



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2023; 7(2): 243-245

Received: 14-03-2023

Accepted: 15-04-2023

Dr. Sreevidhya JS

Associate Professor,
Department of Obstetrics &
Gynecology, MNR
Homoeopathic Medical College,
Sangareddy, Telangana, India

Dr. Tummala Aarathi Reddy

Assistant Professor,
Department of Obstetrics &
Gynecology, MNR
Homoeopathic Medical College,
Sangareddy, Telangana,
Telangana, India

Reethu Chandini Nallala

Intern, MNR Homoeopathic
Medical College, Sangareddy,
Telangana, Telangana, India

Piniseti Navya Sree

Intern, MNR Homoeopathic
Medical College, Sangareddy,
Telangana, Telangana, India

Corresponding Author:

Dr. Sreevidhya JS

Associate Professor,
Department of Obstetrics &
Gynecology, MNR
Homoeopathic Medical College,
Sangareddy, Telangana, India

A homoeopathic approach on cellulitis

Dr. Sreevidhya JS, Dr. Tummala Aarathi Reddy, Reethu Chandini Nallala and Piniseti Navya Sree

DOI: <https://doi.org/10.33545/26164485.2023.v7.i2d.836>

Abstract

The most frequent reason for hospitalisation for skin-related conditions is cellulitis, a deep dermal and subcutaneous tissue infection. To reduce the clinical features, non-steroidal anti-inflammatory capsules and antibiotics are recommended. However, these drugs cause complications and unintended side effects. Therefore, homoeopathy, which aids in permanent treatment barring the use of antibiotics, can be used to choose a safer course of treatment.

Keywords: Cellulitis, Non-steroidal Anti-inflammatory drugs, Antibiotics, Homoeopathy

Introduction

Cellulitis is a non-suppurative spreading inflammation of subcutaneous and facial planes. A tiny scrape, wound, incision, or bite from an insect, snake, or scorpion can also result in infection. The superficial one is considerably simpler to detect than the deep one, which might be superficial or deep. It is widespread in those with diabetes, immunocompromised people, and the elderly. It is common to see slack subcutaneous tissue on the face, lower limbs, upper limbs, and scrotum. It is preferable to treat face cellulitis as a medical emergency^[3].

Aetiology

Streptococcus pyogenes and other gram +ve germs are the causal agents. Infection spread is intended by the release of hyaluronidase and streptokinase. Gram-negative bacteria like Klebsiella, Pseudomonas, and E. coli are frequently also involved. Skin vegetation and one of several different microorganisms can penetrate the dermis and subcutaneous tissue when there is damage to the skin. The entrance of these microorganisms beneath the skin's surface can cause cellulitis, a severe superficial infection that affects the deep dermis and subcutaneous tissue^[3,5].

Clinical Features

- Cellulitis can lead to sickness and toxicity.
- The swelling in cellulitis is diffuse and less demarcated.
- The skin of cellulitis is warmth on touch with a crimson colour.
- Diabetic patients can motivate cellulitis quickly.
- The convenient regional lymph nodes can showcase off the severity of the infection.
- Cellulitis will lead to Blisters, spots, pain and tenderness^[4].

Investigations

- There are two counts, a) Total count and b) Differential count.
- There are assessments for blood urea and creatinine in immoderate cases.
- Blood sugar estimation and urine take an exhibit up at for ketone bodies.
- Deep vein thrombosis is normally mimicked with the useful aid of cellulitis of the lower limb. Hence, Venous Doppler and ultrasound of soft tissues of lower limb is advised to rule out DVT^[3].

Risk Factors

- Pores or cracks in the skin between the toes.
- Peripheral vascular disease history.

- A blow to the skin that results in injury or damage.
- Bites and stings from animals, humans, and insects.
- Ulcers caused by serious illnesses, such as diabetes and vascular disease.
- The use of immune-suppressing corticosteroids or other high-end medications.
- Any cut, fracture, burn, or scrape provides a point of entry for bacteria.
- Immune system weakened. Infection risk is increased by illnesses that impair immunity, such as diabetes, leukaemia, and HIV/AIDS. The immune system can also be weakened by some drugs.
- Skin problems. Eczema, athlete's foot, and shingles are a few conditions that can lead to cracks in the skin, which serve as entry points for germs.
- Lymphedema, a long-term (chronic) swell of the arms or legs. Sometimes this condition develops following surgery.
- The cellulitis history. The likelihood of developing cellulitis again is increased by prior exposure.
- Having a weight issue. Cellulitis risk is heightened by excess weight^[3].

