

Case Report

## Severe Impetigo with Superadded Infection Treated with Acute Individualised Homoeopathic Medicine – An Evidence-Based Case Report

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**Abstract** Impetigo is a highly contagious superficial bacterial infection of the skin commonly affecting infants and children and old age. It is primarily caused by *Staphylococcus aureus* and *Streptococcus pyogenes*. Clinically, impetigo presents in two major forms: non-bullous impetigo, characterized by honey-colored crusted lesions, and bullous impetigo, marked by flaccid bullae caused by staphylococcal exfoliative toxins. The disease commonly involves exposed areas such as the face and extremities and spreads rapidly through close contact, poor hygiene, overcrowding, and skin trauma. Diagnosis is mainly clinical, although bacterial culture may be useful in recurrent or resistant cases. Management includes maintenance of skin hygiene, topical antibiotics for localized lesions, and systemic antibiotics in extensive disease or associated systemic symptoms. Early diagnosis and treatment help prevent complications such as cellulitis, post-streptococcal glomerulonephritis, and secondary transmission. Here role of Homoeopathic medicine after fail to treat by allopathic medicine. We have did case taking and according to totality we have given pulsatilla 30CH and we get marvelous result. This review highlights the role of Homoeopathic medicine in cases of skin infectious with understanding of epidemiology, etiopathogenesis, clinical manifestations, diagnosis, complications, and current therapeutic approaches for impetigo.

**Keywords** *Severe Impetigo; Acute Individualised Homoeopathic Medicine; Pulsatilla Pratensis*

### Introduction

Impetigo is the most common bacterial skin infection of children. Most cases of nonbullous impetigo and all cases of bullous impetigo are caused by *Staphylococcus aureus*. The remaining cases of nonbullous impetigo are caused by group A beta-hemolytic streptococci (GABHS). GABHS colonizes the skin directly by binding to sites on fibronectin that are exposed by trauma. In contrast, *S. aureus* initially colonizes the nasal epithelium; from this reservoir, it subsequently colonizes the skin. Patients with recurrent impetigo should be evaluated for carriage of *S. aureus*. Superficial, localized impetigo may be treated successfully in more than 90% of cases with topical application of mupirocin ointment. Impetigo that is widespread or involves deeper tissues should be treated with a beta-lactamase-resistant oral antibiotic. The choice of antibiotics is influenced by the local prevalence of

resistance to erythromycin among strains of *S. aureus*, as well as antibiotic cost and availability, and issues of compliance.

Homoeopathic medicine has great efficacy in cases of dermatological conditions, whether of endogenous or exogenous origin. The law of similar means that whichever remedy is capable of producing symptoms in a healthy human being, that remedy is also capable of curing those types of symptoms.

### **Case Report**

**Chief Complaint:** A 79 year elderly male with extensive skin lesion over the right cheek, chin, jawline, upper neck since 8 day

Lesion is multiple crusted, yellow color crust eroded and oozing,

Lesions appear vesiculopustular and ulcerated with honey colour crust in places,

Surround skin is erythematous inflamed and appear edematous, some lesion are coalescing into larger ulcerated areas.

He has severe Stinging -itching and sticking pain which was better by cold water and cold room, open air.

Itching aggravated at time of evening and night.

He has mild feverish feeling with thirstlessness. Dryness of mouth Figure 1

**Drug history:** Taken medicine- paracetamol, cortisone, L-Cetirizine with no any relief.

### **Family history**

Mother: Asthma died

Father: Died

Wife: OA knee

Son: Nil

### **Medical history**

No major illnesses such as diabetes, hypertension and thyroid problems.



**Figure 1**

**Physical generals:**

Appetite: low

Thirst: thirstlessness with Fever 3-4 glass per day

Stool- normal 1 time /day

Urine- slight yellowish

No any specific desire and aversion

Chilly person

**Physical examination**

Pallor: Not detected

Icterus: Absent

Cyanosis: Absent

Clubbing: Absent

Lymphadenopathy: Not present

Temperature: 99.8 F

Temperature: 99.8 F (axillary)

Pulse-82/min

RR-18/min

Blood pressure: 110/70 mmhg

### **Systemic Examination**

CNS: Conscious, well oriented

CVS: S1 S2 heard

Respiratory: Air entry bilaterally equal

Abdomen: Soft, non-tender.

