
HOMOEOPATHIC MANAGEMENT OF SKEETER SYNDROME WITH APIS MELLIFICA: A CASE REPORT

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ABSTRACT:

Skeeter syndrome is an exaggerated localized inflammatory reaction following mosquito bites, mediated by hypersensitivity to mosquito saliva. It clinically mimics other inflammatory and allergic dermatoses such as erythema nodosum, urticaria, and cellulitis, often leading to diagnostic confusion. This case report presents a 28-year-old female with acute onset of reddish-purple, tender, pruritic nodular eruptions over both lower limbs following mosquito bites. The case was managed successfully with the homoeopathic remedy Apis Mellifica 200C, selected based on characteristic symptoms and modalities. Marked improvement was observed within a week, with complete resolution of lesions without complications. This case demonstrates the effectiveness of individualized homoeopathic treatment in managing acute hypersensitivity reactions such as Skeeter syndrome.

KEYWORDS: Skeeter syndrome, insect bite hypersensitivity, Apis Mellifica, homoeopathy.

INTRODUCTION:

Skeeter syndrome is a rare allergic reaction that occurs following mosquito bites and is characterized by an exaggerated local inflammatory response. Patients usually present with severe swelling, redness, itching, and warmth at the site of the mosquito bite, which is more intense than the usual local reaction.

In some cases, systemic symptoms such as fever, malaise, or vomiting may also be present. Because of the marked local inflammation, Skeeter syndrome can often resemble cellulitis, which may lead to misdiagnosis and unnecessary antibiotic treatment. Therefore, careful clinical evaluation is required for accurate diagnosis. Management mainly includes

symptomatic treatment with antihistamines, topical corticosteroids, and preventive measures to reduce exposure to mosquito bites.⁽¹⁾

Homoeopathy offers a holistic and individualized approach in the management of acute inflammatory and hypersensitivity reactions. According to Organon of Medicine, the selection of the remedy is based on the totality of characteristic symptoms of the patient, following the principle of Law of *similia similibus curentur*.⁽²⁾ Remedies such as Apis Mellifica, Ledum Palustre, and Urtica Urens are frequently indicated in conditions resulting from insect bites and allergic skin reactions when selected according to the individual symptom picture.⁽³⁻⁵⁾

This case report highlights the homoeopathic management of Skeeter syndrome following mosquito bites. The condition responded well to individualized treatment with Apis Mellifica, suggesting its usefulness in acute allergic inflammatory reactions.

CASE PROFILE:

A 28-year-old female patient presented to the outpatient department with complaints of itching and reddish rashes over both lower legs for the past 2–3 days. The symptoms started after she noticed multiple mosquito bites on her legs at the workplace. Initially, itching developed at the sites of the bites, followed by the appearance of red, raised eruptions the next morning. By evening, the lesions became reddish-purple, swollen, and mildly tender with associated burning and intense itching. The patient reported marked relief from cold applications, while warmth aggravated the discomfort. There was no history of discharge, ulceration, fever, or other systemic symptoms. (Fig. 1 and 2)

The patient had no history of similar allergic skin eruptions and no known chronic medical illness. Family history was not significant for any major diseases. Her appetite was good, thirst was normal, bowel and bladder habits were regular, and sleep was sound. Thermally, the patient was of hot constitution. On general physical examination, the patient was well-built and well-nourished. Dermatological examination revealed multiple round, reddish-purple nodular eruptions on the anterior aspect of both lower legs, which were mildly tender and non-ulcerated, without any discharge. Systemic examination did not reveal any abnormality.

BEFORE TREATMENT:



Fig. 1







Fig. 2

DIFFERENTIAL DIAGNOSIS:⁽⁶⁾⁽⁷⁾⁽⁸⁾

The clinical presentation of the patient required differentiation from several dermatological conditions presenting with erythematous and tender lesions. Table 1

Table 1- Differential diagnosis.

Disease	Description	Figure
Erythema nodosum	It commonly presents with painful nodules over the shins; however, it is usually associated with systemic symptoms such as fever, malaise, or underlying systemic disease, which were absent in this case.	
Allergic urticaria	Typically presents with transient wheals that are superficial and migratory, whereas the lesions in the present case were nodular, localized, and persistent.	
Contact dermatitis	History of contact with irritants; vesicular eruptions; localized area.	

		
Cellulitis	Diffuse redness, warmth, fever; usually unilateral; not nodular	

FINAL DIAGNOSIS:

Considering the clear history of mosquito bites followed by localized exaggerated inflammatory reaction with redness, swelling, itching, and tenderness, the condition was diagnosed as **insect bite hypersensitivity (Skeeter syndrome)**.