Pathophysiology

Erythema, warmth, edoema, and palpable discomfort are the hallmarks of cellulitis, which are brought on by the cytokine and neutrophil response to bacteria penetrating the epidermis. After bacteria have entered the skin and caused an epidermal response, cytokines and neutrophils are attracted to the affected area. This reaction, which is hypothesised to create the recognisable exam results in cellulitis, comprises the generation of antimicrobial peptides and keratinocyte growth. A Group Streptococci, the most frequent bacteria that cause cellulitis, can also create virulence factors including streptococcal super-antigen and pyrogenic exotoxins (A, B, C, and F) that can induce a more severe and invasive illness^[5].

Management

- Dressing (typically glycerine dressing) is utilised since it lowers the oedema because of its hygroscopic activity, primarily glycerine magnesium sulphate dressing, to promote circulation and bandaging.
- Diabetics should receive insulin treatment; if ketosis is suspected, it should be validated by evaluating urine ketone bodies before receiving intravenous insulin^[3].

Differential diagnosis

Although it can have many imitators, cellulitis is a common infection of the deep dermis and subcutaneous tissue that primarily affects the lower extremities.

- Chronic venous stasis dermatitis, which commonly affects the medial malleoli, is a long-lasting, bilateral, inflammatory dermatosis caused by chronic venous insufficiency. It develops as erythema with scaling, peripheral edoema, and hyperpigmentation on the lower limbs. The goal of treatment is to address the underlying chronic venous insufficiency as well as any side effects such lower extremity edema.
- Septic arthritis, or an infected joint, can affect any joint, although the knee joint is most frequently affected. Patients usually have edoema, warmth, discomfort, and reduced joint movement when they first appear. The

most prevalent bacteria are targeted by antibiotics and joint suction in the treatment of septic arthritis.

Deep vein thrombosis (DVT) often manifests as soreness, erythema, warmth, and edoema in a unilateral fashion.

Lower extremities are frequently impacted. Patients frequently have a history of immobility, active malignancy, or a family history of venous thromboembolism, all of which are risk factors for DVT. Leukocytosis and fever are uncommon symptoms of deep vein thrombosis, yet they might exist. The diagnosis is verified via ultrasound imaging.

Cellulitis is sometimes referred to as erysipelas. It affects the upper dermis and superficial lymphatic system, however it is a more superficial infection. Erysipelas can be identified by its bright red erythema, elevation of the affected skin, and clearly defined borders, which set it apart from cellulitis, which is typically more moderately erythematous (pink) and flat with less clear borders. When superficial lymphatics are implicated, erysipelas may also exhibit streaking. Exotoxins produced by group A strep (*Streptococcus pyogenes*) are the main cause of it^[5].

Types

1. Cellulitis of the periorbital region, which appears around the eyes.
2. Cellulitis of the face, which appears around the cheeks, nose, and eyes.
3. Breast cellulitis, which primarily affects the breast's lower half.
4. Perianal cellulitis, which appears at the anal orifice, affects the skin around the rectum and anus, most frequently in young infants^[6].

Homoeopathic Management

1. Apis mellifica

It acts often on cellular tissues inflicting edema of the skin and mucous membrane. It causes acute subcutaneous edema with crimson stripes. The affected part appears like red rosy hue alongside with stinging pains, discomfort and intolerance to heat. Swellings on the skin as after bite of insects. Tendency of puffing up of whole body. Skin seems very hot, red, with waxy paleness. Extremely sensitive to touch the affected part. Usually the right side is affected. Thirstlessness is marked. Oedematous bag like puffy swelling below the eyes. Symptoms worse on sleeping, warmth and higher by using bloodless bath, uncovering, changing position^[7-10].

2. Belladonna

Belladonna is continually associated with hot, pink skin, flushed face, throbbing carotids, hyperaesthesia of all senses and excited mental state. Most indicated for inflammations. No matter where the infection is, there is the same excessive heat. We have much swelling in Belladonna. Skin imparts a burning sensation to examining hands. Skin of a uniform, smooth, shining, scarlet redness with burning pains. Belladonna stands for its violence and suddenness of onset. Symptoms worse through touch, jar, draft of air and better by sitting erect, warmth^[7, 9, 10].

3. Crotaul horridus

Swelling and discoloration of skin with excruciating pain. Ailments from insect stings. Great sensitivity of pore skin

with sore sensation. The skin appears cold and dry. There is tendency for malignancy manifestations. Symptoms are worse in warmth, awakening, damp weather and right side^[7, 9].

