



Individualised Homoeopathic Management of Acute Furuncle Using a Conservative Approach: A Case Report

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Abstract

This case report documents the individualized homeopathic treatment of an acute furuncle, inflammatory suppurative lesion, which is usually caused by *Staphylococcus aureus*. The patient was a 30-year-old woman who came to the clinic reporting a swelling on the anterior abdomen that was rapidly growing, painful, and highly sensitive to touch, as well as erythematous and relieved by warmth. A furuncle has been diagnosed (ICD-11: 1B75.0) through clinical findings. On the basis of totality of symptoms and repertorial analysis, Belladonna 30C was prescribed, followed by placebo. After one week, the lesion spontaneously ruptured through the purulent discharge, which resulted in a significant decrease of pain, erythema, and swelling and further visits showed full recovery with no subsequent recurrence. There were no negative events to note and the MONARCH scoring showed +8 implying that there is likely a causal relationship between the remedy and improvement. The case shows that individualized homeopathy could be a safe and cheap method of complementary therapy in acute skin inflammation.

Keywords: Case report, Furuncle, Individualised homoeopathic medicine, Belladonna. Repertorization.

Introduction

Furuncles [ICD 11 1B75.0] are acute endodermal infections of the hair follicles and perifollicular tissue which is often caused by *Staphylococcus aureus* that includes methicillin-resistant strains (MRSA) which play a big role in causing dermatological morbidity globally^[1,2]. They are characterised by local erythema, oedema, throbbing pain, central suppuration, and may develop to abscess formation, if not treated^[3]. Even though they are the most common method of treating fluctuant lesions such as incision and drainage, the rising cases of antimicrobial resistance have made the treatment of the condition more sensitive, requiring the consideration of safe complementary measures^[4].

Furuncles of the cutaneous inflammation is associated with complicated immunological responses, involving neutrophilic infiltration, cytokine production, and local tissue necrosis, which assist in aetiology, such as heat, redness, and severe tenderness^[5].

The medical literature emphasizes the necessity to know the host-pathogen interactions and individualized inflammatory responses because patient-specific factors tend to determine the course of the disease and effects of treatment^[6]. This variability is the basis of the argument on individualized systems of therapy such as homeopathy which is a system of

therapy which is based on the totality of the symptoms and not just on the pathological diagnosis.

Individualized approach in Homeopathy takes modalities (e.g., aggravation by touch or pressure, amelioration by warmth), mental-emotional peculiarities, and constitutional peculiarities as the point of reference in choosing remedies [7]. A number of clinical trials and case reports have shown possible advantages of individualized homeopathy in the treatment of inflammatory and suppurative skin diseases, such as abscesses, furuncles, and cellulitis, and many have shown symptomatic improvement and better progressions not accompanied by side effects. An observational study using homeopathic medicine by Rossi et al. in the treatment of acute dermatological conditions, such as abscesses, furuncles, and cellulitis, reported the favourable clinical responses on cases of these diseases treated with individualized remedies based on the modalities of symptoms [8]. Similarly, Oberbaum and Singer described a collection of series of cases that illustrate how individualized homeopathic prescriptions could assist in suppuration, enhances the natural drainage, as well as decrease the severity of inflammation in acute skin abscesses [9]. Frei et al. conducted a systematic review of the reproducibility of homeopathic prescriptions in acute inflammatory conditions, which depended on clear, modality-based totalities [10].

Although it is widely used, there is limited documentation on the use of individualized homeopathic care in acute dermal inflammation. Case reports are an important scientific method to provide an example of clinical reasoning, repertorial analysis, remedy differentiation, and therapeutic outcomes. They also help in providing empirical data needed to enlarge integrative dermatological studies.

The purpose of the present case report is to discuss individualized homeopathic treatment of acute furuncle with an emphasis on totality formation, repertorization, rationale of the selected remedy, and the course of the disease. This kind of documentation will lead to evidence construction in homeopathic acute care, and provide information into symptom-based therapeutic decisions.

Case Description:

A female of age 30 years came to OPD of Mahesh Bhattacharyya Homeopathic Medical College and

Hospital on 9th September 2025 with complaint of a small painful swelling in front of anterior abdominal wall for last 2 days. [Figure 1A and 1B] The swelling was very sensitive to touch. Pain aggravated by touch, pressure. Amelioration was after application of hot water.

The patient reported that she first noticed a **small, pea-sized swelling** on the anterior abdominal wall approximately **two days before presentation**. Initially, there was only mild discomfort but not significantly painful. Over the next 24 hours, the swelling **increased rapidly in size**, it was about **2 cm** in diameter when coming to OPD. She complained of **localized pain**, which was described as **sharp and throbbing**. The pain did not radiate and remained confined to the swollen area. The area was **extremely sensitive to touch**—even slight contact caused significant discomfort. She also noted **marked pain on pressure**, such as during bending, clothing friction, or movement involving abdominal muscles. Applying **warmth over the swelling provided relief** by reducing pain. In contrast, cold or pressure aggravated her discomfort. There was gradual development of **redness** around the swelling. By the second day, the central area of the lesion showed a **tiny white dot**, which raised her concern that the swelling might burst. There were no systemic symptoms such as **fever, chills, malaise, nausea, vomiting, or decreased appetite**. Also, no history of preceding **trauma, insect bite, scratching, or similar previous lesions**.

