

## Case report

# Homeopathic Treatment of Rectal Prolapse in a Kitten: A case report

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## Abstract

This case report describes the management of rectal prolapse in a 5-month-old kitten having 4 episodes of prolapse in five days. The homeopathic medicines used in this case were *Sepia* 200C and *Ruta graveolens (Ruta)* 200C. The patient revealed a favorable response by the second day of treatment, and complete healing was observed by the seventh day. The therapeutic protocol used in this case was conclusive, and it re-established the regular intake of food and energy level. Hence, homeopathic treatment may be considered as an alternative therapy for clinical management of rectal prolapse in felines.

**Keywords:** Rectal Prolapse, Veterinary Homeopathy, Alternative Therapy

## Introduction

Rectal prolapse may be partial or complete and is defined as a double-layer evagination of the rectum through the anal canal. The commonly associated causations seen in kittens are severe endoparasitism, enteritis, and associated tenesmus (Fossum, 2002). Rectal prolapse is one of the most encountered surgical conditions involving the rectum in all domestic animal species (Tyagi and Singh, 1993). Surgical intervention is the most common treatment methodology adopted, but when surgery is not indicated or is required but not opted by the owner, this becomes a challenge to treat. Therefore, finding alternative therapies for clinical management is necessary.

## Case history and Observations

A 5-month-old kitten weighing 1.5 kg was presented via telephonic consultation from Kolkata, India, with the complaint of rectal prolapse four times in the last five days (Fig. 1). At the consultation, she was dehydrated and was receiving fluids under a vet's guidance. Initial clinical examination by the vet revealed subnormal temperature (36.80C), tachycardia (190 beats per minute), and tachypnoea (36 breaths per minute). Urination was expected, but there was an absence of defecation for the last 2 days, as reported by the owner. The abdomen was markedly distended, and the animal had an arched back appearance. The ultrasonography revealed negative results for any signs of intussusception. The clinical diagnosis was rectal prolapse based on the history, clinical findings, and ultrasonographic findings. Hence, the owner was advised that the kitten should undergo surgical intervention for faster recovery. However, the owner refused to opt for surgery due to the unavailability of surgeons due to the covid scenario, the young age of the patient, cost issues, and the post-surgery recovery period. As per the request and consent of the owner, we planned to manage the condition with alternative therapy: homeopathy.

## Methods

According to the history provided by the owner, we elicited the following symptoms:



- Lethargy, weakness, mental exhaustion, inactivity (determined by close association and observation by the owner)
- Rectal prolapse (especially while passing stools)
- Dehydration
- Overly small and fragile kitten
- Coughing
- Difficulty in breathing
- Sneezing

Symptoms and observations were then subjected to repertorization. After repertorization, we advised *Sepia* 200C and *Ruta* 200C twice daily for 7 days. The dosing method was to dissolve two drops of the medicines in 2 ml of water and put them in the mouth or nostrils using a syringe. We also recommended that the owner wash the affected rectal area with cold or iced water and apply Xylocaine jelly / Calendula ointment over the prolapsed area as general management.



Fig.1 - Prolapsed rectal mass showing signs of inflammation

## Results

The owner reported that the prolapse reduced with no further interventions by the second day. By the seventh day, the owner reported that “her prolapse and dehydration were completely fine, but her chest was congested, with difficult breathing: anything else I can add?”. The history symptoms show that *Bryonia* 30C was advised twice daily for 3 days [dosing method remains the same as other medicines]. After 3 days, the owner reported that “her prolapse, dehydration, and breathing problem are completely fine. She is fully active with full energy. She is taking proper foods now. Big thanks to homeopathy.” (Fig 2, 3, 4)

Considering the health of the patient, further medication was stopped, and the owner was advised to consult again after 2 weeks for a follow-up consultation. The owner reported a complete recovery of rectal prolapse (Fig. 2) with no recurrence over another three-month follow-up period.



Fig. 2 - Prolapsed rectal mass fully retracted - after treatment

## Discussion

Prolapse of the rectum is due to excessive and persistent straining, which can become ordinary in clinical conditions like diarrhea, tenesmus, lower urinary tract, and prostatic diseases, and it is reported to be higher in young, parasitized animals, especially with severe diarrhea (Sherding, 1996). The incomplete rectal prolapse arises due to the backward gliding of the sub-mucosa and mucous membrane on the muscular coat to form a circular protrusion. In contrast, a wholly prolapsed mass is generally more prominent and cylindrical because it involves the eversion of other visceral organs (O' Connor, 1985).

