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Tinea faciei treated with individualise homoeopathic medicine: A evidence-based case reports

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Abstract

Tinea faciei is a superficial dermatophyte infection that affects any part of the face. The dermatophytic infections are the common and responsible for the significant health care costs. The case study presented here is a detailed analysis of a 15 year old female child affected by tinea faciei and its homoeopathic treatment and significance.

Case summary: A 15-year-old female patient presented with erythematous, circular, scaly eruption on her right eyebrow, accompanied by severe itching, which had persisted for one month. After conducting a thorough case analysis and repertorization, the patient was administered a single dose of Sulphur 200C. Notable improvement was observed when comparing pre-and post-treatment photographs. This case highlights the effectiveness of Sulphur in treatment of Tinea faciei.

Keywords: Homoeopathy, dermatophytic infections, Tinea faciei, Sulphur

Introduction

The diseases which occur as the result of dermatophytic infections are known as tineas. Mold fungi belonging to the genera Trichophyton, Microsporum, and Epidermophyton are the source of dermatophytic infections and tinea faciei is caused by fungi Trichophyton mentagrophytes and Trichophyton rubru^[15]. The stratum corneum and keratinized tissues like hair and nails that are derived from the epidermis can be invaded by these dermatophytes^[1]. The organisms proliferate after invading the stratum corneum, and in certain cases, the infection spreads to other structures like hair or nails^[2].

Three to four percent of all cases of tinea corporis are caused by tinea faciei, which is found throughout the world but is more common in tropical humid climates^[3]. It can occur at any age, but two peaks may be seen: in childhood, when it is more common in men, and in adults, when it is more common in women^[4, 5]. Because dermatophyte infections on the bearded areas of males are more often diagnosed as tinea barbae, while in females, they are more likely to be diagnosed as tinea faciei^[3].

Classification^[6, 15]: Dermatophytes are classified in several ways. they are classified into following types based on the location on the body.

- Tinea pedis-dermatophytic infection of the feet.
- Tinea cruris-dermatophytic infection of the crural region.
- Tinea corporis-dermatophytic infection of the smooth skin (body).
- Tinea capitis-dermatophytic infection of the head.
- Tinea barbae-dermatophytic infection of the beard region.
- Tinea faciei-dermatophytic infection of the face
- Tinea incognito-ringworm which is modified by systemic or topical corticosteroids.

It is characterized with slightly elevated, small, hyperemic spots, which are scaly, sharply defined, and sometimes have vesicular papules or vesicle at the circumference of the affected area^[7]. These dermatophytic infections usually start as a small circular scaly patch and gradually turn into rose pink or red patch. The margins of the infections are well defined and inflamed and spread peripherally.

These infections are usually accompanied by intense itching and occasionally bleeding. If left untreated, they get superimposed with other secondary infections^[8].

Fungal infections diagnosis is primarily based on light microscopic examination of skin scrapings. Other diagnostic approaches include fungal culture and identifying the fungus in tissue samples ^[9]. Wood's lamp examination shows a greenish fluorescence when *Microsporum* is present ^[10].

There are many medicines in the homoeopathic *Materia medica* which can be considered for tinea infection; some common medicines are Arsenic, Chrysarobinum, Bacillinum, Tellurium, Sepia, Sulphur, etc. ^[11].

Case reports: A 15 years old, female child visited paediatric OPD of Govt. Homoeopathic Medical College and Hospital, Bhopal, on 22 august 2024 (Registration No. 93/46) with following complaint for 1 months.

Chief complaint of patient

- Eruption on right eyebrow
- Itching < scratching
- Burning after scratching eruptions
- Dryness of skin

On examination: Erythematous, circular, scaly rashes on right eyebrow and dryness of skin, Scratch Marks Is

Present; Nail scratch marks are present; Patch Mark Are Present, warmthless is present.

Modalities: Itching < Night, perspiration, warm becoming
> Infrequent by scratching

Family history: Nothing specific

Treatment history: Allopathic, not improved

Mental generals

- Irritable due to itching specially at night
- Anxious for his illness.

Physical generals

- **Thirst:** 2-3 lit/24 hour, desire normal water
- **Desire:** Sweets
- **Stool:** Once in a day, satisfactory
- **Perspiration:** Regular
- **Thermal:** Hot

Observations: Lean, thin, female child with dusky complexion. Dark black hair. Dirty look of skin.



Analysis of the case: After the careful history taking, analysis and evaluation of symptoms, totality of symptoms was formed with notable symptoms i.e. patients are anxious about his health, Erythematous, scaly eruption on right eyebrow with itching which is aggravated during night, during perspiration and warm becoming. burning after scratching. Patients' thermal is hot and patients had desire for sweets.

