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Dr. Atul Kumar Singh
Principal, Dr. MPK
Homoeopathic Medical
College, Under Homoeopathy
University, Saipura, Sanganer
Jaipur, Rajasthan, India

Dr. Ruchi Singh
Associate Professor,
Department of Organon of
Medicine and Homoeopathic
Philosophy, Dr. MPK
Homoeopathic Medical
College, Under Homoeopathy
University, Saipura, Sanganer,
Jaipur, Rajasthan, India

Dr. Sunil K Bishnoi
Associate Professor,
Department Organon of
Medicine & Homoeopathic
Philosophy SGNR HMC.
Tantia University, District Sri
Ganganagar, Rajasthan, India

Dr. Himani Choudhary
M.D Scholar Part-II,
Department of Organon of
Medicine and Homoeopathic
Philosophy, Dr. MPK
Homoeopathic Medical
College, Under Homoeopathy
University, Saipura, Sanganer
Jaipur, Rajasthan, India

Dr. Ravindra Singh Kuntal
M.D Scholar Part-II,
Department of Organon of
Medicine and Homoeopathic
Philosophy, Dr. MPK
Homoeopathic Medical
College, Under Homoeopathy
University, Saipura, Sanganer
Jaipur, Rajasthan, India

Corresponding Author:
Dr. Ravindra Singh Kuntal
M.D Scholar Part-II,
Department of Organon of
Medicine and Homoeopathic
Philosophy, Dr. MPK
Homoeopathic Medical
College, Under Homoeopathy
University, Saipura, Sanganer
Jaipur, Rajasthan, India

Different types of Dermatophytic infection on the basis of site homoeopathic approach: Case series

Dr. Atul Kumar Singh, Dr. Ruchi Singh, Dr. Sunil K Bishnoi, Dr. Himani Choudhary and Dr. Ravindra Singh Kuntal

Abstract

In this case series, 5 cases are presented of fungal infection according to the site, in which the homoeopathic treatment is given and improvement is shown. The last few years have seen a significant rise in the incidence of chronic dermatophyte infections of skin which have proven difficult to treat. Homeopathy has always been a safe, affordable and cost effective treatment in cases of dermatophyte infections. In the present case studies homeopathic medicines prescribed were *Sanicula aqua*(30C,200C), *Sepia succus* (30C,200C), *Mercurius solubilis* (30C,200C), *Sulphur* (30C,200C) were given with proper hygiene management and had shown the antifungal activity against the dermatophytes infection.

Keywords: Oral thrush, homoeopathy, dermatophyte

Introduction

Dermatophytes are fungi that invade and multiply within keratinized tissues (skin, hair, and nails) causing infection [1]. These infections can often be severe and recurrent [2]. In the recent years, there seems to be an epidemiological transformation of dermatophytes in India [3].

Based upon the affected area, dermatophytic infection have been classified clinically into tinea capitis (head), tinea faciei (face), tinea barbae (beard), tinea corporis (body), tinea manus (hand), tinea cruris (groin), tinea pedis (foot), and tinea unguium (nail) [1]. These fungal infections are caused by three genera of dermatophytes, namely *Trichophyton*, *Epidermophyton* and *Microsporum*. The typical infections of ringworm of dermatophytes show the ring like appearance over the host. These eruptions can be papulovesicular and itchy and can affect almost any part of our body [4].

Topical corticosteroids used in combination with antifungal agents are very often potent molecules like clobetasol propionate, they are available over the counter and are grossly abused which includes buying over the counter and applying at will for weeks, months and sometimes years. This leads to chronic, treatment resistant dermatophytosis which is causing a havoc in India [3]. Chronic and recurrent dermatophytic infections cause significant distress to the patients socially, emotionally, and financially [5].

Oral candidiasis

Oral thrush/Oral candidiasis is one of the common fungal infection, of which *Candida albicans* is the most common affecting the oral mucosa [6].

C. albicans is an oral commensal in as many as 40% to 65% of healthy adult mouths. Local factors include decreased salivation and the wearing of dentures [7]. Oral fungal infections have increased in frequency as a result of the widespread use of immunosuppressive drug therapies. Symptoms include burning, painful tongue, loss of taste, sensation of cotton over tongue [8].

Tinea faciei

Tinea faciei is seen on the non-bearded area of the face. It appears as an erythematous, usually asymmetric, eruption on the face [9].

