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Expert Opinion Article

"Managing the Silent Surgical Mimic : Evidence -Based Case Studies in Homeopathy"

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ABSTRACT :
Pseudo-surgical cases often mimic acute surgical emergencies yet lack the full range of diagnostic indicators. The scarcity or vagueness of symptoms complicates clinical decision-making and may lead to unnecessary surgical interventions. Such presentations require careful assessment, as the paucity of characteristic signs creates diagnostic ambiguity. Homeopathy, with its emphasis on individualized treatment and sensitivity to subtle symptom expressions, offers a distinctive therapeutic approach in these scenarios.
This study presents evidence-based case analyses of patients who exhibited minimal or incomplete clinical signs suggestive of surgical pathology. True surgical emergencies were excluded through standard diagnostic protocols, following which individualized homeopathic remedies were prescribed. Each case was closely monitored for symptomatic response, clinical progression, and safety outcomes.
Findings revealed that even in the absence of marked symptoms, carefully selected remedies produced significant clinical improvement and prevented surgical intervention. These outcomes underscore the value of detailed case-taking, recognition of subtle indications, and evidence-based reasoning in remedy selection.
Thus, Evidence-based homeopathy demonstrates a meaningful role in managing pseudo-surgical cases with limited or non-specific symptomatology. By emphasizing individualization and rigorous diagnostic exclusion, homeopathy provides a safe, effective, and non-invasive therapeutic alternative that can reduce unnecessary surgical procedures.

Keywords : Homeopathy, Pseudo-surgical cases, Paucity of symptoms, Characteristic symptoms

INTRODUCTION

Not all that appears surgical truly demands the surgeon's hand. In clinical practice, certain conditions exhibit acute or alarming symptoms that resemble surgical emergencies yet ultimately prove to be non-surgical in nature. These pseudo-surgical presentations, often described as silent surgical mimics, blur the distinction between surgical necessity and functional disturbance. Such scenarios create diagnostic uncertainty, where premature intervention may suppress the body's inherent potential for self-regulation and healing.
In pseudo-surgical presentations, where the clinical picture is often incomplete or ambiguous, the physician's challenge lies in perceiving and interpreting these subtle characteristic symptoms. These may manifest as minute deviations in mental and emotional states, peculiar sensations, unusual modalities, or general symptoms that individualize the patient amidst diagnostic uncertainty. Within this framework, homeopathy values the quality of symptoms their peculiarity and individuality over mere quantity or intensity, fostering a sensitive and holistic understanding of the patient.
In Aphorisms 172 and 173, Hahnemann elucidates that certain diseases may appear confined to a single organ or region termed one-sided or local diseases in which the paucity of characteristic symptoms conceals the deeper systemic disturbance. Such conditions closely parallel pseudo-surgical cases, where limited or ambiguous clinical signs can mislead judgment. The homeopath's task, therefore, is to discern even the most delicate indications that reveal the inner disturbance rather than focusing solely on the apparent local pathology.
This understanding aligns with the essence of pseudo-surgical conditions presentations that mimic localized or structural disease but arise from functional, energetic, or systemic dysregulation. By viewing local manifestations as expressions of a deeper dynamic imbalance, homeopathy transcends the material plane of disease and engages with its underlying vital expression.

Further guidance is provided in Aphorism 179, where Hahnemann outlines the clinical approach when only scanty or indistinct symptoms are available. In such circumstances, he advises selecting the remedy that most closely corresponds to the existing symptom totality, carefully observing the patient's response, and refining the prescription as new, more characteristic symptoms emerge. This dynamic cycle of observation, prescription, and re-evaluation ensures that treatment remains rational, individualized, and responsive to the evolving picture of the disease.

Thus, when diagnostic ambiguity prevails whether due to a paucity of symptoms or misleading local presentations; homeopathy offers a rational, evidence-based therapeutic alternative. By integrating thorough clinical evaluation with individualized remedy selection, it emphasizes the functional over the structural, the energetic over the mechanical, and the whole over the part. In doing so, homeopathy provides not only a conservative means of avoiding unnecessary surgical procedures but also a path toward restoring systemic harmony through the activation of the body's innate healing intelligence.

