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## Management of case of impetigo with homoeopathy

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### Abstract

Impetigo is a kind of disorder that shows a superficial Bacterial skin infection, causing Red blisters and Pustules which gradually burst and causing Yellow Crust with severe itching. It may be Primary Impetigo and Secondary Impetigo. A 9 months old boy reported with complaints of Impetigo. Case taking was done followed by Repertorization using synthesis Repertory and as individualized medicine.

**Keywords:** Impetigo, homoeopathy, synthesis repertory

### Introduction

**Impetigo** is a highly contagious bacterial skin infection commonly affecting young children but can occur at any age. It is typically caused by two types of bacteria: *Staphylococcus aureus* and *Streptococcus pyogenes*. It presents with red sores or blisters that can break open, ooze fluid, and form a yellowish crust. Homeopathy aims to treat the underlying symptoms and promote healing by stimulating the body's natural immune response. However, it's important to note that homeopathy should be considered as a complementary treatment and not as a replacement for conventional medical care, especially in severe or widespread cases of impetigo.

**History of impetigo:** While the exact origins of the disease are difficult to trace, impetigo has been recognized for centuries. Here's an overview of its historical context:

### Early references to skin infections

- **Ancient times:** In ancient Greek and Roman medicine, general skin infections, pustules, and eruptions were described, but the specific diagnosis of impetigo as a distinct condition did not emerge.
- **Hippocrates (460–370 BCE):** Hippocrates, often called the "Father of Medicine," wrote about various skin conditions, but the term impetigo did not exist at this time.

### Development of modern understanding

- **Middle ages (5<sup>th</sup>-15<sup>th</sup> centuries):** During the Middle Ages, the nature of skin infections was not well understood, and treatments were often based on superstitions and herbal remedies. Skin diseases, including those that resembled impetigo, were common, especially in overcrowded living conditions.
- **17<sup>th</sup> and 18<sup>th</sup> centuries:** Impetigo still wasn't understood as a specific disease caused by bacteria.

### Discovery of the causes of impetigo

- **19<sup>th</sup> century:** The work of scientists like Louis Pasteur and Robert Koch helped establish the germ theory of disease, particularly *Streptococcus* and *Staphylococcus* species, were responsible for causing impetigo.
- **1870s-1880s:** *Streptococcus* is usually linked to non-bullous impetigo (crusted form), while *Staphylococcus* is associated with the bullous form (blister-like lesions).

### Antibiotic era

- **20<sup>th</sup> century:** The introduction of antibiotics significantly reduced the morbidity associated with impetigo and other bacterial skin conditions.
- **1940s-1950s:** Antibiotics such as penicillin were routinely used to treat impetigo, leading to quicker and more effective resolution of infections.

### Modern day and resistance issues

- **Late 20<sup>th</sup> century:** In the latter part of the 20th century, the emergence of antibiotic-resistant strains of *Staphylococcus aureus* (including MRSA, or methicillin-resistant *Staphylococcus aureus*) became a growing concern.
- **21<sup>st</sup> century:** With the rise of antibiotic resistance, there is an increasing need for better strategies to manage impetigo, including proper hygiene, topical treatments, and, when necessary, the use of oral antibiotics.

### Key milestones in the history of impetigo

1. **Ancient times:** Skin infections recognized but not differentiated as impetigo.
2. **19<sup>th</sup> century:** Germ theory established; bacterial causes of impetigo identified.
3. **Early 20<sup>th</sup> century:** Penicillin and antibiotics revolutionize the treatment of impetigo.
4. **Late 20<sup>th</sup> century:** Rise of antibiotic-resistant strains, including MRSA.
5. **21<sup>st</sup> century:** Ongoing challenges in managing antibiotic resistance and preventing the spread of infection.

### Key features of impetigo

#### Clinical features

- **Red sores or blisters:** The initial symptom is the appearance of red, itchy sores or blisters. These usually appear around the nose and mouth but can spread to other parts of the body.
- **Oozing and crusting:** The blisters break open and ooze a clear fluid, which later forms a yellowish or honey-colored crust. The crusting is one of the most distinguishing features.
- **Itching and discomfort:** The affected areas may be itchy and tender, and in some cases, the skin may become painful.
- **Swollen lymph nodes:** In some cases, the lymph nodes near the infected area may swell.
- **Mild fever:** Occasionally, a mild fever may accompany the infection.

