



**Role Of Murphy's Repertory in the Homoeopathic Treatment Of  
Chickenpox: A Pediatric Case Report**

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**Abstract-** Chicken pox (varicella) is an acute, highly contagious viral disease commonly affecting children and characterized by fever, vesicular eruptions, and constitutional symptoms. Homoeopathy offers an individualized approach to its management through repertorial analysis and remedy selection. This article presents a case of a 6-year-old male child diagnosed with chicken pox, managed successfully with the help of Murphy's Repertory. Detailed case taking revealed characteristic mental, physical, and particular symptoms, which were repertorized using Murphy's Repertory. Remedies such as Sepia, Antimonium crudum, and Arsenicum album emerged as leading remedies, among which Antimonium crudum was selected after Materia Medica confirmation. The patient showed progressive improvement, including subsidence of fever, absence of new eruptions, relief from associated complaints, and complete healing of lesions with residual hyperpigmentation. This case highlights the effectiveness and practical utility of Murphy's Repertory in remedy selection and its role in the successful management of pediatric chicken pox cases

❖ **KEYWORDS:** *Chickenpox, Murphy's Repertory, Antimonium crudum, Homoeopathy, Pediatric case*



❖ **INTRODUCTION:**

Chickenpox, also known as varicella, is caused by the varicella-zoster virus (VZV). It represents the primary infection with VZV and leads to the establishment of a lifelong latent infection within the sensory ganglion neurons. Reactivation of this latent virus later in life results in herpes zoster, commonly referred to as shingles. VZV is double stranded DNA virus in the family herpesviridae and genus varicellovirus.<sup>[1]</sup>

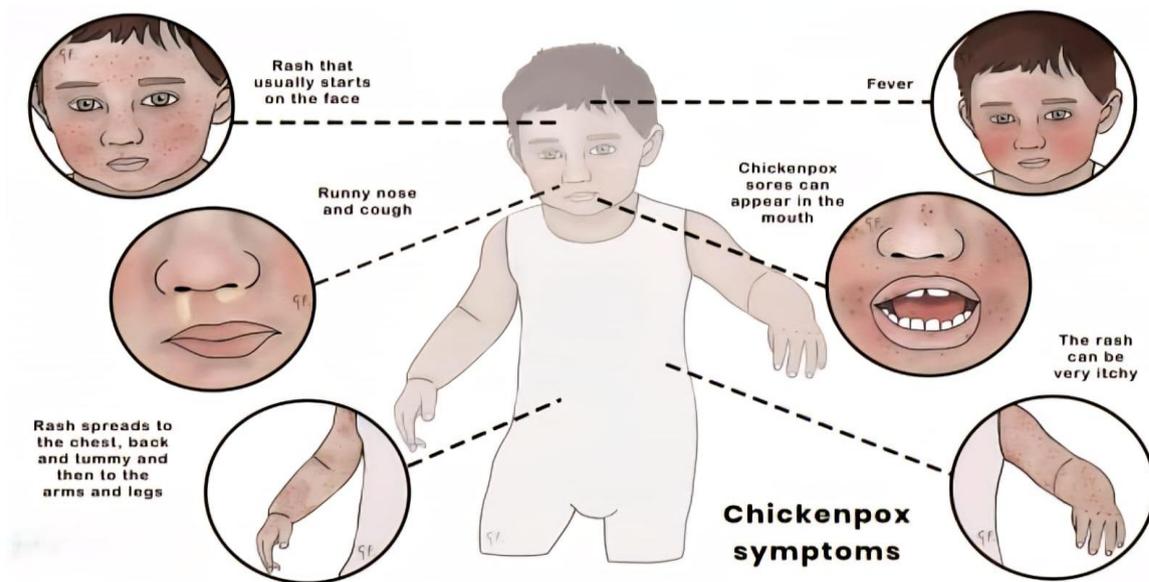
❖ **PATHOGENESIS:**

Varicella-zoster virus (VZV) infects humans when viral particles enter through mucosal epithelial surfaces. Initial viral replication occurs locally, followed by dissemination to the tonsils and nearby lymphoid tissues, where the virus infects T lymphocytes. These infected T cells transport the virus through the bloodstream to the skin, enabling cutaneous replication. Subsequently, VZV establishes lifelong latency within sensory ganglia after reaching neuronal nuclei via axonal transport or hematogenous spread. Reactivation of the latent virus leads to renewed viral replication in the skin, producing lesions that are typically confined to the dermatome supplied by the involved sensory ganglion.<sup>[2]</sup>