CASE 1

A 17-year-old girl, under homeopathic treatment for PCOD (CR – Calcarea silicata), suddenly developed pain in the axillary region with a small lump for the past 3 days.

Subsequently, she experienced severe pain and marked tenderness, with the swelling increasing nearly fivefold in size, though no discharge was observed.

The patient's mother called, very anxious, saying that their family physician advised incision and drainage.

On examination, the patient was unable to raise her arm due to intense pain. There was severe tenderness, and she could not tolerate even the touch of clothes, yet no fluctuation or discharge was noted.

The patient expressed, "It's extremely painful, I can't bear it… if everything comes out, the pain might reduce."

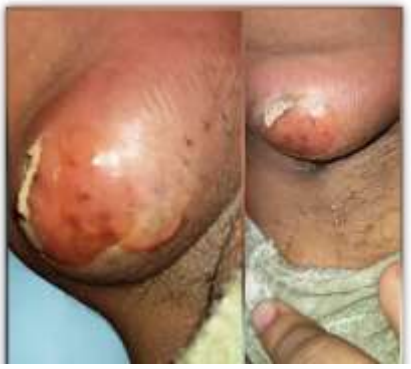
I reassured her and advised no need of any surgical intervention, deciding to continue homeopathic management.

DIAGNOSIS : Axillary Abscess

TOTALITY :

1. Axilla – Abscess
2. Pain +++ < Touch
3. Tenderness ++++

REMEDY : Silicea 30 × 1 hourly



1st follow up

2nd follow up

3rd follow up

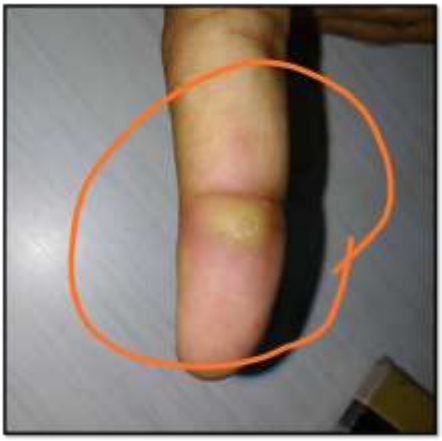
4th follow up

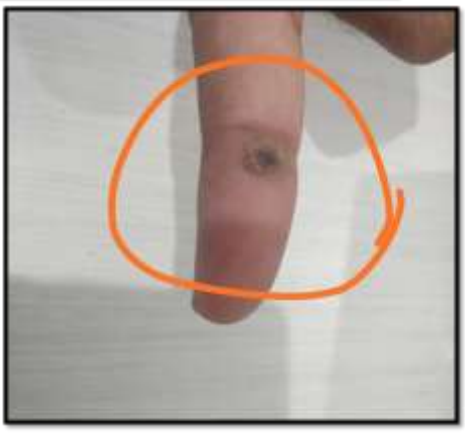
Last

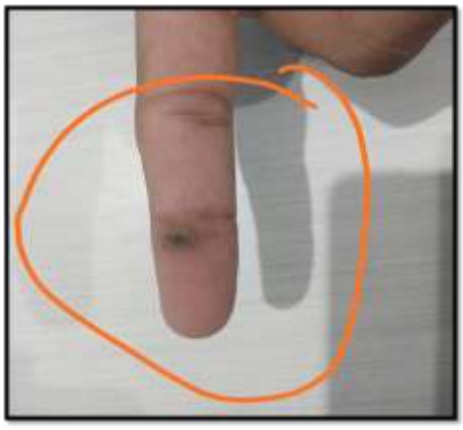
CASE 2

A homeopathic student presented with a corn on the index finger that had persisted for about two months. The complaint was completely painless, with no sensation or associated discomfort. There were no significant general or mental symptoms that could assist in individualizing the case.