### Types of impetigo

- **Non-bullous impetigo:** This is the more common form and is characterized by the development of crusted sores, often around the nose and mouth. The sores typically begin as small red bumps that rupture and form a yellowish crust.
- **Bullous impetigo:** This type causes larger fluid-filled blisters (bullae) that can rupture and ooze clear fluid, forming yellow crusts. This form is more often seen in newborns or infants.
- **Ecthyma:** A deeper form of impetigo that results in painful, ulcer-like sores that can scar. It may occur when impetigo is untreated or inadequately treated.

### Transmission

- **Direct contact:** Impetigo is highly contagious and spreads through direct skin-to-skin contact with an infected person.
- **Indirect contact:** It can also be spread through contaminated items such as towels, sheets, or toys.

- **Self-contamination:** Scratching or touching infected areas and then touching other parts of the body can spread the infection.

### Management

#### Medical management

- **Topical antibiotics:** For localized impetigo, topical antibiotics such as mupirocin (Bactroban) or fusidic acid are commonly prescribed. They are applied directly to the sores to kill the bacteria.
- **Oral antibiotics:** If the infection is widespread, oral antibiotics like penicillin, cephalosporins, or clindamycin may be prescribed, especially if a *Staphylococcus aureus* infection is suspected.
- **Cleaning and hygiene:** Keeping the affected area clean, washing with soap and water, and using antiseptic solutions can help in preventing the spread of the infection. It is also important to keep fingernails trimmed to prevent further injury from scratching.

#### Surgical management in impetigo

##### 1. Incision and Drainage (I&D) of abscesses

- **When needed:** In cases of bullous impetigo or other forms of impetigo where abscesses or large fluid-filled blisters develop, incision and drainage may be necessary.
- **Purpose:** The goal is to relieve pressure, remove pus or infected fluid, and allow for better healing. The area is usually drained, cleaned, and dressed to prevent further infection.

##### 2. Debridement of ulcerated or necrotic tissue

- **Ecthyma:** This is a more severe, deeper form of impetigo that can lead to ulceration and the formation of necrotic tissue. In such cases, debridement (removal of dead tissue) may be necessary.
- **Purpose:** The purpose of debridement is to remove infected or dead tissue.

##### 3. Skin grafting (rare)

- **Severe scarring:** In extreme cases where impetigo has led to significant scarring, especially if it involved deeper tissues, a skin graft may be performed.

### Homoeopathic management in impetigo

#### Miasmatic approach

##### 1. Psora-based approach (Vital force and resistance)

- **Impetigo and Psora:** Impetigo, especially the non-bullous form, is often seen as an expression of the psoric miasm. This is because psora is associated with weakened immunity or a compromised resistance to infections. Common remedies for treating skin infections rooted in psora include:
  - **Sulphur:** One of the most frequently prescribed remedies for psoric skin diseases. Sulphur is often indicated for dry, itchy, and inflamed skin conditions, including impetigo. It helps to address the underlying constitutional weakness and restore the body's balance.
  - **Calcarea carbonica:** This remedy is suited for individuals who are sluggish, have sweaty, pale skin, and are prone to infections due to low vitality.
  - **Natrum muriaticum:** For individuals who may have a history of grief or emotional stress, leading to skin

eruptions like impetigo. Natrum Muriaticum addresses the emotional state and constitutional weakness that contributes to the infection.

## 2. Syphilitic-based approach (Ulceration and tissue destruction)

- **Impetigo and syphilis:** If impetigo progresses into deeper forms, such as ecthyma, with ulcerated lesions or deeply infected pustules, the syphilitic miasm may be at play. This state is characterized by severe tissue damage, and the skin lesions may be painful, ulcerated, and slow to heal. Remedies targeting syphilitic tendencies may include:
  - **Mercurius solubilis:** Often used for ulcers or abscesses with yellowish, pus-filled discharge. It is helpful in cases where the impetigo lesions do not heal easily and have a tendency to break down further.
  - **Kali arsenicosum:** Useful when impetigo presents with decaying and infected skin with a tendency toward necrosis or slow tissue healing.

