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## The role of Hepar sulphuris calcareum in a case of periorbital cellulitis – A case report

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## The role of Hepar sulphuris calcareum in a case of periorbital cellulitis – A case report

### Abstract

**Introduction:** Periorbital cellulitis is an infection of the soft tissues around the eye anterior to the orbital septum. This condition is very commonly found in the paediatric population but due to certain comorbidities such as diabetes mellitus or immune-compromised conditions, it can be seen in the adult population also. The condition may prove devastating to the eye, causing complete loss of vision or may become life-threatening if the infection spreads to orbits and involves cavernous sinuses in the brain.

**Case Summary:** A 50-year-old diabetic male patient complained of red and lustrous swelling around his right eye, sticky discharge from the eye and increased lachrymation. The swelling was preceded by furuncle on the right zygomatic region of the face 5–6 days before the involvement of the eye. He was diagnosed with periorbital cellulitis and was asked by a local practitioner to go with the course of antibiotics, but the patient was reluctant to take allopathic medication and hence approached for homoeopathic medication. After taking details of his acute episode, *Hep. sul.* 30C was prescribed 4 hourly. Within 24 h, there was a remarkable reduction seen in the periorbital and ocular congestion and oedema. This case depicts the rapid, gentle and permanent restoration of health if the similimum is accurate.

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I acknowledge my teachers, my seniors, my colleagues and the staff at Raahat health care.

# The role of *Hepar sulphuris calcareum* in a case of periorbital cellulitis – A case report

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## Abstract

**Introduction:** Periorbital cellulitis is an infection of the soft tissues around the eye anterior to the orbital septum. This condition is very commonly found in the paediatric population but due to certain comorbidities such as diabetes mellitus or immune-compromised conditions, it can be seen in the adult population also. The condition may prove devastating to the eye, causing complete loss of vision or may become life-threatening if the infection spreads to orbits and involves cavernous sinuses in the brain. **Case Summary:** A 50-year-old diabetic male patient complained of red and lustrous swelling around his right eye, sticky discharge from the eye and increased lachrymation. The swelling was preceded by furuncle on the right zygomatic region of the face 5–6 days before the involvement of the eye. He was diagnosed with periorbital cellulitis and was asked by a local practitioner to go with the course of antibiotics, but the patient was reluctant to take allopathic medication and hence approached for homoeopathic medication. After taking details of his acute episode, *Hep. sul.* 30C was prescribed 4 hourly. Within 24 h, there was a remarkable reduction seen in the periorbital and ocular congestion and oedema. This case depicts the rapid, gentle and permanent restoration of health if the similimum is accurate.

**Keywords:** Diabetes, *Hepar sulphuris calcareum*, Periorbital cellulitis, Recurrent furuncle, Skin infection

## INTRODUCTION

Cellulitis is a condition most commonly caused by group A streptococcus organisms. Common risk factors for cellulitis are diabetes mellitus, malnutrition and immune suppression.

Periorbital cellulitis is a skin and soft-tissue infection around the eye that is anterior to the orbital septum, hence also called as pre-septal cellulitis. It is a common complication of rhinosinusitis and according to the Chandler classification of orbital complication of sinusitis- peri orbital sinusitis is classified as group-1.<sup>[1]</sup>

Periorbital cellulitis predominantly affects children, it is reported in 84–87% of cases. Children with pre-septal cellulitis are younger than 5 years of age<sup>[2]</sup> but can be seen in adults too especially when predisposing factors such as diabetes and immunocompromised states are present. There are commonly three main routes for pathogen inoculation in the periorbital tissues: (1) Direct inoculation by eyelid trauma and infected insect bites, (2) spread from contagious structures - paranasal sinuses are most common, chalazion,

hordeolum, dacryocystitis, impetigo, erysipelas, herpes simplex lesions, etc., (3) hematogenous through blood vessels from upper respiratory tract or middle ear infection.<sup>[3]</sup> The superior and inferior orbital veins drain the orbits, eyelids and sinuses into the cavernous sinus. These veins are devoid of valves hence infection can easily spread to pre-septal and post-septal space and can also end up in cavernous sinus thrombosis. Periorbital cellulitis can get complicated if proper intervention is not done in time which can lead to complications such as orbital cellulitis, subperiosteal abscess, orbital abscess or cavernous sinus thrombosis.<sup>[4]</sup>

