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Management of Cellulitis with Homoeopathic Medicine-A Case Report

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ABSTRACT:

Cellulitis is an infection of the deep dermis and subcutaneous tissue, presenting with expanding erythema, warmth, tenderness, and swelling. Streptococci are the most commonly implicated pathogen, and often reside in the interdigital toes spaces. Any disruption of the skin surface can allow the organism to invade.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.The case of cellulitis of 40 years old female has the classic presentation of rubor (redness), dolor (pain), tumor (swelling), calor (heat) the hallmarks of cellulitis.Homoeopathy reduces the need for surgical intervention. This case shows the usefulness of homoeopathic medicine in acute cases.A case of Cellulitis is treated according to the HOM-CASE guidelines with intervention of individualised Homoeopathic medicine *CalcariaSulphuricum* in ultra dilution. The Cellulitis treated completely without any adverse events.The outcome was assessed along with the photographs.

KEYWORDS: *Calcaria Sulphuricum,* Cellulitis, Homoeopathy, Infection.

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INTRODUCTION:

Cellulitis is a common bacterial skin infection, We found a cellulitis incidence rate of 24·6/1000 person-years, with a higher incidence among males and individuals aged 45–64 years. The most common site of infection was the lower extremity (39·9%)).[1] Beta-hemolytic streptococci typically cause cellulitis, generally group A streptococcus (i.e., *Streptococcus pyogenes*), followed by methicillin-sensitive *Staphylococcus aureus*. Patients who are immunocompromised, colonized with methicillin-resistant Staphylococcus aureus, bitten by animals, or have comorbidities such as diabetes mellitus may become infected with other bacteria.[2] The skin serves as a protective barrier preventing normal skin flora and

other microbial pathogens from reaching the subcutaneous tissue and lymphatic system. When a break in the skin occurs, it allows for normal skin flora and other bacteria to enter into the dermis and subcutaneous tissue. The introduction of these bacteria below the skin surface can lead to an acute superficial infection affecting the deep dermis and subcutaneous tissue, causing cellulitis. Cellulitis most commonly results from infection with group A beta-hemolytic streptococcus (i.e., *Streptococcus pyogenes*).[3]

Risk factors for cellulitis include any culprit that could cause a breakdown in the skin barrier such as skin injuries, surgical incisions, intravenous site punctures, fissures between toes, insect bites, animal bites, and other skin infections.[4] Patients with comorbidities such as diabetes mellitus, venous insufficiency, peripheral arterial disease, and lymphedema are at higher risk of developing cellulitis.[5]

Cellulitis is characterized by erythema, warmth, edema, and tenderness to palpation resulting from cytokine and neutrophil response from bacteria breaching the epidermis. 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 [6].The cytokines and neutrophils are recruited to the affected area after bacteria have penetrated the skin leading to an epidermal response. This response includes the production of antimicrobial peptides and keratinocyte proliferation and is postulated to produce the characteristic exam findings in cellulitis.[7] Group A Streptococci, the most common bacteria to cause cellulitis, can also produce virulence factors such as pyrogenic exotoxins (A, B, C, and F) and streptococcal superantigen that can lead to a more pronounced and invasive disease.[8]Patients with cellulitis will reveal an affected skin area typically with a poorly demarcated area of erythema. The erythematous area is often warm to the touch with associated swelling and tenderness to palpation. The patient may present with constitutional symptoms of generalized malaise, fatigue, and fevers.

CASE PRESENTATION:

A working female patient aged 40 years came with complaints of Painful swelling and ulceration of lower limb near inguinal region and fever with chills since one week.Physical examination of the affected limb revealed an area with severe cellulitis in the left lower limb that was causing a great pain to the patient also having a high body temperature. She also had tender palpable left inguinal lymph nodes.

