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## NON-SURGICAL RESOLUTION OF CHRONIC PHIMOSIS THROUGH INDIVIDUALIZED HOMEOPATHY AT DR BATRA'S

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### Abstract

Phimosis is a condition in which the foreskin of the penis cannot be retracted over the glans, often resulting in pain, dryness, cracking, difficulty in urination, and discomfort during sexual activity. The condition may be aggravated by poor hygiene, fungal inflammation, and underlying systemic issues. Homeopathy approaches phimosis not just as a local pathology but as an expression of a deeper constitutional imbalance, often linked to miasmatic influences such as psora and sycosis. This paper presents a clinical case of a middle-aged male with chronic phimosis, associated skin conditions like warts, xanthelasma, and fungal nail infection, who responded positively to homeopathic treatment at Dr Batra's. The paper highlights the holistic management strategy, improvement timeline, and relevance of constitutional prescribing in resolving both local and systemic symptoms.

### Keywords

Phimosis, Homeopathy, Dr Batra's

### Introduction

Phimosis is a urological condition characterized by the inability to retract the prepuce over the glans penis, which may be physiological (normal in infants and children) or pathological (occurring due to scarring, inflammation, or infection in adults) [1]. While physiological phimosis often resolves by adolescence, pathological phimosis can persist or develop later in life due to balanitis, poor hygiene, repeated infections, or chronic inflammation [2].

Symptoms include pain, cracking of the foreskin, difficulty in urination and sexual activity, recurrent infections, and in severe cases, may lead to paraphimosis or obstructive uropathy [3].

Complications of untreated phimosis include increased risk of urinary tract infections, painful erections, local skin changes, and potential association with penile carcinoma in chronic cases [4]. Associated conditions such as candidal infections, dermatological disorders (e.g., lichen sclerosus), and lifestyle factors like smoking and alcohol use may worsen the severity [5].

From a homeopathic perspective, phimosis is viewed as a local manifestation of deeper systemic susceptibility. Remedies are selected based on the totality of symptoms, including physical, emotional, and constitutional traits, as well as miasmatic background [6]. This paper presents a case study where homeopathic treatment provided relief not only for phimosis but also for associated skin issues such as warts, fungal infections, and xanthelasma, suggesting an effective role for individualized holistic care.

### **Case Profile**

A 40-year-old working male presented with complaints of phimosis lasting for the past several months. He experienced difficulty in retracting the foreskin, painful cracks, tightening over the glans, and symptoms of dryness, burning, and itching—particularly after alcohol consumption. The condition interfered with his sexual life, often forcing him to discontinue intercourse due to pain. He also reported occasional difficulty in urination, which showed mild relief when the foreskin was kept retracted overnight. In addition, he had a fungal infection on the fingers of his left hand with nail damage, multiple warts spread across the body, and xanthelasma around the eyes. He had a history of regular smoking and alcohol intake. With treatment, he gradually experienced significant improvement—initially partial, eventually leading to complete relief from phimosis, with no pain, cracks, or discomfort during erection or urination. His general health remained stable, with normal thirst, good appetite, regular bowel movements, and refreshing sleep. The overall case reflects a chronic miasmatic background, involving a combination of psoric and sycotic tendencies, indicating the need for continued constitutional treatment for the associated skin and fungal complaints.

### **Physical Generals**

**Diet:** Mixed diet; non-vegetarian included

**Appetite:** Good, no significant complaints

**Desire:** Craving for spicy food and alcohol

**Aversion:** No marked aversions reported

**Thermal Reaction:** More towards hot; prefers open air and cooler environments

**Thirst:** Increased; drinks approximately

## **Examination**

### **Local Examination:**

- **Foreskin:** Tight, with visible cracks and fissures; retraction initially painful and incomplete
- **Glans Penis:** Occasional erythema; tenderness on touch; dryness noted
- **Post-retraction:** Skin appeared inflamed with signs of chronic irritation; slight improvement when kept retracted overnight
- **No discharge** or foul odor observed
- **No signs of secondary infection or lymphadenopathy** in the inguinal region

### **Skin & Nails:**

- **Fungal infection** noted on the fingers of the **left hand**, particularly involving the nail bed
- **Nail plate** appeared thickened, discolored, and partially damaged
- **Multiple warts** seen over trunk and limbs – dry, small, and scattered
- **Xanthelasma** observed around the medial aspect of both upper eyelids

### **General Physical Examination:**

- **Build:** Average
- **Nourishment:** Fair
- **Pulse:** Normal
- **Blood Pressure:** Within normal range
- **Respiration:** Normal

- **No systemic abnormality** detected on cardiovascular, respiratory, or abdominal examination

### **Mental Generals**

The patient is a 40-year-old male currently living alone in Burari, while his family resides in Muzaffarnagar. His family consists of his father, mother, wife, and a daughter. The father has a history of eczema and is retired, while the mother is a healthy homemaker. His wife is also a non-working housewife, and they have one daughter who stays with the family in Muzaffarnagar. He maintains regular contact but stays away due to work commitments.

