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A Case Report

**OMPHALITIS IN ADULT MANAGED WITH HOMOEOPATHY:  
A RARE CASE STUDY**<sup>1</sup>Dr. Partha Pratim Pal, MD (Hom), <sup>2</sup>Dr. Laijun Nahar, MD (Hom)<sup>1</sup>Research Officer (H)/ S-2

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**Abstract:**

**Introduction-** Inflammation of the umbilicus is called omphalitis. Adults with severe omphalitis are uncommon and can be caused by both congenital and acquired causes. The conventional method of treatment is antibiotics and an incision followed by surgery. Till now, no case record of omphalitis managed by homeopathy has been documented in a different database.

**Case summary-** A 45-year-old male reported with severe pain in the periumbilical region with purulent discharge from the umbilicus for one day. His complaints were resolved with the help of homeopathic medicine, *Calcarea carbonica*, within one month. The visual analogue scale (VAS) and photographs were considered at each appointment to assess the patient's improvement. The Modified Naranjo Criteria for Homoeopathy score was used to examine the causal attribution between the homeopathic intervention and the treatment outcome, which suggested that the patient's improvement could be attributed to the homeopathic treatment delivered. This clinical case report demonstrates the beneficial effects of homeopathic treatment in omphalitis.

**Keywords:** *Calcarea carbonica*, Case report, Homeopathy, Omphalitis

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## INTRODUCTION:

Adult omphalitis is uncommon, yet it can be frightening and often lead to a more serious problem if left untreated. The total incidence of omphalitis in industrialised countries remains modest, ranging from 0.2% to 0.7%, compared to 20% in non-industrialized countries<sup>1</sup>. It can be caused by a variety of factors, whether congenital or acquired<sup>2</sup>. It is much more uncommon when the infection is caused by an infection of the urachus, an embryological remnant that connects the umbilicus to the bladder dome. Omphalitis is characterised by erythema, edema, and pain, as well as purulent discharge from the umbilical stump. The abscess is treated with antibiotics, followed by surgical removal of the urachal remnant<sup>3</sup>. In the homoeopathic literature, reported evidence of the treatment of omphalitis could not be traced. Even after a thorough search in electronic databases such as PubMed, Google Scholar, and AYUSH Research Portal using the keywords 'Homoeopathy OR Omphalitis', Homoeopathy AND Omphalitis' not a single study in the management of omphalitis with homeopathy was found. Hence, there is a need to explore much more in this area. Here, a case report of omphalitis in an adult successfully treated with homoeopathic medicine has been presented. This case is unique due to the age of the patient, which is a rare presentation of omphalitis. This case will not only contribute to the scientific literature on homoeopathic treatment of recurrent and relapsing skin disorders like omphalitis but also throw light on the importance of observation in homoeopathic prescribing.

## PATIENT INFORMATION:

A 45-year-old male patient presents with severe pain in the periumbilical region and purulent discharge from the umbilicus for 1 day (Figure 1). He described that his pain is intermittent, non-radiating, aggravated after dinner at night, cramping, and gripping in nature. The patient did not have a fever, nausea, vomiting, diarrhoea, or symptoms of the lower urinary tract. A physical examination revealed that the patient was worried although his vital signs showed hemodynamic stability. On history-taking, it was found that the patient had a similar complaint on May 3, 2021, which was then diagnosed as a case of omphalitis (Figure 2) and managed by conventional medications. But similar suffering reappears again, and the patient consults us on May 5, 2023.

### Past-history

He suffered from typhoid fever in his childhood and was treated with traditional medicine.

### Family history

His father has had diabetes for three years. His mother has had hypertension for the past two years. They were both taking conventional medication for their conditions.

### Generals

On inquiry about his physical and mental general, no abnormalities were noticed. His appetite was good, with moderate thirst. He had no specific desire or aversion. Urine and stools were normal. His sleep was moderate, 6-7 hours daily without any specific dreams.

### Clinical examination

The patient had a moderate build with a dark complexion. No abnormality was detected on a general physical examination. His body mass index was 24.2 kg/m<sup>2</sup>, and his blood pressure was 122/78 mm Hg. There was no anaemia, jaundice, cyanosis, or oedema, and no palpable lymph nodes.