Homoeopathy has a major role to play in cases of cellulitis to bring rapid relief in such acute surgical cases. A case of extensive cellulitis after a snake bite presented by Pawaskar was treated acutely by *Anthracinum* in high potency and

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followed by *Lachesis* 200C as a constitutional medicine with complete resolution of cellulitis and impending gangrene in just 2 weeks. This case report served as an example of the pivotal role of similimum in extensive cellulitis.<sup>[5]</sup>

A case of periorbital cellulitis secondary to folliculitis on the right zygomatic region in a known diabetic patient treated with an acute remedial approach is presented here.

## PATIENT INFORMATION

A 50-year-old male patient presented with the complaint of furuncle on the face on the right zygomatic region for 5–6 days with severe throbbing pain and tenderness. Swelling, redness and oedema were also noted around the right eye with difficulty opening the eye. A mild conjunctival congestion was seen, more on lateral canthi, with mucoid discharge from the affected eye [Figure 1]. The affected area was tender to touch, and no ameliorating modality was there. Ocular pain, diplopia or diminution of vision was not reported by the patient.

Along with the chief complaints, he also complained of increased burning in bilateral soles since the complaints started.

The patient was a known diabetic for 10 years and was taking regular oral hypoglycaemic agents (OHAs). He had good glycaemic control. In the past, he had a history of having recurrent episodes of furuncles/folliculitis.

The patient's father was a known case of CA prostate and type 2 diabetes mellitus. He was on OHA.

## Clinical findings

### Local examination

On inspection, there was redness of the affected area with a small whitish punctum on the furuncle, swelling around the right eye, oedema of both the eyelids, difficulty in opening the eye and sticky discharge from the affected eye with increased lachrymation. Tenderness and warmth were noted during palpation. No ophthalmic examination or visual acuity testing was done as the patient did not report any visual symptoms.

His general physical examination was within normal limits.

## Generalities

The patient was irritable because of pain at the site of the furuncle, and he did not report any ocular pain. The patient had mild weakness and malaise, he did not have much change in thirst and his appetite was good. His urine output and bowel movements were normal.

## Diagnostic assessment

Periorbital cellulitis secondary to folliculitis was confirmed clinically from the signs and symptoms. No computed tomography scan was done as there was a short history and no clinical features suggestive of sinusitis, subperiosteal abscess and periorbital abscess.

Before administration of the remedy, his random blood sugar was done to assess the current blood glucose level in the blood which came out to 200 mg/dL.



**Figure 1:** Pre-treatment (20 April 2023, 6:25 pm)

## Totality of symptoms

1. History of a recurrent tendency for furuncle formation
2. Furuncles aggravated by touch
3. Furuncles on face
4. Swelling of eyelid
5. Redness of the eye
6. Mucoid discharge from the eye
7. Profuse lachrymation
8. Cellulitis around the eye
9. Burning of the soles increased since ocular symptoms started
10. Irritable during complaints.

## Therapeutic intervention

Homoeopathic approach was adopted and on the basis of individualisation, a single remedy was administered. The symptoms and signs of the case were repertorised in the Synthesis repertory app [Figure 2] and the final reference was taken from the homoeopathic materia medica books.

The final selection of the remedy was *Hep. sul.* 30C which was prescribed 4 hourly and dispensed in 40 sized globules to be taken orally. The patient was advised to continue his regular oral hypoglycaemic drugs during homoeopathic treatment.

## Follow-up and outcomes

The patient was vitally stable and did not show any signs of emergency, hence he was managed at the OPD level and upon leaving, he was instructed to contact us immediately if he experienced any distress or discomfort. He was advised to give follow-ups every 12 hours to monitor adverse events. After 24 hours of first prescription, there was significant alleviation in the symptoms of the patient [Figure 3] and after five days, there is complete remission of the symptoms [Figure 4]. The timeline of the follow-ups are mentioned in Table 1.