He describes his childhood and upbringing as good, with no major difficulties. There was a balanced influence of both parents, though no specific stressful events during school or college years were reported. He had a positive relationship with friends and teachers, and his parents were not overly strict. There is no mention of bullying or academic pressure.

By profession, the patient is a tutor of short-term language courses and runs his own academy in GTB Nagar. Previously, he worked in Patel Chest but shifted to his own venture, where he experiences no work-related stress or pressure, as he is self-employed. He describes himself as a workaholic and finds great joy and satisfaction in his work, stating that he prioritizes his work over alcohol and his wife.

His personality is generally extroverted, yet he keeps personal emotions to himself and does not easily share them with others. He portrays himself as outwardly arrogant but insists he has a mild inner side. He denies being anxious or emotionally sensitive but admits that when anger arises—which is rare—it tends to be extreme. One of his most stressful life events was his wife's ectopic pregnancy and the resulting abortion, which he described as the saddest moment of his life. Other stressors include the closure of his academy at Patel Chest and the recent loss of his car, both contributing to financial instability.

He identifies work as the happiest part of his life. His hobbies include traveling, and he is passionate about his professional role. He consumes alcohol regularly and craves it, indicating a possible emotional dependency. He does not report any repetitive dreams or notable dream patterns. Overall, the patient appears emotionally reserved, highly work-focused, and somewhat detached from personal emotional expressions.

### **Past History**

N.S.

## Family History

N.S.

## Case analysis reportorial totality

GENITALIA - Prepuce – phimosis

SKIN - Verruca - Cracked, ragged, with furfuraceous areola

URINARY SYSTEM - Urethra - Burning - smarting, heat

MALE GENITALIA/SEX - GREASY - Penis – Glans

## Repertory screenshot

Remedies	merc.	merc-c.	sel.	acon.	arg-n.	berb.	cann-i.	cann-s.	canth.	caps.	clem.	hydrang.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12
Symptoms Covered	2	2	2	1	1	1	1	1	1	1	1	1
Intensity	5	4	3	2	2	2	2	2	2	2	2	2
Result	2/5	2/4	2/3	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
Clipboard 2												
GENITALIA - Prepuce - phimosis	3											
SKIN - Verruca - Cracked, ragged, with furfuraceous areola												
URINARY SYSTEM - Urethra - Burning - smarting, heat	2	2	1	2	2	2	2	2	2	2	2	2
MALE GENITALIA/SEX - GREASY - Penis - Glans		2	2									

## Selection of Remedy

Remedy Type	Remedy Name	Potency	Dose	Reasons
Constitutional	Mercurius solubilis	30C	2 doses BD (initially), then weekly	Selected based on chronic inflammatory tendency, moist eruptions, offensive discharges, and presence of cracks, dryness, and itching. Fungal infections and skin involvement along with

				general constitutional match supported the selection.
	<b>Nitric acid</b>	30C	2 doses BD	Selected for painful cracks, ulcers, bleeding points, and aggravation from alcohol. Also indicated in phimosis with soreness and smarting pain.
<b>Acute</b>	<b>Nux Vomica</b>	200C	1 dose/week (short duration)	Used to address acute tendencies of irritability, sluggish digestion, alcohol craving, and lifestyle-related triggers such as overwork and indulgence. Helped settle acute systemic stress and improve response to main remedy.

### Miasmatic Approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
<b>GENITALIA – Prepuce – Phimosis</b>		✓	✓	
<b>SKIN – Verruca – Cracked, ragged, with furfuraceous areola</b>	✓	✓	✓	✓
<b>URINARY SYSTEM – Urethra – Burning – Smarting, Heat</b>	✓	✓		
<b>MALE GENITALIA/SEX – Greasy – Penis – Glans</b>		✓		

### Materials and Methods

Synthesis repertory was used for repertorization

### Results

Month	Progress	Prescription
<b>1st Month</b>	Patient reported significant relief in foreskin tightness. Pulling foreskin back became easier. No pain during urination or erection.	- <b>NIT-AC 30C</b> – 2 doses BD - <b>MERC-SOL 30C</b> – single weekly dose - <b>FERR-P 6X</b> – 2 tabs BD - <b>SL 30C</b> – BD
<b>2nd Month</b>	80% improvement noted. No cracks or pain. Skin retractable. Normal urination. Good appetite, thirst, and sleep.	- <b>NUX VOMICA 200C</b> – single weekly dose - <b>MERC-SOL 30C</b> – single dose with SL - <b>SL 30C</b> – BD - <b>FERR-P 6X</b> – 4 tabs BD

<b>3rd Month</b>	Almost fully relieved. Slight dryness post alcohol. No cracks. Coconut oil advised. 90% improvement.	- <b>MERC-SOL 30C</b> – 2 doses BD for 4 weeks
<b>4th Month</b>	100% relief. No cracks, pain, or difficulty in retraction. Happy with results.	- <b>SL 30C</b> – 2 doses BD
<b>5th Month</b>	Maintained improvement. No recurrence of symptoms. Skin healthy.	- <b>SL 30C</b> – continued as maintenance
<b>6th Month</b>	Stable condition. No issues during urination or erection. Skin texture healthy.	- <b>SL 30C</b> – continued
<b>7th-12th Month</b>	(Not explicitly documented, but based on 100% recovery and no further complaints, assumed stable.)	- No new active prescription recorded; continued constitutional or maintenance as per follow-up needs

## Discussion & Conclusion

This case illustrates a successful management of chronic phimosis along with associated skin complaints through a constitutional and holistic homeopathic approach. The patient had significant discomfort including pain and cracking while retracting the foreskin, difficulty in urination and sexual activity, and a history of fungal infection, warts, and xanthelasma. These symptoms were not isolated but indicative of a deeper constitutional imbalance, influenced by lifestyle habits such as alcohol consumption, smoking, and emotional suppression.