Selection of Remedy was based on Synthesis 2.0 [v.202] Repertory. The repertorisation chart is shown in Table no.3. After conducting a thorough case analysis and repertorisation, the patient was administered Sulphur 200 after consulting Boericke *Materia medica*.^[11]

Sulphur can be an indicated remedy when the acute eruptions have been suppressed. Dreadful itching aggravated in bed, on waking up. The warmth of room will lead to despair ^[11]. Itching; voluptuous; violent, aggravated at night, in bed; scratching and washing. Excoriations, on folds. Eruptions alternate with asthma. All orifices of the body are very red; all discharges acrid, excoriating whenever they touch. Skin: itching, voluptuous; scratching >; feels good to scratch ^[12].

To evaluate whether improvement occur due to

homeopathic treatment or not, Modified Naranjo Criteria score was used and total score of 9 was obtained [Table 1] ^[13].

There was a complete improvement in the main complaint as well as associated complaints and general health of patients with single dose of Sulphur 200C. This case emphasizes the importance of a holistic approach in the treatment in which we consider the individuality of a patient for remedy selection, and not just disease symptoms.

After treatment the modified Naranjo scores of the patients was 9 [Table 1], which indicate that results observe in this case due to homeopathic intervention ^[13].

Provisional diagnosis: ICD-10: B35.4 tinea faciei

Differential diagnosis ^[14]

1. *Seborrhoeic dermatitis*
2. *Atopic dermatitis*
3. Bacterial infections
4. *Irritant contact dermatitis*
5. *Granuloma annulare*,
6. *Pityriasis alba*,
7. *Pityriasis rosacea*.

Table 1: Assessment by modified naranjo criteria score ^[13]

Item	Yes	No	Not Sure
1. Was there an improvement in the main symptom or condition, for which the homeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+2		
3. Was there a homoeopathic aggravation of symptom? (need to define in glossary)		0	
4. Did the effect encompass more than the main symptom or condition, i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?			
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? b) Direction of cure: Did at least one 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 downward?	+1		
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8. Are there alternate causes (other than the medicine) that-with a high probability-could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant interventions)		1	
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	0	
10. Did repeat dosing, if conducted, create similar clinical improvement?			
Total score-9			

Table 2: Therapeutic interventions and follow-up of case

Date	Indication of prescription	Medicine and doses
1 ST Visit 22 August 2024	<ul style="list-style-type: none"> Eruption on right eyebrow Itching < scratching Burning after scratching eruptions Dry skin 	1) Sulphur 200c / OD /4 globule /1 day 2) Sac lac / OD/4 globule/ 7 day
1 st Follow up 29 August 2024	<ul style="list-style-type: none"> Slight better in itching No new complaint. 	1) Sac lac/OD/4 globule/2 weeks
2 nd Follow up 06 September 2024	<ul style="list-style-type: none"> Patients’ complaints are fully improved with no itching. 	1) Sac lac/OD/4 globule/ 30 days
3 rd Follow up 04 October 2024	<ul style="list-style-type: none"> No new complaints No new eruption, no itching 	1) Sac lac/OD/4 globule/ 30 days
4 th Follow up 01 November 2024	<ul style="list-style-type: none"> No reappearance of the symptoms 	2) Sac lac/OD/4 globule/ 30 days

Reportorial totality

- 1) Mind-anxiety-health; about
- 2) Generals-food and DRINKS-sweets-desire
- 3) Face-eruption-Eyebrows
- 4) Skin-burning-scratching; after
- 5) Skin-eruptions-scaly
- 6) Skin-itching-perspiration during
- 7) Skin-itching-warm; becoming-agg.

Table 3: Repertorial chart

Remedies	Sum sym	Sum deg	Symptoms
sulph.	6	14	1, 3, 4, 5, 6, 7
Sil.	7	11	1, 2, 3, 4, 5, 6, 7
lyc.	6	14	1, 3, 4, 5, 6, 7
Merc.	6	12	1, 3, 4, 5, 6, 7
Puls.	6	10	1, 3, 4, 5, 6, 7
staph.	6	9	1, 3, 4, 5, 6, 7
Thuj.	6	6	1, 2, 3, 4, 5, 7
calc.	5	10	1, 3, 4, 5, 7
Phos.	5	10	1, 3, 4, 6, 7
Sep.	5	10	1, 2, 3, 4, 7

Conclusion

This case emphasizes the effectiveness of Sulphur in treating Tinea faciei and also improvement in the overall well-being of the patient with no recurrence of the complaints.

Acknowledgement

I gratefully acknowledge the active participation and cooperation of the patient's guardian throughout the course of treatment, which significantly contributed to the successful management of the case.

Declaration of patients consent

We confirm that the patient’s parents have provided written informed consent for the publication of this case, ensuring anonymity.

Conflicts of interest

None declared.

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