

# Treatment of Perianal & Perineal Herpes Simplex Infection with Homoeopathy, A Case Report

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**Abstract:** Background: Perianal skin and anal canal infections with herpes simplex virus (HSV-2) are frequently encountered. These infections, linked to genital lesions, are established as venereal diseases. Anal herpes primarily spreads through unprotected intercourse. Asymptomatic sexual activists could serve as a significant source of the disease, which seems to be growing in prevalence within our society. Here, a case reported with above mentioned criteria and treated with Homoeopathic medicine. Aim: To study the case of perianal & perineal Herpes simplex infection and Homoeopathic scope in its treatment. Case summary: A 20 years old male, working as a fisher man, came with a complaint of sever painful skin lesion around anal region since 5 days worsen by movements, washing and touch. There was oozing of pus like fluid from lesion. History of sexual exposure before a week. On examination tenderness over bilateral inguinal glands and multiple vesicular and pustular eruptions in the perineum and perianal areas. Methods & Materials: Here the diagnosis was made provisionally as STI on clinical grounds and other suspected infections are excluded by screening VDRL, HBsAg, HIV 1&2. Case was studied & treated according to Homoeopathic principles. Informed consent is obtained from the patient. Result: Petroleum 30 / 7 dose reduces the clinical manifestations of HSV-2 infection. Conclusion: Homoeopathic medicine treats the perianal Herpes simplex infection with no recurrence for 2 years.

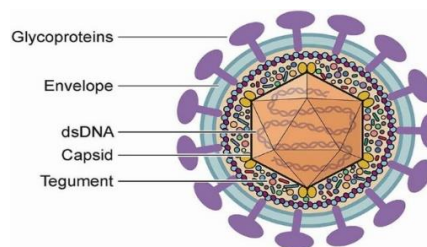
**Keywords:** Herpes simplex virus 2, Perianal & perineal vesicles, STI, Homoeopathy

## 1. Introduction

HSV-1 and HSV-2, both DNA viruses, are members of the Alphaherpesvirinae subfamily within the Herpesviridae family [1]. HSV-1 and HSV-2 are responsible for various human diseases, including oral and genital mucocutaneous lesions, as well as rare but severe conditions like fulminant encephalitis. These viruses are highly prevalent, with approximately 67% of the global population estimated to be affected by HSV-1 infection and 11% affected by HSV-2 infection [2]. HSV-2 typically induces vesicular and ulcerative lesions in adults [3]. In neonates and individuals with compromised immune systems, HSV-2 can lead to severe systemic disease [4]. HSV-2 infections primarily impact the genital region, with transmission commonly occurring through sexual contact [5]. On the other hand, HSV-1 often results in oropharyngeal infections, with transmission predominantly occurring through non-genital personal contact. Following primary infection, both HSV-1 and HSV-2 enter a latent phase within nerve ganglia, potentially reactivating later to cause recurrent active infections [6].

At present, viral culture stands as the most frequently employed diagnostic method and is regarded as the gold standard [7]. Additional methods for diagnosing HSV include serological tests, which analyze blood samples to detect antibodies against the virus [8]. Serological tests are effective in determining the subtype of HSV virus and can identify asymptomatic individuals. It is a more reliable method than clinical diagnosis [9]. Modern detection methods for infection include techniques capable of identifying viral DNA, such as polymerase chain reaction (PCR) [10]. The homeopathic remedy Thuja occidentalis is sometimes suggested for herpes simplex virus infections [11]. There is potential antiherpetic

activity of Rhus Tox in HSV infection. The review likely explores the theoretical basis, preclinical evidence and comparative studies involving Rhus Tox and Natrum Mur in the context of HSV infection [12].



Structure of HSV-2

## 2. Case Report

On 20<sup>th</sup> August 2022, Mr. Abc, 20 years old, unmarried male, from Colachel, Kanyakumari Dt, Tamil Nadu, religion hindu, belonging to low socio economic status, studied upto 10<sup>th</sup> standard, working as a fisherman came with the complaint of severe painful skin eruption around anus and perineum since 5 days.

### History of present illness:

Painful skin eruptions around anus and perineum since 5 days. Oozing of pus like fluid from lesion. Dragging type of pain worsen by movements, touching & washing. Intense itching with rub the eruption with fingers until it become raw ulcer. History of sexual exposure one week before the attack. Bitter taste in mouth on & off since a year.

**Treatment History:**

Taking allopathic ointment for skin lesion since 3 days that worsen the complaints.

**Past History:**

History of COVID-19 attack two years ago, recovered by allopathic treatment.

**Family History:**

No relevant history either maternal or paternal side.

**Personal History:**

Occasional tobacco chewer, taking mixed diet.

**Mental Generals:**

Extreme fearful of his complaints, he thinks it might lead to severe complication.

