

A CASE OF ISOPATHIC AND HOMEOPATHIC TREATMENT OF METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) INFECTION IN THE FOOT

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ABSTRACT

This case study details the treatment of a Methicillin-resistant Staphylococcus aureus (MRSA) infection in the left foot of a 38-year-old male using isopathy and homeopathy. The infection originated from a Ceratopogonidae (no-see-ums) bite at Clearwater Beach, Florida, in September 2011, causing swelling and localized heat at the insect bite site. Initial treatment involved a complex homeopathic remedy comprising Apis mellifica 4CH, Arnica montana 4CH, Belladonna 4CH, Hepar sulfur 6CH, Mercurius cyanatus 6CH, Phytolacca decandra 4CH, and Solanum dulcamara 4CH, in combination with a 6K autosode derived from the pus. Within hours of administering the Ceratopogonidae nosode 6K, the swelling subsided, and the cellulitis resolved in two days. The MRSA diagnosis was confirmed via medical laboratory testing and antibiotic sensitivity analysis.

Keywords: Methicillin-resistant Staphylococcus aureus, Ceratopogonidae, filarial worms, isopathy, nosode, homeopathy.

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1. INTRODUCTION

Methicillin-resistant *Staphylococcus aureus* (MRSA) infections are commonly associated with healthcare or community settings [1]. *Methicillin*, a beta-lactam antibiotic in the *penicillin* class, was discovered in 1960 and is commonly prescribed in the forms of *penicillin*, *amoxicillin*, and *oxacillin*. MRSA infections are highly contagious and challenging to manage with conventional (allopathic) medicine due to antibiotic resistance, as reported by Siddiqui et al. [2]. The primary cause of this resistance is the improper use of antibiotics, which can lead to *Staphylococcus aureus* bacteria developing resistance over time [3]. This resistance arises due to MRSA's high mutation rate [4]. While most bacteria are eliminated by antibiotics, resistant strains can proliferate, resulting in infection progression or community-wide outbreaks, often necessitating patient isolation, which may be ineffective [5]. MRSA infections can also occur as a result of skin damage, such as insect bites [6, 7]. Conventional treatment for MRSA infections relies on antibiotics. However, the existence of MRSA can often be attributed to symptom-based antibiotic prescriptions without proper bacteriological sensitivity studies.

It has been demonstrated that MRSA can be treated with classical homeopathy, even after unsuccessful attempts with conventional medicine [8]. In this case, the infection began from a minor scratch on a finger. Following two costly emergency hospital stays where the patient was treated with antibiotics and analgesics, MRSA recurred two months later in the right thigh. The MRSA infection was successfully treated within approximately a week using *Cactus grandiflora*, *Cantharis*, *Crotalus horridus*, and *Arsenicum album* [8]. The classical homeopathic approach adheres to Hahnemann's original principle of prescribing only a single ingredient remedy at a time, as combinations of remedies have not been proven.

This paper reports the treatment of an MRSA infection in a 38-year-old male, which originated from an insect bite on the left ankle. Initially, a complex homeopathic remedy was used in combination with an isopathic autonosode 6K made from pus from the bite site. This was followed by the *Ceratopogonidae* nosode 6K, which reduced the swelling within hours, and the condition was resolved within two days after taking the nosode.

2. CASE HISTORY

A 38-year-old male was bitten by an insect on the left ankle while at Clearwater Beach, Florida, in September 2011. The following day, the bite area became red, hot, and swollen. Based on previous experience with insect nosodes [9], the patient took *Florida mosquito* nosode 4K, but there was no improvement. After approximately a week, the left foot became swollen, and pus began to form in the wound. An autonosode 6K was prepared from the pus and taken twice daily.

The patient decided to seek medical attention. On September 16, 2011, *Doxycycline Hyclate* (100 mg) was prescribed (Figure 1). However, the patient declined taking the antibiotic due to concerns about gut bacterial imbalance and resulting loose stools. The doctor indicated that if the infection spread to the joint, there would be a potential risk of amputation. Since the patient declined the *Doxycycline* treatment, the pus was sent to the laboratory for culture analysis by the medical doctor. The lab results confirmed MRSA on September 20, 2011 (Figure 2). The sensitivity results (Figure 3) indicated that MRSA was susceptible to *Erythromycin*, *Oxacillin*, and *Penicillin*, antibiotics that the patient had taken in the past.

