



HOMEOPATHIC TREATMENT OF PERIANAL FISTULA IN A YOUNG DOG - CASE REPORT

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ABSTRACT Anal fistulas are often diagnosed in the small animal clinic. This disease can be defined as an inflammatory lesion of the anal mucosa or adjacent tissues, causing pain and discomfort. The conventional treatment by surgery and/or use of antibiotics, corticoids, and immunosuppressants has adverse effects and sequelae, such as fecal incontinence. Therefore, it is evident that the therapies of choice for this pathology are generally ineffective for the patient's health balance. From this point of view, homeopathy has become an important therapy for treating this disease. This study aimed to report the case of a young male Maltese dog diagnosed with perianal fistula, which was exclusively treated by injectable homeopathy. *Silicea terra*, *Belladonna*, and *Hepar sulphur* were prescribed based on the Law of Similars. The therapeutic protocol restored the function of the affected tissues with the complete resolution of the disease in a little over one week. No complications were recorded.

KEYWORDS : Anal furunculosis, integrative treatment, dog

INTRODUCTION

Perianal fistula, also called perianal furunculosis, can be defined as an inflammatory, painful, and debilitating disease affecting the anal, perianal and/or rectal tissue region. In some cases, it has a chronic and progressive pattern. The most common clinical signs include pain, constipation, local licking, weight loss, dyschezia, and self-mutilation (Cain, 2019; Chandrapuria and Rai, 2012; Kemper and Arias, 2007; Patterson and Campbell, 2005; Pieper and Mckay, 2011). Large-breed dogs are most commonly affected (Sancho et al., 2009), such as Irish Setters, Old English Sheepdog, Labrador, Border Collie, Bulldog (Tarello, 2005), and German Shepherd (Cain, 2019). Animals with a mean age between five and seven years are the most affected, but patients with other ages have also been reported (Sancho et al., 2009; Tarello, 2005).

The etiology of perianal fistulas has not been determined so far. However, several factors may be involved in its occurrence, such as immunological, bacterial, and endocrine mechanisms (Pieper and Mckay, 2011; House et al., 2008). The diagnosis is made through clinical evaluation, anamnesis, and complementary exams, associated with the exclusion of differential diagnoses (Ettinger and Feldman, 2004; Milner, 2006).

Treatment may be clinical in milder cases, with the prescription of conventional drugs such as antibiotics, corticosteroids, and immunosuppressants. However, recurrences are frequent. In some cases, surgery can also be performed, but postoperative complications may arise, such as anal stenosis, recurrences, fecal incontinence (Ettinger and Feldman, 2004; Milner, 2006), intermittent licking, diarrhea, constipation, tenesmus, and decreased anal tone (Ettinger and Feldman, 2004). Besides that, the use of anti-inflammatory drugs, analgesics, and antibiotics may be necessary, in addition to the Elizabethan collar, causing some discomfort to the animal and other health problems that can be associated with the prolonged use of these medications, not to mention the financial expenses for the owners (Ettinger and Feldman, 2004).

Therapies focused on the cause of the problem and not only on eliminating momentary clinical signs should be considered for the best treatment of cases of perianal fistulas. Under this context, homeopathy, a therapy enunciated by the German physician Samuel Hahnemann in 1796, addresses healing by similarity using medicines of animal, vegetable, or mineral origin (Valle and Carvalho, 2021)(16).

Therefore, this article aims to report the case of a male Maltese dog with perianal fistula treated with injectable homeopathic medicines (*Hepar sulphur*, *Silicea terra*, and *Belladonna*) and showing prompt disease resolution.

