

# Evidence-Based Homoeopathy: Case Report of Viral Exanthema Rashes in a 5 Years Old Boy

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**Abstract:** A viral exanthem rash is spots, bumps or blotches on your skin that accompany a viral infection. It may or may not be itchy. The rash can start anywhere on the body, often on your face or trunk, and then spread. It may be associated with other virus symptoms. There's no cure for most viral infections, so treatment aims. When fever accompanies a rash in children, it is usually caused by viral infections. Although viral exanthems are usually associated with benign, self-limited diseases, in some cases correct diagnosis of an exanthem may be required for proper treatment, monitoring, and initiation of preventive measures for contacts. Furthermore, Fever, sore throat, vomit, diarrhea, fatigue, irritability, anorexia, conjunctivitis, cough, and insomnia all significantly indicated viral infections. Skin rashes that appear during febrile illnesses are in fact caused by various infectious diseases. Since infectious exanthematous diseases range from mild infections that disappear naturally to severe infectious diseases, focus on and basic knowledge of these diseases is very important. For clinical diagnosis of diseases accompanied by skin rash and fever, a complete history must be taken, including recent travel, contact with animals, medications, and exposure to forests and other natural environments. In addition, time of onset of symptoms and the characteristics of the rash itself (morphology, location, distribution) could be helpful in the clinical diagnosis. It is also critical to understand the patient's history of specific underlying diseases. However, diagnostic basic tests could be helpful in diagnosis if they are repeated and the clinical course is monitored. Generally, skin rashes are nonspecific and self-limited. Therefore, it could be clinically meaningful as a characteristic diagnostic finding in a very small subset of specific diseases. Homoeopathic literature shows that cases of Viral Rashes have been treated successfully with homoeopathic medicines. **Case Summary:** This is the case of a 05 years old boy with Viral rashes. The case presented here is documented from Bhardwaj Homoeopathy Clinic, 4489, Sector-B, pocket-5&6, Vasant Kunj, Delhi. The patient was treated with individualised homoeopathic medicine Rhus tox 200c over a period of 14 days. There was significant improvement with homoeopathic treatment, with complete disappearance of rashes without any recurrence.

**Keywords:** Exanthema, Rashes, Rhus toxiconderon 200c, Post Viral fever

## 1. Introduction

When patients with febrile illnesses also develop a rash, they tend to visit the hospital with serious disease in mind. Many rashes that appear during febrile illnesses are in fact caused by various infectious diseases. Since infectious exanthematous diseases range from mild infections that disappear naturally to severe infectious diseases, focus on and basic knowledge of these diseases is required. Although the appearance of the rash is essential for diagnosis of some diseases, rashes are generally non-specific findings and play supportive roles in the differential diagnosis of other diseases. These include non-infectious diseases, so that comprehensive knowledge of these other diseases is required for clinical diagnosis of a febrile illness with a rash. A skin rash is a symptom that appears during the course of a systemic or localized disease and therefore could be clinically meaningful as a characteristic diagnostic finding in a very small subset of specific diseases.

Febrile rashes are classified into maculopapular rash, generalized diffuse erythema, and vesicular, pustular, nodular, petechial, and purpuric rashes, depending on characteristic morphology, distribution, and accompanying symptoms. They are also classified as systemic or localized, depending on distribution, and symmetric or asymmetric. Rashes are also divided into infectious and non-infectious skin rashes, depending on causation, and into acute and chronic rashes according to occurrence pattern.

For clinical diagnosis of diseases accompanied by a rash and fever, a complete history must be taken, including recent travel, contact with animals, medications, and exposure to

forests and other natural environments. In addition, time of onset of symptoms could be helpful in clinical diagnosis. It is also critical to understand the patient's history of specific diseases, including cardiovascular, sexually transmitted, and immunodeficiency diseases; in particular, an evaluation of immune status is needed. In recent times, with increased travel and population movements, imported infections with secondary local transmission are of great concern and outbreaks in susceptible populations may present containment issues.