## 3. Sycotic-based approach excessive growth and discharge

- **Impetigo and sycosis:** In the bullous form of impetigo, where the skin develops large blisters that burst and ooze, the sycotic miasm is often involved. This miasm is characterized by excessive growth or discharge. Remedies aimed at sycotic conditions may include:
  - **Thuja:** Known for addressing conditions involving excessive skin growths, like warts and pustules. Thuja may help with the formation of large, pus-filled blisters that burst and form crusts, as seen in bullous impetigo.
  - **Medorrhinum:** A remedy for conditions related to the gonorrhoeal miasm, often used when there is excessive discharge or recurring skin infections like impetigo.

### Homoeopathic repertorial approach.

1. The repertorial approach starts by identifying the specific symptoms related to impetigo, such as:
  - **Type of lesions:** Pustules, blisters, crusting, oozing.
  - **Location of the lesions:** Around the mouth, nose, or other areas of the body.
  - **Appearance of the sores:** Yellow crusting, painful, itchy, or burning.
  - **Discharge:** Type (clear, yellow, pus-filled).
  - **Itching or pain:** Whether the lesions are itchy, burning, or sore.
2. Various rubrics in the repertory to find the most relevant ones for the case. Here are some common rubrics that might be used for impetigo:
  - **Skin → Eruptions → Pustules:** For cases of impetigo with pus-filled lesions.
  - **Skin → Eruptions → Crusty:** For lesions that develop yellow crusts.
  - **Skin → Eruptions → Itching:** If the impetigo lesions are itchy.
  - **Skin → Eruptions → Oozing:** When the lesions ooze fluid before crusting.
  - **Face → Eruptions:** If the impetigo appears around the mouth or nose.
  - **Skin → Ulcers:** In cases where the impetigo has progressed to more ulcerated forms (ecthyma).

- **Lymphatic System → Swollen glands:** If there are swollen lymph nodes near the infection.
3. Systematic approach to repertorize the case. Here's a simplified process:
    - **Taking the case:** Gathers information on the location, appearance, discharge, itching, pain, and any emotional or mental symptoms that accompany the impetigo.
    - **Selecting rubrics:** Based on the patient's description, selects the relevant rubrics from the repertory.
    - **Repertorization:** The rubrics are entered into the repertory, which provides a list of remedies with their potency and relevance to the case.
    - **Remedy selection:** Based on the repertorization, chooses the most appropriate remedy that matches the patient's symptoms and constitutional profile.

### Homeopathic remedies for managing impetigo

#### 1. Apis mellifica

- **Indication:** When the lesions are red, inflamed, and swollen with a burning or stinging sensation.
- **Symptoms:** Blisters with clear, watery discharge; itching, burning pain; skin looks puffy or swollen.
- **Action:** Apis helps to reduce inflammation and provides relief from the burning and stinging pain associated with skin conditions.

#### 2. Graphites

- **Indication:** For thick, honey-like, sticky discharge from the lesions.
- **Symptoms:** Crusty, weeping eruptions with thick, yellow, sticky exudation often accompanied by dry, rough skin.
- **Action:** Graphites helps in healing and clearing up the discharge, and it is especially useful for skin that tends to get hard and rough.

#### 3. Hepar sulphuris calcareum

- **Indication:** For infections that are prone to pus formation, where the skin is very tender and sensitive to touch.
- **Symptoms:** Painful, swollen, and red lesions with a tendency to form pus-filled blisters; aggravated by cold.
- **Action:** Hepar Sulphuris promotes healing and acts to reduce pus formation, as well as to relieve the pain and inflammation.

#### 4. Arsenicum album

- **Indication:** When there is dryness, itching, burning, and restlessness.
- **Symptoms:** Dry, cracked, and scaly eruptions with a burning sensation; may have a pale, unhealthy complexion.
- **Action:** Arsenicum helps to reduce itching and burning sensations and promotes healing in dry, irritated skin.

#### 5. Mercurius Solubilis

- **Indication:** When the lesions are ulcerated, have a yellowish, cheesy discharge, and are accompanied by a foul odor.
- **Symptoms:** Ulcerated, suppurating (pus-forming) lesions with foul discharge a general feeling of weakness or irritability.
- **Action:** Mercurius helps in clearing up pus formation,

reducing inflammation, and promoting healing of ulcerated skin.