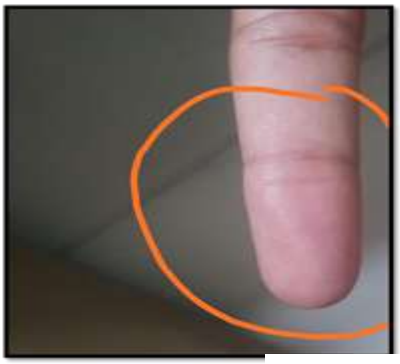
On examination, a single, yellowish corn was noted on the affected finger. Since the case lacked characteristic symptoms, the prescription was made based on keynote indications and specific clinical guidance. The patient was prescribed Ferrum Picricum 30, to be taken three times daily for three days, with instructions to continue the remedy for one month.

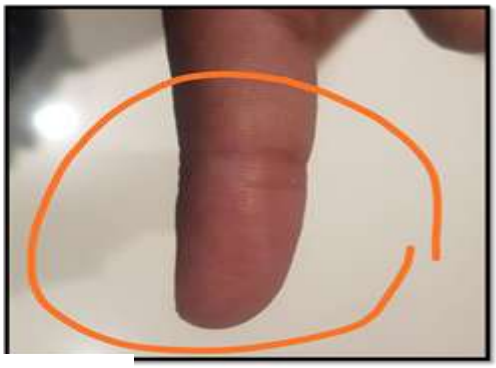






AFTER 1 MONTH





AFTER 2 MONTHS

REVIEW OF PATIENT

CASE 3

A 24-year-old male shopkeeper presented with recurrent nodular suppurative abscesses for one year, which temporarily improved with antibiotics but recurred repeatedly. There were no significant general physical or mental symptoms.

On examination, he had multiple hard, painful nodular cysts, leading to a diagnosis of Hidradenitis Suppurativa.

Treatment : Homeopathic management was initiated with Silicea 30, with gradual increases in potency and frequency over six months, eventually progressing to Silicea 200 as required. The patient showed progressive improvement throughout the course of treatment.

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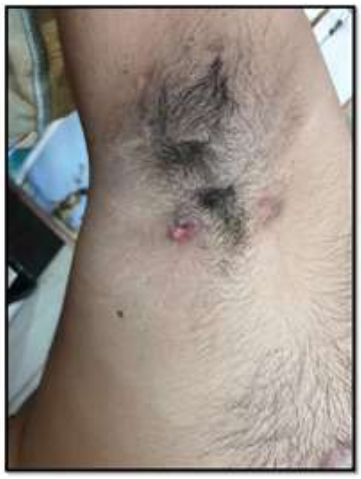
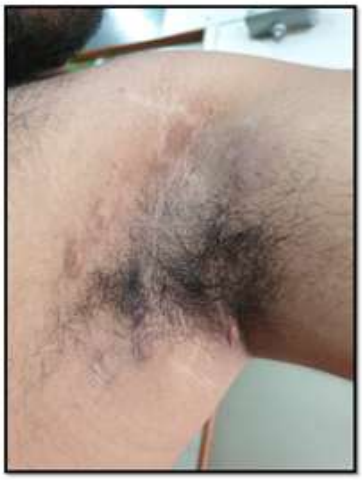

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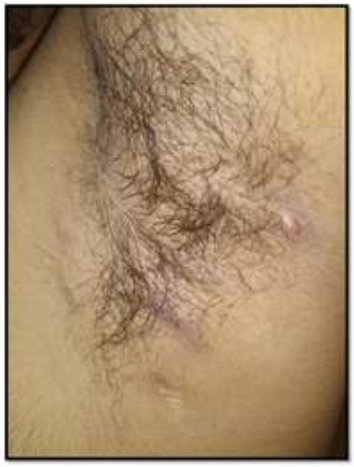
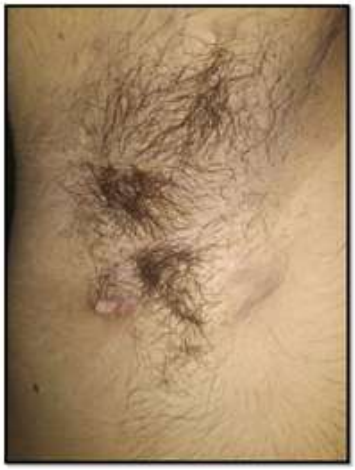