**Physical Generals:**

Functions	Eliminations
Desire – nil	Urine – normal
Aversion – bitter taste	Stool – difficult to pass on & off, hard consistency
Appetite – good	Perspiration – normal
Thirst – good	Breath – normal
Sleep / Dreams – normal	Other discharge – oozing of pus from skin lesion

**Physical Examination:**

**General Examination:**

Patient is conscious, oriented, afebrile, moderately built & nourished, not pallor, not icteric, not cyanosed, no clubbing, no edema, bilateral inguinal lymph nodes are tender ++

**Vital signs**

Pulse: 88 bpm, regular rhythm  
 B.P: 110/70 mm Hg  
 SpO<sub>2</sub> 98 %  
 Temperature: 98.4 F  
 Weight: 54 kg

**Systemic Examination:**

Cardio-vascular: Chest wall shape normal, apical impulse not visible,  
 S<sub>1</sub> S<sub>2</sub> heard in mitral, tricuspid, pulmonary, aortic areas normal  
 No murmur heard.

*Respiratory*

Air entry equal bilaterally, No added sounds heard,

Normal vesicular breath sounds heard all over lung field,

Neurological:

No focal neurological deficit.

Per abdomen:

Soft, No organomegaly, no distension, no herniation, no scar, Bowel sounds heard normal, No bruit heard.

**Local Examination:**

Perineum & Perianal area:  
 multiple vesicles with few ulceration,  
 Mild oozing of creamy fluid,  
 Tenderness +++, no bleeding but raw area

**Provisional Diagnosis:**

Herpes simplex 2 infection of perineum & peri anus

**Differential Diagnosis:**

Infectious genital ulcerative conditions like Syphilis, Chancroid, Lymphogranuloma venereum, Granuloma inguinale and non-infectious genital ulcerative conditions Crohn disease, Behcet syndrome, Fixed drug eruptions, Psoriasis, Sexual trauma.

**Investigations:**

Haematology - Hb 14.3 g%, WBC 9,800 cells/mm<sup>3</sup>, Platelet 2.3 lakh cells/mm<sup>3</sup>  
 VDRL – non reactive, HBsAg - negative, HIV 1 &2 – negative,  
 Direct swab - not done.

**Final Diagnosis:**

Herpes simplex 2 infection of perineum & around anus.

**Case Approach:**

Case analysis is done as disease & characteristics symptom, evaluation of mental, physical & particular symptoms were done.

**Repertorial Totality:**

- 1) MIND- FEAR- disease- of impending,
- 2) RECTUM- CONSTIPATION- difficult, stool,
- 3) MOUTH- TASTE- bitter,
- 4) SKIN- ULCERS- vesicles, surrounded by
- 5) GENITALIA- ERUPTIONS- herpetic,
- 6) GENITALIA- INFLAMATION- lymphatic gland,
- 7) GENITALIA- ITCHING
- 8) RECTUM- ITCHING- around anus,
- 9) RECTUM- ERUPTIONS- about anus- herpetic,
- 10) RECTUM- EXCORIATION, must rub anus until raw

**Repertorial Result:**

10 symptom(s)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Name of remedy	Petr	Sulph	Graph	Merc	Nat-m	Lyc	Sep	Caust	Calc	Nit-ac	Alum	Hep	Carb-v	Kali-c	Nux-v	Phos
Symp. covered	7	6	6	7	7	7	6	5	5	5	5	5	4	5	4	5
Totality	17	15	14	13	13	11	12	12	11	11	10	10	10	9	10	9
1. GENITALIA, ERUPTIO..	III		II		I		II			I		II				
2. GENITALIA, INFLAM..				I												
3. GENITALIA, ITCHING,..	II	II	II	II	I	I	II	III	III	II	II		II	I		

**Prescription:**

Petroleum 30 / O.D for 7 days

**General Management:**

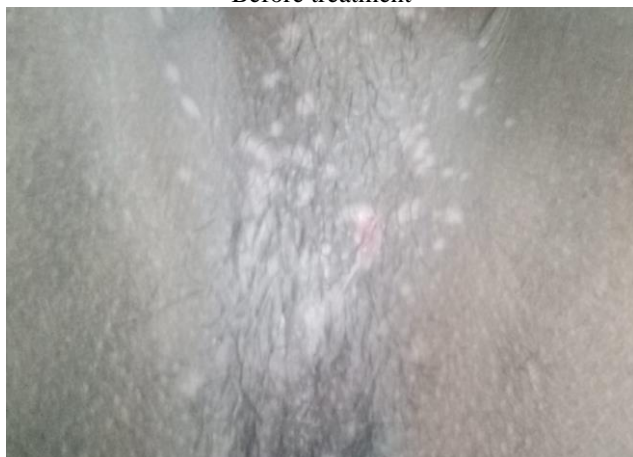
Advised for Sitz bath – B.D

Apply Coconut oil – external, avoid pea-nuts, coffee, stress.

Take adequate rest.

**Prognosis:**

Before treatment



8 days - after treatment (28.Aug.2022)

12.Dec.2022

Patient is comfortable, pain & skin lesions- reduced, fear about the disease- reduced,

Stool- normal. Sneezing present

Rx

Sulphur 200 / 1 dose, stat given.

22.Dec.2022

Patient is comfortable. No complaints.

Rx

Placebo 7 dose.

05.May.2024

No recurrence of symptoms, perineal skin is also healthy.

General advice is given to maintain personal hygiene.

**3. Conclusion**

Even though, Herpes Simplex 2 viral infection is the most common sexually transmitted infection among younger age group people with serious complication like encephalitis, Homoeopathic medicine cures the manifestations of HSV-2 with no recurrence for two years of study period.

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