## DISCUSSION

Cellulitis is an acute surgical disease which requires prompt intervention. In modern medicine, generally, a course of

**Table 1: Timeline**

Date	Sign and symptoms	Prescription	Justification
20 April 2023 at 6:25 pm	<ul style="list-style-type: none"> <li>• Touch aggravation</li> <li>• Red furuncle with small white punctum</li> <li>• Swelling around right eye</li> <li>• Redness of the eye</li> <li>• Mucoïd discharge from the eye</li> <li>• Lachrymation profuse</li> <li>• Burning soles</li> <li>• Random blood sugar (RBS)-200 mg/dL</li> <li>• Irritability</li> </ul>	<i>Hep. sul.</i> 30C - 4 hourly for 12 hours	First prescription
21 April 2023 at 9:00 am	<ul style="list-style-type: none"> <li>• Tenderness absent</li> <li>• Furuncle drained after first dose itself</li> <li>• Mild swelling around the eye</li> <li>• Redness mild+Mucoïd discharge from the eye absent</li> <li>• Mild lachrymation</li> <li>• Burning of soles reduced</li> <li>• Irritability absent</li> </ul>	<i>Hep. sul.</i> 30C 6 Hourly (patient shown considerable improvement hence, repetition of the medicine changed to 6 hourly from 4 hourly for 12 hours)	Sensitivity to touch reduced at both mental and physical levels
21 April 2023 at 6:49 pm	<ul style="list-style-type: none"> <li>• No tenderness</li> <li>• Scab formation on the furuncle</li> <li>• No swelling around the eye</li> <li>• Redness absent</li> <li>• Mucoïd discharge absent</li> <li>• Lachrymation absent</li> <li>• Burning of soles relieved</li> <li>• RBS – 165 mg/dL</li> </ul>	Placebo for one more day (as there was significant alleviation seen in patient’s overall complaints within 24 h. Thus, placebo was prescribed 6 hourly for 1 day)	Favourable outcome [Figure 3]
26 April 2023	<ul style="list-style-type: none"> <li>• Relief in all the complaints</li> </ul>	No medicine was prescribed	Favourable outcome [Figure 4]

MIND			
1 MIND - IRRITABILITY - pain, during			
EYE			
2 EYE - DISCHARGES			
3 EYE - DISCOLORATION - red			
4 EYE - INFLAMMATION - Orbits - cellulitis; orbital			
5 EYE - LACHRYMATION - profuse			
6 EYE - SWELLING - Lids			
FACE			
7 FACE - ABSCESS			
EXTREMITIES			
8 EXTREMITIES - PAIN - Feet - burning			
SKIN			
9 SKIN - ERUPTIONS - touch agg.			
GENERALS			
10 GENERALS - HISTORY; personal - abscesses; of recurrent			
Remedies	ΣSym	ΣDeg	Symptoms
hep.	10	18	1, 2, 3, 4, 5, 6, 7, 8, 9, 10
sil.	8	14	2, 3, 4, 5, 6, 7, 8, 10
merc.	7	14	2, 3, 4, 5, 6, 7, 8
apis	7	12	2, 3, 4, 6, 8, 9, 10
ars.	7	12	1, 2, 3, 4, 6, 8, 10

**Figure 2: Repertorial sheet**

antibiotics is given for a minimum duration of five days, orally or intravenously depending upon the severity of the infection.<sup>[6]</sup>



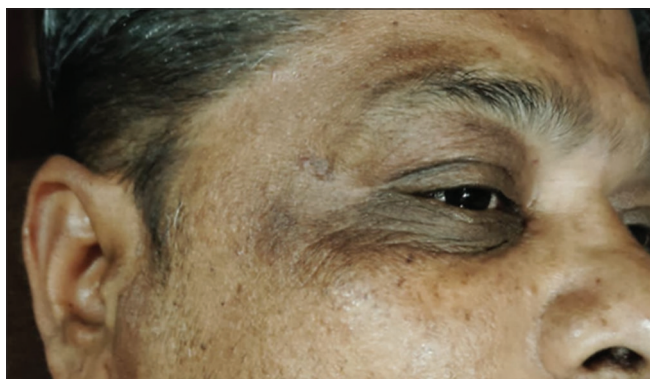
**Figure 3: Post-treatment (21 April 2023, 6:49 pm)**