The management of rectal prolapse usually depends on the degree of prolapse, the viability of the tissue elasticity, and the number of episodes. Manual reduction followed by applying a purse-string suture is an effective mode in clinical cases presented at the first occurrence, along with signs of viable rectal mucosa. On the other hand, colopexy can be the better surgical technique when rectal prolapse is recurrent and not reducible (Merck, 2005).

Repeated eversion of the protruded mass causes loss of tone of the anal sphincter, loosening both the rectal mucosal membrane and the attachment of peri-rectal tissue in prolonged, as well as recurrent cases (Venugopalan, 1999).

In the present case context, complementary treatments are a promising alternative. Among them, homeopathy is a safe medical treatment that does not intoxicate patients or depress the immune and biological responses of the body. It maintains homeostasis and develops a long-lasting and effective improvement in disease control (Valle et al., 2015).

The treatment of choice, in this case, used highly diluted and agitated medicines to treat symptoms or diseases. Homeopathy aims to improve the natural healing tendency of the organism by assisting the immunity for the complete re-establishment of homeostasis.

The critical points for prescribing *Sepia* were dehydration, emaciation although the kitten ate a lot, constipation, rectal prolapsus, and atonic relaxation of uterus support.

*Ruta* is also a well-known and clinically used homeopathic medicine for uterine pathologies, especially prolapse [Boericke William 2012].



Fig.3 – Post recovery



Fig.4 – Post recovery

Homeopathy considers the totality of a case, so the patient responded very well to *Sepia* and *Ruta*, both known to have reported actions on ligaments and tendons. For pains that are often sudden and severe in any animal due to overexertion and injuries to joints-ligaments-tendons, *Ruta* is the preferred choice of homeopathic medicine. The use of two remedies simultaneously is an area of exploration in animals since the prescription depends on observations and pathologies. Few authors [Chand SK 2011, Arora S 2010, Rajendran ES 2004] have used constitutional remedies and other supportive/targeted medicine. In our case, *Sepia* was used as an indicated homeopathic medicine of choice, and *Ruta* was given as a supportive medicine having a direct action on ligaments.

## Conclusion

This successful case report indicates that homeopathic treatment can be considered a viable option in cases of rectal prolapse in felines. It has yielded important observations: it can be given for the quick recovery of the patient, it has advantages in terms of cost-benefit for the patient as well as the owner, there might be a lower rate or less possibility of relapses, and no side effects described to date. Further similar case reports, case series, and rigorous research must be undertaken to establish the utility of homeopathy in feline diseases.

Conflicts of Interest: None declared.

**CONFLICT OF INTEREST:** None

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## References

- [1] Arora S. Endometrial Polyp: A Case Cured by Homoeopathy, *American Journal of Homeopathic Medicine* 02/2013; 105(4):159-163.
- [2] Boreicke William. *Pocket Manual of Homoeopathic Materia Medica & Repertory*. Ed 2002. B Jain Pulishers (P) Ltd. 2012. pp 587
- [3] Chand SK, Manchanda RK, Batra S, Mittal R. Homeopathy in the treatment of tubercular lymphadenitis (TBLN)--an Indian experience. *Homeopathy*. 2011 Jul;100(3):157-67. doi: 10.1016/j.homp.2010.11.006. PMID: 21784333.
- [4] Fossum, T. W. (2002). *Small Animal Surgery*. 2nd Edn. Mosby Publication. Missouri. pp. 372-375.
- [5] Rajendran ES. Homeopathy as a supportive therapy in cancer. *Homeopathy* 2004;93(2):99-102.
- [6] Valle, A.C.V., Kanaïama, C.Y. and Nader, T. 2015. Tratamento homeopático de otohematoma em cão: Relato de caso. *Unimar Ciências*: 24(1): 20–26.
- [7] *Merck Veterinary Manual*. (2005). Ninth Edition, Merck & Co., INC. Whitehouse Station, N.J., U.S.A. pp.151-152.
- [8] O'Connor, J. J. (1985). *Dollar's Veterinary Surgery*. 9th Edn. CBS Publishers and Distributors, New Delhi. pp. 699-707.
- [9] Sherding, R. G. (1996). Diseases of colon, rectum and anus. In: *Hand Book of Small Animal Gastroenterology*. Tams, T. R., (Ed). W. B. Saunders, Philedelphia. pp. 362-363.
- [10] Tyagi, R. P. S. and Singh, J. (1993). *Ruminant Surgery*. 1st Edn. CBS Publishers and Distributors, New Delhi. pp. 221-222.
- [11] Venugopalan, A. (1999). *Essentials of Veterinary Surgery*. 7th Edn. IBH Publishing Co., New Delhi. p 321.

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