CASE REPORT

A 3-year-old male dog weighing 3.6 kg was seen at NaturalPet Clinic in Brasilia, Brazil. The patient had a history of administration of vermifuge of the brand Drontal (pyrantel pamoate, febantel, and praziquantel) 24 hours before the veterinary appointment. The main complaint was pain and bleeding in the anal region in the past 12 hours. On physical examination, the patient presented normal-colored mucous membranes, CRT 2", blood pressure 12X7, HR 110 bpm, and submandibular and popliteal lymph nodes with normal appearance and consistency on palpation. The anal region was inflamed (Figure 1A), sore on palpation, and had an ulcerated lesion on the right side of the anus with a slight presence of bloody content. The clinical diagnosis was a perianal fistula. This animal had a history of gastric sensitivity to antibiotics, the reason why the owner chose the Integrative Veterinary Medicine service of this clinic. Under this context, an injectable treatment was instituted using 1.1mL ampoules of the homeopathic medicines *Hepar sulphur* D12 (Injectcenter), *Belladonna* D9 (Injectcenter), and *Silicea* D20, which were administered intravenously once a day for three consecutive days. Then, the medicines were given subcutaneously, once a day, every other day for eight days, totaling 11 days of treatment.

RESULTS

The patient returned to the clinic three consecutive days for intravenous medication and demonstrated improvement in its overall condition and progressive pain reduction daily. After four days of treatment (Figure 1B), the lesion was much better than before, although it still presented increased local volume and mild hyperemia. On day six of treatment (Figure 1C), the local edema of the lesion and hyperemia were mild, almost imperceptible. On the 11th day, the patient was discharged from treatment since the previously injured tissue was completely regenerated. Moreover, the animal had no pain or local discomfort.

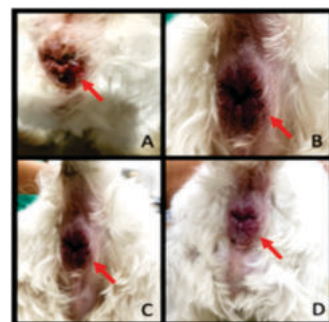


Figure 1. Red arrows indicate A) Ulcerated lesion in the lower right

perianal region; B) Healing process of injury four days after treatment initiation, evidencing certain edema in the lower right perianal region; C) Healing process in progress and presenting mild edema in the lower right perianal region, six days after treatment initiation; D) Complete resolution of the initial lesion in the lower right perianal region, 11 days after treatment initiation.

DISCUSSION

Perianal fistula is a chronic inflammatory condition (Campos et al., 2002) and may be considered a disease of unknown cause involving the anus, perianal region and/or adjacent tissues. It is characterized by lesions that cause discomfort and impact the animal's quality of life. According to Pieper and Mckay (2011) and House et al. (2008), immunological, bacterial, and endocrine mechanisms may be involved in its occurrence. This disease can be treated using medicines such as immunosuppressants, corticosteroids, and antibiotics, associated with local hygiene and dietary therapy. Perianal cleansing and antibiotic therapy reduce inflammation. However, they rarely allow the fistula to scar and thus, may cause disease progression. Varied side effects can occur in the long run due to these treatments. Therefore, in some cases, surgical treatment may be indicated for the complete resolution of the problem. However, sequelae may appear (Campos et al., 2002).

According to Cain (2019), Sancho et al. (2009), and Tarello (2005), large animals would be the most affected by fistulas. In contrast to what was previously recorded by these authors, the case described in this article refers to a small-size dog breed (Maltese) and corroborates Valle and Carvalho (2021b) and Valle and Carvalho (2021c), who also reported the occurrence of perianal fistula in small-size dogs (French bulldog and German Spitz, respectively).

Stanley and Hauptman (2009) conducted a study with 19 dogs presenting perianal fistula and evaluated the efficacy of the following combination: topical application of tacrolimus ointment at 0.1%, oral administration of prednisone, and protein diet, which were performed for 16 weeks. In addition, metronidazole was orally administered during the first two weeks. As a result, disease resolution was observed in 15 of the 19 dogs evaluated (Stanley and Hauptman, 2009). In another study, Tisdall et al. (1999) evaluated the association between azathioprine and metronidazole in five German Shepherd dogs with perianal fistula. The treatment with 50 mg/day of azathioprine and 400 mg/day of metronidazole reduced or eliminated clinical signs of local irritation in all dogs within two weeks. The healing of the lesions progressed slowly, with visible improvement between four and six weeks after treatment initiation.