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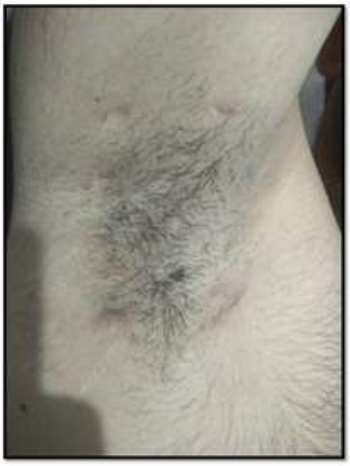
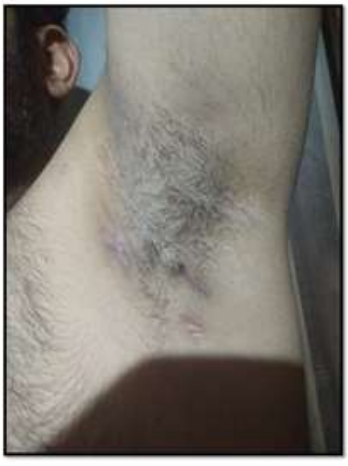
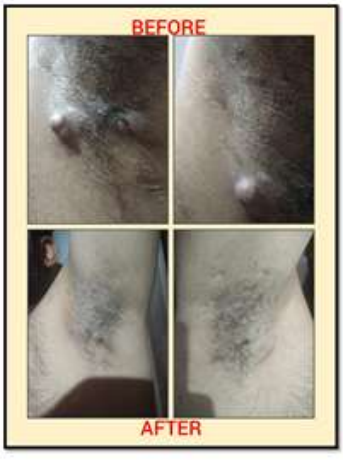
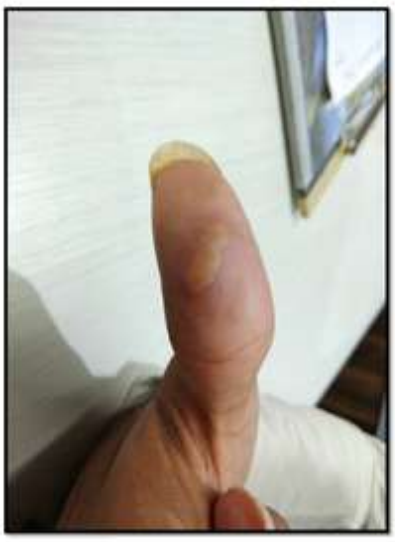




AFTER

CASE 4

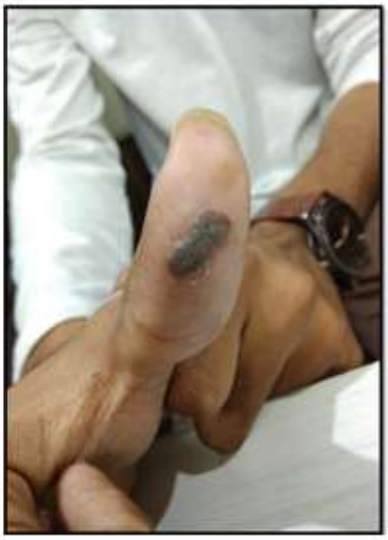
A 21-year-old computer engineer presented with a keloid on the tip of the right thumb one week after surgical removal of a corn. The lesion was slow to heal, with throbbing pain and yellowish, thick discharge, but no fever. Examination revealed hard, sensitive skin with a yellowish appearance. Vitals were normal (T 98.4°F, P 80/min). The case was diagnosed as keloid, a scar formation following injury or surgical incision. Homeopathic management aimed to promote healing and expel residual tissue debris, using Silicea in a stepwise approach:

Silicea 30, TDS for 2 days; followed by Silicea 200, 1 dose daily for 3 days; and finally Silicea 1M, single dose. The patient showed progressive improvement, with complete resolution of pain and normalization of skin appearance.