ANALYSIS OF CASE:

After a thorough case study, the totality of symptoms was constructed which are as follows:

- Intense itching and burning after mosquito bites
- Red, swollen, shiny eruptions
- Tenderness and soreness on touch
- Marked relief from cold applications
- Hot patient
- Acute onset following insect bite (causative factor)

TOTALITY OF SYMPTOMS:

- Red, swollen, shiny eruptions after insect bite
- Stinging, burning pain with intense itching
- Tenderness of affected parts
- Amelioration from cold applications
- Hot thermal reaction

REPERTORIAL TOTALITY: ⁽⁹⁾ (Fig.3)

1. SKIN -BURNING
2. SKIN- ITCHING- eruptions

3. SKIN- STINGS of insects
4. SKIN- SWELLING-red
5. GENERALS-COLD-applications-amel.
6. GENERALS-WARM-agg.



Fig. 3 – Repertorial chart from synthesis repertory.

DIFFERENTIAL REMEDY DIAGNOSIS: Table 2

Table no 2- Differential remedy diagnosis.

Remedy	Indications	Reason for Exclusion/Selection
Ledum Palustre	Insect bites with cold, hard, pale swelling; better by cold	Lesions here were hot, red, and tender
Urtica Urens	Itching, burning wheals; urticaria like eruptions	Lesions were nodular and tender, not wheals
Arnica Montana	Bruised soreness, trauma, ecchymosis	No history of trauma; itching predominated
Histaminum Hydrochloricum	General allergic states	Useful as intercurrent; totality better covered by Apis
Apis Mellifica	Red, shiny oedematous swelling; stinging, burning pains; better from cold; worse from heat and touch	Similimum – complete correspondence with totality

POSOLOGY:

Apis Mellifica 200C – once daily for 3 days followed by placebo. Advice:
 Avoid scratching Use cold compress Mosquito prevention

REMEDY JUSTIFICATION: ⁽³⁻⁵⁾

According to Hering, Allen, and Boericke, Apis Mellifica produces intense inflammatory oedema, redness, stinging and burning pains, and marked amelioration from cold applications. The pathological picture closely resembles reactions from insect stings and bites.

The patient’s modalities -worse from heat and touch, better from cold, with shiny red swelling - strongly confirmed Apis Mellifica as the similimum.

The 200C potency was selected considering the acute nature of the condition and the clear characteristic symptomatology. Repetition was done for a short duration to achieve rapid relief in the acute phase.

FOLLOW UP: Table 3

Table 3 – Follow ups.

Day	Observation	Management
Day 3	Itching completely relieved; redness and swelling markedly reduced; tenderness subsiding	Placebo for 3 days
Day 7	Lesions healing; mild residual pigmentation only	Placebo continued

AFTER TREATMENT: (Fig. 4 and 5)



Fig. 4



Fig. 5

RESULT:

The patient showed marked improvement following the administration of Apis Mellifica 200C. Within three days, itching and burning sensations subsided significantly, with noticeable reduction in redness and swelling.

By the seventh day, the eruptions had almost completely resolved, leaving only mild residual pigmentation. No complications or recurrence were observed during the follow-up.

The clinical outcome indicates a favorable response to individualized homoeopathic treatment. (Fig.4 and 5)

DISCUSSION:

Skeeter syndrome is an exaggerated hypersensitivity reaction to mosquito bites characterized by redness, swelling, itching, and tenderness. Due to the marked inflammatory presentation, it may resemble urticaria, erythema nodosum, contact dermatitis, or cellulitis, necessitating careful clinical evaluation.

Homoeopathic treatment is based on the principle of individualization, where the remedy is selected according to the totality of symptoms as described in the Organon of Medicine. In the present case, symptoms such as red, swollen eruptions with burning and itching, tenderness, and relief from cold applications corresponded closely with the remedy picture of Apis Mellifica.

The rapid improvement observed in this case suggests the usefulness of individualized homoeopathic treatment in managing such acute allergic skin reactions.

Conventionally, Skeeter syndrome is managed with antihistamines and corticosteroids; however, these provide only symptomatic relief. In contrast, homoeopathy aims at stimulating the body's self-regulatory mechanism based on individual symptomatology.

CONCLUSION:

This case demonstrates the successful homoeopathic management of Skeeter syndrome with Apis Mellifica. Rapid improvement in itching, swelling, and erythema was observed without complications.

Further clinical studies and documented case reports are required to support these findings.

PATIENT CONSENT:

Written informed consent was obtained from the patient for publication of this case and accompanying images.

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