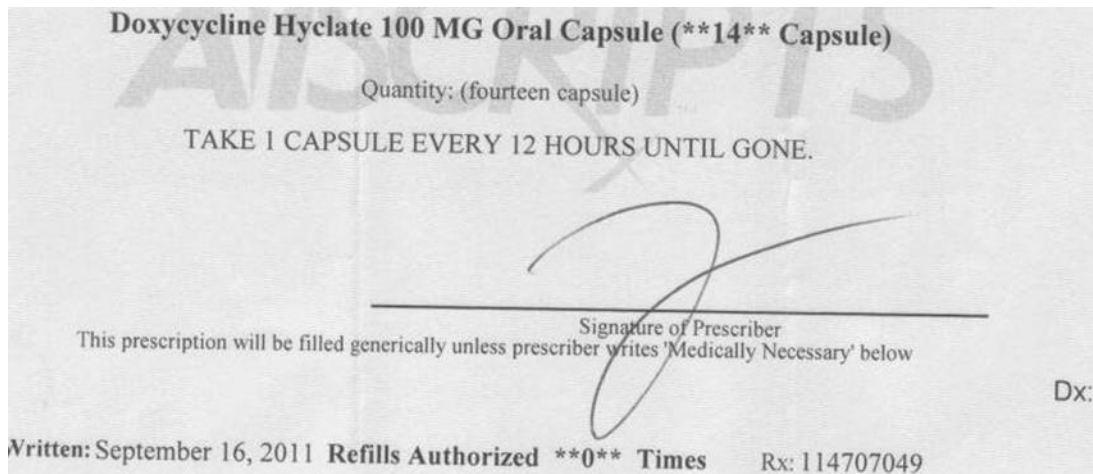


Fig. 1. Doxycycline 100 mg prescription

Instead of *Doxycycline*, the medical doctor prescribed *Bactrim*, which the patient also chose not to take. After the MRSA diagnosis was confirmed, the patient began taking a commercial complex homeopathic remedy containing *Apis mellifica* 4CH, *Arnica montana* 4CH, *Belladonna* 4CH, *Hepar sulfur* 6CH, *Mercurius cyanatus* 6CH, *Phytolacca decandra* 4CH, and *Solanum dulcamara* 4CH, along with the pus autonosode 6K.

On the morning of September 18, 2011, several no-see-ums were captured at Clearwater Beach, Florida. The insects were visible on the patient's black swimsuit, which is how they were collected. *Ceratopogonidae* nosode 6K was prepared and taken by the patient immediately. The swelling in the foot disappeared within hours of taking the *Ceratopogonidae* nosode 6K, and the cellulitis resolved within two days.

| <u>CULTURE, AEROBIC BACTERIA</u> | | | | Stage: | Final |
|---|---|--------------|-------------|------------------|--------------|
| Result | 9/20/2011 3:25:00PM | Hoyle, Tracy | | | |
| Annotations: | Pt advised on results; Pt researching Bactrim (which is what doctor recommended) to see if he wants to take it. Pt is taking homeopathic remedy right now. Drinking No-See-Ums (A homeopathic drink made by the pt) Lm for pt to call back; Need to call in medication to pharmacy..spoke with wife and left msg at pts job..Also notified Dawn Morgan at DOH..she states dont need notification unless resistant to Vanco | | | | |
| Result | 9/20/2011 4:46:00PM | Hoyle, Tracy | | | |
| Annotations: | Spoke with pt again, pt states does not really want to take antibiotic..Advised pt that Dr.McElroy recommends the bactrim and that by not taking it, he could possibly cause his joints to become inflamed with the potential of amputation. Pt voices understanding. He will think about it and call office tomorrow. Pt believes that the no-see-um remedy has cured his problem. Pt also wants to know if the doctor will test him for mansonella- a parasite..Will address with doctor. | | | | |
| <u>Test</u> | <u>Result</u> | <u>Units</u> | <u>Flag</u> | <u>Reference</u> | <u>Range</u> |
| Result 1 | 0 | | | | |
| Methicillin - resistant Staphylococcus aureus | | | | | |
| Heavy growth | | | | | |
| Susceptibility or resistance of staphylococci to oxacillin predicts susceptibility or resistance to (a) other beta-lactamase-stable penicillins such as cloxacillin and dicloxacillin, (b) combinations of a penicillin and a beta-lactamase inhibitor, and (c) anti-staphylococcal cephalosporins. Routine testing of other penicillins, beta-lactam/beta-lactamase inhibitor combinations, cepheems, and carbapenems is not advised by the CLSI Standards (M100-S15, 2005). | | | | | |
| Antimicrobial Susceptibility | 0 | | | | |