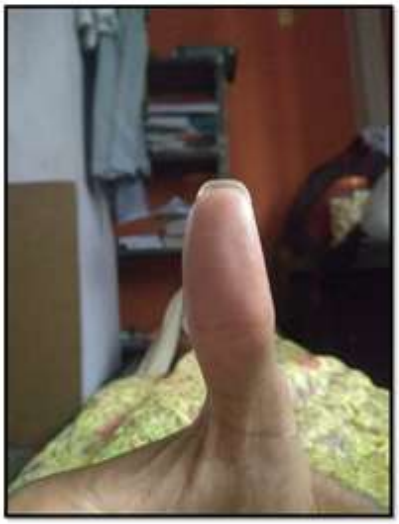


BEFORE

2ND FOLLOW UP



3RD FOLLOW UP



LAST

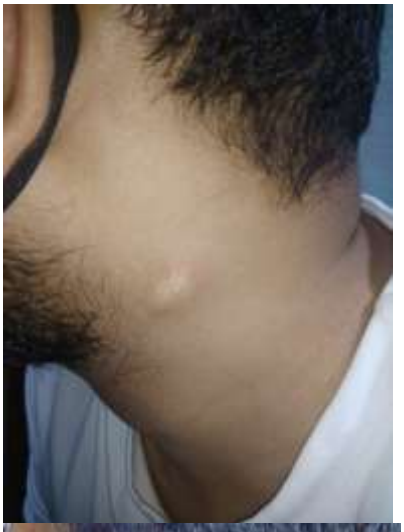
REVIEW OF PATIENT

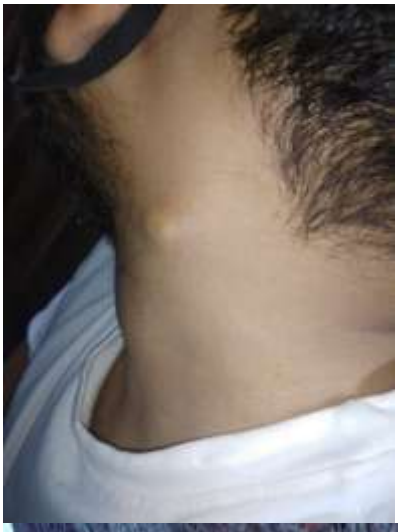
CASE 5

A 23-year-old male patient, under homeopathic treatment for allergic rhinitis (CR – Silica), presented with a small cyst over the right lateral triangle of the neck (nape). The cyst was asymptomatic, causing pain only on pressure. He was prescribed Silica 200C, single dose.

After 8 days, the swelling increased threefold, and the patient experienced severe pain, intolerant even to a draft of air, with extreme sensitivity to touch. At this stage, Silica 30C was prescribed every 4 hours. After 10 days, discharge began to appear from the cyst.

Considering the nature of the lesion – a sebaceous cyst containing a capsule; I advised incision and drainage (I & D) after 2 days, as complete removal of the capsule is essential to prevent recurrence, especially with perspiration in summer, which increases the risk of cyst redevelopment.





