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USE OF RHUS VENENATA IN NON-BULLOUS IMPETIGO: A PEDIATRIC CASE REPORT

Dr. Samar Chatterjee[1], *Dr. Indu Keerthana[2], Dr. Sambhuni Poojitha Monika[3]

[1]Professor, Head of the department – MD (HOM), BHMS, Mobile no: 8250798221, Email: samarchatterjeee01@gmail.com

[2]PG Scholar Part II, Email: asindu98@gmail.com, Mob. /WhatsApp: 9566218477

[3]PG Scholar Part II Email: Poojithamonika19@gmail.com, Mob. /WhatsApp: 7981855354

Department of Homoeopathic Materia Medica, JIMSHMCH, Telangana, Pin- 509325.

*Corresponding author's Email ID: asindu98@gmail.com,

Abstract:

Introduction and Background:

Impetigo is a common pediatric skin infection, and increasing interest in non-antibiotic approaches has drawn attention to individualized homoeopathic management.

Case Summary:

A 3-year-old female presented with nonbullous impetigo featuring honey-coloured crusts, night-aggravated itching, pain, and facial-to-forearm spread. Previous topical allopathic treatment was ineffective. Acute totality and modalities guided remedy selection.

Intervention and Outcome:

Rhus venenata 6C was prescribed, followed by *Rhus venenata* 30C and placebo in subsequent visits. Significant improvement occurred within one week, with complete resolution in about three weeks. No recurrence was noted over one year of follow-up.

Conclusion:

The case demonstrates effective management of impetigo with individualized homoeopathic treatment using *Rhus venenata*, supported by a MONARCH score of +8 indicating strong causal attribution. Further research is recommended.

Keywords: impetigo, Rhus venenata, homoeopathy

Introduction and background:

Impetigo is a common, highly contagious, superficial bacterial infection of the epidermis, characterized initially by vesicles that rapidly rupture and evolve into crusted lesions [2]. It accounts for approximately 10% of all skin complaints in children, making it one of the most frequent pediatric dermatological infections [1]. Although it can occur at any age, the condition most commonly affects children between 2–5 years, with peak incidence during summer and fall, and during hot, humid climates [1,2].

The infection is primarily caused by Staphylococcus aureus and Group A β-hemolytic Streptococcus (GABHS), either independently or in combination [1,2]. Nonbullous impetigo—the most prevalent form—is responsible for almost 70–80% of cases and is predominantly associated with S. aureus, while 10% are due to GABHS and another 10% involve both pathogens [1]. Bullous impetigo is caused almost exclusively by toxigenic strains of S. aureus producing exfoliative toxin A [1,2]. The emergence of community-acquired MRSA (Methicillin – resistant staphylococcus aureus) has significantly increased the burden of infections in both hospital and community environments [1].

Several predisposing factors contribute to the development of impetigo, including crowded living conditions, poor hygiene, minor trauma, and impetiginization of preexisting pruritic dermatoses such as eczema, scabies, and pediculosis [2]. Autoinoculation leads to rapid spread with satellite lesions, especially in children who frequently scratch affected areas [1,2]. Although lesions typically heal without scarring, untreated cases may persist for 14–21 days but if given treatment resolves in 10 days. Complications such as ecthyma, post-streptococcal glomerulonephritis, and rare neonatal systemic involvement may occur [1].

Clinically, nonbullous impetigo begins as fragile vesicles or pustules that rupture to form the characteristic honey-colored crusts on an erythematous base [1]. Bullous impetigo manifests as flaccid bullae containing clear or yellow fluid, later turning purulent, without surrounding erythema or classic crust formation [1]. Common sites include the face, scalp, arms, legs, and buttocks, reflecting areas prone to trauma or scratching [2]. Gram staining of early lesions typically demonstrates Gram-positive cocci in clusters or chains, assisting in diagnosis [1]

Given its high contagiosity, public health relevance, and rising MRSA(Methicillin – resistant staphylococcus aureus) prevalence, early identification and appropriate treatment is systemic antibiotics, topical agents, and crust removal remain integral to preventing spread, recurrence, and complications [1,2].

Homoeopathy offers an alternative and complementary, individualized therapeutic approach. Remedies such as Antimonium crudum, Graphites, Rhus toxicodendron, Hepar sulphuris, and Sulphur are frequently indicated based on characteristic symptom patterns, modalities, and the patient's overall constitution. Other drugs like iris versicolor, conium maculatum, Rhus venenata are also well indicated remedy. In this case report, Rhus venenata is prescribed according to the acute totality.