## 6. Sulphur

- **Indication:** For severe itching and skin that appears dirty or unhealthy, with burning, stinging, or itching sensations.
- **Symptoms:** Intense itching and burning, especially in warm environments; dirty, scaly skin that seems unhealthy.
- **Action:** Sulphur is a key remedy for skin conditions, especially those with intense itching and dryness.

## 7. Calendula officinalis (Topical)

- **Indication:** For wound healing and skin regeneration.
- **Symptoms:** Applied externally to promote the healing of sores and cuts. It is known to speed up the regeneration of skin and soothe irritation.
- **Action:** Calendula has anti-inflammatory and antiseptic properties, and it aids in healing without scarring.

## General homeopathic approach for impetigo

- **Constitutional treatment:** Homeopaths often select remedies based on the patient's overall constitutional state, including emotional, mental, and physical symptoms. This is in line with the miasmatic approach, where treating the individual's predisposition can lead to long-term healing, not just suppression of the symptoms.
- **Acute treatment:** For an acute case of impetigo, homeopaths may choose remedies like Apis Mellifica (for stinging, burning blisters), Hepar Sulphuris (for pus-filled abscesses), or Graphites (for thick, sticky discharges). These remedies are selected based on the characteristics of the impetigo lesions and the patient's overall presentation.

## Management tips with homeopathy

1. **Individualization:** Homeopathic remedies are most effective when tailored to the specific symptoms and overall constitution of the patient. Therefore, a consultation with a qualified homeopath is recommended for individualized treatment.
2. **Dosage:** Remedies are often given in potencies such as 6C, 30C, or 200C. The potency and dosage depend on the severity of the condition and the individual's constitution. Generally, a remedy may be taken 3-4 times a day for acute cases, but frequency may vary.
3. **Diet and hygiene:** It is important to maintain good hygiene and avoid scratching the lesions. Keeping the affected area clean and dry is essential to prevent secondary infections. A balanced diet that boosts immunity can also support the healing process.
4. **Avoid self-medication:** Homeopathy is highly individualized, and the wrong remedy or dosage can sometimes lead to exacerbation or failure to heal. Consulting a qualified homeopath for appropriate treatment is highly recommended.

## Conclusion

Overall, homeopathy offers a comprehensive, individualized, and gentle approach to treating impetigo, emphasizing long-term wellness by addressing the root causes of the condition. Through carefully selected remedies

based on the person's unique physical and mental state, homeopathy aims to provide effective relief, promote natural healing, and prevent recurrence, helping individuals return to optimal health without the side effects often associated with conventional treatments.

## Case study

**Name:** Sanishth P. Parmar

**Age:** 9 months boy

**Religion:** Hindu

**Add:** Krishna Nagar Society, Near Fullabhai Park, Kanjari Road, Halol

## Complaint of in a patient's mother language

A small blisters develop on face and gradually increasing in size. Red sores, blisters on face, near nose and on mouth which is contagious. 1<sup>st</sup> developed on lips then spread to beard, lips and other parts. Developed near nose and on cheeks where new blisters developing. Suddenly developed 3 days back and gradually increased. No itching or having no pain on eruption.

(On observation, he was not crying and very playful and no repeated touching over the eruptions).

## Observation of his mother

1. Even if Sanishth plays alone, someone should be with him, otherwise he starts crying. I have a job, so most of the time me and my husband are with him. So if we have to go to the village (native) and everyone start to play together with him, then he sacred and start crying. If cooker's whistle will ring, and if someone accidentally calls loudly, he will start crying. Even if the sound of opening the door is loud, he starts crying in panic. He walks little by little but needs support. He plays actively. No other problem. And not at all irritable

## Personal history

**Desire:** Not specific. Boil Mug Bean Water, Dal-rice, Siro, Pomegranate Water...etc., Eats everything that melts.

**Aversion:** To outside Milk.

**Thirst:** Normal

**Appetite:** Normal

**Urine:** Normal

**Bowel:** Once/day, rarely after 2 days, passing stool.

**Vaccination:** as per schedule.

**Sleep:** Sound Sleep. (Sleeps 2 times per day). Sleeps 8-9 hours in night (sleeps at 9 pm in night and awake in morning around 6-7 am, sometimes awake for feeding).

