



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)

IJHS 2025; 9(1): 499-502

Received: 02-12-2024

Accepted: 14-01-2025

## Arunima RS

PG Scholar, Department of Homoeopathic Materia Medica, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanniyakumari, Tamil Nadu, India

## Krishnakumari Amma CR

Professor & Research Guide, Department of Homoeopathic Materia Medica, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanniyakumari, Tamil Nadu, India

## Corresponding Author:

### Arunima RS

PG Scholar, Department of Homoeopathic Materia Medica, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanniyakumari, Tamil Nadu, India

## Homoeopathic management of cellulitis: A case report

Arunima RS and Krishnakumari Amma CR

DOI: <https://doi.org/10.33545/26164485.2025.v9.i1.G.1397>

### Abstract

Cellulitis is a common bacterial inflammatory skin infection, which affects both the dermal layers and the subcutaneous tissues. Homoeopathy have been explored for their potential role in managing this condition. This case report presents the successful homoeopathic management of a patient diagnosed with cellulitis with the homeopathic medicine *Rhus Toxicodendron* in LM potency, emphasizing individualized remedy and potency selection based on symptom presentation and homoeopathic analysis of the case. The patient demonstrated significant improvement with the administration of a carefully chosen homeopathic medicine, leading to complete resolution of symptoms without the use of conventional antibiotics. This case underscores the potential of homoeopathy in the treatment of cellulitis.

**Keywords:** Cellulitis, Infection, Homoeopathy, *Rhus Toxicodendron*

### Introduction

Cellulitis is a prevalent bacterial infection of the deep dermal layers and subcutaneous tissues, with 60% of cases involving the lower limbs. Erysipelas is a form of cellulitis that involves more prominent superficial surface inflammation [1]. Cellulitis primarily affects middle-aged and older adults. Previous studies have shown a higher susceptibility among males and individuals aged 45 to 64 years to the incidence of cellulitis. Cellulitis manifests as undefined, erythematous, warm region associated with tenderness and oedema.

The most common bacterial organism that causes cellulitis are group A Streptococcus and then by methicillin sensitive staphylococcus aureus. Individuals who are immunocompromised or with other comorbidities such as diabetes mellitus are prone to such bacterial infections [2]. Cellulitis is a significant health concern globally with varying incidence rates. In the article, "Global burden of bacterial Diseases", it is reported that there were approximately 54.84 million cases of cellulitis worldwide, with an incidence rate of about 6.96 per 1000 person- years [3]. The incidence rate of cellulitis varies based on age, gender, and underlying health conditions.

The common pathogens responsible for this infection are streptococcus and staphylococcus species, but there are several factors that can increase the risk of developing cellulitis. Skin injuries, chronic skin conditions and surgical wounds can serve as port of entry for bacteria [2]. Individuals under immunosuppressive medications or corticosteroids are at higher risk [4]. Chronic oedema of lower extremities and obesity increases the susceptibility towards cellulitis [5]. Diabetes can compromise the immune response and impair peripheral blood flow, particularly in the lower extremities, thereby elevating the risk of cutaneous infections such as cellulitis [2]. It is important to have an understanding about the risk factors as it is crucial for both prevention and effective management of cellulitis.

The pathophysiology of cellulitis involves several key elements. The compromised skin barrier act as an entry point for the causative pathogens which then multiply and spread through the dermis and subcutaneous tissues. They proliferate and release enzymes and toxins. This leads to an inflammatory response by influx of white blood cells to the affected areas. This response manifests as the characteristic signs of cellulitis such as erythema, swelling, tenderness and warmth over the affected area [6].

The clinical manifestation of cellulitis includes the characteristic signs of inflammation and systemic symptoms like fever, chills, and headaches. In some cases, there is dimpling or blister formation, skin appear red, purple, the skin surface looks lumpy or pitted and general feeling of weakness. The skin may show signs of bruising and red streaks extending from the affected area, indicating the involvement of lymphatics [7].

The diagnosis of cellulitis is based on the clinical evaluation, which includes anamnesis and physical examination of the patient. In cases where the diagnosis is uncertain or suspected of any complications, investigations such as complete blood count to detect systemic infection indicators, imaging studies can be utilized to assess the extent of infection or to rule other conditions mimicking cellulitis. Microbiological cultures are performed to identify specific causative pathogens in cases of severe infections [8]. Cellulitis can result in the emergence of multiple severe complications, if left unaddressed in a timely and effective manner. The complications of cellulitis include abscess formation, sepsis, osteomyelitis, lymphangitis, endocarditis, extensive tissue damage and necrosis, resulting in gangrene. In extreme cases, amputation of the affected limb is necessary to prevent further spread of infection [9,10]. Homoeopathic medicines can effectively manage cellulitis and aids in preventing any negative outcomes.