History of Present Complaints:

Two weeks back there was a painful boil on the left thigh just near inguinal region.Patient came with swelling,pain and tenderness in the affected area due to infection.She consulted a doctor and he prescribed some antibiotics including some ointments.But the condition got worse day by day even after 12 days. Finally, there was ulceration with discharge of pus.The whole area was very tender,and hence it was difficult to do the household work. As a result of secondary infection, there was high fever with chills.

Allopathic doctor advised for surgery but she denied for surgery from medical treatment, the case was referrd to a surgeon where he advised for incision and drainage of pus.But patient refused to take that and came to take.homoeopathyThe patient was having high fever with chills due to secondary infection.Finally,they decided to take Homoeopathy at OPD level.

Past History: No major illness

Family history: Children are healthy except some allergic problem.

Vital signs: pulse: 110\min; Temp: 101.F; RR: 22\min; BP: 120\80 mm of Hg.

Local Examination: Deep ulceration on that area with discharge of pus. The edges of the ulcer looked unhealthy with no signs of granulation tissuse. Even the fatty tissuse was visible. There was hardness and tenderness around the ulcer due to cellulitis. Pus was sour smelling.

Physical generals

Appetite: poor

Thirst: Normal

Bowels: Irregular

Urine: Burning

Desires: Warm food

Thermal: chilly

Mental Generals: very mild and timid in nature

Life space situation: Her husband was died before 8 years and she is handling her own family. Her financial condition was not good, always worried about her children. Dignosis made on the clinical symptoms as patient suffering with Redness, warmth, tenderness, and swelling of the skin ,Possible drainage, and buildup of pus (abscess) with the skin infection along with Swollen glands (lymph nodes) near the affected area.

AnalysisoftheCase:

With the help of characteristic mental and physicalsymptoms,weformed the totality of symptoms. This totality of symptoms helped us to choose a medicine by considering the patient as a whole.After forming the totality,and the final selection was done after consulting with Materia Medica and the patientwasprescribed *Heparsulph*200/TDS,fOR 2days , but no relief as expected so changed to *CalcariaSulphuricum*200/3 doses ,OD as therapeutically indicated for abcess and was instructed to take it once in the earlymorning in an empty stomach ,followed by a placebo for the next14 days and after 1 month of medication her wound was completely healed [Table 1].

Table 1: Follow up of the case:

Date	PresentingComplaint	Medicine
26.09.23	Swelling in left side of thigh region which was red in appearance and painful.very tender to touch ,throbbing pain with high grade fever and chill. The patient was very irritable	*Hepar Sulph200* TDS X 2 days. Placebo for 2days.
28.09.23	Fever with chill still present. No change in pain and redness of wound. Mentally patient was very irritable	*CalcariaSulph200* , 3 doses ,OD for 3 days. Placebo for2 days
30.09.23	Swelling, pain and redness was completely subsided, Occasional oozing of pus was there.	Placebo for 8 days.
03.10.23	Slight pus was oozing ,pain reduced with no redness Irritability decreased.	Placebo for 8 days.
05.10.23	No oozing of pus noticed .centrally wound is healing	Placebo for15days
15.10.23	Patient has removed the healing area with scrathing	Placebo for 15days
09.11.23	After 1 month complete healing can be seen with no recurrence .	Placebo for 15days