She had not applied any topical agents or taken any medication before presentation.

There were no other complaints along the side of this. She was not under any regular medicinal treatment. Her appetite was good and can tolerate hunger. She had desire for boiled eggs, sweets, salt with intolerance for fried food which causes gastric disturbances. Bowel habit was good. Passes stool regularly, once every day. Thirst was moderate. Perspiration profuse, all over the body. Sleep was good. Dream of childhood days. Thermal reaction was chilly. There was no significant past history or family history. She was calm and quite in nature. **Emotionally very sensitive** and gets hurt easily by what others say or do. The patient tends to **think repeatedly about such incidents** and worries.

Because of this sensitivity, she avoids conflict and prefers to stay in calm, supportive surroundings.

On Examination:

On local examination, a solitary, well-defined, dome-shaped swelling was present on the lower anterior abdominal wall. The swelling measured approximately 2 × 2 cm in diameter. The overlying skin appeared erythematous, with a darker violaceous hue at the centre, gradually fading toward the periphery. A central whitish-yellow pustular point was clearly visible, suggestive of underlying purulent collection approaching the surface. The lesion showed a smooth, tense, shiny surface, consistent with an acutely inflamed, no discharge was noted at presentation. There were no signs of **lymphangitis**, and no regional lymphadenopathy was detected.

On Palpation The lesion was firm with a mildly fluctuant centre, indicating localized collection of pus. The edges were well demarcated, marked tenderness was elicited over the entire swelling, most intense at the centre, Local rise of temperature compared to surrounding. The swelling was slightly movable and not fixed to deeper structures, suggesting a superficial location in the dermis/subcutaneous tissue.

Clinical Diagnosis:

The case was diagnosed as Furuncle based on the appearance and clinical findings. [ICD 11 1B75.0] [Figure 1A and 1B]

Totality of symptoms:

After going through the case details totality of symptoms was formed which are as following-

1. Swelling on anterior part of abdomen which appeared suddenly
2. Size of the swelling increasing rapidly
3. Pain of the affected part which was throbbing in nature
4. Extreme sensitiveness of the swelling, pain aggravating by slightest touch
5. Pain ameliorated only by application of warmth
6. Colour of swelling was red
7. Mentally sensitiveness

Considering the above-mentioned symptoms repertorization was done using Homeopath ZOMEIO

Software [Figure 2]. The choice of remedy came out to be is Belladonna covering 8 rubrics and 18 points. Followed by Sulphur covering 7 rubrics. Followed by Hepar Sulph, Mercury, Rhus Tox. Final selection was done after consultation with Materia Medica.

Medicine Selection:

Based upon totality of symptoms and after consultation with Repertory [Figure2] and Homoeopathic Materia medica *Belladonna* was selected. Patient was advised to take *Belladonna* 30, 6 Doses. To be taken thrice daily for 2 consecutive days in empty stomach. Followed by Placebo for next 4 days.

Follow up and treatment timeline:

The treatment details and follow ups have been given in Table No. 1. After the first visit patient was asked to report after 7days. Total duration of treatment was 10 days and patient was kept under observation for next 2months to observe if there was any recurrence of symptoms.

Table No.1: Follow up and Treatment outline:

Discussion:

The given case is a successfully managed case of individual homeopathic treatment of acute furuncle, where Belladonna 30C were used and resulted in a significant symptomatic response, followed by spontaneous drainage and full removal, which also agrees with the established affinity of the remedy to acute inflammatory conditions characterized by the sudden sign of appearance, pain throbbing in nature, sensitiveness to touch, warmth amelioration and profound redness. This presentation is consistent with the typical inflammatory pathophysiology of furuncles in conventional dermatology literature, in which neutrophilic inflammation and tissue-mediated cytokine-induced heat, swelling, and severe tenderness, are observed [1,3,5]. The resultant outcome agrees with the previously published homeopathic literature where Rossi et al. reported successful improvement in acute cases of furuncle with individualized remedies [8], Oberbaum and Singer reported successful improvement in abscesses by enhancing natural drainage and reduction of local inflammation with homeopathic medicines [9] and Witt et al. concluded significant improvement in acute

infectious illness that was treated with individualized prescriptions of the homeopathic therapy ^[10]. This case's strengths include a well-defined symptom totality, precise repertorial analysis, strong modality concordance with Belladonna, and objective clinical markers of improvement, with follow-up confirming the absence of recurrence. Its drawbacks include the lack of microbiological confirmation, the inability to quantify pain or inflammation, and the inherent limitations of single-case design. During treatment or observation, there were no unfavourable or unexpected events.