**Case presentation**

This is a case of 56 years old working female patient admitted to the IPD of Sarada Krishna Homoeopathic Medical College on 17.01.2025.

**Initial Presentation**

The patient came with complaint of bilateral swelling of the lower limbs with severe pain, redness and pitting oedema, for last 1 week. Patient also complains about fever mostly at night for 4 days. She also has burning sensation in soles of feet, there is pain in knee joints, more on the left knee joint. There is stinging and tingling sensation on left lower leg with severe itching. She complains that her pain in legs increases when she is exposed to cold weather, at night and lying down. She feels slight relief after bathing in warm water and while rubbing her legs gently. The patient also has associated symptoms of headache and weakness. She was admitted to IPD ward of the hospital.

**History**

About 10 days back there was a painful boil on the left leg below the knee joint. Later on, the patient suffered from pain, tenderness and swelling on the left leg. After few days swelling was present on the right leg also with stinging, burning sensation. There was severe pain and reddish discoloration on both lower extremities more on left leg. Patient has consulted a clinic and took antibiotics for 2 days. But patient developed stomach ache and was feeling tired, so discontinued the antibiotics. She also had fever and chills, especially during night. Finally, she visited our OPD and was admitted to the ward.

Patient has a known complaint of diabetes mellitus and hypertension for 15 years and is under allopathic

medications for the same. She also has complaints of knee joint pain for last 5 years, for which she is not taking any medications. She has not undergone any surgical procedures. In family history, the patient’s mother has diabetes mellitus and hypertension. Her elder sibling also has complaint of diabetes mellitus. No other major findings from past or family history of the patient.

**Generals**

On taking the physical generals of the patient, she has decreased appetite and increased thirst, especially for warm or hot drinks. And she complains of dryness in her mouth even after drinking water. The bowel movements were irregular and her urine output was normal. She was a chilly patient. She is very sensitive to open air and cold weather.

On taking the mental generals, the patient appeared to be very calm, mild and attentive. She was extremely restless, was constantly changing positions while sitting in a chair and was shaking her legs. She said that even though there is severe pain, she didn’t want to sit idly. She wants to walk and work at her tea shop that she owns. After the incidence of this complaint, she feels very restless. She also feels sad and anxious. On observation, the patient gave delayed response for the questions asked by the physician during case taking.

**Physical Examination**

Vital signs: Pulse-98/min; Temp: 101 °F; RR: 20/min; BP: 130/80 mm of Hg.

Patient had normal orientation, NVBS. Patient had antalgic gait and restricted ROM.

**Local examination of Lower limbs**

Inspection-blackish discoloration was seen on both feet. Redness present, more on left leg. Swelling present. The skin looked dry with no eruptions or discharge. Few dilated, tortuous veins visible on right lower limb. No active wounds, ulcerations or abscess formation. The skin appeared shiny and stretched.

Palpation- Tenderness and pain present, warm on touch, more on left leg. Pitting type of oedema present. Peripheral pulsations present. The skin feels hard to touch.

**Prescription**

The totality of symptoms was formed on taking account of the mental, physical and pathological symptoms of the patient. The final selection of individualized homeopathic medicine for the patient was done by consulting the Materia Medica. The patient was prescribed Rhus Toxicodendron 0/3/1D in 10 ml aqua, 5gtt thrice daily (TDS) on 17.01.2025.

**Table 1:** Follow up of the case.

18.01.2025	Swelling in the both legs persists. Reddish discoloration seen. The high-grade fever and chills (Temp:99 °F) have decreased, with pain in legs slightly better. Itching persists.	Rhus Tox 0/3/1D in 10 ml aqua, 5gtt TDS.
19.01.2025	Fever with chill subsided. The pain is slightly better than before, but still persists. The reddish discoloration present, but slightly diminished. Swelling in right leg reduced but oedema on left leg persist. Her generals have improved. Itching and burning sensation persist	Rhus Tox 0/3/1D in 10 ml aqua, 5gtt TDS.
20.01.2025	Fever with chill completely subsided. The oedema on both legs have reduced than before. Reddish discoloration diminished. Burning sensation also reduced. Itching persists.	Placebo
21.01.2025	Reddish discoloration and burning sensation reduced. Oedema on both legs reduced. Tenderness diminished. Patient had dry cough and headache at previous night. Itching persists.	Rhus Tox 0/4/1D in 10 ml aqua, 5gtt TDS.
22.01.2025	Reddish discoloration disappeared. Burning sensation reduced. Oedema has reduced, much better than before. No tenderness. Dry cough and headache better. Itching better. All generals are good.	Rhus Tox 0/4/1D in 10 ml aqua, 5gtt TDS.
23.01.2025	No pain and swelling. Itching reduced. All generals good. The patient got discharged.	Placebo



**Fig 1:** Before treatment on 17.01.2025



**Fig 2:** After treatment on 23.01.2025

### Basis for prescription

The remedy was selected on the basis of the symptomatology of the patient. Since the patient presented with an acute complaint, an acute totality was formed by cumulating the sector totality and fixed general totality of the patient. Thus, Rhustox was selected as the similimum for this case. And LM potency was selected on the basis of the susceptibility score of the patient, nature of the patient and disease, and the frequency of the repetition required for this particular case. The totality of the patient was similar to the drug pathogenesis of homoeopathic medicine Rhustox.