4. Pyrogenium

Pyrogenium has verified it is excellent price as a homoeopathic dynamic antiseptic. A small decrease or damage will grow to be very swollen, inflamed and discoloured. The part lain on sense sore and bruised. Marked restlessness where steady movement ameliorates the soreness. Symptoms relief from motion^[7-9].

5. Rhus tox

Indicated remedy for Cellulitis and infections in early stages. Red swollen skin with severe itching. Stinging and tingling on skin with burning after scratching. Swelling of the affected parts is present. Restlessness is marked. Great sensitiveness to open air. Symptoms are worse in cold, moist weather, night and rest. Better in warm, dry climate and motion^[7, 9].

6. Silicea

Silicea is the remedy frequently indicated for inflammation, swelling and suppuration of the affected parts. The skin appears unhealthy with rosy crimson blotches and offensive pus. Every little trauma suppurates in cellulitis. Symptoms irritate from cold, new moon, uncovering and ameliorates with the aid of warmth, wrapping up of head^[7, 9].

7. Sulphur

The skin of sulphur patient is dirty, filthy and are prone to skin affections. Inflammation of skin with shooting pains. Any injury could lead to inflammations and ulcerations. There is prominent itching where scratching ameliorates but causes burning. Patient is aversion of being washed. Symptoms are worse by rest, standing, warmth and better by lying in right side, cold application^[7, 9].

8. Tarentula cubensis

Tarentula cubensis is in each and every day indicated for excessive fluctuate of contamination and pains. Tendency of puffing up all over. Sensation of burning and stinging pains^[9].

Rubrics related to Cellulitis:

- Cellular Tissue: Cellulitis, Indurated, Subacute^[12].
- SKIN- Swelling: Affected part.
- SKIN- Swelling: Inflammatory.
- SKIN- Swelling: Shining^[11].

Conflict of Interest

Not available

Financial Support

Not available

Reference

1. Michelle A Better, Benjamin H Kaffenberger, Catherine G Chung. Cellulitis: A Review of Current Practice guidelines and differentiation from Pseudocellulitis. American Journal of Clinical Dermatology. Published in 13 December 2021.
2. Available from

<https://link.springer.com/article/10.1007/s40257-021-00659-8>

3. Hemalatha CN, Jagadeesan B, Janani N, Aniesh Kumar A, Harinathan R, Harikrishnan N. A Review Study on Cellulitis. International Journal of Research in Pharmaceutical Sciences. Published in 8 June 2021.
4. Available from <https://ijrps.com/index.php/home/article/view/286>
5. Sriram Bhat M. SRB's Manual of Surgery, 5th edition, Jaypee Brothers Medical Publishers (P) Ltd. PG. No. 36-37.
6. Das S. A Concise Textbook of Surgery, 10th edition, Ch. 7, PG. No. 84.
7. Brown BD, Hood Watson KL. Cellulitis. Stat Pearls Publishing. 8 August 2022. Available from <https://www.ncbi.nlm.nih.gov/books/NBK549770/>
8. Alicia Wooldridge. Cellulitis- Types, Symptoms and Treatment options. K Health. 22 July 2022.
9. Available from <https://khealth.com/learn/cellulitis/what-/>
10. Allen HC. Keynotes Rearranged and Classified with other Leading Nosodes and Bowel Nosodes. 15th Reprint edition. Indian Books and Periodicals Publishers. PG. No. 37, 65, 144, 327, 333, 334, 375.
11. John Henry Clarke. A Dictionary of Practical Materia Medica. Volume 1, 2, 3. Indian Books and Periodicals Publishers. PG. No. 144, 267, 268, 617, 936, 1188, 1322, 1379.
12. William Boericke. Boericke's New Manual Homoeopathic Materia Medica with Repertory. 3rd Revised and Augmented edition. B. Jain Publishers (P) Ltd. PG. No 58, 102, 103, 213, 479, 491, 524, 548, 557.
13. C Hering. The Guiding Symptoms of our Materia Medica. Volume 1, 2. B. Jain Publishers (P) Ltd. PG. No. 480-484, 420-422.
14. Kent JT. Repertory of the Homoeopathic Materia Medica. 6th American edition. B. Jain Publishers (P) Ltd. PG. No. 1332.
15. Phatak SR. A Concise Repertory of Homoeopathic Medicines Alphabetically Arranged. 4th edition. B. Jain Publishers (P) Ltd. PG. No. 49.

How to Cite This Article

Sreevidhya JS, Reddy TA, Nallala RC, Sree PN. A homoeopathic approach on cellulitis. International Journal of Homoeopathic Sciences. 2023;7(2):243-245.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 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.