The sensitivity and reactivity of the patient in this case were remarkable, which helped in the assessment of the susceptibility of the patient which was noted to be high. This helped in selection of dose of the medicine.<sup>[7]</sup> Although the susceptibility of the patient was high, other pathological signs were markedly seen. Hence, 30C potency was selected, so that it can be repeated frequently to stimulate vital force for faster recovery.<sup>[8]</sup>

The patient recurrently gets furuncles on his body which always suppurates and shows sensitivity to touch and pressure,

**Table 2. Modified Naranjo Criteria for Homoeopathy (MONARCH)**

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1		
3. Was there a homoeopathic aggravation of symptoms?		0	
4. Did the effect encompass more than the main symptoms or condition (i.e. were other symptoms not related to the main presenting complaint, improved or changed)?	+1		
5. Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+1		
6. A. Direction of Cure- did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
B. Direction of Cure- did at least two of the following aspects apply to the order of improvement 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?		0	
7. Did 'old symptoms' reappear temporarily during the course of improvement?		0	
8. Are there alternative causes (other than medicine) that- with a high probability- could have caused the improvement?		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?			0
<b>Total score - 08</b>			

**Figure 4:** Post-treatment 26 April 2023 (after 5 days)

considering this as pathological general of the patient, *Hep. sul.* was selected as an individualised medicine.<sup>[9]</sup> The case represents a remarkable effect of *Hep. sul.* 30C on pathology as well as the general condition of the patient in just 24 hours.

His concomitant symptoms were also taken care of by the remedy, though in the Synthesis repertory, *Hep. sul.* is not given under the rubric, General- Diabetes mellitus, but it proved its usefulness in managing diabetes in this particular case. There is scarce literature on the efficacy of Homoeopathy in cellulitis, reporting a greater number of such cases will enable the upcoming homoeopaths to implement homoeopathic medicine in such cases.

Dr. Farrington, in his comparative materia medica, has mentioned that if the furuncle/abscess spreads locally in the form of erysipelas, then think of *Apis. mel.* after *Hep. sul.* However, in our case, *Apis mel.* was not required, even though the infection was locally spread.<sup>[10]</sup>

Prasad *et al* reported a case of a 19-year-old female with cellulitis of the dorsum of the foot which was treated with

*Arsenicum album* 30C followed by *Silicea* 200C. A marked improvement was seen in her case within a span of seven days. In our case, improvement was seen within a span of 24 hours after the administration of *Hep. sul.* 30C.<sup>[11]</sup>

In this case, there were no structurally irreversible pathological changes. The patient neither showed any signs of ocular complications, nor had any constitutional signs and symptoms upon general physical examination. Hence, haematological and radiological investigations were not done. The selected similimum and potency were suitable, as a result of which there was no aggravation, with the recovery of the patient. This proves the fourth observation of Dr. Kent, which is notably seen in acute cases.<sup>[12]</sup>

After assessing the case with Modified Naranjo Criteria,<sup>[13]</sup> the total score was 8, which is suggestive of a probable association between treatment provided and outcome of the case [Table 2].

However, we did not encounter any limitations while diagnosing or managing this case as the patient did not report any adverse complications of the eye and also after first dose itself, his oedema started reducing and his tenderness of the furuncle also reduced. Hence, the criteria for the follow-up were to assess the pathognomonic signs and general feelings of the patient. Thus, investigations were not assessed during the follow-up.

## CONCLUSION

The rapid alleviation of the signs and symptoms of the case indicates the importance of individualised homoeopathic treatment and also proves the cardinal principles of Homoeopathy.

However, this is a single case study and periorbital cellulitis can be associated with variable presentations in different cases.

Well-designed studies may be undertaken for the scientific validation of these results.

### Declaration of the patient consent

The patient has given his written consent for reporting his clinical information. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity but anonymity can not be guaranteed.

### Patient's perspective

The patient expressed his treatment as the most rapid relief he has ever experienced in his life.

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Nil.

### Conflicts of interest

None declared.