The location, pattern, and rate of emergence, as well as accompanying pruritus, association between the rash and fever, and the morphological classification, all play supporting roles in the diagnosis. The erythematous-vesicular pattern was exclusive to viral infections. The erythematous-pustular and papular patterns were found only in drug-related cases and in some undiagnosed cases. Severe pruritus was associated with drug-related exanthemas. Furthermore, examination is necessary for lymphatic enlargement, abnormal oral, genital, and conjunctival findings, enlargement of the liver, presence or absence of tender areas, stiff neck, and neurologic findings.

In general, drug eruptions manifest as various sudden-onset rashes, and are accompanied by systemic symptoms, including fever, arthralgias, lymphadenopathy, and liver enlargement, and can even be caused by drugs used for treatment of infectious diseases. Hence, it is not easy to distinguish a drug eruption from rashes caused by an infection, particularly those caused by a viral infection. It is therefore difficult to diagnose a drug eruption based on the pattern of the rash alone, meaning that history is most

important for diagnosis. In particular, it is necessary to check the medication history (including external preparations) from at least one week before onset of the rash, which also must be differentiated from infectious diseases.

Furthermore, these rashes can be divided into:

### 1) Urticarial rashes

When patients with fever present with an urticarial rash, it is necessary to consider exposure to antibiotics for differentiation between infectious and noninfectious causes.

### 2) Nodular eruptions

A representative disease is nodular erythema, which is caused by an acute inflammatory immune response in the panniculus adiposus due to various causes. It is common in females, accompanied by fever, malaise, and arthralgia, mainly appears in the lower extremities, knee joints, and wrists, and naturally disappears about after 6 weeks although this depends on the cause.

### 3) Hemorrhagic rash (Petechiae and purpura)

Systemic symptoms were significantly associated with petechiae or purpura both cutaneous and mucosal. This probably depended on the infectious etiology of the hemorrhagic pattern. In recent time, several investigators report that Influenza A infection can also cause a petechial exanthem. These reports highlight a viral cause during "flu season" when a febrile child with petechiae will be assumed to have bacterial meningitis.

### 4) Acute severe febrile illness with skin rash

The most common etiologies in these patients are meningococemia or meningoencephalitis, while other causes include TSS, SLE, bacterial sepsis (pneumococcal, staphylococcal, vibrio, etc.), and severe viral diseases (hemorrhagic fever, measles, dengue fever, etc.).

Homoeopathic remedies can offer gentle and safe treatment for patients suffering from Viral rashes. Homoeopathy treats the person as a whole. This includes a detailed medical history of the patient, family and causative factors. Any underlying predisposition factor and susceptibility is also considered. Homoeopathic literature mentions many medicines for Viral rashes namely Acon., Antipyr., Apis, Arn., Ars. iod., Bell., Bufo, Canth., Chloral., Echin., Euphorb. d., Gaulth., Grind., Kali c., Lact. ac., Merc., Mez., Narcissus, Nux v., Plumb. chrom., Rhus t., Robin., Tereb., Urt., Ustil., Ver. v., Xerophyl etc.

Homeopathy offers a holistic approach to treating Viral Rashes, addressing the underlying imbalances in the body and promoting natural healing. Homeopathic remedies are selected based on the individual's unique symptoms, constitution, and underlying causes of rashes. Some common homeopathic medicines used for viral rashes include:

- 1) Aconitum Napellus: Red, hot, swollen, dry, burning. *Purpura miliaris*. Rash like measles. Gooseflesh. Formication and numbness. Chilliness and formication down back. Pruritus relieved by stimulants.
- 2) Antipyrinum- *Erythema*, eczema, pemphigus. *Intense pruritus*. *Urticaria*, appearing and disappearing

suddenly, with internal coldness. Angioneurotic-edema. Dark blotches on skin of penis, sometimes with edema.