Rhus venenata, commonly known as Poison Elder or Poison Sumach, is one of the most intensely skin-poisoning members of the Anacardiaceae family, producing severe erysipelatous inflammation, vesicular eruptions, burning, and intense itching. Its action prominently affects areas where the skin closely overlies bone, leading to swelling, vesicles, and erythema resembling acute infective dermatitis. The remedy has shown valuable clinical usefulness in conditions like eczema, erysipelas, herpes, and impetigo, especially when eruptions are vesicular, exudative, and intensely irritating. Its characteristic aggravation from warmth and relief from hot applications, along with early-morning diarrhoea and marked restlessness, help individualize it in impetigo cases with dark-red, swollen, oozing lesions.[3,4]

Methodology:

This case was documented in the Outpatient Department of JIMS Homoeopathic Medical College and Hospital, Hyderabad. Clinical information was gathered using the institution's standard case-taking format, along with photographic documentation taken with consent. The diagnosis was made using routine clinical evaluation. Remedy selection followed the principles of acute totality, supported by repertorial analysis and materia medica correlation. Treatment was given without concurrent external or allopathic therapy. Follow-up visits were used to assess the patient's response to the prescribed remedy. Ethical considerations, including parental consent and confidentiality, were strictly maintained.

Patient information:

Case summary: A three-year-old Muslim female from Hyderabad presented on 22 October 2024 with itchy, painful eruptions around the mouth, cheeks and forehead for the previous one week.(refer image 1A,1B,1C) The symptoms began shortly after contact with her elder sister, who had similar lesions. The eruptions started as reddish patches that oozed a clear, sticky fluid and later developed into classic honey-coloured crusts. Gradual spread to the left forearm was noted. Itching intensified at night and with scratching, sometimes leading to

minor bleeding. Itching and pain was eased by gentle rubbing of the face and warm water application. No fever, were reported.

The child had received topical allopathic treatment without relief. Appetite had decreased, sleep was disturbed due to itching and pain, and the child appeared dull and restless compared to her usual playful baseline. Past medical history included treatment for allergic rhinitis; no surgical history was noted. Family history was significant only for the sibling's impetigo.

Physical examination revealed stable vitals and normal systemic findings. Dermatological assessment showed erythematous lesions with yellowish crusts over the face and forearm. Based on the clinical picture and characteristic crusting, a provisional diagnosis of impetigo was established.

An acute totality was constructed from the case:

- Dullness and restlessness
- Painful, night-aggravated itching
- Scratching leading to bleeding
- Relief from gentle rubbing and warm water
- Disturbed sleep
- Reduced appetite

Prescription - Rhus venenata 6C - 2 drops in 60 ml distilled water + 20 drops rectified spirit to betaken one spoonful medicine (1-0-1) for 5 days

The case was managed with the homeopathic remedy **Rhus venenata** selected on the basis of the acute totality and the characteristic modalities of itching and crusted eruptions. The medicine was administered in an appropriate potency and dosage, followed by watchful observation. Supportive advice included maintaining hygiene, avoiding scratching, and using warm water for gentle cleansing.

