

Treatment of Nonbullous Impetigo with Individualized Homoeopathic Medicine MERCURIUS: An Evidence-based Case Report

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Abstract: *Impetigo, a highly contagious skin infection commonly affecting school - going children, tends to be more prevalent during the summer months. There are two main types: Nonbullous Impetigo (NBI) and bullous Impetigo. NBI is the more typical variety and is caused by bacterial pathogens such as Staphylococcus aureus and Group A beta - hemolytic Streptococci, or sometimes both in combination. Diagnosis primarily relies on clinical examination, with characteristic features including the presence of honey - colored crusts. Additionally, culturing of pus or bullous fluid may aid in identifying the specific pathogens involved. A 14 - year - old boy presented with NBI even after taking 2 -weeks of conventional treatment. However, Homoeopathy medicine Mercurius was treated successfully without topicals, complications, or adverse effects.*

Keywords: Homoeopathy, impetigo, Mercurius, Nonbullous impetigo

1. Introduction

Impetigo is a highly contagious superficial pyogenic skin infection⁽¹⁾, particularly prevalent among school - going children and more common during the summer months⁽²⁾. The global burden of this condition affects approximately 1.6 billion children, with a median prevalence rate of 12.3%. In India alone, over 10 million school - aged children are affected, representing an incidence rate of 5.96 %^(3, 4).

This infection manifests in two primary forms: Nonbullous Impetigo (NBI) and bullous Impetigo. NBI, also known as Impetigo contagiosa, constitutes the majority of cases, with 80% attributed to Staphylococcus aureus and 10% to Group A beta - hemolytic streptococci⁽⁵⁾. NBI typically begins as a vesicle or pustule that coalesces, ruptures, and forms a characteristic honey - colored crust. It often presents with an erythematous base and mild regional lymphadenopathy, primarily affecting the face and extremities. Fever and other systemic symptoms are typically absent.

Diagnosis relies heavily on clinical examination, focusing on the appearance of the honey - colored crust. Treatment primarily involves antibiotics, both oral and topical, along with appropriate wound care^(6, 7). Despite the mild nature of symptoms, prompt treatment is crucial to prevent rare but serious complications such as rheumatic heart disease or glomerulonephritis⁽⁸⁾.

Homoeopathy, known for its gentle and effective approach using minimal doses of natural substances, offers an alternative treatment avenue⁽⁹⁾. In the Synthesis Treasure Edition 2009 by Schroyens, 72 remedies are indicated for Impetigo under the skin chapter⁽¹⁰⁾. This case report aims to demonstrate the efficacy of homeopathic medicine in treating NBI⁽¹¹⁾.

2. Case Report

A 14-year-old boy came in my OPD on September 10st 2023, with complaints of itchy, scaly with honey colored eruptions on chin and right ear since 3 weeks.

History of presenting illness

Initially, a group of pustules developed on the left knee; after scratching, it led to bloody, purulent, offensive discharges and further spread the lesions to the adjacent area, extending the same lesions to form the crust. He took the conventional medicine topically and orally for 1 week from September 1, 2023 to September 07, 2023, but it had temporary relief only. After few days that type of lesions appeared on chin and left ear also. The itching was aggravated at night. He has constant burning pain in the lesions, more at night. Discharges were purulent, honey colored, and offensive. Then the parents decided to take Homoeopathy medicine for him.

Past history

He has been suffering from atopic eczema for 6 years, has been taking conventional medicine, and occasionally relapsed in the winter season.

Family history

The patient's father has allergic rhinitis; mother is healthy. And her paternal grandfather had bronchial asthma under conventional medicine.

Mental generals

After developing this illness, he became dull due to the skin condition and always sit alone and wear a mask while he going to outside (mother informed). Many times he looks on mirror. He try to avoid family functions, church visits etc.

Physical generals

He had lost his appetite, had no specific desire and aversions, had increased thirst for a smaller amount of cold water, his bowel movements and urine voiding were regular and satisfactory, and he had disturbed sleep due to itching and pain. And also, he had intolerance to cold air and weather changes causes sore throat.

Particulars

Eruptions – erosions of the skin around the mouth with itching aggravated at night. Pain – burning in nature more at night. Skin – discharges, bloody, purulent, offensive, and crust formation.

General examination

Afebrile, ill-looking, pulse rate-86/min, respiratory rate-18/min, nil lymphadenopathy, and no other abnormality detected.