Tinea cruris

Tinea cruris, otherwise known as 'jock itch', is an infection in the groin, perineal, and perianal area, usually affecting adult men. It present unilaterally or bilaterally with a red,

raised, and active border. Small vesicles, papules, and scaling may be present [10].

Tinea corporis

Tinea corporis, commonly referred to as 'ringworm', can be caused by any of the dermatophytes. It is a superficial infection of skin that is unable to affect deeper tissues and organs in people with normally functioning immune systems, or 'immunocompetent hosts' [11].

It refers to such a fungal infection anywhere on the body apart from the scalp, beard area, feet, or hands [12].

Tinea capitis

Tinea capitis is a common infection of the scalp hair caused by dermatophyte fungi. Its clinical manifestations range from mild scaling with little hair loss to large inflammatory

and pustular plaques with extensive alopecia [13].

All the cases were reported at Dr. Girendra Pal Homoeopathic Medical College, Hospital & Research Centre, Jaipur.

Case 1- Oral Thrush

A 20 year old male patient with white painful irregular annular patches on the dorsum of the tongue since 15 days was reported on 17/10/19 Fig. 2(a). Also complaint of pain on tongue, burning type of pain without any specific amelioration. Sensation of thickening of tongue. Complaint of nausea while travelling even for small distance. He had great thirst for cold water but took in small quantities. History reveals no past illness was there.

Based on these complaints the homeopathic medicine was analyzed with the help of Radar software [14].

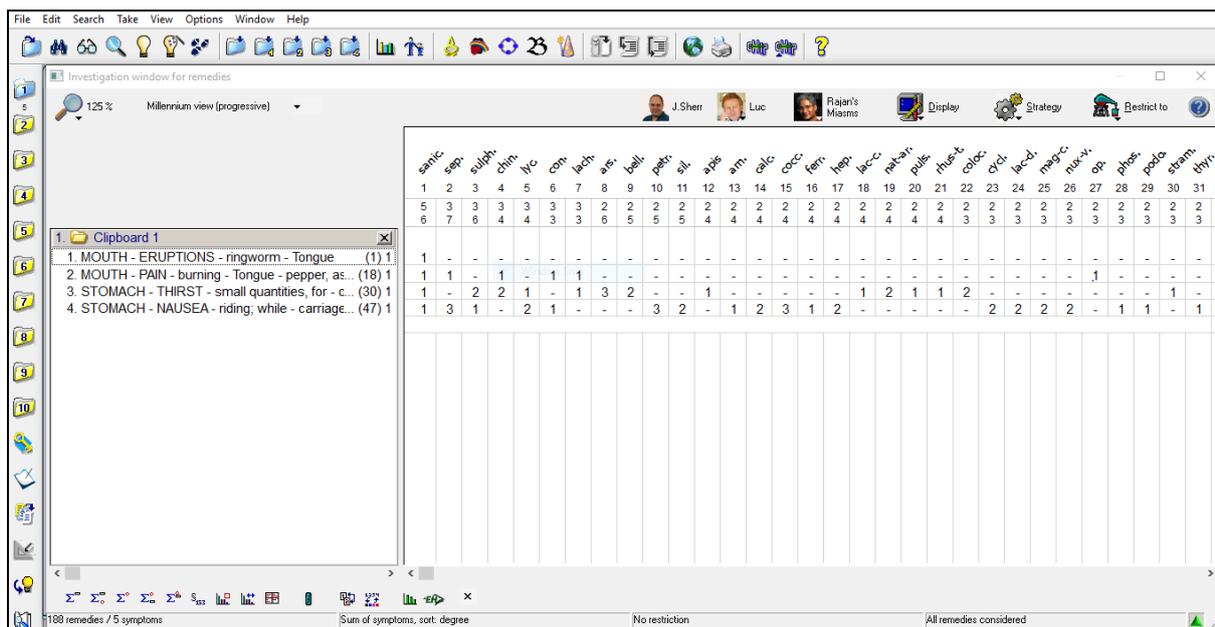


Fig 1: Case 1 Repertorization Sheet.