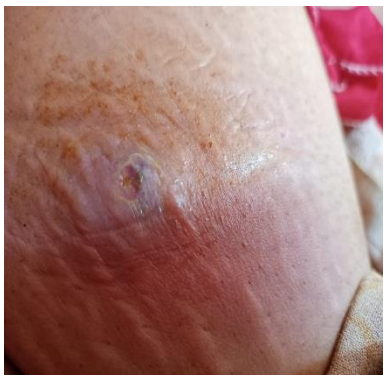

Fig-1: 1stVISIT 26/09/2023

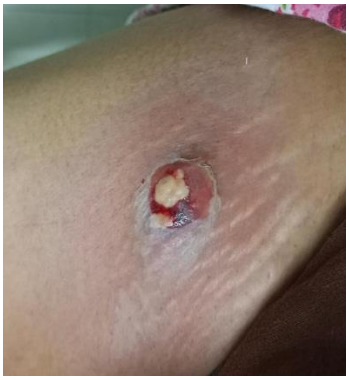

Fig-2:2ndVISIT 30/09/2023

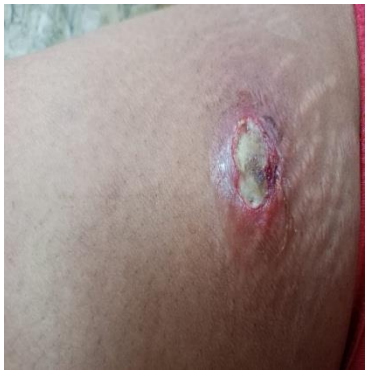

Fig-3: 3rdVISIT 3/10/2023

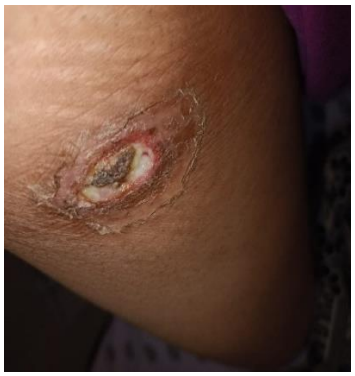

Fig-4: 4th VISIT 05/10/2023

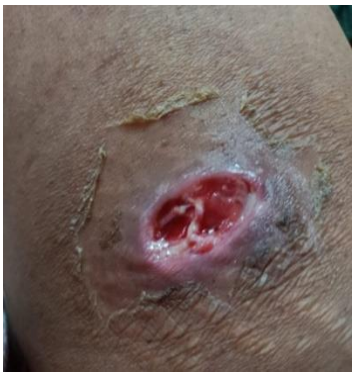

Fig-5:5th VISIT 15/10/2023

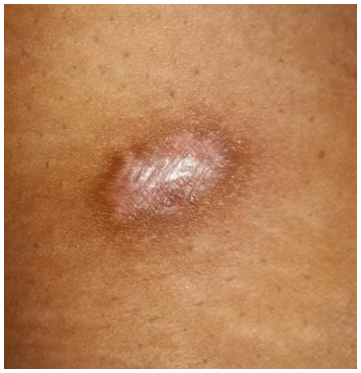

Fig-6:6th VISIT 09/11/2023

DISCUSSION:

Nonrepertorial approach is taken with formation of totality with irritability ,abcess formation, throbbing pain,chills with fever Hepar Sulph was given but there was no change in two days. On therapeutic basis reconsidering the redness,abcess,fever with chills and irritability *CalcariaSulphuricum* 200 was prescribed.Dr.Boerick has given in CalcariaSulph Chapter to compare calcaria sulph with Hepar sulph as well as silicea .Here calcaria sulph came throughout with therapeutic approach . After 3 days of medication the abscess got aborted without any complication. This improvement is shown by photographs in figure-2. Follow up was continued for 1month. There was no recurrence of abscess noted. Master Hahnemann in aphorism 80 Organon of Medicine [9] and its footnote along with other sections of organon gives clear preference to individualize a case. Because in homoeopathy we recognise a dynamic concept of disease in its essence. The patient is having no complaint till date.Here in this case, a presentation of cellulitis has been successfully cured with homoeopathic medicines, *Calcaria sulph200*.During the course of treatment, I have not used any external medicine as Master Hahnemann stated in aphorism 194 of Organon of medicine

CONCLUSION:

This case report shows positive effect to find individualized homoeopathic medicine in managing the Cellulitis.

Limitation of study:

As it is a single-case report, case series can be recorded and published to establish the effectiveness of individualized homeopathic medicine in cellulitis.

Declaration of patient consent:
The authors certify that they have obtained all appropriate patient consent for treatment and publication of images without disclosing the identity of patient.

Conflict of interest: Author declares that there is no conflict of interest.

Guarantor*:* Corresponding author is guarantor of this article and its contents.

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