Fig. 2. Culture test results

Figure 4 shows normal upper respiratory culture results with no MRSA present, while Figure 5 displays the case disposition record, indicating that the patient’s cellulitis had resolved. Figure 6 shows the left foot two days after taking the *Ceratopogonidae* nosode 6K.

| <u>Test</u> | <u>Result</u> | | | |
|--|---------------|--------|--------|--------------|
| ***** S = Susceptible; I = Intermediate; R = Resistant ***** | | | | |
| P = Positive; N = Negative | | | | |
| MICS are expressed in micrograms per mL | | | | |
| Antibiotic | RSLT#1 | RSLT#2 | RSLT#3 | RSLT#4 |
| Ciprofloxacin | S | | | |
| Clindamycin | S | | | |
| Erythromycin | R | | | |
| Gentamicin | S | | | |
| Levofloxacin | S | | | |
| Linezolid | S | | | |
| Oxacillin | R | | | |
| Penicillin | R | | | |
| Rifampin | S | | | |
| Tetracycline | S | | | |
| Trimethoprim/Sulfa | S | | | |
| Vancomycin | S | | | |
| Aerobic Bacterial Culture | | | | Final report |

Fig. 3. Antibiotic susceptibility study results

| <u>Upper Respiratory Culture</u> | | Stage: | Final |
|----------------------------------|-----------------------|--------------|-----------------------------|
| <u>Test</u> | <u>Result</u> | <u>Units</u> | <u>Flag Reference Range</u> |
| Result 1 | Normal flora present. | | |
| Scant growth | | | |
| Upper Respiratory Culture | Final report | | |

Fig. 4. Upper respiratory culture results after treatment

A case of isopathic and homeopathic treatment of Methicillin-Resistant Staphylococcus Aureus (MRSA) infection in the foot

» - [Return to Work/School] - [work] Order #: TW116242310


| | | | |
|---------------------------------------|--|------------------------------------|-------------------------------------|
| Date Ordered 29-Sep-2011 | Approving Provider TOMMY MCELROY [NPI:1982897732]  Electronic Signature | CPT4 Code | Patient Instructions |
| To Be Done Date 29 Sep 2011 | Priority Routine | Status Active | Performing Location Comments |
| Encounter Date 29-Sep-2011 | | | |
| Prompts | | | |
| MEDICALLY NECESSARY (Y/N) | | YES | |
| Comment | | Patient's cellulitis has resolved. | |
| Problems | | | |
| Cellulitis 682.9 | | | |

Fig. 5. Case disposition record



Fig. 6. Resolved cellulitis two days after taking the *Ceratopogonidae* nosode 6K

3. *CERATOPOGONIDAE* NOSODE PREPARATION

To prepare the nosode, several no-see-ums were wrapped in a paper towel and immersed in a glass of water for about a minute. Approximately 50 ml of water from this glass was poured into an empty 1 L glass bottle. About 500 ml of pure water was added to the bottle, which was then sealed with a screw-on cap. The water in the bottle was succussed 10 times by striking it against a towel placed on a hard surface, completing the first preparation cycle. The water was then poured out of the bottle, and the bottle was refilled with approximately 500 ml of water for the second cycle. The water was succussed 10 times, completing the second cycle. This process was repeated six times, resulting in the *Ceratopogonidae* nosode 6K after six cycles of dilution and succussion.