**Local examination skin:** lesion multiple crusted, eroded and oozing, Lesions appear vesiculopustular and ulcerated with yellow (honey colour) crust in places, Surround skin is erythematous inflamed and appear edematous, some lesion are coalescing into larger ulcerated areas.

### ***Differential diagnosis***

Herpes simplex

Tineas

Ecthyma

### **Case processing**

#### **Classification of symptoms**

1. Physical general characteristic- Thirstlessness with fever.
2. Physical general characteristic- dryness of mouth.
3. Physical particular characteristic modality- Stinging itching amelioration – cold room, open air
4. Physical particular characteristic modality- stinging itching aggravation- evening and night

**Totality Repertorial Syndrome (RS)**

	sep.	rhus-t.	ars.	merc	puls.	sil.	apis	caust.	nux-v.	staph.	ant-c.	bry.	calc.	con.	lyc.	alum.	bar-c.	kali.	
1. STOMACH - THIRSTLESS - fever; during	(119) 1	4	1	2	2	3	1	3	2	2	1	2	1	2	2	1	2	1	2
2. MOUTH - DRYNESS	(339) 1	3	3	3	3	2	3	2	2	3	1	2	3	2	1	3	2	3	2
3. SKIN - ERUPTIONS - crusty	(112) 1	2	3	3	3	2	3	1	2	1	2	3	2	3	3	3	2	2	2
4. SKIN - ERUPTIONS - itching	(167) 1	3	3	3	2	2	2	2	3	3	3	2	2	2	1	2	2	1	2
5. SKIN - ITCHING - evening	(66) 1	1	3	1	2	2	1	1	2	2	3	1	1	1	2	1	1	1	1
6. SKIN - ERUPTIONS - stinging	(83) 1	3	2	2	2	3	3	3	1	1	2	1	2	1	2	1	1	2	1

**Table 1**

**Remedy Differentiation**

The remedy was selected radar 10.0 Homeopathic Software as the case presented with characteristic physical general and particular Kent’s approach was used. The repertorisation chart presents the five closest remedies: Sepia (16/6), Rhus tox (15/6), Arsenic album (14/6), merc sol(14/6), *Pulsatilla*(14/6). First three remedy are chilly and amelioration by hot or warm weather fourth remedy is merc sol which was hot and syphilitic miasm in background. Where pulsatilla is chilly but better by cold and thirst less, dryness of mouth remedy of our materia medica and pulsatilla more fit into this case.

**Posology:** Potency was mild to moderate 30CH-200CH Based on age of patient and disease pace and seat of disease and Structure reversible pathology.

**Final remedy:** Pulsatilla pratensis 30CH given frequently TDS for 4days

Timeline of patient follow-up

Sr. No	Date	Patient responds	Prescription
1.	19/06/2025	Above all symptoms	Pulsatilla 30 TDS was given
2.	28/06/2025	No eruption on face Face is clear Patient not coming after 4 days, he come after 1 week Given follow-up late.	Sac lac was given

**Table 2**



**Figure 2**

### Discussion

Dermatology is a branch of medicine where homoeopathic medicines have already solidified their presence. While numerous dermatological conditions are reported in homoeopathic literature, impetigo quit common ailments. However, very few cases of impetigo are available in the database of Google Scholar and PubMed from 2015 to 2024. Severe impetigo is immensely challenging for a homoeopathic physician to manage; patients are quite impatient when dealing with skin complaints, as it not only affects the appearance but also may cause physical discomfort.

This case treated with individualised homoeopathic medicine showed improvement show in figured Hahnemann outlined in 185 the treatment for local diseases. The aphorism emphasises that the remedy administered must not only match the nature of the specific local afflictions but also correspond to the entirety of symptoms displayed by the patient.

## Conclusion

The presented case highlights the efficiency of individualised homoeopathic medicine in cases of skin infection. On specific infection of skin for further elaborative study and suggested well-designed research.

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**Declaration of patient consent:** The authors certify that they have obtained all appropriate patient consent

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