### Local examination

Abdominal examination showed purulent discharge from the periumbilical area accompanied by moderate tenderness on palpation (Figure 1).

### Therapeutic intervention

The symptoms available in the aforementioned clinical conditions were primarily pathology-related. There is a paucity of general symptoms in this case. In such a case, we should emphasise the presenting symptoms for prescriptions as well as the specific organs and tissues impacted. This condition lends itself well to the fourth approach of repertorization (beneficial in cases with few symptoms or when general symptoms are vague or poorly evaluated). In this case, repertorization was performed using Kent's Repertory in Hompath software under the consideration of three rubrics<sup>4</sup> (Figure 3). Repertorization required only three rubrics because this was an example of an acute illness, and most of the time in an acute disease, the main symptom strikes us and becomes apparent to the senses more quickly, requiring significantly less time to understand the disease's picture and asking significantly fewer questions (aphorism 82)<sup>5</sup>. As a result, the three symptoms were adequate for organising the totality of symptoms because it was not merely a quantitative sum but also linked to a rational concept of diagnostic and therapeutic relevance. After analysing the reportorial results and consulting the homoeopathic Materia medica, *Calcarea carbonica* 30 CH was provided. Homeopathic medicine was procured from a Good Manufacturing Practise (GMP)-compliant pharmaceutical company and prepared strictly

following the instructions given in the Homoeopathic Pharmacopoeia (HPI) of India. The patient was instructed to take the medication three times a day on an empty stomach for seven days.

#### Follow up

The detailed follow-up is given in Table 1.

#### Outcome assessment

This case was documented photographically at the 1<sup>st</sup> visit and during follow-up (Figures 1, 4, and 5). VAS was utilised as a validated outcome measurement method for evaluating the patient's pain severity<sup>6</sup>. The patient's VAS score was recorded at each appointment and at the completion of treatment, the score was reduced from eight to zero. The Modified Naranjo Criteria for Homoeopathy (MONARCH) were used in this instance to analyse the causal link between homoeopathic medication and the changes that happened in patient<sup>7</sup>. The MONARCH score of the patient was '+8', which shows there is a possible causal link between the observed result and the prescribed medication. (Table 2)

#### DISCUSSION:

Although recurrent omphalitis is more common in children, physicians around the world are rarely confronted by cases of recurrent omphalitis in adults. In adult patients with recurring omphalitis, the doctor should look into the possibility of infected remnants of the allantois or the omphalomesenteric (vitelline) duct in addition to folliculitis and infections linked with pilonidal cysts and umbilical piercing<sup>8</sup>. The above case showing the classical symptoms of omphalitis was treated with the help of individualized homoeopathic medicine *Calcarea carbonica* 30CH over a period of 1 month. No adverse event was encountered during the period of treatment. The case was completely treated by *Calcarea carbonica*, and medicine was selected based on the presenting symptoms of the patient and in consultation with *Materia medica*<sup>9</sup>. The potency selection was done following homoeopathic principles and susceptibility of the individual<sup>10</sup>. In this case, the patient exhibited only a few symptoms (i.e., crampy pain in abdomen with purulent discharge from the naval region; pain generally aggravated at night especially after dinner), while all other generals were normal. The case looks like a one-sided-disease, where the presenting symptoms obscure the other symptoms of the disease. The medicine was selected on the basis of the presenting symptoms, and after prescribing the medicine, new symptom developed (i.e., a granuloma or abscess formed near the periumbilical region; this condition closely resembles the symptom mentioned in *Calcarea carb*, i.e., proud flesh in the umbilicus),

known as accessory symptoms of medicine. This symptom also proves that the selected remedy was correct, and on the contrary, on the next subsequent visit, size of the abscess gradually reduced. Furthermore, aphorism 181 describes that accessory symptoms in one-sided diseases are the symptoms of the disease itself, "which were summoned and induced to appear by the medicine provided, due to its ability to create identical symptoms."<sup>5</sup> Thus, the selected remedy helps to cure the case within a short span of time.

