

Efficacy of Homoeopathic Medicine *Echinacea Angustifolia* in the Management of Cases of Furuncle: A Prospective Review

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Abstract: A furuncle (boil) is a walled-off, deep and painful, firm or fluctuant mass enclosing a collection of pus; often, it evolves from a superficial folliculitis. *Staphylococcus aureus* is the most commonly associated organism, but other organisms (*Escherichia coli*, *Pseudomonas aeruginosa*, *Streptococcus faecalis*) and anaerobes (*Peptostreptococcus*, *Peptococcus*, and *Lactobacillus* species) may cause lesions. *Echinacea angustifolia* is a widely used antiseptic remedy and is used externally and internally in septic conditions and various other ailments. This article presents a review on *Echinacea angustifolia* works in furuncle.

Keywords: Homoeopathy, Furuncles, *Echinacea Angustifolia*

I. INTRODUCTION

A furuncle or boil is an acute, round, tender, circumscribed, perifollicular staphylococcal abscess that generally ends in central suppuration. The center usually becomes yellow, softens and discharges pus. A rim of desquamation often surrounds the infected hair follicle. Healing takes place with minimal scarring.¹

The lesions begin in hair follicles and often continue for a prolonged period by autoinoculation. Some lesions disappear before rupture, but most undergo central necrosis and rupture through the skin, discharging purulent, necrotic debris. Sites of predilection are the nape, axillae and buttocks; but furuncles may occur anywhere. The integrity of the

skin surface may be impaired by irritation, pressure, friction, hyperhidrosis, dermatitis, dermatophytosis, shaving, and other factors.²

Furuncles are caused by invasion deeper into the skin and are commonly associated with community-acquired MRSA (CA-MRSA) versus hospital-acquired MRSA (HA-MRSA). Hospital-acquired MRSA is often more resistant to antibiotics, although in recent years multidrug-resistant strains have been seen in patients who seemingly have no risk factors.^{2,3}

Certain systemic disorders may predispose to furunculosis: alcoholism; malnutrition; blood dyscrasias; disorders of neutrophil function; iatrogenic or other immunosuppression (eg: AIDS) and diabetes.²

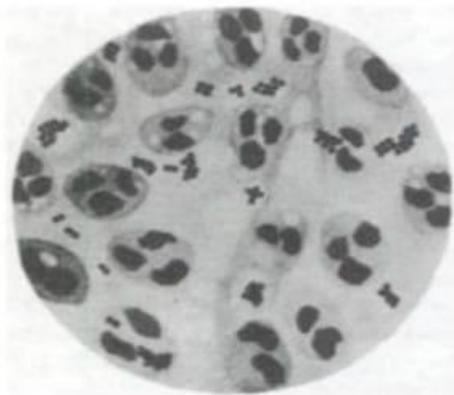
Delay in diagnosis and appropriate therapy can lead to systemic involvement, including rare reports of epidural abscess, bacterial endocarditis and pulmonary infection.³

ETIOLOGY – *S. aureus* ⁴

EPIDEMIOLOGY: MRSA in humans is changing gradually in India and the prevalence has increased over the years due to lack of awareness, overuse of antimicrobial medicines in human health, increase in the infections caused due to lack of sanitation and hygiene and the paucity of stringent rules and regulations for use of antibiotics.⁵



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II.HISTOPATHOLOGY

A furuncle consists of a deep dermal abscess centered on a hair follicle. This is usually destroyed, although a residual hair shaft is sometimes present in the center of the abscess. There is often extension of the inflammatory process into the subcutis. The overlying epidermis is eventually destroyed and the surface is covered by an inflammatory crust.¹

III.CLINICAL FEATURES

- It starts with a painful and indurated swelling which gradually extends.
- It is associated with tremendous tenderness and surrounding oedema.
- After a couple of days, there will be softening at the centre on the summit of which a small pustule appears.
- It bursts spontaneously discharging greenish small amount of slough.