❖ **CLINICAL FEATURES:**

Chicken pox is an acute febrile rash illness. The incubation period of chickenpox ranges from 10 to 21 days. Prodromal symptoms are more commonly observed in older children and adults. Prodromal symptoms such as fever, malaise, loss of appetite, headache, and occasionally abdominal discomfort may develop 24–48 hours before the rash appears. The temperature generally ranges between 100°F and 102°F, though it can sometimes reach as high as 105°F. Fever and other systemic signs usually continue for 2–4 days after the rashes. The varicella rash typically begins on the scalp, face, or trunk. In its early stage, it presents as a maculopapular eruption, which later progresses to vesicles that crust over. The rash progresses rapidly, with different stages—macule, papule, vesicle, pustule, and scab—often appearing simultaneously. Successive crops of lesions tend to appear on the trunk first and then on the limbs, giving the rash a characteristic centripetal pattern. Occasionally, ulcerative

lesions may occur on mucosal surfaces. On average, about 300 lesions are seen in varicella cases, though healthy children may develop fewer than 10. Areas affected by the lesions may show temporary hypopigmentation or hyperpigmentation lasting for several days to weeks. However, significant scarring is uncommon unless the lesions become secondarily infected.



**Figure 1 Symptoms of Chickenpox**

❖ **DIFFERENTIAL DIAGNOSIS:**

The differential diagnosis of varicella includes infections caused by the herpes simplex virus, enteroviruses, monkeypox, and rickettsial pox, as well as non-infectious conditions such as contact dermatitis and insect bites.

❖ **LABORATORY INVESTIGATIONS:**

Investigations are generally not required for the diagnosis or management of varicella zoster in otherwise healthy children. In severe or complicated cases, laboratory confirmation may be required to establish the diagnosis and guide appropriate management. Leukopenia is commonly observed during the first 72 hours of illness, followed by relative and absolute



lymphocytosis. Results of Liver functions tests are also usually mild elevated. VZV can be rapidly identified through direct fluorescence assay of cells from cutaneous lesions, and by PCR amplification testing.<sup>[1]</sup>

❖ **COMPLICATIONS** <sup>[3]</sup> :

- Varicella pneumonia
- Myocarditis
- Nephritis
- Encephalitis
- Meningitis
- Reye's syndrome

❖ **TREATMENT:**

Antiviral therapy can modify the course of varicella. Acyclovir is the most commonly used oral antiviral drug for this purpose. However, the American Academy of Pediatrics (AAP) does not recommend routine acyclovir therapy for the treatment of uncomplicated varicella in otherwise healthy children, due to its limited clinical benefits, high cost. Dose of acyclovir is 20 mg/kg/dose, maximum 800 mg/dose given in four divided dose for five days.<sup>[1]</sup>

❖ **PREVENTION:**

Varicella is a vaccine preventable disease. Live virus varicella vaccine is available as a monovalent vaccine and is also available in combination with measles, mumps and rubella vaccines. Varicella vaccine is recommended for routine administration to children at 12-18 month of age. Varicella vaccine is contraindicated in children with cell mediated immune deficiencies.<sup>[3]</sup>

❖ **HOMOEOPATHIC APPROACH** <sup>[4]</sup>

**Variolinum** – It is a nosode indicated in conditions presenting with rashes accompanied by pustules. It is also described as a preventive or protective remedy in cases of chickenpox. The remedy is known to act effectively across various potencies. Characteristic features include



marked heat of the forehead, a red face, and a deep, dark-purple discoloration around the neck. The clinical picture may also involve intense gastric discomfort, fever with chills, and offensive perspiration.

**Rhus tox-** It is indicated in chickenpox when the eruptions are intensely itchy, either vesicular or pustular in nature. The itching becomes worse from sweating, and a prominent burning sensation is felt, especially after scratching. The child may be markedly restless and complain of body aches, which often accompany the eruption stage.

**Belladonna-**It is useful in the first inflammatory stage of chickenpox. The key indications include a bright red skin rash with dry, hot, burning, smooth, and highly sensitive skin. Children usually present with high fever, a rapid pulse, and severe headache, which often accompany the acute stage of the eruption.

**Antimonium crudum** – It is indicated when chickenpox presents with pustular eruptions covered by yellowish or brown scabs. The eruptions are itchy and become sore on scratching, and they are also painful to pressure, sometimes with a shooting type of pain.

**Apis mellifica-** It is indicated in children who develop chickenpox with severe itching and a stinging, burning type of eruption. There is marked soreness of the skin, and fever may occur in an intermittent pattern, often accompanied by thirst. Diarrhoea can appear, especially when the eruptions are suppressed. The child generally feels better with cold applications, cold water, or cold bathing.