The patient's progress was monitored every visit using the VAS pain scale, which at baseline was 8 and after treatment was 0 (Table 1). The MONARCH inventory was used to measure the curative response of homoeopathic medicine. The overall rating was 8, indicating a good relationship between medicine and results. It was a rare case where a homeopathic remedy showed its utility. However, this single case report cannot draw any certain conclusions. A large-sample, randomized controlled trial is suggested for further understanding in this regard.

#### CONCLUSION:

This case study's findings indicate that homeopathic medicines may be beneficial for a patient with omphalitis. The findings highlight the importance of performing well-planned research to further investigate the role of homoeopathy in such cases.

#### Declaration of patient consent

The authors obtained written informed consent from the concerned patient to publish his case records and images without revealing his identity.

#### Financial support and sponsorship

Nil

#### Conflicts of interest

None declared

#### REFERENCES:

1. Patel N. Review of Omphalitis Interventions in India, Nepal and Pakistan Using Proximal, Intermediate and Distal Risk Factors. Published online 2016.
2. Soesilo DA, Baby A. Self-foreign omphalitis in adult: a case report. *Intisari Sains Medis*. 2020;11(1):129-131. [oi:10.15562/ism.v11i1.574](https://doi.org/10.15562/ism.v11i1.574)
3. Tawk A, Abdallah A, Meouchy P, et al. Omphalitis with Umbilical Abscess in an Adult with a Urachal Remnant. *Case Rep Gastroenterol*. 2021;15(3):966-971. [doi:10.1159/000518870](https://doi.org/10.1159/000518870)

4. RADAR 10. Archibel Homoeopathic Software. Belgium. Published online 2009.
5. Hahnemann S. Organon of Medicine. 5th & 6th ed. B Jain Publishers Pvt Ltd; 2015.
6. Couper MP, Tourangeau R, Conrad FG, Singer E. Evaluating the effectiveness of visual analog scales: A web experiment. Soc Sci Comput Rev. 2006;24(2):227-245. doi:10.1177/0894439305281503
7. Lamba CD, Gupta VK, van Haselen R, et al. Evaluation of the Modified Naranjo Criteria for Assessing Causal Attribution of Clinical Outcome to Homeopathic Intervention as Presented in Case Reports. Homeopathy. Published online 2020. doi:10.1055/s-0040-1701251
8. Syversen U, Ramstad H, Gamme K, Qvigstad G, Falkmer S, Waldum HL. Clinical significance of elevated serum chromogranin A levels. Scand J Gastroenterol. 2004;39(10):969-973. doi:10.1080/00365520410003362
9. Hering C. The Guiding Symptoms of Our Materia Medica. Reprint ed. New Delhi. B Jain Publishers Pvt Ltd; 2016.
10. Kent JT. Lectures on Homoeopathic Philosophy. 7th ed. New Delhi, India: B Jain Publishers (P) LTD; 2007.

**Table 1: Follow-up timeline**

Dates	Current symptoms/illness	Interventions	Pain VAS score in 0-10 scale
Visit 1, 11/05/2023 (Figure_1)	Pain in periumbilical region with purulent discharge; pain generally aggravated after dinner at night	<i>Calcarea carbonica</i> 30CH, 7 doses in 30 ml aqua dist 10 drops x TDS Followed by placebo for 2 weeks	8
Visit 2, 01/06/2023 (Figure_4)	Umbilical granuloma or abscess (3 x 2 cm) formation with pain persisting but less in intensity and discharge is also less.	Placebo for 14 days	3
Visit 3, 22/06/2023 (Figure_5)	Umbilicus normal.....no swelling, discharge or pain.	-	0
Visit 4, 28/07/2023	No recurrence		