- 3) Apis Mellifica- Swellings after bites; *sore, sensitive*. Stinging. Erysipelas, with sensitiveness and swelling, rosy hue. Carbuncles, with burning, stinging pain (*Ars; Anthrac*). Sudden puffing up of whole body.
- 4) Belladonna- Dry and *hot*; swollen, sensitive; burns scarlet, smooth. Eruption like scarlatina, suddenly spreading. Erythema; pustules on face. *Glands swollen, tender*, red. *Boils*. Acne rosacea. Suppurative wounds. *Alternate redness and paleness of the skin*. Indurations after inflammations. Erysipelas.
- 5) Cantharis- Dermatitis venenata with bled formation. Eruption with mealy scales. *Vesicular eruptions*, with burning and itching. Sunburn. *Burns, scalds*, with rawness and smarting, relieved by cold applications, followed by undue inflammation. *Erysipelas*, vesicular type, with great restlessness. Burning in soles of feet at night.
- 6) Euphorbinum Officinarum- Erysipelatous inflammation, especially of the cheek. Biting and stinging, red, swollen. *Vesicular erysipelas*. Carbuncle; old, torpid, indolent ulcers with biting, lancinating pain. Old torpid ulcer, pustules; *gangrene (Echinac; Secale)*. Ulcerating carcinoma and epithelioma of the skin.
- 7) Nux Vomica- *Body burning hot, especially face; yet cannot move or uncover without feeling chilly*. Urticaria, with gastric derangement. Acne; skin red and blotchy.
- 8) Rhus Toxicodendron- Red, swollen; *itching intense*. Vesicles, herpes; *urticaria*; pemphigus; erysipelas; vesicular suppurative forms. Glands swollen. *Cellulitis*. Burning eczematous eruptions with tendency to scale formation.
- 9) Sulphur- *Dry, scaly, unhealthy; every little injury suppurates*. Freckles. *Itching, burning; worse scratching and washing*. Pimples eruption, pustules, rhagades, hang-nails. Excoriation, especially in folds (*Lyc*). Feeling of a band around bones. Skin affections after local medication. *Pruritus*, especially from warmth, is evening, often recurs in spring-time, in damp weather.
- 10) Syphilinum- Reddish-brown eruption, with a disagreeable odor. Extreme emaciation.

## 2. Discussion

This is the case of a 05 years old boy with Post Fever Viral Rashes after Viral fever one week back. He had loss of appetite, High grade Fever and body ache in the month of October, 2025. He was admitted and diagnosed with Viral fever. He took conventional mode of treatment and got relieved in 05 days. Then Patient gradually started complaint of Red rashes and lethargic condition since one week.

His appetite was poor, Thirst is increased at night, Stool is normal, Urine is normal, Sleep is refreshing, Tongue is clear. There is nothing significant in Desire and Aversion in this case. Her Routine investigation showed Normal CBC, Normal Thyroid profile. The patient was treated with individualised homoeopathic medicine Rhus Toxicodendron 200C, 04 globules, thrice in a day, over a period of 14 days. There was significant improvement with homoeopathic

treatment, with complete disappearance of red blotches without any recurrence.

Rhus Toxicodendron was prescribed based on the clinical symptomatology. There was no marked mental and physical general found in the case. In William Boericke's Homoeopathic Materia Medica, Red, swollen; itching

intense. Vesicles, herpes; urticaria; pemphigus; erysipelas; vesicular suppurative forms. Glands swollen. Cellulitis. Burning eczematous eruptions with tendency to scale formation. However, case showed marked improvement in 14 days. This case shows the effective role of homoeopathic medicine in treating Post Fever Viral rashes when prescribed on the basis of homoeopathic principles.



### 3. Conclusion

Homoeopathy is a specialised system of medicine. It treats patient as whole and not just symptoms. A complete disappearance of viral rashes without any recurrence of bald patches is documentary evidence. This case shows a positive role of Homoeopathy in treating Post fever viral rashes. However, as this is a single case study and post fever viral rashes is associated with a variable and unpredictable remission, well-designed studies may be taken up for scientific validation of results.

#### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initial will not be published, and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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