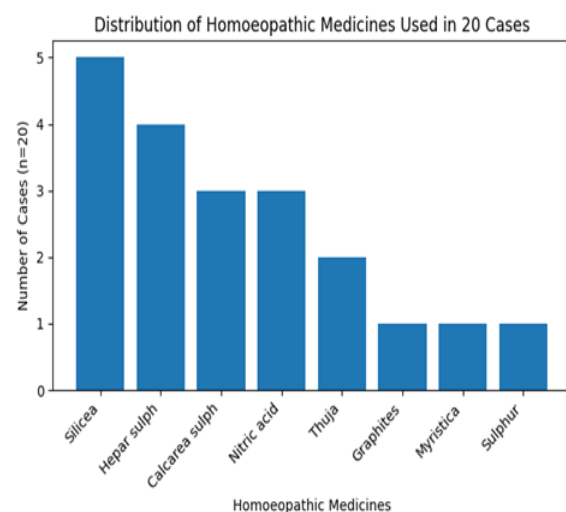
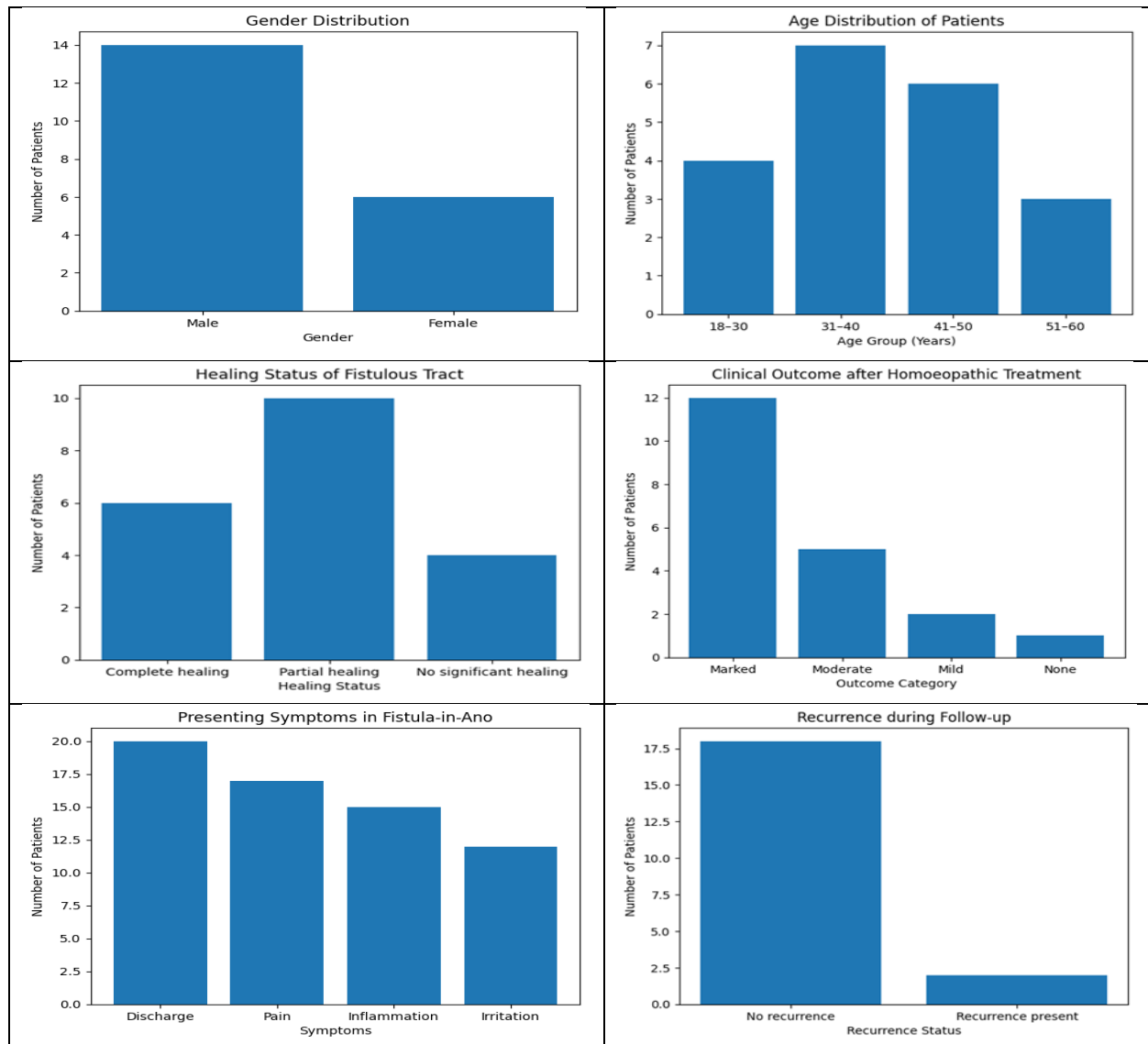
No worsening of symptoms or serious adverse effects were reported during the study period.

Recurrence

During the follow-up period, recurrence of symptoms was minimal, indicating a sustained therapeutic response in improved cases.

IV. ANALYSIS

The observations suggest that individualized homoeopathic treatment was associated with symptomatic relief and clinical improvement in patients with fistula-in-ano. Improvement in discharge, pain, and local inflammation indicates a positive healing response. The absence of adverse effects highlights the safety of the intervention. However, the small sample size and observational nature of the study limit the generalizability of the findings.



V. DISCUSSION

Fistula-in-ano is a chronic ano-rectal condition with a tendency for persistence and recurrence, often causing significant discomfort and impairment in quality of life. Surgical intervention is considered the standard treatment; however, it may be associated with complications such as delayed wound healing, recurrence, and risk to sphincter integrity. Hence, the exploration of non-invasive and supportive treatment modalities is clinically relevant. In the present prospective observational study, a total of 20 patients with fistula-in-ano were treated with individualized homoeopathic medicines. The majority of patients belonged to the 31–50 years age group, with male

predominance, which is consistent with the epidemiological pattern reported in surgical literature. Discharge and pain were the most common presenting symptoms, reflecting the chronic inflammatory nature of the disease. Following homoeopathic treatment, significant improvement was observed in the majority of patients. Reduction in discharge, pain, and local inflammation was noted during follow-up. Partial to complete healing of the fistulous tract was observed in most cases, suggesting a positive therapeutic response. The low recurrence rate observed during the follow-up period further supports the potential role of homoeopathy in sustaining improvement. The observed clinical improvement may be attributed to the individualized selection of homoeopathic remedies based on constitutional symptoms and totality, aiming to stimulate the body's self-healing mechanism. Importantly, no adverse effects were reported, indicating the safety of the treatment. However, the findings of the study should be interpreted in light of certain limitations, including small sample size, absence of a control group, and reliance on clinical assessment without advanced imaging modalities. Despite these limitations, the results provide preliminary evidence supporting the role of homoeopathy as a supportive therapeutic option in selected cases of fistula-in-ano.

VI. CONCLUSION

The present prospective observational study suggests that individualized homoeopathic treatment may be effective in reducing symptoms such as pain and discharge and in promoting healing of fistula-in-ano. The treatment was found to be safe, non-invasive, and well tolerated. Homoeopathy may serve as a supportive or alternative therapeutic option in selected, non-emergency cases of fistula-in-ano. Further well-designed studies are required to substantiate these findings.

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