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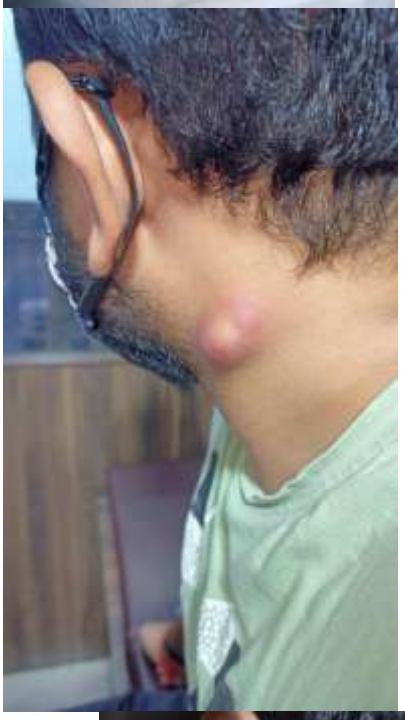
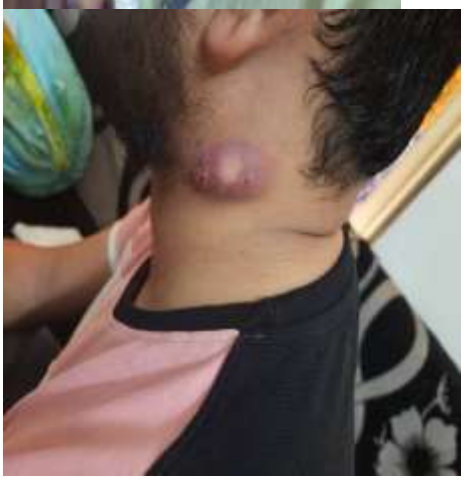
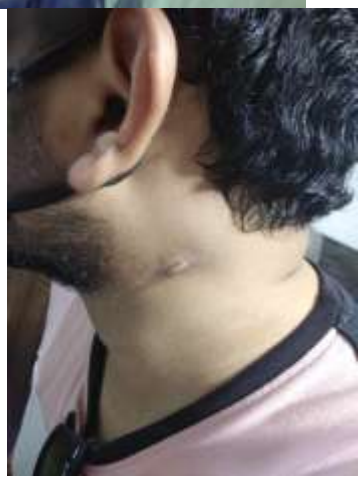


AFTER 7 DAYS



AFTER 12 DAYS



AFTER

CASE 6

A 25 years female came with complaint of

- Cyst in lower eyelid since 10 days…
- Painful 3+ , Sensitive to touch …
- No any significant symptoms

DIAGNOSIS : Chalazion
REPERTORIAL TOTALITY :

1 EYE - TUMORS - Lids - nodules in the lids •
2 EYE - TUMORS - Lids - sensitive

Remedies	∑Sym	∑Deg	Symptoms
staph.	2	4	1, 2
platan-oc.	1	3	1
alum.	1	2	1

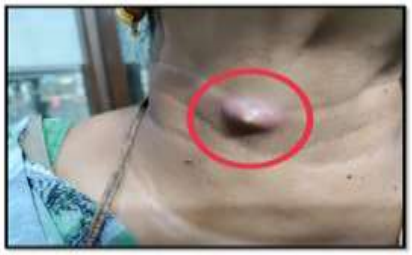
I prescribed,
Staphy 30 × TDS for 3 days ....
Followed by…
Staphy 200 single dose

BEFORE AFTER 4 DAYS AFTER 7 DAYS AFTER 10 DAYS

CASE 7
CASE PROFILE :
Age : 60 years
Gender : Female

- Abscess at the region of Isthmus
- Severe pain +++
- Pain – sensitive to touch
  < Slightest touch +++
  > Warm water ++

Rx
Hepar Sulph 30 × 2 hourly × 1 days
Followed by Placebo × 3 days



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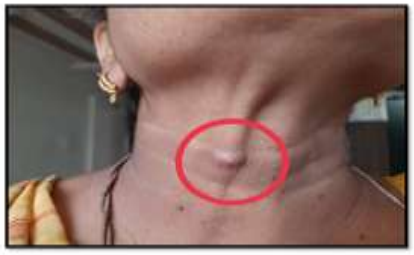


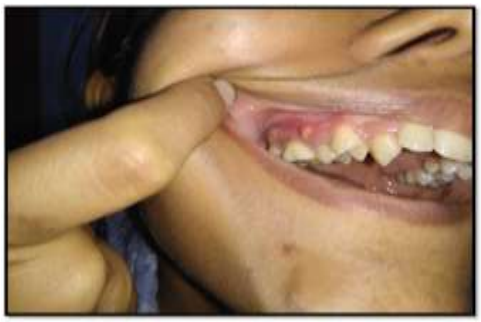
AFTER

CASE 8

CASE PROFILE :
Age : 18 years
Gender : Female

- Boil at the root of gum
- Sensitive to touch +++, Even can't eat food
- Pain even after touch of water
- Pain > Warm gargle +++