- After this a deep cavity develops lined by granulation tissue which heals by itself.
- A blind boil is one which subsides without suppuration. A sty is similar infection of an eyelash follicle.⁷

IV.SKIN FINDINGS

- Any hair-bearing site can be affected.
- Sites of high friction and sweating are most typically affected; these include the areas under the belt, the anterior thighs, the buttocks, the groin, the axillae, and the waist.
- With a furuncle, a deep dermal or subcutaneous, red, swollen and painful mass later points towards the surface and drains through multiple openings.⁸

NON-SKIN FINDINGS –

- With a furuncle, the patient remains afebrile.⁸

V.INVESTIGATIONS

- No investigations in patients with sporadic lesions.
- Recurrent furunculosis (chronic furunculosis) requires further evaluation.
- To rule out Diabetes (RBS, Hb1Ac, FBS, PP₂BS).
- Pus culture from lesions.
- Carrier state – culture from other sites (nares, perineal region) to exclude carrier state in patients. Carrier state should also be excluded in close contacts.⁴

DIFFERENTIAL DIAGNOSIS –

- Ruptured pilar or epidermal cyst
- Cystic acne
- Hidradenitis suppurativa
- Early lesion of pyoderma gangrenosum
- Infected or ruptured molluscum contagiosum⁸

TREATMENT –

Acute episodes:

- Moist hot fomentation
- Appropriate antibiotics – Topical (mupirocin, sodium fusidate), if few lesions. Systemic antistaphylococcal drugs (flucloxacillin), if many lesions.
- Surgical incision and drainage of pus.⁴

Chronic (recurrent):

- Appropriate antibiotics.
- Exclude and treat carrier state with topical mupirocin applied intranasally and in perineum or systemic rifampicin. ⁴

ECHINACEA ANGUSTIFOLIA – Indebted to the Eclectic school for this remarkable medicine as a "corrector of blood dyscrasia". Corrects blood and immune disorders. Acute auto-infection. Symptoms of blood poisoning, septic conditions generally. Foul discharges with emaciation and great debility. Recurring boils. ⁹

- Kingdom: Plant ¹⁰
- Family: Compositae ¹⁰
- Common name: Purple Cone-flower (ECHINACEA - RUDBECKIA) ^{9,11,12}

According to ROBIN MURPHY –

- Echinacea Angustifolia is the western species of Echinacea not to be confounded with Echinacea purpurea or Black Sampson, the eastern species. Echinacea angustifolia is a blood tonic. This rather famous drug came to notice as "Meyers's blood purifier", the proprietor did not know the name of the drug used and sent a whole plant of Professors King and Lloyd of Cincinnati, who identified it as Echinacea Angustifolia.
- "Bad blood" so called asthenia, adynamia and particularly a tendency to malignancy in acute and sub-acute disorders, seems to be special indicators for the use of Echinacea. Valuable as a local cleansing and antiseptic wash.
- A great remedy when boils progress to the stage where they appear about to point then stop and do not suppurate. ^{11,12}

According to J H CLARKE –

- Intense itching and burning of skin on neck. ¹³

According to S R PATHAK –

- This remedy corrects the blood dyscrasias; hence it is useful in all types of blood poisonings. Foul discharges. Valuable as a local cleansing and antiseptic wash. Recurring boils. ¹⁴

According to AJIT KULKARNI –

- Worse – Food or drugs, vaccinations, antibiotics, bites, spring, autumn
- Better – Heat
- The herb has a positive effect on the immune system. It is reputed for boosting the immune system. It contains alkaloids like isobutylenide, ethanocside, cynarin, humilene, ethinolone, betame, polysaccharides, and others. It prevents formation of an enzyme called hyaluronidase which destroys a natural barrier between healthy tissues and unwanted pathogenic organisms.
- It helps the body fight off infection
- Scorbutus, a blood-dyscrasia.
- Discharges: Foul
- Irritation from insect bite, poisonous plants, bad food, old drugs. Intense itching and burning of skin on neck. Dryness of skin. Recurring (big) boils. They progress to the stage like the size of "head" but then stop and do not suppurate. Small boils, in crops, sensitive, more on neck. ¹⁵

VI.CONCLUSION

Echinacea Angustifolia is traditionally used polychrest remedy and known since 18th century due to many medicinal properties. It is also well-known homoeopathic medicine that is useful for various diseases. Traditionally it is used in various ailments¹⁶. Echinacea Angustifolia has significant action as an antiseptic, anti-microbial, anti-viral, anti-inflammatory, anti-oxidant and anti-cancer activity due to the presence of these chemical constituents ¹⁷. This medicine Echinacea Angustifolia gives a unique treatment option for management of furuncles and to improve the immune system of the person.