The *Ceratopogonidae* nosode 6K was prepared using the Korsakov method, with the same glass bottle used for each dilution and succussion cycle [10]. An instructional video on how to make nosodes and autonosodes is available on YouTube [11]. The swelling subsided within several hours of taking the nosode. The *Ceratopogonidae* nosode 6K was taken twice daily, in the mornings and evenings. The pus disappeared, and the cellulitis was resolved within two days after administering the remedy.

4. DISCUSSION

Besides many other pathogens, *Ceratopogonidae* transmit filarial worms [12]. It is plausible that the patient was infected by the no-see-ums. Filariae can inhabit lymphatic vessels, causing lymphatic blockage, which is accompanied by inflammation, lymphedema, and fibrosis [13]. The patient's left foot exhibited lymphatic swelling, which subsided only after administration of the *Ceratopogonidae* 6K nosode. The patient did not respond to the *Florida mosquito* 4K nosode, ruling out the placebo effect. Taking the *Florida mosquito* 4K nosode did not result in a proving either. Homeopathic remedies such as *Belladonna* and *Apis mellifica* are commonly used to treat MRSA in the feet. The patient administered a commercial homeopathic complex containing both remedies.

The patient had a history of cellulitis in the left axilla in 2007, similar to the case shown in Figure 3 of reference [14]. When the patient was 12 years old, he experienced cellulitis after bruising his knee while skateboarding in jeans, despite no skin damage. In 1997, the patient was treated with antibiotics to clear a skin infection on the left cheek, which was later identified as being caused by the herpes simplex virus. Throughout his lifetime, the patient had taken *Erythromycin*, *Oxacillin*, and *Penicillin* antibiotics, to which his MRSA infection was found to be resistant, according to the lab results shown in Figure 3. It is reasonable to assume that the patient was a host for MRSA, which developed resistance to antibiotics taken over his lifetime.

In 1997, the patient had an infection of the facial nerve caused by the herpes simplex virus, for which antibiotics were incorrectly prescribed and caused loose stools. This negative experience is the main reason why the patient refused antibiotics treatment for MRSA and relied on isopathy and homeopathy. Herpes outbreaks have occurred every winter on the left cheek. The diagnosis of herpes simplex virus was confirmed in 2006, and it was treated in 2010 using isopathy and homeopathy [15]. Isopathic and homeopathic methods were also successful in treating chronic tonsillitis [16], COVID-19 [17], and psoriasis [18].

Reference [19] reports an in vitro study on the effects of nosodes and *Belladonna* on MRSA, followed by the *Oxacillin* antibiotic. It is remarkable that the positive effects were observed in the in vitro study, even without the involvement of the host's live organism vital force.

5. CONCLUSION

This paper describes the treatment of a *Methicillin-resistant Staphylococcus aureus* (MRSA) infection in the left foot, caused by a *Ceratopogonidae* (no-see-ums) bite, using isopathy and homeopathy. No prescribed antibiotics were taken, and the *Ceratopogonidae* nosode 6K resolved the infection without complications in two days. This case study highlights the potential of isopathic and homeopathic treatments in managing MRSA infections, as evidenced by the rapid resolution of symptoms in this patient. The use of a multi-component homeopathic remedy, combined with the *Ceratopogonidae* nosode, led to a significant reduction in swelling and complete resolution of cellulitis within a short timeframe. The patient's condition was confirmed by laboratory testing, validating the presence of MRSA and its susceptibility to the chosen treatment. This case suggests that integrative approaches combining isopathy and homeopathy may provide valuable alternatives or adjuncts to conventional antibiotic therapies, especially in scenarios complicated by antibiotic resistance. Further research with larger sample sizes and controlled studies is needed to fully assess the efficacy of these treatments in broader clinical practice.