The close temporal relationship between remedy intake and symptom decline, the lack of concurrent allopathic treatment, and objective changes like rupture and lesion resolution provide justification for attributing improvement to the remedy. The validity of the case assessment was strengthened by the application of the MONARCH criteria ^[11], which produced a score of +8 [Table 2], indicating a probable causal relationship between Belladonna and the clinical outcome. The main take - away from this report is that individualized homeopathy has a significant role in treating acute dermal inflammations like furuncle when guided by strong modality-driven symptom patterns and well-documented case reports are still crucial for developing evidence for integrative dermatological practice,

Conclusion:

This case shows that individualized homeopathic treatment can significantly contribute to the clinical resolution of acute dermal inflammation, such as a furuncle, when it is guided by a clear totality of symptoms including the modalities. When Belladonna 30C was administered, the patient experienced spontaneous rupture, drainage, and full symptom resolution without any adverse side effects. The remedy closely matched the patient's acute symptom picture, which included throbbing pain, marked sensitivity to touch, redness, heat, and relief from warmth. The stability of the therapeutic outcome is further supported by the lack of recurrence during prolonged follow-up. The MONARCH score of +8 [Table 2] indicates a likely connection between the individualised homeopathic intervention and the noted improvement, even though this single case cannot prove causation. This documentation emphasises the need for more thorough clinical

research and adds to the body of evidence supporting customised homeopathy in acute inflammatory skin conditions.

Clinical Significance:

This case demonstrates the benefits of individualized homeopathic treatment for skin complaints. Belladonna's close compatibility with the patient's modalities allowed for efficient clinical management, which resulted in spontaneous drainage and full resolution quickly and without side effects. The study emphasises the value of thorough case analysis and documentation and supports homeopathy as a safe, supplemental option in specific furuncle cases.

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Conflict of interest: The authors declare no conflict of interest.

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Tables:

Table 1: Follow up and Treatment outline

Date	Symptoms	Medicine
9.09.2025	Swelling in front of anterior abdominal wall for last 2days. Swelling increasing in size rapidly. Throbbing pain and sensitiveness. Pain aggravated by slightest touch and ameliorated by warm application. [Figure 1A and 1B]	Belladonna 30, 6 Doses were given. To be taken thrice daily for two consecutive days in empty stomach. Followed by Placebo. To be taken twice daily in empty stomach for 5days.
16.09.2025	The furuncle ruptured spontaneously , releasing a moderate amount of thick purulent discharge . Following drainage, the patient reported significant reduction in pain, tenderness, and local tension . Surrounding erythema began to subside, and no further increase in swelling was noted. [Figure 3]	Placebo was given for 28 days. To be taken once daily in empty stomach. Patient was advised to clean the area regularly and she was still kept under observation to observe if there is any further recurrence.
14.10.2025	No further purulent discharge. No swelling.	Placebo was given.
25.11.2025	No new complaint. No recurrence of same complaint.	Placebo was given.

Table 2- Assessment of the case according to MONARCH (Modified Naranjo Criteria for Homeopathy)

Domains	Yes	No	Not sure
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
3. Was there an initial aggravation of symptoms?		0	

4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?			0
5. Did overall well-being improve? (Suggest using validated scale)	+1		
6A. <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
6B. <i>Direction of cure</i> : did at least two of the following aspects apply to the order of improvement of symptoms: <input type="checkbox"/> from organs of more importance to those of less importance? <input type="checkbox"/> from deeper to more superficial aspects of the individual? <input type="checkbox"/> from the top downwards?	+1		
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8. Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?			+0
	Total Score = +8		

Figures

Figure 1A- Clinical photograph at first presentation (09.09.2025) showing a well-defined, dome-shaped, erythematous swelling on the anterior abdominal wall with a tense, shiny surface and a central whitish pustular point, suggestive of an acute furuncle.



Figure 1B- Closer view of the lesion at first visit demonstrating surrounding erythema with violaceous discoloration and prominent central pointing, indicating localized suppuration.



Figure 2- Repertorization sheet of the case.

Symptoms: 8 Remedies: 171 Applied Filter							
Remedy Name	Bell	Sulph	Hep	Merc	Rhus-t	Sil	Lach
Totality / Symptom Covered	18 / 8	18 / 7	17 / 7	15 / 6	15 / 6	14 / 6	13 / 7
[Kent] [Skin]Eruptions:Boils: (82)	3	3	3	3	3	2	3
[Kent] [Skin]Eruptions:Painful: (61)	3	3	2	1	1	3	2
[Kent] [Skin]Eruptions:Pustules: (78)	2	3	2	2	3	2	1
[Kent] [Skin]Eruptions:Rash (see granular):Fiery red: (4)	3	1					
[Kent] [Skin]Eruptions:Sensitive (see sore): (12)	1		3				1
[Kent] [Skin]Inflammation: (60)	1	2	3	3	3	3	1
[Kent] [Skin]Sensitiveness: (87)	3	3	3	3	2	3	3
[Kent] [Skin]Swelling: (93)	2	3	1	3	3	1	2

Figure 3- Follow-up photograph on 16.09.2025 after spontaneous rupture and drainage, showing collapse of the swelling with marked reduction in erythema and inflammation, indicating healing of the furuncle.