Rx
Hepar Sulph 30 × 4 hourly × 2 days
Followed by Placebo × 4 days



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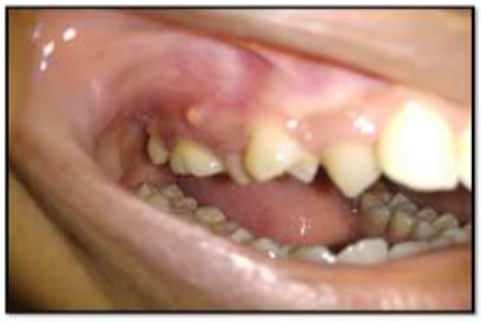
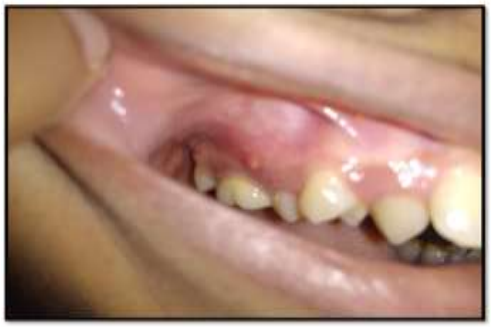


AFTER 2 DAYS



AFTER 3 DAYS

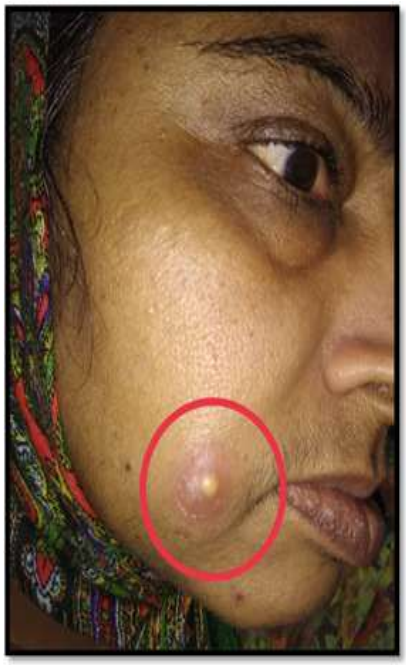
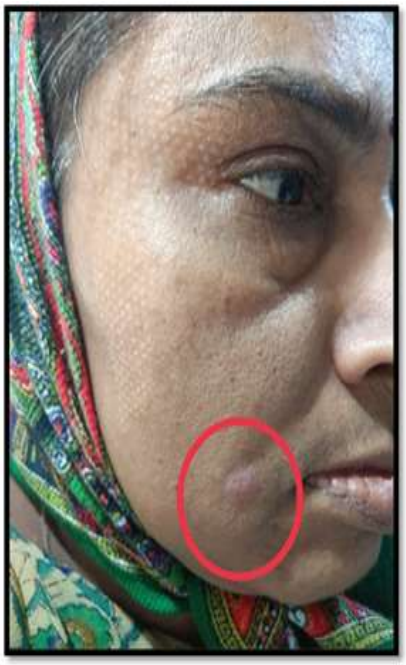
AFTER 4 DAYS

CASE 9

Age : 58 years
Gender : Female

- Abscess over Right cheek
- Throbbing Pain +
  < Touch ++, Pressure
  > Washing face with warm water ++
- Fever with chill (Temperature : 99°F)