First Prescription-17/10/19

Sanicula 30/ BD for 3 days Rubrum BD x 7 days

Table 1: Case 1 Follow ups-

S. No	Date	Symptoms	Medicine
1.	24-10-19	White circular patches are present Pain on tongue is same.	Sac Lac 30/ BD x 14 days
2.	8-11-19	Pain on tongue is better.Patches remains same.	Sanicula 30/ BD for 3 days Rubrum 30 TDS for 14 days
3.	22-11-19	Pain over tongue is better. Patches were starting fade.	Sanicula 200/1 dose Sac Lac 30/ TDS for 14 days
4.	6-12-19	Patches completely dissolved.	Sac Lac 30/ TDS for 14 days



Fig 2(a): 17-10-19



Fig 2(b): 24-10-19



Fig 2(c): 22-11-19



Fig 2(d): 6-12-19

Case 2

A 4 year old female child reported with an annular lesion over left side of the face for last 21 days of size 4 cm in diameter with well-defined irregular raised margins on

11/10/2019 Fig.4(a). All complaints were aggravated after scratching and wet weather. Burning after scratching. She dislikes salty things.

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6	5	5	5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
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2	3	2	1	-	1	1	1	-	-	-	-	-	2	2	-	1	1	-	1	-	-	-	-	-	-		

Fig 3: Case 2 Repertorization Sheet



Fig 4(a): 11-10-2019



Fig 4(b): 26-10-2019



Fig 4(c): 15-11-2019

First Prescription- 11/10/1
 Sepia succus 30/ OD for 3 days
 Rubrum BD x 7 days

Advice

1. Do not apply ointment over lesions.
2. Use separate stuff. Allow clothes to sundry.
3. Apply coconut oil as lubricant when dryness teases.

Table 2: Case 2 Follow ups-

S. No	Date	Symptoms	Prescription
1.	18-10-2019	Circular raised area was increased in diameter but relief in itching. There was no effect on burning.	Rubrum 200/ TDS for 7 days Adv- not to apply ointments & lubricate it with coconut oil.
2.	26-10-2019	Burning was better while itching increased and dried up of lesion started	Sepia 200 / 1 dose (Stat) Rubrum 30 /3 x 7 days
3.	02-11-2019	Size of circular patch was starting to shrink. Itching better	Rubrum 200/TDS x 14 days
4.	15-11-2019	Lesion was completely disappear and dried up	Rubrum 200/TDS x 14 days.

Case 3- Tinea cruris

A 42 year male patient presented with circular eruptions over left thigh with annular margins and scaling since 2 months on 19-11-2019 Fig. 6(a). Itching over thigh all the

time, desire to scratch whole day. Complaint of burning pain over lesion whole day. Patient has great desire for cold water. History of topical ointments when same complaint occurred 5 months back on right thigh.