However, considering all changes in the life of animals, the financial expenses for owners, time spent, and patient care, more effective therapies would be recommended to treat this disease with minor changes in the animals' quality of life. Homeopathy is a therapy developed in 1796 by the German physician Dr. Samuel Hahnemann and uses diluted and dynamized medicines that do not produce side effects. It is focused on health rebalancing and has been indicated as an alternative treatment for diseases when conventional treatments do not contemplate the cure nor even the improvement of quality of life (Valle and Carvalho, 2021a).

In this report, the homeopathic medicines used to treat the perianal fistula were selected based on the anatomopathological similarity, aiming to promote the rapid establishment and cure of the patient. These medicines *Hepar sulphur* D12 (Injectcenter), *Belladonna* D9 (Injectcenter), and *Silicea* D20 (Injectcenter) were administered intravenously and subcutaneously.

Hepar sulphur is a mineral medicine that combines sulfur powder and *Calcarea ostrearum*. It has pronounced activity in the mucous membranes, suppurative processes, furuncles, abscesses, local inflammations, and glandular alterations, among other clinical signs (Cairo, 1991; Lathoud, 2017; Vannier and Poirier, 1987). The treatment was complemented with *Silicea terra*, which is silicon oxide, an oxygenated siliceous compound found in nature in several minerals. It is considered a polychrest medicine with a wide sphere of action in the body's systems. Its activity in tissue inflammations is worth noting, especially when they evolve to suppuration, such as painful hemorrhoids, fissures, and anal fistulas (Cairo, 1991; Lathoud, 2017; Vannier & Poirier, 1987).

Belladonna was also administered, targeting the signs of intense pain and local hyperemia with increased sensitivity since it acts specifically

in these symptoms. This plant, known by its scientific name *Atropa belladonna*, is a Solanaceae of European origin. It has right laterality and is recommended to treat lesions with active congestion, inflammation, and acute, sudden, and violent pain. Characteristics of the lesions of this medicine are sudden appearance, violence in the manifestations, and sudden disappearance (Cairo, 1991; Lathoud, 2017; Vannier & Poirier, 1987), which resembles the lesion presented by the patient here reported. Therefore, *Belladonna* is suitable for the complementation of his treatment.

Thus, the established protocol represented an excellent improvement in the patient's condition. The patient initiated clinical improvement from the day of the veterinary appointment and after the first application of the medication. The pain stimulus and local hyperemia were reduced, and no bleeding from the ulcerated wound was verified about six hours after the first application of homeopathic medication. The patient presented more significant and faster clinical improvement (11 days) compared to previous data from Valle and Carvalho (2021c), 15 days, and Valle and Carvalho (2021b), 17 days, who also used injectable and oral homeopathic medicines.

Contrasting the experiments carried out by Tisdall et al. (1999) and Stanley and Hauptman (2009), our results showed progressive clinical improvement from the first day of treatment. Complete healing of the injured region was accomplished in 11 days, demonstrating the effectiveness of the treatment for this purpose, which was superior to the conventional treatments available in the veterinary clinic.

It is necessary to emphasize that treatment effectiveness depends on the animal's health condition, time of illness, and treatment initiation, the latter being associated with the best choice to activate the correct self-healing mechanisms of each patient.

CONCLUSION

The improvement demonstrated in patients diagnosed with perianal fistula when treated with homeopathic medicines is evident. Furthermore, it is possible to emphasize not only the effectiveness of the treatment here reported, but it is also a conservative therapy aiming at the animal's quality of life without the possibility of adverse effects to the medicines.

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