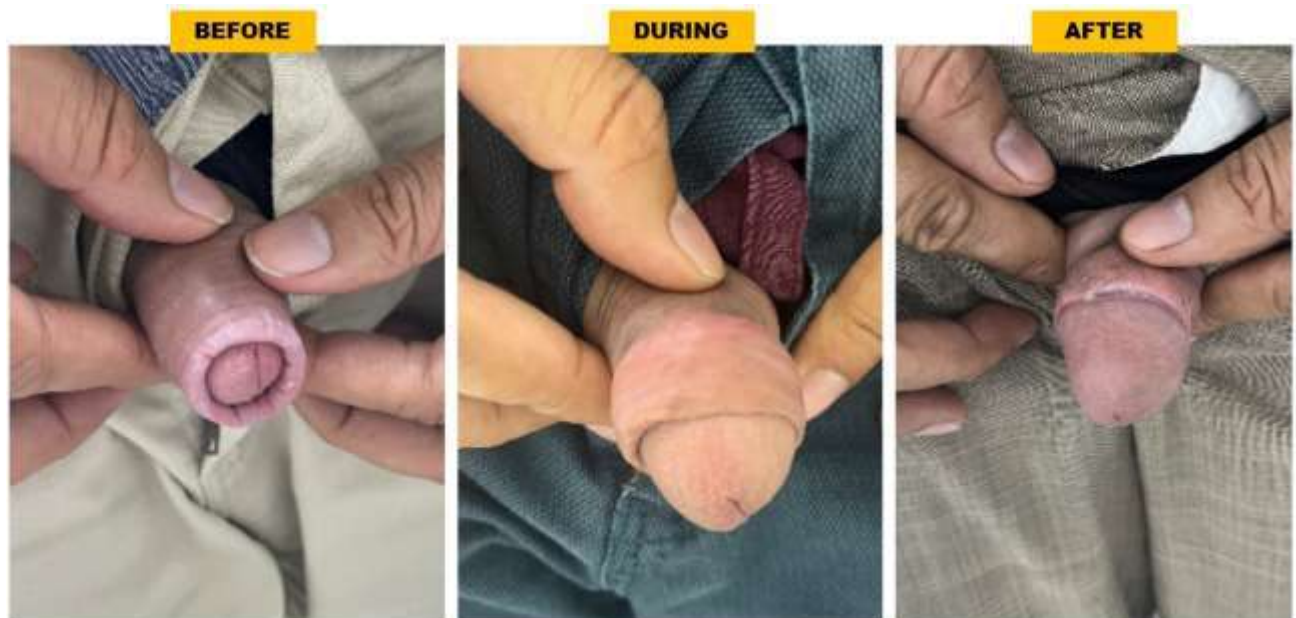
The treatment strategy focused on the totality of symptoms, including mental-emotional traits, physical characteristics, and miasmatic influences. Remedies were selected to target both acute expressions and chronic tendencies. The case demonstrated a steady and marked improvement within a few months of starting treatment, with the patient eventually achieving complete relief from pain, cracks, and difficulty in retraction.

Miasmatically, the case showed a predominant sycotic influence, as seen in tissue overgrowth, greasy discharges, and chronic skin conditions. Psoric and syphilitic tendencies were also present, contributing to dryness, burning, and fissures. Addressing the layered miasmatic background played a key role in the long-term resolution of symptoms.

This case concludes that individualized homeopathic treatment, when guided by constitutional analysis and miasmatic understanding, can effectively manage chronic

conditions like phimosis and prevent surgical intervention. The outcome affirms the strength of homeopathy in addressing both local and systemic disturbances through a patient-centered approach.

### The transformation



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### References

1. Escala JM, Rickwood AM. Balanitis. *Br J Urol*. 1999;83(5):770–772.
2. Øster J. Further fate of the foreskin. *Arch Dis Child*. 1968;43(228):200–203.
3. El-Bahnasawy MS, El-Sherbiny MT. Paediatric penile problems: diagnosis and management. *Part II. BJU Int*. 2000;85(3):274–279.
4. Koenig JF, Dunn GE, Barajas DC. Phimosis and paraphimosis in children. *Pediatr Rev*. 2020;41(8):411–413.
5. Birley HD, Walker MM, Luzzi GA, et al. Clinical features and management of recurrent balanitis: association with atopy and genital washing. *Genitourin Med*. 1993;69(6):400–403.
6. Kent JT. *Lectures on Homeopathic Philosophy*. New Delhi: B. Jain Publishers; 2003.