Local examination

Skin-on inspection – erosions with crust, reddish color, ill-defined margins, purulent, honey colored discharges, multiple lesions, coalescing in arrangement, localized asymmetrical distribution around the mouth. Firm in consistency, warm on touch, with severe tenderness on **palpation.**

Diagnostic assessment

Based on this clinical examination and history, this case was diagnosed as NBI. Analysis and evaluation of the case, After analysis and evaluation of the case, the reportorial totality was constructed and repertorization details are shown in Figure 1-^[10]

	Remedies	ΣSym	ΣDeg	Symptoms
1 MIND - ANSWERING - slowly	merc.	4	9	1, 4, 5, 6
2 MIND - CHILDREN - covering their face	calc.	2	5	3, 5
HEAD	graph.	2	5	4, 5
3 HEAD - PERSPIRATION of scalp	kali-bi.	2	5	4, 5
sleep agg.; during	lach.	2	5	4, 6
EAR	sulph.	2	4	1, 4
4 EAR - ERUPTIONS - excoriating	lyc.	2	3	1, 5
5 EAR - ERUPTIONS - moist	petr.	2	3	4, 5
6 EAR - PAIN - sore throat, with	rhus-t.	2	3	1, 5
FACE	sanic.	2	3	3, 5
7 FACE - ERUPTIONS - eczema - a	kali-c.	2	2	4, 8
impetigo	kali-s.	2	2	3, 4
GENERALS	alum.	1	3	1
8 GENERALS - LOOKING - mirror agg.; into	apis	1	3	6
	gels.	1	3	1
	hell.	1	3	1
	nit-ac.	1	3	6
	ph-ac.	1	3	1

Reperorization Figure 1

The miasmatic analysis was done by Dr. R. P. Patel’s Chronic Miasms in Homoeopathy and their cure, and the predominant miasms were psora and syphilitic

Therapeutic intervention

After repertorization and referring to Materia Medica^[13] Mercurius was selected, covering the maximum rubrics, including the characteristic features of the condition. Afterward, assessing the patient susceptibility based on age, seat of the disease, pathology, and nature of the disease, higher potency was indicated, and^[14] hence the prescribed 200C potency was administered orally.

Follow-up and outcomes

- 17/9/2023 - Mercurius 200 one dose given in powder form with blank tablets for 1 week
- 25/9/2023 – Eruptions were dried up, no itching, no discharges, so I gave blank tablets for 1 week
- 3/10/2023 - All eruptions are subsided



Before Treatment



After treatment

3. Discussion

NBI mainly affects children, where the skin is easily disrupted on the face and extremities with intolerable itching, pain with serous exudation, and the characteristic golden-yellow crust formation, and needs prompt medication. Under conventional treatment, topical and oral antibiotics were treated to relieve [14] emphasized, the indicated remedy is based on anamnesis and administered in infinitesimal doses; per orum satisfies the morbid susceptibility, supplies the need of the organism, and confers true immunity by promoting health, which is the actual object to be gained.

Dr. H. A. Robert's observation suggests that patients with a combination of syphilitic taint and a psoric base are more prone to impetigo⁽¹⁶⁾. Therefore, in selecting a remedy, it's essential to consider not only the symptoms but also the underlying miasm. The potency and frequency of administration of the chosen remedy depend on various factors such as the patient's susceptibility, the nature and intensity of symptoms, the stage and duration of the disease. In this case, a 200c potency was chosen with frequent repetition, and the patient was advised to discontinue the remedy once improvement was noticed⁽¹⁴⁾.

During the course of treatment, the patient experienced a gradual decrease in complaints without any worsening of symptoms, aligning with J. T. Kent's fourth observation, indicating "no aggravation what so ever." This observation highlights that with the accurate remedy and potency, particularly in cases with less depth in pathology or functional diseases, cure can be achieved without exacerbation of symptoms. This form of cure represents the highest order, especially in acute conditions, where recovery occurs without any aggravation. The patient continued treatment without any recurrence of complaints⁽¹⁷⁾.

Several studies^[20 - 23] have highlighted the efficacy of Homoeopathic remedies in successfully treating Impetigo. This evidence - based case report further supports the use of Homoeopathy for Impetigo treatment, emphasizing its effectiveness without the need for topical medications and associated adverse effects.

4. Conclusion

This case report demonstrated the role of Homoeopathy in treating bacterial infections such as NBI, where Mercurius was prescribed and administered orally without topical and showed evident positive results. Mercurius is Hahnemann's typical antisyphilitic remedy, bones, glands, and skin are affected. Here the case is successfully treated with Mercurius.

Declaration of patient consent

The authors certify that they have obtained patient consent and that the patient has given his consent for his photographs and other clinical information to be reported in the journal. In addition, the patient was made to understand that his name and initials would not be published, and efforts would be made to conceal his identity.

NB: NBI - Non bullous impetigo

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