



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493  
P-ISSN: 2616-4485  
IJHS 2020; 4(1): 28-30  
Received: 17-11-2019  
Accepted: 23-12-2019

**Dr. Kaushal Aman Deep**  
Ph.D. Scholar, Assistant  
Professor, Department of  
Community Medicine,  
Homoeopathy University,  
Jaipur, Rajasthan, India

**Dr. Tomar Shalini**  
P.G Scholar, Department of  
Pediatrics, Swasthya Kalyan  
Homoeopathic Medical College  
and Research Center, Jaipur,  
Rajasthan, India

## A case of impetigo cured with Homoeopathic similimum

**Dr. Kaushal Aman Deep and Dr. Tomar Shalini**

### Abstract

Impetigo is a highly contagious infection of the epidermis, seen especially among children, and transmitted through direct contact. Over 140 million people are suffering from impetigo at each time point and approximately 100 million are children. It is type of bacterial diseases which is highly contagious and spread from close contacts. Most common bacteria are staphylococcus aureus and Group A streptococcus. Impetigo exists in two forms of, namely impetigo contagiosa which is also known as the non-bullous form and the second one being bullous impetigo which presents with large and fragile bullae. Modern system or allopathic system of medicines uses antibiotics and topical corticosteroids for these problems which may have some side effects. Homoeopathic medicines are safer to children because it has no side effects if selected on the basis of Homoeopathic principles. These medicines are easy to take and cost effective as well. This article is about a female child three years of age suffered from impetigo contagiosa and responded well to homoeopathic medicine. Homoeopathic medicine, Hepar sulphuricum in 200 potency, was prescribed on the basis of totality of symptom, and child completely cured within two weeks of homoeopathic treatment.

**Keywords:** Impetigo, Homoeopathy, Staphylococcus, Streptococcus

### Introduction

Children are very much susceptible to contagious type of infectious diseases. Impetigo is one of them. It is a disease of superficial epidermis. It is characterized by pustules and honey-colored crusted erosions ("school sores"). Children between two to five years of age are most affected with this contagious disease<sup>[1, 2]</sup>.

Impetigo is a type of bacterial infection which is caused by staphylococcus and group A beta-hemolytic streptococcus (GABHS)<sup>[2]</sup>. Clinically it is characterized by pustules and characteristic honey-colored crusted erosions which is also known as school sores. Poor personal hygiene, lower socio-economic status, overcrowding and malnutrition are the most common risk factors for impetigo<sup>[3]</sup>.

The prevalence of impetigo is worldwide. Over 140 million people are suffering from impetigo and approximately 100 millions are children<sup>[3, 4]</sup>.

There are two major types of impetigo- Impetigo contagiosa which is also known as non-bullous impetigo and bullous impetigo<sup>[2]</sup>.

Impetigo contagiosa is caused by both staphylococcus and streptococcus bacteria. Usually it appears as small blisters or scabs, which changes into yellow or honey colored crests. Mostly it is seen over face and around mouth<sup>[4, 5]</sup>.

Bullous impetigo is caused by staphylococcus bacteria exclusively. The toxin produced by staphylococcus produces a breach between top layer and inner layers of skin with formation of blisters. Buttocks are the most common site. Meanwhile, these blisters can rupture, leaving a red and raw area. This condition is mostly diagnosed with the characteristic appearance of the lesions<sup>[6, 8]</sup>. Local allergic reactions, skin sensitization, and difficulty with application to areas such as eyelids, mouth, and back are potential disadvantages of allopathic topical treatments<sup>[9]</sup>.

### Materials and methods

#### Case report

A 3-year-old child patient reported to outdoor patient department with painless eruptions around corner of mouth since 1 month.

#### History of present complaint

A 3-year-old child referred to pediatric OPD with a history of peri-oral lesions and low

**Corresponding Author:**  
**Dr. Kaushal Aman Deep**  
Ph.D. Scholar, Assistant  
Professor, Department of  
Community Medicine,  
Homoeopathy University,  
Jaipur, Rajasthan, India

grade fever. Child developed painless eruption around of mouth few days back. Initially he was seen by allopathic practitioner for some vesicle around mouth and was treated with some antibiotics and topical ointments but without relief. However lesions progressed without any resolution. He also developed crustations and multiple small vesicles which rupture spontaneously.

Extra oral examination showed multiple peri oral crusting. The crusting was also surrounded by red, raw skin with ragged edges. Intra oral examination reveals nor ulceration of oral mucosa neither vesiculobullous lesions. Diagnosis of impetigo is made on the basis of clinical examination and presentation.