REFERENCES

- [1] WEEDON D. CHAPTER 15 / DISEASES OF CUTANEOUS APPENDAGES. In: WEEDON'S SKIN PATHOLOGY. THIRD ed. ELSEVIER; 2010. p. 404-404.
- [2] JAMES WD, ELSTON DM, TREAT JR, ROSENBAACH MA, NEUHAUS IM. CHAPTER 14 / BACTERIAL INFECTIONS. In: ANDREW'S DISEASES OF SKIN. THIRTEEN ed. ELSEVIER; p. 255-255.

- [3] LEBWOHL MG, HEYMAN WR, JONES JB, COULSON I. CHAPTER 88 / FURUNCULOSIS. In: TREATMENT OF SKIN DISEASE. FIFTH ed. ELSEVIER; 2017. p. 987–987.
- [4] KHANNA N. CHAPTER 14 / INFECTIONS. In: ILLUSTRATED SYNOPSIS OF DERMATOLOGY AND SEXUALLY TRANSMITTED DISEASES. FOURTH ed. ELSEVIER; 2011. p. 250–250.
- [5] Patil SS, Suresh KP, Shinduja R, Amachawadi RG, Chandrashekar S, Pradeep S, et al. Prevalence of methicillin-resistant *staphylococcus aureus* in India: A systematic review and meta-analysis [Internet]. U.S. National Library of Medicine; 2022 [cited 2024 Sept 15]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9344094/>
- [6] ANANTHARAYAN R, PANIKER CJ. PART III / STAPHYLOCOCCUS. In: TEXTBOOK OF MICROBIOLOGY. SEVENTH ed. 2005. p. 193–193.
- [7] DAS S. CHAPTER 7 / BOILS, ABSCESS, CARBUNCLE, CELLULITIS AND ERYSIPELAS. In: A CONCISE TEXTBOOK OF SURGERY. SIXTH ed. 2010. p. 77–77.
- [8] HABIF TP, CAMPBELL JL, DINULOS JG, CHAPMAN MS, ZUG CA. CHAPTER 6 / BACTERIAL INFECTIONS. In: THIRD ed. ELSEVIER; 2011. p. 174–174.
- [9] BOERICKE W. In: POCKET MANUAL OF HOMOEOPATHIC MATERIA MEDICA AND REPERTORY. NINTH ed. B JAIN; 2021. p. 263–4.
- [10] PATIL JD. PLANT KINGDOM / COMPOSITAE FAMILY. In: GROUP STUDY IN HOMOEOPATHIC MATERIA MEDICA. SECOND ed. 2018. p. 55–55.
- [11] MURPHY R. In: KEYNOTES OF THE MATERIA MEDICA. B JAIN; 2004. p. 701–701.
- [12] MURPHY R. In: LOTUS MATERIA MEDICA. SECOND REVISED ed. B JAIN; 2000. p. 632, 634–632, 634.
- [13] CLARKE JH. In: A DICTIONARY OF PRACTICAL MATERIA MEDICA. B JAIN; 2020. p. 691, 694–691, 694. (36th IMPRESSION; vol. I).
- [14] PHATAK SR. ECHINACEA. In: MATERIA MEDICA OF HOMOEOPATHIC MEDICINES. SECOND REVISED ed. B JAIN; 1999. p. 293, 295–293, 295.
- [15] TARKAS PI, KULKARNI A. ECHINACEA ANGUSTIFOLIA. In: ABSOLUTE HOMOEOPATHIC MATERIA MEDICA. FOURTH ED. B JAIN; 2015. P. 498, 503–498, 503.
- [16] V, JAYASREE. (2021). A STUDY ON PHYTOCHEMICAL ANALYSIS OF ECHINACEA ANGUSTIFOLIA MOTHER TINCTURE. 46. 58-60.
- [17] SHAFFIQUE S, REHMAN A, AHMAD S, ANWER H, ASIF HM, HUSAIN G, REHMAN T, JAVED S. A PANORAMIC REVIEW ON ETHNOBOTANICAL, PHYTOCHEMICAL, PHARMACOLOGICAL AND HOMEOPATHIC USES OF ECHINACEA ANGUSTIFOLIA. RADS JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES. 2018 DEC 31;6(4):282-6.