### Discussion and Conclusion

According to different Homoeopathic Materia Medica literatures, this Homoeopathic medicine has marked action on cellulitis. The sphere of action of Rhustox includes skin, blood, tissues, glands, nerves <sup>[11]</sup>. This patient presented with the pathological symptoms of cellulitis like oedema, redness, pain, fever and chills. The complaints started on

left leg and then spread to right leg. The patient was restless, sensitive to open air and slow in answering. She was a chilly patient, and had thirst with desire to have warm or drink drinks. All these symptoms give a similar picture of homoeopathic medicine Rhustox <sup>[12]</sup>.

The medicine Rhustox has marked action on inflammation, mostly indicated on very acute and specific kind, tendency to invade large surfaces. There is redness and swelling of the affected parts with severe pain and an increase in temperature often at night. The side of affection goes from left to right. It is indicated for septic fever also. This medicine is also indicated in acute renal inflammation <sup>[12]</sup>. There are several homoeopathic medicines that are used for treating cellulitis such as Belladonna, Arsenicum album, Silicea, Lachesis, Apis mellifica <sup>[13]</sup> and many more. The selection of accurate individualized homoeopathic medicine out of all these differentials differs on the basis of totality of the symptoms present in each case.

This case report shows the potential of homoeopathy in managing the case of cellulitis without any adverse effects. Homoeopathy medical system has a stellar role in health care as it works on the basis of holistic approach in treating diseases. This case report has also stated the rapid curative action of the homoeopathic medicines. This system of medicine ensures personalized care by selecting remedies based on the unique symptoms of the patient.

### Conflict of Interest

Not available

### Financial Support

Not available

### References

1. Patel M, Lee SI, Thomas KS, Kai J. The red leg dilemma: a scoping review of the challenges of diagnosing lower-limb cellulitis. *Br J Dermatol* [Internet]. 2019;180(5):993-1000. Available from: <http://dx.doi.org/10.1111/bjd.17415>
2. Brown BD, Hood Watson KL. Cellulitis. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2025.
3. Xue Y, Bao W, Zhou J, Zhao Q-L, Hong S-Z, Ren J, *et al.* Global burden, incidence and disability-adjusted life-years for dermatitis: A systematic analysis combined with socioeconomic development status, 1990-2019. *Front Cell Infect Microbiol* [Internet]. 2022;12:861053. Available from: <http://dx.doi.org/10.3389/fcimb.2022.861053>
4. Yale Medicine. Cellulitis [Internet]. 2024 [cited 2025 Jan 30]. Available from: <https://ym.care/7v2>
5. Centers for Disease Control and Prevention (CDC). About cellulitis [Internet]. Group A Strep Infection. 2024 [cited 2025 Jan 30]. Available from: <https://www.cdc.gov/group-a-strep/about/cellulitis.html>
6. Cranendonk DR, Lavrijzen APM, Prins JM, Wiersinga WJ. Cellulitis: current insights into pathophysiology and clinical management. *Neth J Med.* 2017;75(9):366-78.
7. Nimbhore G, Nimbhore V. Management of cellulitis with homoeopathic medicine - A case report.
8. Medscape. Cellulitis workup [Internet]. 2024 [cited 2025 Jan 30]. Available from: <https://emedicine.medscape.com/article/214222>
9. Dinulos J. Habif's Clinical Dermatology. Vol. 2021.

- Philadelphia, PA: Elsevier.
10. Gabel C, Ko L, Kroshinsky D. Cellulitis and erysipelas. In: Lebwohl MG, Heymann WR, Coulson IH, Murrell DF, editors. Treatment of Skin Disease: Comprehensive Therapeutic Strategies. Philadelphia, PA: Elsevier.
  11. Boger CM. Synoptic Key to Materia Medica. New Delhi, India: B Jain; 2003.
  12. Boericke W. Pocket Manual of Homoeopathic Materia Medica and Repertory. 11<sup>th</sup> ed. New Delhi, India: B Jain Publishers; 2012.
  13. Lillenthal S. Homoeopathic Therapeutics. New Delhi, India: B Jain; 2012.

**How to Cite This Article**

Arunima RS, Amma KCR. Homoeopathic management of cellulitis: A case report. International Journal of Homoeopathic Sciences. 2025;9(1):499-502.

**Creative Commons (CC) License**

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.