**Past History-** nothing significant found.

**Medicinal History-** treated with antibiotics and topical ointment for this problem.

**Family History-**nothing significant found.

**Vaccination History-** Properly scheduled.

**Physical Generals**

Appetite- Decreased, only half chapatti twice a day

Thirst- 1-2 glass per day, thirst less

Thermal- chilly

Desire- sweets+++ as per his mother

Aversion- not specific

Stool- Regular, once daily, soft and easily evacuated

Urine- 4-5 times/day

Perspiration- profuse, sour++

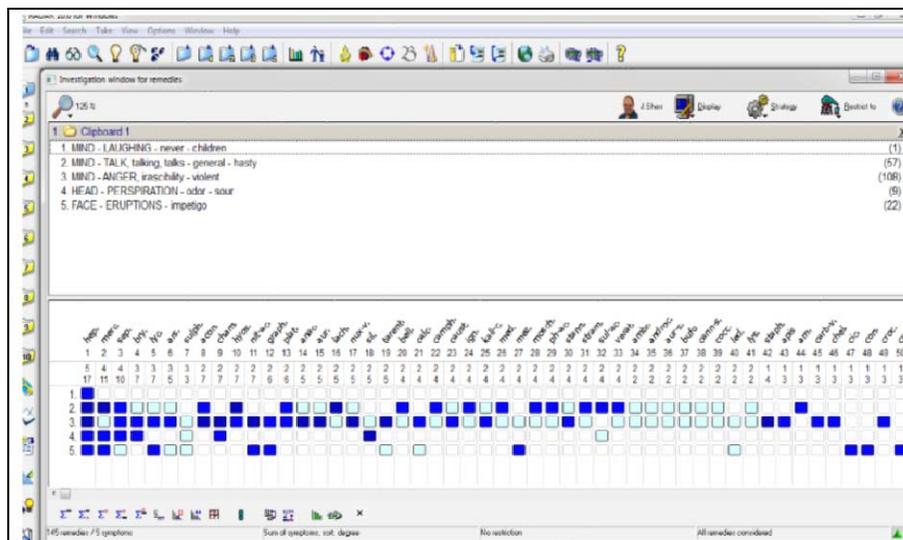
**Mental Generals-** According to his mother child is very much aggressive and destructive. He used to break things. The most important observation was made regarding his nature was that he never used to smile, always serious looking child, which was also confirmed by his mother. He also used to hit his fellow friends during play. His behavior is very rude. He is also hasty in speech.

**Repertorial totality**

| S.no | Symptoms       | Chapter/rubric                         |
|------|----------------|--|
| 1    | Does not smile | MIND-LAUGHING-never children           |
| 2    | Speech hasty   | MIND-TALK, talking, talk-general-hasty |
| 3    | Anger violent  | MIND-ANGER, irascibility-violent       |
| 4    | Sour sweat     | PERSPIRATION-ODOR-Sour                 |
| 5    | Impetigo, face | FACE-ERUPTIONS-Impetigo                |

**Repertorial analysis <sup>[10]</sup>.**

| S./no. | Remedies and their relative value |
|--------|-----------------------------------|
| 1.     | Hep. 18/5                         |
| 2.     | Merc. 12/4                        |
| 3.     | lyc. 4/11                         |
| 4.     | Ars. 4/11                         |



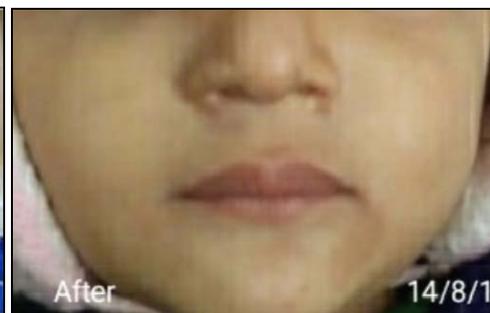
**Final selection of remedy**

As per the totality of case and knowing the disposition of patient Hep.sulph 200 single dose was prescribed followed

by placebo for 7 days. After one week she was followed up. In 2<sup>nd</sup> follow up her eruptions were totally disappeared with improvement of general symptoms.



**Fig 1:** Before treatment



**Fig 2:** After Homoeopathic Treatment

### Discussion

Impetigo is a highly contagious infection, direct contact being the main mode of transmission. Patients with impetigo can easily inoculate themselves and spread the infection to people in close contact after excoriating an infected area. This fact may lead to a rapid dissemination of infection, mostly in grade schools, kindergartens, nurseries and day care centers.

It is known today that children usually become infected through contact with other children; however, fomites are another important source of infection. Adults may develop impetigo from contact with children or by fomites as seen when sharing grooming devices, in barber shops, in beauty parlors etc. Conventional system of medicine uses antibiotics and topical corticosteroids for treatment, which generally having side effects. Homoeopathic system of treatment treats the patient in a holistic way without any side effects. So this system can be opt as alternative mode of treatment for such cases.

### Conclusion

From this study it can be stated that homoeopathic medicines can cure such cases of bacterial infections. Homeopathic medicines are cost effective as well as easy to take especially in cases of children. Further trials are needed in future for such cases.

### References

1. Agarwal US, Shukla SR. Illustrated Textbook of Clinical Pediatric Dermatology. Delhi: PEEPEE Publishers and Distributors Private Limited, 2011. 16-17
2. Zusmanovich L, Charach L, Charach G. Current Microbiological, Clinical and Therapeutic Aspects of Impetigo. Clin Med Rev Case Rep. 2018; 5:1-9
3. Vinod VK, Bugga A. Ghai Textbook of pediatrics. Delhi: CBS publishers, 2017, 687-688.
4. Sharma D, Murki S, Pratap T. Impetigo contagiosa: an interesting and a very rare finding in a newborn BMJ Case Rep, 2014, 2-6
5. Parthasarathy A. IAP Textbook of Pediatrics. New Delhi: JAYPEE Publishers, 2012, 1141-1142
6. Neil M, Helms PJ, Rosalind L. Smyth, Logan S. Forfar and Arneil's Textbook of Pediatrics. London: Churchill Livingstone, 2008, 1462-1464
7. Asha CB, Steven YC, Chatfield MD, Jonathan RC. The microbiology of impetigo in Indigenous children: associations between Streptococcus pyogenes, Staphylococcus aureus, scabies, and nasal carriage. BMC Infectious Diseases, 2014, 2-6.
8. Pereira LB. Impetigo review. An Bras Dermatol. 2014; 89(2):293-9.
9. Adams HH, Banvard C, Juckett J. Impetigo-Diagnosis and Treatment. American family physician, 2014, 232-234
10. RADAR computer program. Version 10.0, Belgium, 2012.