**Perspiration:** Easily occur in palm and soles. As father also had offensive foot sweat.

**Delivery:** Normal delivery with using vacuum as she was exerted at the time of delivery with the weight of 3 kg and 60gram. At the time of pregnancy mother doing the Nwiring at 4 months as, there is head coming out due to short cervix.

## Family history

1. **Mother:** Healthy
2. **Grandmother in law:** Died due to DM.
3. **Uncle:** Having DM
4. **Grandfather in law:** Hypertension
5. **Father:** Healthy
6. **Grandfather:** RA
7. **Grandmother:** Migraine and Hypothyroid
8. **Sister of grandmother:** having Psoriasis



**Picture**



Before treatment

After treatment

2. This case of impetigo having different kind of symptoms like, mental generals, Physical Generals, Characteristic Particular, clinical terms etc. So that's why this case is repertorized with Synthesis Repertory. Hence the case was analyzed, evaluated and repertorized by the SYNTHESIS repertory for which following Rubrics were chosen.
- Mind, company, desire for, alone agg., when
  - Mind, sensitive, noise to, loud noise
  - Face, eruption, impetigo

- Face, eruption, impetigo, cheeks
- Face, eruption, impetigo, lips, around
- Face, eruption, ecthyma, contagious
- Extrimities, perspiration, foot, sole
- Extrimities, perspiration, hand, palm
- Skin, eruption, impetigo
- Skin, eruption, ecthyma, contagious
- Skin, eruption, itching, without
- Generals, food and drinks, milk, aversion

MIND	
1 MIND - COMPANY - desire for - alone agg.; when	⊗
2 MIND - SENSITIVE - noise, to - loud noise	⊗
FACE	
3 FACE - ERUPTIONS - ecthyma; contagious	⊗
4 FACE - ERUPTIONS - impetigo	⊗
5 FACE - ERUPTIONS - impetigo - Cheeks	⊗
6 FACE - ERUPTIONS - impetigo - Lips; around	⊗
EXTREMITIES	
7 EXTREMITIES - PERSPIRATION - Foot - Sole	⊗
8 EXTREMITIES - PERSPIRATION - Hand - Palm	⊗
SKIN	
9 SKIN - ERUPTIONS - ecthyma - contagious	⊗
10 SKIN - ERUPTIONS - impetigo	⊗
11 SKIN - ERUPTIONS - itching - without	⊗
GENERALS	
12 GENERALS - FOOD and DRINKS - milk - aversion	⊗

Remedies	ΣSym	ΣDeg	Symptoms
merc.	7	11	1, 3, 4, 7, 8, 10, 12
nit-ac.	7	11	1, 3, 4, 7, 8, 10, 12
calc.	6	11	1, 4, 7, 8, 10, 12
sil.	5	10	1, 7, 8, 10, 12
sulph.	5	9	4, 7, 8, 10, 12
ars.	5	8	1, 4, 7, 10, 12
rhus-t.	5	8	1, 4, 8, 10, 12
sep.	5	8	1, 4, 8, 10, 12
ant-t.	5	7	1, 3, 8, 10, 12
con.	5	7	1, 4, 8, 10, 12
lyc.	5	7	1, 4, 8, 10, 12
nat-m.	5	7	1, 7, 8, 10, 12
tarent.	5	5	1, 4, 6, 8, 10
dulc.	4	8	4, 7, 8, 10
hep.	4	8	1, 4, 8, 10
mez.	4	8	1, 4, 10, 12
phos.	4	8	1, 8, 10, 12

**Repertorial result**

- **Mer. Sol:** 11/7
- **Nitricacid:** 11/7
- **Calcarea carb:** 11/6
- **Silicea:** 10/5
- **Sulphur:** 9/5

**Selection of medicine**

We have got a list of close running remedies. His Mental, physical generals and particular symptoms decide the prescription in favor of mercurius sol.

**Prescription**

Date	Symptoms	Prescription
20/02/2024	Acute case of impetigo, red blisters on face, non-itching eruption which is contagious. Since 3 days	Merc.sol 200 BD for 2 days. Rubrum 30 TDS for 10 days
<b>Follow up</b>		
4/3/2024	Improvement Having no eruption.	Rubrum 30 TDS for 7 days

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