



## IMPETIGO AND HOMEOPATHY – A CASE STUDY

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Impetigo is a common cutaneous infectious disorder. Although frequently affecting children, adults are also not uncommonly afflicted. There are two forms of impetigo-bullous and nonbullous forms. The diagnosis is usually clinical. Spontaneous resolution often occurs, although antibiotic treatment is recommended and care taken to monitor for complications, such as poststreptococcal glomerulonephritis in children.

Immunosuppression is a predisposing factor, especially in disseminated lesions.

We present a case of an 82-year old male with type 2 diabetes mellitus, presenting with a disseminated pustular rash lasting 3 months. His biopsy confirmed impetigo, he did not have a microbiology. He received the homeopathic medicine Hepar sulphuris at CH30 potency and recovered completely within several days.

Homeopathy is a widely used system of medicine and frequency of its use continues to grow in popularity. Since it is not associated with serious side-effects, it may be a useful treatment modality in patients such as this, with polypharmacy and potential multiple comorbidities.

*Key words:* impetigo, homeopathy, type 2 diabetes mellitus.

### INTRODUCTION

Impetigo is a common infectious disease of the skin. It is the commonest bacterial skin infection and third most common skin disease of childhood<sup>1</sup>. A Norwegian study suggested that *Staphylococcus aureus* was the causative agent in up to 89% of cases<sup>2</sup>. This pathogen was also the most common aetiological agent in a Dutch study, which also showed an increase in incidence from 16.5 (1987) to 20.5 (2001) per 1000 in those under 18 years of age<sup>3</sup>. It is commoner in warmer climates and during spells of warmer weather<sup>1</sup>.

### CASE

An 82-year old male patient with a 10-year history of type 2 diabetes mellitus presented (July 14, 2015) with a widespread itchy rash. The rash began over the Easter (12 April, 2015), following the large consumption of food, especially Easter lamb, the patient posited. There was no associated fever or other systemic symptoms. Physical

examination showed a disseminated pustular eruption with lesions on erythematous bases, involving the trunk, superior lower extremities and upper extremities (Figs. 1a–1e). He also had an intertriginous rash in his axillae.

His HbA1C was 7.5%, glycemia 180 mg/dl, he also had raised cholesterol and urea, with creatinine at the upper limit of normal.

A biopsy was done and the patient treated with the homeopathic medicine Hepar Sulphuris C30 (homeopathic calcium sulphide), *tds*, and calamine cream for the itch. He also received clotrimazole cream for the intertrigo.

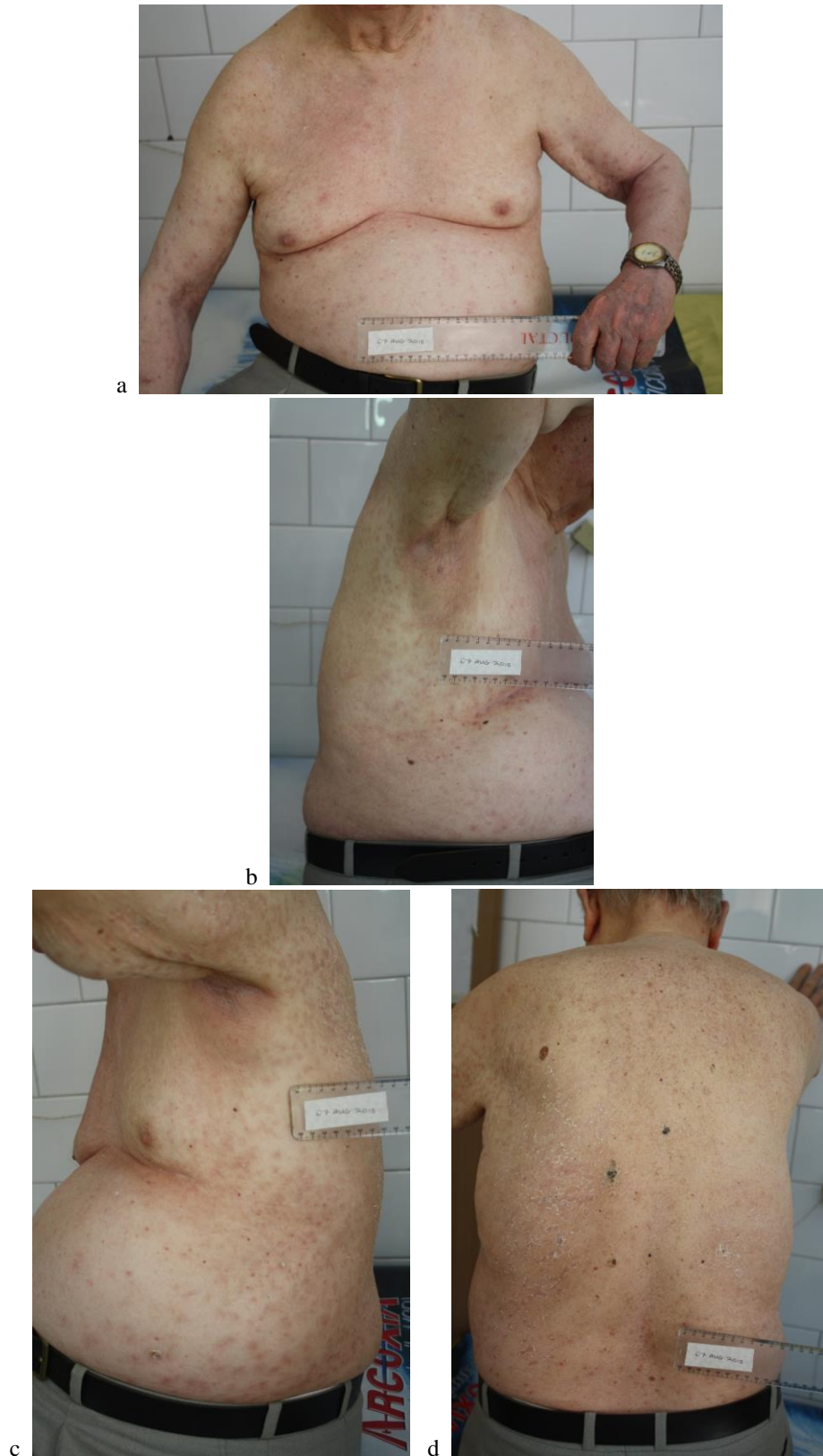
Surprisingly, the biopsy returned as impetigo, with numerous subcorneal neutrophil-filled pustules containing abundant bacterial colonies. Microbiology had not been done, as the duration and distribution of the rash, as well as his good glycemic control, led us to rule out an infectious cause.