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REFERENCE

- [1] Center for Disease Control and Prevention. Methicillin-resistant *Staphylococcus Aureus* (MRSA) Basics. <https://www.cdc.gov/mrsa/community/index.html>
- [2] Siddiqui, A.H., & Koirala, J. (2024). *Methicillin-resistant Staphylococcus Aureus*. Treasure Island (FL): StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK482221>
- [3] Lowy, F.D. (2003). Antimicrobial Resistance: The Example of *Staphylococcus Aureus*. *J Clin Invest.*, 111(9), 1265-73. doi: 10.1172/JCI18535.
- [4] Pray, L. (2008). Antibiotic Resistance, Mutation Rates and MRSA, *Nature Education*, 1(1), 30.
- [5] Finnikin, S.J., Wilcock, J., Edwards, P.J. (2023). Presentation and Management of Insect Bites in Out-of-hours Primary Care: A Descriptive Study. *BMJ Open*, 13(9), e070636. doi: 10.1136/bmjopen-2022-070636
- [6] Bruno, G.J., Bruno, J.M., Miyake, A.A. (2007). Community-acquired Methicillin-resistant *Staphylococcus Aureus* Infection with Fatal Necrotizing Pneumonia from Lip Abscess: A Case Report. *J Oral Maxillofac Surg.*, 65(11), 2350-2353. doi: 10.1016/j.joms.2006.09.020
- [7] Fontaine, P., Lawson, K. (2009). Classical Homeopathy Approach in the Treatment of Methicillin-resistant *Staphylococcus Aureus*, *Explore*, 5(6), 347-351.
- [8] Volinsky, A.A. (2020). Allergy Desensitization Based on Allergens Dynamization Method, *International Journal of Homoeopathic Sciences*, 4(4) Part D, 198-201. <https://www.homoeopathicjournal.com/articles/275/4-4-19-183.pdf>
- [9] Potencies and the Korsakovian Scale, <http://www.sulisinstruments.com/korsakovian.html>
- [10] 10. How to Make Nosodes and Autonosodes, Instructional Video, <https://youtu.be/nIHAYHb-2Cg>
- [11] Connelly, C.R. (2005). Biting Midges, No-see-ums *Culicoides* spp. (Insecta: Diptera: *Ceratopogonidae*) Featured Creatures. UF/IFAS Extension, Publication Number: EENY-349. doi.org/10.32473/edis-in626-2013. <https://edis.ifas.ufl.edu/publication/IN626>

- [12] Cross, J.H. (1996) Chapter 92. Filarial Nematodes, Medical Microbiology. 4th edition, Baron, S., editor, Galveston (TX): University of Texas Medical Branch at Galveston. <https://www.ncbi.nlm.nih.gov/books/NBK7627>
- [13] Cohen, P.R. (2008). The Skin in the Gym: A Comprehensive Review of the Cutaneous Manifestations of Community-acquired Methicillin-resistant Staphylococcus Aureus Infection in Athletes, Clinics in Dermatology, 26, 16-26.
- [14] Volinsky, A.A. (2021). A Clinical Case of Homeopathic and Isopathic Treatment of Human Herpes Simplex Virus, International Journal of Homoeopathic Sciences, 5(1), Part C, 146-148. <https://www.homoeopathicjournal.com/articles/306/4-4-57-957.pdf>
- [15] Volinsky, A.A. (2021). A Clinical Case of Chronic Tonsillitis Treatment Using Homeopathy and Autonosodes, International Journal of Homoeopathic Sciences, 5(1), Part C, 152-154. <https://www.homoeopathicjournal.com/articles/308/4-4-51-656.pdf>
- [16] Volinsky, A.A., Gunter, S.V. (2021). Two Cases of Isopathic and Homeopathic Treatment of Coronavirus Disease 2019, International Journal of Homoeopathic Sciences, 5(3), 321-323. <https://www.homoeopathicjournal.com/articles/442/5-3-43-835.pdf>
- [17] Volinsky, A.A. (2023). A Case of Psoriasis Treatment Using Psorinum Autonosode, International Journal of Homoeopathic Sciences, 7(2): 457-459. <https://www.homoeopathicjournal.com/articles/869/7-2-69-841.pdf>
- [18] Paseti, T.A., Bissoli, L.R., Macedo, A.P., Libame, R.B., Diniz, S., Waisse, S. (2017). Action of Antibiotic Oxacillin on In Vitro Growth of Methicillin-resistant Staphylococcus Aureus (MRSA) Previously Treated with Homeopathic Medicines, Homeopathy, 106(1), 27-31.

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