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## Le rôle de *Hepar sulphuris calcareum* dans un cas de cellulite périorbitaire - Un rapport de cas

**Introduction:** La cellulite périorbitaire est une infection des tissus mous autour de l'œil en avant du septum orbitaire. Cette affection est très fréquente chez les enfants, mais en raison de certaines comorbidités telles que le diabète sucré ou les maladies immunodéprimées, elle peut également être observée chez les adultes. Cette affection peut s'avérer dévastatrice pour l'œil, entraînant une perte totale de la vision, ou peut mettre la vie en danger si l'infection se propage aux orbites et touche les sinus cavernaux du cerveau. **Résumé du cas:** Un patient diabétique de 50 ans s'est plaint d'un gonflement rouge et brillant autour de son œil droit, d'un écoulement collant de l'œil et d'un larmolement accru. Le gonflement a été précédé d'un furoncle sur la région zygomatique droite du visage 5 à 6 jours avant l'atteinte de l'œil. On lui a diagnostiqué une cellulite périorbitaire et un praticien local lui a demandé de suivre un traitement antibiotique, mais le patient était réticent à prendre des médicaments allopathiques et a donc demandé des médicaments homéopathiques. Après avoir pris les détails de son épisode aigu, *Hep. sul.* 30C lui a été prescrit toutes les 4 heures. Dans les 24 heures, on a constaté une réduction remarquable de la congestion et de l'œdème périorbitaire et oculaire. Ce cas illustre le rétablissement rapide, doux et permanent de la santé si le simillimum est exact.

## Die Rolle von *Hepar sulphuris calcareum* in einem Fall von periorbitaler Zellulitis – Ein Fallbericht

**Einleitung:** Periorbitale Zellulitis ist eine Infektion der Weichteile um das Auge vor dem Orbitalseptum. Diese Erkrankung tritt sehr häufig bei Kindern auf, kann aber aufgrund bestimmter Begleiterkrankungen wie Diabetes mellitus oder immungeschwächter Erkrankungen auch bei Erwachsenen auftreten. Die Erkrankung kann sich verheerend auf das Auge auswirken und zum vollständigen Verlust des Sehvermögens führen oder lebensbedrohlich werden, wenn sich die Infektion auf die Augenhöhlen ausbreitet und die Sinus cavernosus im Gehirn befällt. **Fallzusammenfassung:** Ein 50-jähriger männlicher Diabetiker klagte über eine rote und glänzende Schwellung um sein rechtes Auge, klebrigen Ausfluss aus dem Auge und vermehrten Tränenfluss. Der Schwellung ging ein Furunkel am Auge voraus. Der rechten Jochbeinregion des Gesichts 5-6 Tage vor der Augenbeteiligung. Bei ihm wurde eine periorbitale Zellulitis diagnostiziert und ein örtlicher Arzt empfahl ihm eine Antibiotikakur, aber der Patient war nicht bereit, allopathische Medikamente einzunehmen und wandte sich daher an ihn, um homöopathische Medikamente zu erhalten. Nach der Aufnahme der Details seiner akuten Episode wurde ihm *Hep. sul.* 30C 4-stündlich verschrieben. Innerhalb von 24 Stunden war eine bemerkenswerte Verringerung der periorbitalen und okulären Verstopfung und des Ödems zu beobachten. Dieser Fall zeigt die schnelle, sanfte und dauerhafte Wiederherstellung der Gesundheit, wenn das Simillimum genau ist.

