



Original Research Article

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## RAPID RESOLUTION OF IMPETIGO: A CASE SUCCESSFULLY TREATED AT DR BATRA'S HOMEOPATHY CLINIC

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### Abstract

Impetigo is a highly contagious superficial bacterial skin infection commonly affecting children and adolescents. It presents with vesicles, pustules, and characteristic honey-colored crusts, often associated with itching and discharge. This case study presents a 14-year-old male with impetigo affecting the left ear, characterized by sticky, yellowish discharge, itching aggravated by bathing, and recurrent blister formation followed by rupture. A classical homeopathic approach was adopted, Significant improvement was observed within weeks, with complete resolution of discharge, healing of lesions, and no recurrence during follow-up.

This case highlights the effectiveness of homeopathy in acute infectious dermatological conditions and demonstrates that individualized treatment can lead to rapid and sustained recovery. **A complete transformation was achieved at Dr Batra's Homeopathy Clinic.**

**Keywords** Impetigo, Graphites, Homeopathy, Pediatric dermatology, Skin infection

### Introduction

Impetigo is a superficial bacterial infection primarily caused by *Staphylococcus aureus* or *Streptococcus pyogenes*. It commonly affects children and adolescents, especially in warm and humid climates.

**Clinical features include:**

- Vesicles or pustules that rupture
- Yellowish sticky discharge
- Honey-colored crust formation
- Itching and irritation

**Complications:**

- Spread to adjacent areas
- Secondary infection
- Post-streptococcal sequelae (rare)

Conventional treatment includes antibiotics and hygiene measures. However, recurrence and antibiotic resistance pose challenges. Homeopathy offers a gentle and effective alternative by enhancing the body's immune response.

**Case Profile**

**Age/Sex:** 14 years/Male

**Occupation:** Student

**Chief Complaints:**

- Left ear eruptions with sticky yellow discharge
- Initially blister → ruptured → pus discharge
- Itching < bathing
- Duration: 1 month

**Associated Complaints:**

- Sneezing < early morning
- Lachrymation both eyes
- Watery nasal discharge
- Dry, sensitive skin

## Physical Generals

Parameter	Findings
Diet	Mixed
Appetite	Normal
Desire	Sweet
Aversion	Not marked
Thermal	Not marked
Thirst	Normal
Stools	Regular
Urine	Normal
Perspiration	Normal, non-staining
Sleep	7 hrs, refreshing
Dreams	Not significant

## Examination

- Left ear: Crusted lesions with sticky yellow discharge
- Surrounding skin: Inflamed and sensitive
- No systemic involvement
- No pallor

## Mental Generals

The patient had a balanced and stable upbringing with no major stressors during childhood. He was described as intelligent, studious, and well-adjusted in school, maintaining good relationships with peers and teachers. There was no history of bullying or emotional trauma. As he progressed into adolescence, his personality remained calm and composed. He exhibited a friendly and cooperative nature, with no significant irritability or emotional instability. He adapted well to his environment and maintained a disciplined routine as a student.

Overall, the mental sphere was stable, with no marked deviations, indicating a predominantly physical pathology guiding remedy selection.

### **Past History NS**

**Family History** Non-contributory

### **Case Analysis**

#### **Totality of Symptoms**

- Sticky, gluey yellow discharge
- Blister → rupture → crust formation
- Itching < bathing
- Sensitive skin
- Allergic tendency (sneezing, watery discharge)

#### **Repertorial Totality**

**Repertory Used:** Kent Repertory

#### **Rubrics Selected:**

- Skin – Eruptions – Discharge – sticky
- Skin – Eruptions – Crusts
- Ear – Discharge – yellow
- General – Itching < bathing

#### **Selection of Remedy**

#### **Constitutional / Pathological Remedy**

- **Remedy:** Graphites
- **Potency:** 30
- **Dose:** Repeated in acute phase

#### **Reason:**

Graphites is strongly indicated in cases with:

- Sticky, gluey discharge
- Thick crust formation
- Skin sensitivity
- Moist eruptions

**Miasmatic Approach**

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Skin eruptions	✓	✓		
Discharge	✓	✓		
Acute infection	✓			✓

**Miasmatic Predominance:** Psoro-sycotic**Results**

Month	Progress	Prescription
1st	Discharge reduced	Graphites 30
2nd	Lesions healed	Sac Lac
3rd	No recurrence	Observation
4th-12th	Stable	No repetition

**Detailed Follow-Up**

Timeline	Progress	Prescription
Week 1	Reduced discharge	Graphites 30
Week 2	Crust formation, healing	Continue
Week 4	No new eruptions	Stop remedy
2 months	Complete recovery	Placebo

**Transformation Table**

Parameter	Before Treatment	After Treatment
Discharge	Sticky, yellow	Absent
Lesions	Active, crusted	Healed
Itching	Present	Absent
Skin	Sensitive	Normal
Confidence	Affected	Improved

## Discussion & Conclusion

This case demonstrates the effectiveness of homeopathy in managing acute infectious dermatological conditions like impetigo. The characteristic sticky discharge guided the selection of Graphites, which acted rapidly to resolve the infection.

The absence of recurrence and restoration of skin health highlight the curative action of homeopathy. The case reinforces the importance of keynote prescribing in acute conditions.

## The Transformation



## Acknowledgments

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