### **CASE**

Name :- ABC

Gender : Male

Age : 6 yrs 2 months

Religion : Hindu

Address : Mehsana

Date : 03/04/2025

- Chief complain :- The patient has had fever & weakness for the last three days. Vesicular eruptions appeared on the chest and back two days ago, followed by crust formation on the lower right side of the chest. The patient experiences itching and a burning sensation after scratching the eruption sites. Itching improves after bathing. The patient has also been constipated for the last two days.
- ODP : The patient was asymptomatic three days ago, then developed fever and weakness.



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On the next day, vesicular eruptions appeared on the chest and back, followed by crust formation. The patient has constipation along with the eruptions and fever. Paracetamol was given on the first and second day.

- Physical Generals:
  - Appetite : slight decrease due to illness
  - Thirst : 7-8 glass/day
  - Desire : Spicy food
  - Aversion : NAD
  - Sleep : Sound
  - Urine : 4-5 times / day
  - Stool : Dry hard lumps since last two days
  
- Physician Observations : The child persistently keeps a finger in the mouth.
  
- Mental symptoms : The parent complains about the child's obstinate behavior. The child is obstinate regarding toys, clothes, and food.
  
- Past history :
  - Disease – No any major illness found
  - Vaccination : The TB vaccine was administered 3 days after birth. The MMR vaccine has not been taken.
  - Birth history : weight – 2.700 kg / full term / C-section delivery
  
- Family history : NAD
  
- General examination :
  - Temp. – 101.7 °F      Pulse – 92/min      R.R. – 22/min      SpO<sub>2</sub> - 98 %
  
- Local Examination : Vesicles found on chest and back . one crust on right side of lower chest area.



- Diagnosis : Chickenpox
- Totality :
  - Obstinate child
  - Desire for spicy food
  - Finger in mouth
  - Dry hard lumps in stool
  - Vesicular eruption on back & chest
  - Crust on lower right side of chest
  - Itching Better by bathing
  - Burning after scratching at eruption site
- Repertorization : Murphy's repertory

	sep	ant-c.	ars.
	1	2	3
1. Children - OBSTINATE, children (26) 1		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Food - SPICY, food - desires (33) 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Children - FINGERS, in the mouth, children put (11) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children - CONSTIPATION, children - stool in hard lumps (1) 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Back - VESICLES (14) 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Chest - VESICLES (15) 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Chest - ERUPTIONS - crusts (6) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Skin - ITCHING - bathing, after - amel. (1) 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Skin - BURNING, sensation - scratching, after (82) 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Diseases - CHICKENPOX, infection (24) 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- Repertorial Analysis :
  - Sepia – 9/5
  - Antim crude – 8/5
  - Ars alb – 7/5
- Prescription : Antim crude 200 Bd for 2 days
- Auxillary management :

Avoid public exposure. Stay at home and drink plenty of water.

• Follow Ups :

Date	Complain	Intervention
05/04/2025	No any new eruption. No fever spike since last 12 hrs. T – 99.2 °F Old eruption still present but no itching General weakness reduced compared to before	Antim crude 200 BD for 2 days
07/04/2025	No any new eruption. No any crust appear. T- 98.7 °F Old eruptions showing signs of healing	SL BD for 3 days
10/04/2025	Appetite improve and stool become normal Small residual hyperpigmented spots present No any eruption found Appetite normal and Bowel habits improved	SL BD for 5 days.



**After**

**Before**

❖ DISCUSSION :



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After repertorization of the totality of symptoms, several remedies such as Sepia, Antimonium crudum, and Arsenicum album were found to be closely competing. On consultation of Homoeopathic Materia Medica, Antimonium crudum was selected as it covered the most characteristic and peculiar symptoms of the case, including obstinate behavior in a child, constipation with dry stools, desire for spicy food, and skin eruptions. These keynote symptoms strongly pointed toward Antimonium crudum, differentiating it from other indicated remedies. The medicine was prescribed based on the principle of individualization and totality of symptoms.

### ❖ CONCLUSION:

This case demonstrates the effective role of **Murphy's Repertory** in the successful management of a case of chicken pox. Careful selection of characteristic mental, physical, and particular symptoms and their systematic repertorization with the help of Murphy's Repertory led to the selection of the indicated homoeopathic remedy. The patient showed marked improvement in general condition, with cessation of fever, no appearance of new eruptions, relief from associated complaints, and progressive healing of skin lesions. The case highlights that Murphy's Repertory is a reliable and practical tool for repertorial analysis, aiding in accurate remedy selection and favorable clinical outcomes in acute infectious diseases like chicken pox.

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