The patient returned 3 weeks later with complete clearing of the lesions (Figs. 2a–2d), some residual macules, claiming the rash disappeared after a few days.



Fig. 1 (a-e):

- a – Anterior trunk, generalized pustular rash (before treatment);
- b – right lateral trunk, generalized pustular rash on (before treatment);
- c – left lateral trunk, generalized pustular rash (before treatment);
- d – posterior trunk, generalized pustular rash (before treatment);
- e – close up of pustular rash.



Figs. 2 (a-d):  
a – Anterior trunk, clearing of generalized pustular rash (after treatment);  
b – right lateral trunk, clearing of generalized pustular rash (after treatment);  
c – left lateral trunk, clearing of generalized pustular rash (after treatment);  
d – posterior trunk, clearing of generalized pustular rash (after treatment).

## DISCUSSION

Impetigo is an infectious, often self-limiting, disorder of the skin<sup>1</sup>. It is commonest in childhood, but may occur in adults, especially in conditions of immunosuppression.

Our case had already lasted approximately 3 months, according to the patient. This is unusual for impetigo and, one would have expected that the rash progressed. His general state did not give cause to suspect a prolonged infectious process either.

The differential diagnosis includes folliculitis, pemphigus foliaceus, psoriasis and Sweet syndrome, all of which were eliminated by the history, clinical examination and histopathology.

Since a microbiology was not carried out, the exact infectious agent was unknown, although the biopsy clearly confirmed an infectious aetiology.

Yet the patient responded rapidly, with no side-effects, from a homeopathic treatment using Hepar Sulphuris CH 30 as well as calamine cream.

Homeopathic Hepar Sulphuris is a highly diluted form of Calcium Sulphide. It is used by homeopaths to treat patients with purulent disorders.

The mode of action of homeopathic medicines is not exactly known. It is thought that the highly diluted solutions, while no longer having traces of the original substance, leave behind a memory or imprint in the solvent, which then has an effect on the water of the human body. Evidence for such activity of solute imprinted on solvent appears to exist<sup>4,5</sup>.

Homeopathy has been shown to be efficacious in other cutaneous infectious disorders<sup>6,7</sup>. Other case reports and case series suggest its efficacy in atopic dermatitis<sup>8,9,15</sup>, eczema<sup>10</sup>, lichen striatus<sup>11</sup>, psoriasis<sup>12</sup>, seborrheic dermatitis<sup>13</sup>, melasma<sup>14</sup>, rosacea<sup>16</sup>, juvenile acne<sup>17</sup> and dermatitis herpetiformis<sup>18</sup>.

## CONCLUSION

Impetigo is a self-limiting, dermatological infectious disease of short-duration. Our case was a protracted one, which might have resulted from his underlying diabetes. While glucose control as shown by HbA1c of 7.5% was not abnormally raised, the patient still had a raised glycemia of 180 mg/dl. We have shown an increased tendency to inflammation as evidenced by more intense intradermal skin reactions (IDR) to PPD in patients with glycemia 180 mg/dl and above, as opposed to

those below 180 mg/dl<sup>19</sup>. Diabetes is also recognized as an autoimmune state, with immune hyperreactivity that may not necessarily translate to increased immune defense to infections. This increased intensity of inflammation as shown by IDR, may also extend to infectious diseases, as seen in our patient and merits investigation.

In patients with comorbidities, where use of multiple pharmaceutical agents may be contraindicated, homeopathy appears to be a viable option and this appears clearly to be so in protracted, generalized impetigo.

Homeopathic use continues to grow in popularity and a recent report suggests that there has been a 15% growth in use of homeopathic medicines amongst Americans<sup>20</sup>. The report also suggests that patients perceive that homeopathy helps their condition. It therefore behoves us as practitioners to properly investigate this system of treatment, in order to clarify if it may be of value to our patients.

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