Figure 1A - 22/10/24

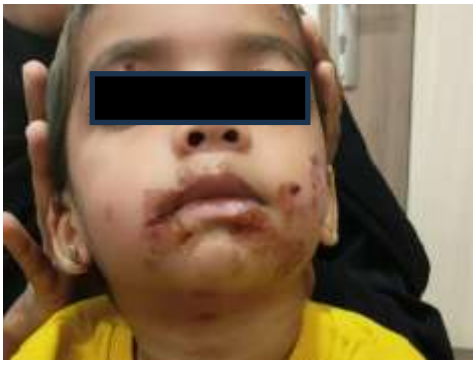


Figure 1B -22/10/24

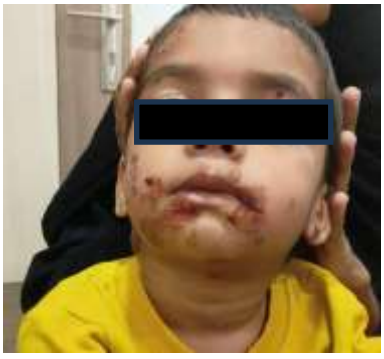
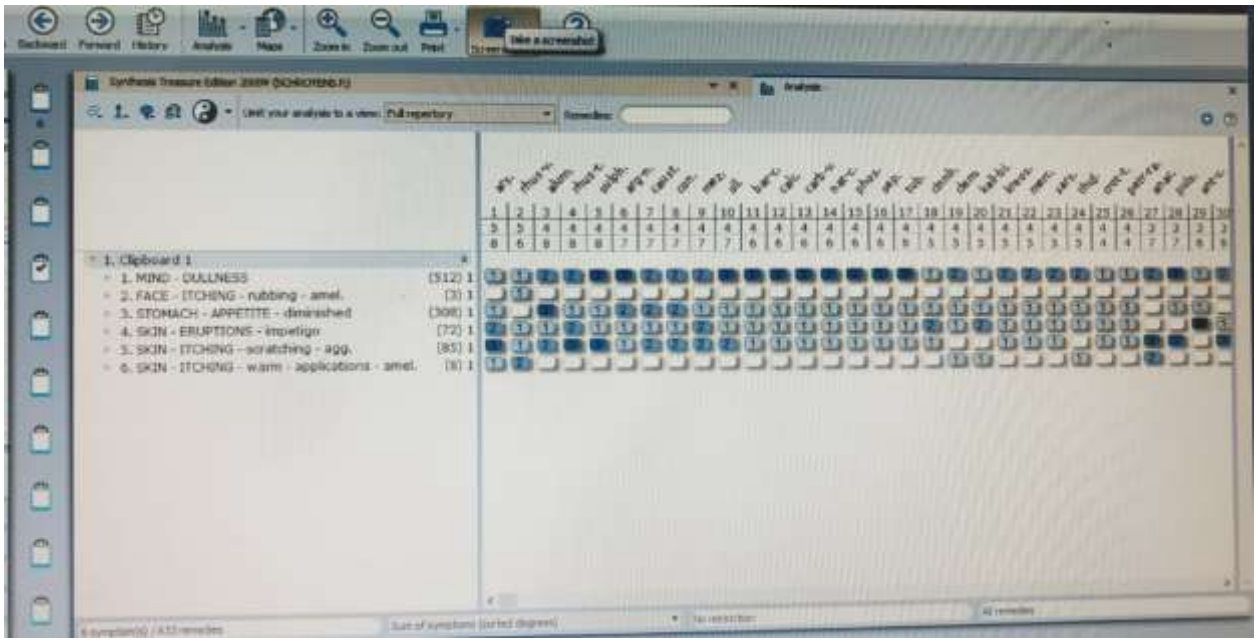


Figure 1C 22/10/24

Repertorial totality:



Follow up 1

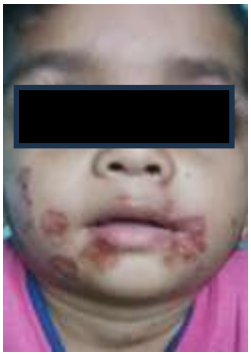


Figure 2A – 28/10/24

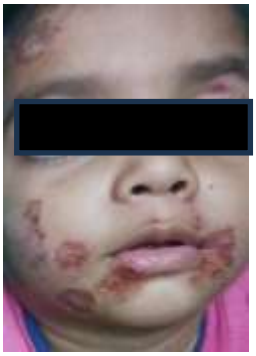


Figure 2B – 28/10/24

follow up 2:

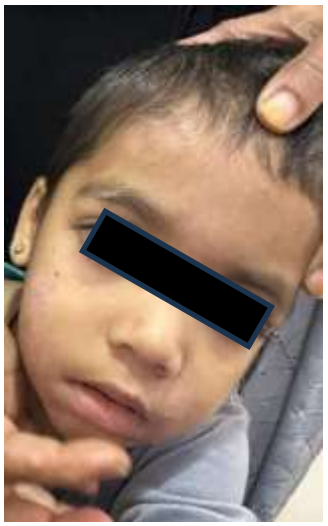


Figure 3A 2/11/24

Figure 3B – 2/11/24

follow up 3:

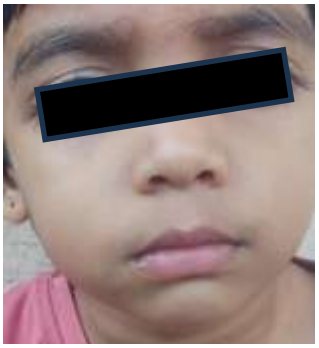


Figure 4 -2/12/24

Follow up table:

Follow up date	Information	Prescription
28/10/24:	Itching reduced by 50% Eruptions better but still there and painful too Oozing of fluid also better All the generals are better	Rhus venenata 30 - 2 drops in 60 ml distilled water + 20 drops rectified spirit to betaken one spoonful medicine (1-0-1) for 5 days
2/11/24:	Eruptions almost gone only discolouration are seen No itching No crusts and oozing of fluids Gerenals good	SL 200 in pills 3-0-3 for 3 weeks
2/12/24	No eruptions or discolouration No itching and pain Generals -good	Rubrum 3-0-3
Patient was followed up regularly for the next one year through telephone and no recurrence was observed		

Table: 1

DISCUSSION:

Impetigo is a highly contagious superficial bacterial infection commonly affecting young children. Increasing antimicrobial resistance and parental preference for non-antibiotic

alternatives have increased scope for complementary approach like homoeopathy. In this case, a -3 year-old female child presented with classic features of impetigo with significant improvement within one week following the administration of homoeopathic remedy Rhus venenata in 6 C potency ,selected based on acute totality.

Rhus venenata is one of the drugs known in homoeopathic materia medica for its significance in impetigo. In this case the presenting complaints closely resembles the drug symptoms, also repertorial totality matches the remedy[3,4,5]. In this case The outcome was scored according to the modified Naranjo criteria for Homoeopathy (MONARCH) [6,7] Inventory—an enhanced version of the original MONARCH tool—was **+8**, close to the maximum possible score of **+13** . This high score indicates strong causal attribution between the homoeopathic intervention *Rhus venenata* and the observed reduction in the patient's non bullous impetigo related complaints.

This strong similarity provides evidence that the selected remedy accurately reflects the patient's totality of symptoms, supporting that the remedy chosen is similimum to effectively address the condition. The child's prompt recovery without complications shows the relevance of acute, symptom-based prescription, especially when the totality of symptoms strongly aligns with the remedy's pathogenesis.

CONCLUSION:

This case demonstrated successful management of impetigo with the individualized homoeopathic remedy *Rhus venenata*. The positive outcome reinforces the relevance of matching remedies to the patient's characteristic symptoms and supports the potential role of homoeopathy in acute skin conditions. Although single cases cannot determine broader efficacy, they contribute valuable clinical insight and highlight the need for continued research and careful documentation in this field.

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ANNEXURE

MODIFIED NARANJO CRITERIA OF HOMOEOPATHY

Domain	Yes	No	Not sure/N\A	Score	justification
1. Was there an improvement in the main symptom or condition for which the Homoeopathic medicine was prescribed?	+2	0	0	+2	Yes there is complete resolvence of eruptions around the mouth after prescribing medicine
2. Did the clinical improvement occur with a plausible time frame relative to the drug intake?	+1	-2	0	+1	Patient had complaints since 13 days and resolved within 1week after intake of medicine
3. Was there an initial aggravation of symptoms?	+1	0	0	0	There is no aggravation of symptoms
4. Did the effect encompass more than the main symptom or condition (i.e. were other symptoms not related to the main presenting complaint, improved or changed)?	+1	0	0	+1	Complaints like lack of appetite and sleeplessness improved after medication

5. Did overall well-being improve? [use validate scale]	+1	0	0	0	Not sure
6. A. Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0	Not sure
6. B. Direction of cure: Did at least two of the following aspects apply to the order improvements of symptoms -From organs of more importance to those of less importance? -From deeper to more superficial aspects of the individual? -From the top downwards	+1	0	0	0	Not sure
7. Did 'old symptoms' (defined as non-essential and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0	0	No
8. Are there alternative causes (other than the medicine) that - with a high probability - could have produced the improvement? (consider known course of disease, other forms of treatment and other clinically relevant intervention)	-3	+1	0	+1	Patient had used allopathy medications but there is no improvement after that only after homeopathy treatment patient improved
9. Was the health improvement confirmed by any objective evidence? (E.g. investigation and clinical observation etc.)	+2	0	0	+2	Photographic evidence before and after treatment
10. Did repeating dosing, if conducted create similar improvement?	+1	0	0	+1	Evidence of pictures after repeating medication was taken.

Maximum Score :13 Minimum Score : -6 Total Score : 8