VAS: Visual Analogue Scale



Figure 1

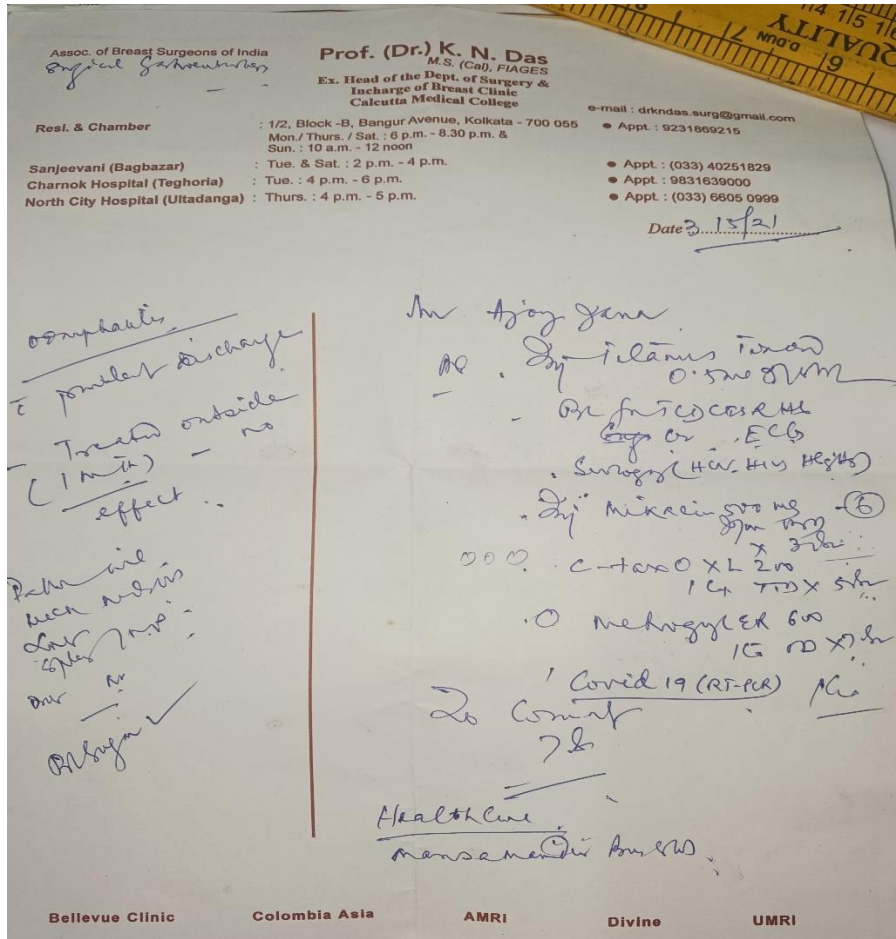


Figure 2

Repertorisation: Normal

ClipBoards

Symptom Options		Remedy Options				
Calc	Chin	Podo	Sulph	Bry	Cycl	
<b>Remedy Name</b>						
<b>Totality</b>						
<b>Symptoms Covered</b>						
[KT] [Abdomen]Pain:Cramping, griping Umbilicus, region of:	7	4	4	4	3	3
[KT] [Abdomen]Discharge:From umbilicus:	4	2	2	2	2	2
[KT] [Abdomen]Pain:Cramping, griping:Night:	1	2	2	2	2	1
[KT] [Abdomen]Pain:Cramping, griping:Night:	2					
[KT] [Abdomen]Pain:Cramping, griping:Night:	3	2	2	2	1	2
[KT] [Abdomen]Pain:Cramping, griping:Supper, after:	1					

Figure 3



Figure 4



Figure 5

**Table 2: Assessment after 42 days of treatment by Modified Naranjo Criteria for homoeopathy (MONARCH)**

Items	Modified Naranjo criteria for homoeopathy	Response of the patient	Scores
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	Yes	+2
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	Yes	+1
3	Was there a homeopathic aggravation of symptoms?	No	0
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main prescribing complaint, improved or changed?)	Not sure	0
5	Did overall wellbeing improve (suggest using validated scale)?	Yes	+1
6	A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	No	0
	B. Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms: From organs of more importance to those of less importance From deeper to more superficial aspects of the individual From the top downwards	Not sure	0
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?	No	0
8	Are there alternative causes (other than the medicine) that with a high probability- could have produced the improvement? (consider known course of disease, other forms of treatment and other clinically relevant interventions)	No	+1
9	Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination, etc.)	Yes	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	Not sure	0
Total score = +8 (Maximum score = +13, minimum score = - 6)		+8	