Rx
Silica 30 × 6 hourly × 2 days
Followed by Placebo × 7 days

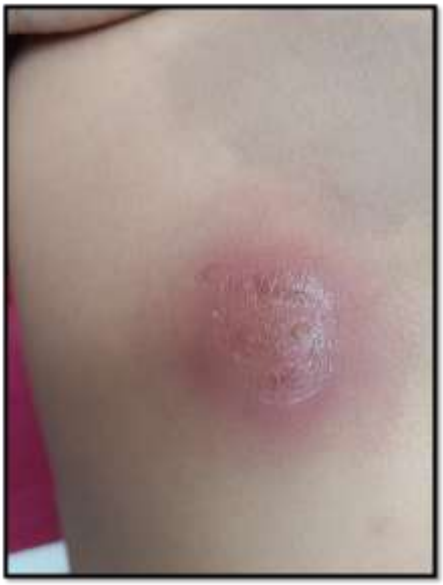
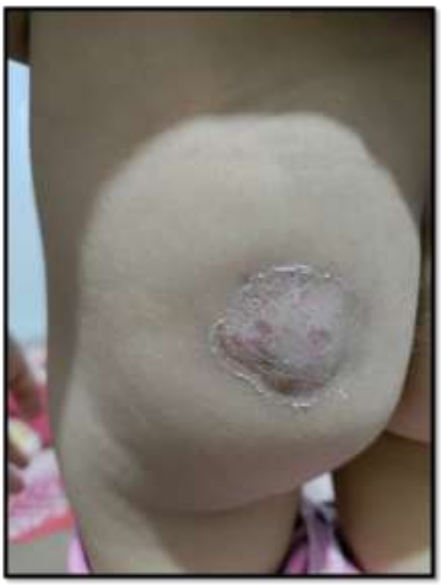

CASE 10

CASE PROFILE :
4 years old girl

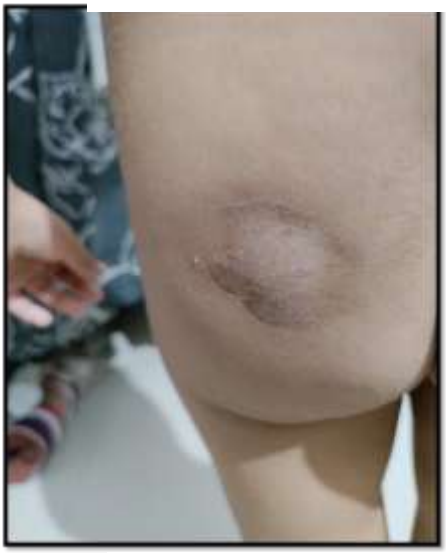
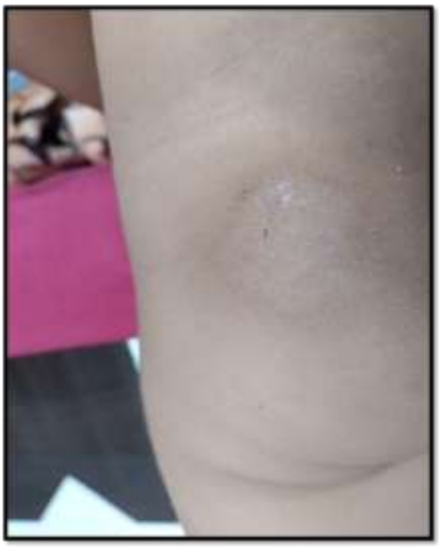
- Abscess over Right Buttocks
- Abscess – Red, Congested, Painful, Hot to touch
- Throbbing pain, she can't sit properly
- Pain < Touch +++
- Fever - 100°F (A)
- Anger – After abscess
- Throw things away

Rx
Belladonna 30 × 3 hourly × 1 day

FOLLOW UP : Only one time Fever (99°F)
Rx
Belladonna 30 × 6 hourly × 2 days
Followed by Placebo × 7 days

BEFORE AFTER 5 DAYS

AFTER 7 DAYS AFTER 12 DAYS

CONCLUSION

The clinical cases encompassing abscesses, corns, and various cystic conditions such as sebaceous cysts, peridental cysts, keloids, and hidradenitis suppurativa demonstrate that many ailments resembling surgical pathology can be effectively managed through individualized homeopathic treatment. These pseudo-surgical cases, often marked by limited or ambiguous symptoms, may mimic surgical emergencies and pose diagnostic challenges. Evidence-based homeopathy, grounded in individualized remedy selection and attentive observation of subtle keynote symptoms, provides a safe, non-invasive, and effective therapeutic alternative. By addressing the underlying functional imbalance and stimulating the body's inherent healing capacity, homeopathy helps prevent unnecessary surgical interventions while promoting true and lasting recovery.

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