## पेरीऑर्बिटल सेल्युलाइटिस के एक मामले में हेपर सल्फ्यूरिस कैल्केरियम की भूमिका - एक केस रिपोर्ट

**परिचय:** पेरीऑर्बिटल सेल्युलाइटिस ऑर्बिटल सेटम के सामने आंख के आसपास के नरम ऊतकों का एक संक्रमण है। यह स्थिति आम तौर पर बाल चिकित्सा की आबादी में बहुत पाई जाती है, लेकिन मधुमेह या प्रतिरक्षा-समझौता स्थितियों जैसी कुछ सहवर्ती बीमारियों के कारण, यह वयस्क आबादी में भी देखी जा सकती है। यह स्थिति आंख के लिए विनाशकारी साबित हो सकती है, जिससे दृष्टि पूरी तरह से चली जाती है या अगर संक्रमण कक्षाओं में फैल जाता है और मस्तिष्क में गुहा साइनस को प्रभावित करता है तो यह जानलेवा हो सकता है। **केस सारांश:** एक 50 वर्षीय मधुमेह पुरुष रोगी ने अपनी दाहिनी आंख के आसपास लाल और चमकदार सूजन, आंख से चिपचिपा स्राव और बढ़े हुए आंसू बहने की शिकायत की। आंख के प्रभावित होने से 5-6 दिन पहले चेहरे के दाहिने जाइगोमेटिक क्षेत्र में सूजन से पहले आंख पर एक फुंसी निकली थी। जिसका एक पेरीऑर्बिटल सेल्युलाइटिस के रूप में निदान किया गया और एक स्थानीय चिकित्सक ने उन्हें एंटीबायोटिक दवाओं का कोर्स लेने का सुझाव दिया, लेकिन रोगी एलोपैथिक दवा लेने के लिए अनिच्छुक था और इसलिए होम्योपैथिक दवा के लिए संपर्क किया। उनके तीव्र प्रकरण का विवरण लेने के बाद, *हेप. सल्फ. 30C* को 4 घंटे के अंतर में दिया गया। 24 घंटे के भीतर, पेरीऑर्बिटल और ओकुलर कंजेशन और एडिमा में उल्लेखनीय कमी देखी गई। यह मामला स्वास्थ्य की तीव्र, कोमल और स्थायी बहाली को दर्शाता है यदि सिमिलिमम सटीक हो तो।

## El papel de *Hepar sulphuris calcareum* en un caso de celulitis periorbitaria: informe de un caso

**Introducción:** La celulitis periorbitaria es una infección de los tejidos blandos que rodean el ojo por delante del tabique orbitario. Esta afección se encuentra muy comúnmente en la población pediátrica, pero debido a ciertas comorbilidades como la diabetes mellitus o las condiciones inmunocomprometidas, también se puede observar en la población adulta. La afección puede resultar devastadora para el ojo, causando pérdida total de la visión o puede llegar a ser potencialmente mortal si la infección se propaga a las órbitas y afecta a los senos cavernosos del cerebro. **Resumen del caso:** Un paciente diabético de 50 años se quejaba de hinchazón roja y brillante alrededor de su ojo derecho, secreción pegajosa del ojo y aumento del lagrimeo. La hinchazón estaba precedida por un furúnculo en el ojo derecho. La región cigomática derecha de la cara 5-6 días antes de la afectación del ojo. Se le diagnosticó celulitis periorbitaria y un médico local le pidió que siguiera un tratamiento con antibióticos, pero el paciente se mostró reacio a tomar medicación alopática y, por lo tanto, se le solicitó medicación homeopática. Después de tomar detalles de su episodio agudo, se le recetó *Hep. sul.* 30C cada 4 horas. En 24 horas, se observó una notable reducción de la congestión y el edema periorbitario y ocular. Este caso muestra la rápida, suave y permanente restauración de la salud si el simillimum es exacto.

### 硫磺肝素在一例眼眶蜂窩性組織炎中的作用—病例報告

簡介：眼眶週蜂窩性組織炎是眼眶前方眼睛周圍軟組織的感染。這種情況在兒科族群中很常見，但由於某些合併症，如糖尿病或免疫功能低下的情況，這種情況也可以在成年人中看到。這種情況可能會對眼睛造成毀滅性的影響，導致視力完全喪失，或者如果感染擴散到眼眶並涉及大腦中的海綿竇，可能會危及生命。病例摘要：一名50歲的男性糖尿病患者主訴右眼周圍紅腫有光澤，眼部分泌物黏稠，流淚增加。腫脹之前有癩腫眼睛受累前 5-6 天，臉部右側顴骨區域。他被診斷出患有眼眶週蜂窩性組織炎，當地醫生要求他接受抗生素治療，但患者不願意服用對抗療法，因此尋求順勢療法。在了解了他的急性發作的詳細資訊後，Hep。南。規定 30°C，每小時 4 次。24 小時內，眶周和眼部充血和水腫顯著減少。這個案例描述瞭如果模擬準確的話，健康會迅速、溫和且永久地恢復。