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## A case study of hand, foot, and mouth disease with homoeopathic treatment according to individualistic approach

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### Abstract

A common viral illness called hand, foot and mouth disease usually affects infants and children (Under 10 years old) but rarely affects adults. Primarily it causes fever, rash, reduced appetite, and general malaise. Rashes usually appear on hands, foot, and oral cavity, the presentation of rash can be vesicular, papular and macular. Vesicles are surrounded by red halo skin, ultimately rupturing and forming superficial ulcers with a grey-yellow base and erythematous rim. Many research studies, including epidemiological, animal, and *in vitro* studies, suggest that the disease may be associated with potentially fatal neurological and pulmonary complications during follow-up.

**Keywords:** Homoeopathy, malaise, hand, foot, and mouth disease

### Introduction

Hand foot and mouth disease is a highly contagious viral disease caused by enteroviruses 71 and coxsackieviruses 16, this infection is transmitted through, Feco-oral, oral-oral, and respiratory droplet contact. It mostly affects children. An incubation period of HFMD is 3-6 days. HFMD typically occurs in summer and early autumn. Generally, it occurs in children under 10 years of age or immuno-compromised adults. Low-grade fever, sore throat, and malaise are prodromal symptoms of HMND, initial symptoms are followed by enanthem and erythematous, papular or vesicular lesions on the skin. It is a self-limiting course but severe complications like pulmonary edema, myocarditis, meningitis and encephalitis associated with HMND have been also reported.

### Case Summary

A case of a 4-year-old female child presented in OPD with the following complaints, skin lesions on arms, legs, face, mouth, and feet filled with fluid, some with pus, and some are covered with scabs.

The character of the lesion is severe itching vesicular and papular lesions with greyish yellow scab.

She had a habit of bed wetting, aggravated at midnight.

With dullness and weakness, appetite decreases, Complains aggravate at night.

The thermal reaction is chilly but covering aggravates itching.

- **Past History:** She had a fever ago 15 days, and she was treated with allopathic medicine.
- **Physical examination:** The patient was irritable and always picked the nose, and scratched eruption over the body.
- **Appearance:** Pale and dullness of face.
- **Tounge coated stool:** Clear.
- **Vital signs:** Normal
- **Clinical finding:** Vesicular, papular and pustular eruption with scab, over hand, foot, mouth and face.

### Basis of prescription

*Arum triphyllum* 200 was prescribed based on repertorial totality. As it was most similar to the case and scored highest. She was dull, irritable and always scratching which was aggravated at night, she always picked her nose which was observed by others. She had habit

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a of bed wetting.

1<sup>st</sup> prescription - 20 /09/2023.

1. *Arum triphyllum* 200/ 4 doses / od / 4 days.

PL pills / bd / 7 days.

**Table 1:** Follow up

1.	1. Itching decreased. 2. Bedwetting - present only sometimes. 3. Eruptions start drying. 4. No new eruption appear.	Placebo	27/09/2023
2.	1. Appetite increased. 2. No bed-wetting. 3. Eruption - scab formed. 4. Itching mildly increased.	Placebo	11/10/2023
3.	1. Generals - improved. 2. No itching. 3. No eruption, eruptive spot disappear. 4. No bed-wetting.	Placebo	01/12/23



**Fig 1:** Before and after treatment

### Discussion

In this case, the patient is treated with an individualistic approach of homoeopathy and the patient gets better in every next follow-up and is finally cured.

The remedy was selected based on symptom similarity and analysis of repertorial totality and observation in OPD, here 200 potency was selected according to susceptibility and severity of symptoms. Here single dose of 200 potency was given to the patient, and she started improving, then she took on a placebo in the next follow-up. And finally, she was cured.

### Conclusion

We can see the magic of homoeopathy where your prescription of remedy is similar to the symptoms of the patient. Exact observation and correct interpretation of the physician help in the diagnosis of the patient and his symptoms. In this case, there is severe itching of the skin due to the acidity of papular and pustular fluid, and constant pricking of the nose which is observed by the physician and finally selected *Arum triphyllum* and we saw the magic of homoeopathy.

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### References

1. Paul VK. Ghai Essential Pediatrics; c2019.
2. Cox B, Levent F. Hand, Foot, and Mouth Disease. JAMA. 2018 Dec 18;320(23):2492.

DOI: 10.1001/jama.2018.17288. PMID: 30561482.

3. Saguil A, Kane SF, Lauters R, Mercado MG. Hand-Foot-and-Mouth Disease: Rapid Evidence Review. Am. Fam. Physician. 2019 Oct 1;100(7):408-414. PMID: 31573162.
4. Leung AKC, Lam JM, Barankin B, Leong KF, Hon KL. Hand, Foot, and Mouth Disease: A Narrative Review. Recent Adv. Inflamm. Allergy Drug Discov. 2022;16(2):77-95. DOI: 10.2174/1570180820666221024095837. PMID: 36284392.
5. Boericke W. Pocket Manual of Homeopathic Materia Medica and Repertory and a Chapter on Rare and Uncommon Remedies. Wazirpur, Delhi, India: B Jain Publishers; c1998.
6. Zhu P, Ji W, Li D, Li Z, Chen Y, Dai B, *et al.* Current status of hand-foot-and-mouth disease. J Biomed Sci. 2023 Feb 24;30(1):15. DOI: 10.1186/s12929-023-00908-4. PMID: 36829162; PMCID: PMC9951172.
7. Gomes S, Santos S, Ferreira Maia I, Verissimo R, Carvalho T. Hand-Foot-Mouth Disease in an Adult. Cureus. 2023 Jan 11;15(1):e33670. DOI: 10.7759/cureus.33670. PMID: 36793831; PMCID: PMC9924706.

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