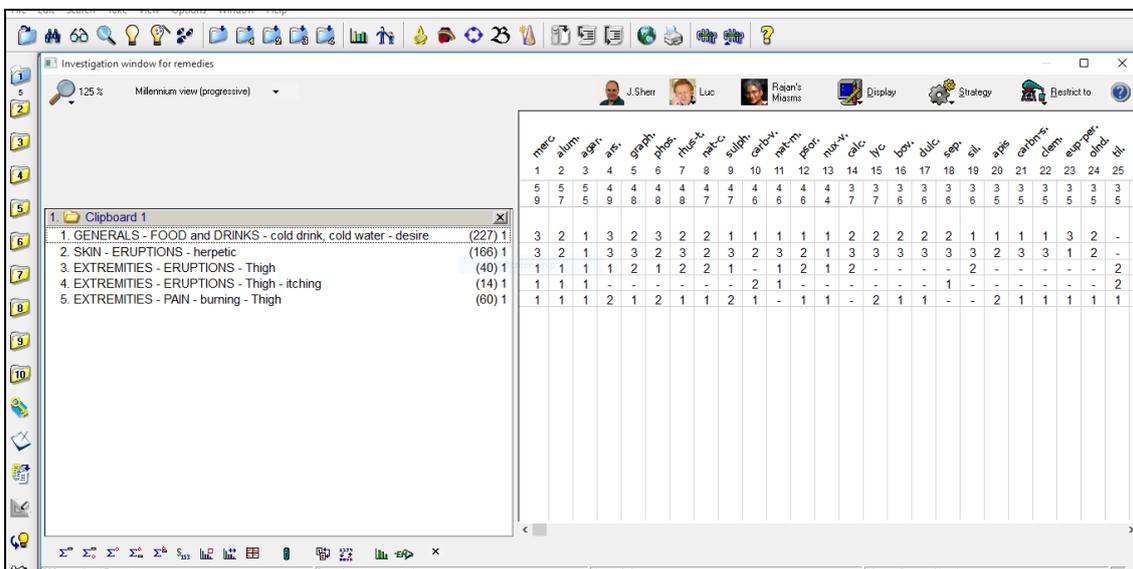


Fig 5: Case 3 Repertorization Sheet



Fig 6(a): 19-11-2019



Fig 6(b): 08-12-2019



Fig 6(c): 30-12-2019

First Prescription- 19/11/19

Mercurius solubilis 30/ OD for 3 days Rubrum BD x 7 days

Advice

1. Avoid use of tight clothing. Sharing of bed linen,

towels and clothes should be avoided.

2. Undergarments, socks, and caps should be regularly washed and dried in the sun and ironed.
3. Maintain good hygiene.

Table 3: Case 3 Follow ups

S. No	Date	Symptoms	Prescription
1	30-11-2019	Circular eruptions are same. Itching more in night.No relief in burning over lesions.	Rubrum 200/TDS x 7 days.
2	08-12-2019	Margins became more scaly. Centre started to clearing bur peripheral lesions were same.	Mercurius solubilis 30/ BD for 7 days.
3	22-12-2019	Condition was Status Quo.Lesions were same as before.	Mercurius solubilis 200/ 2 dose (HS) Rubrum 200/TDS x 7 days.
4	30-12-19	Affected area was started to clear and Complaints were better.	Rubrum 200/TDS x 14 days.

Case 4- Tinea Corporis

A 28 year male was presented with whitish circular patch with raised margins over right side of neck since 2 weeks on 21/7/2019 Fig.8(a). Complaint of itching < cold water

without significant relief of patient.Burning over lesions all the time. History of recurrent herpetic eruptions in summers anywhere in body. He dislikes sweet things. Likes winter season only due to this complaint.

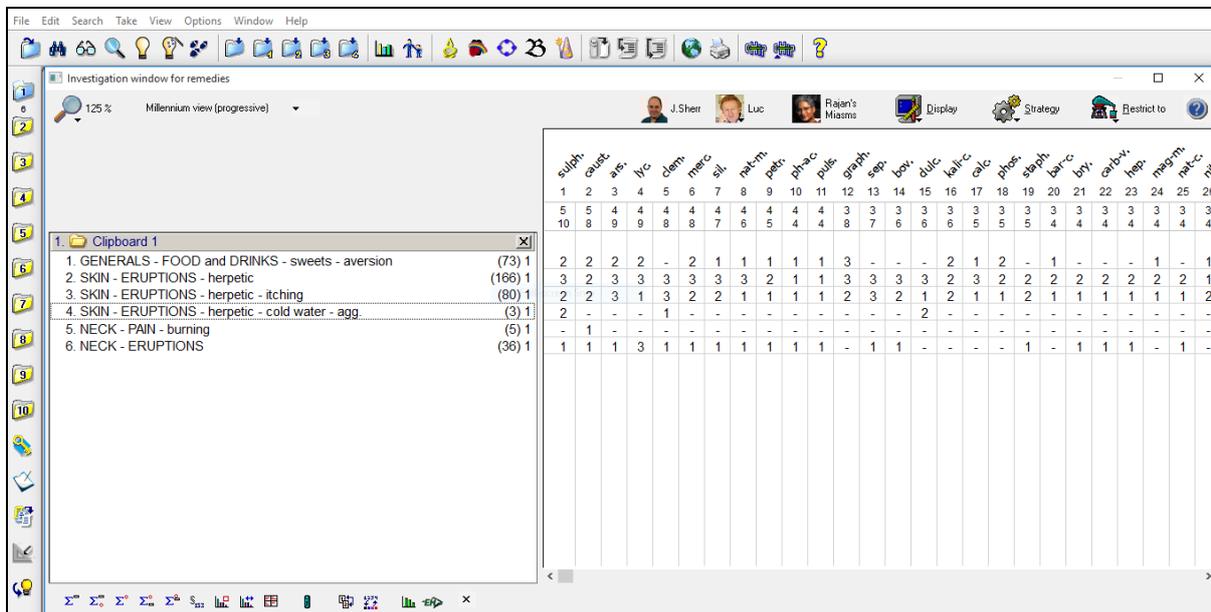


Fig 7: Case 4 Repertorization Sheet

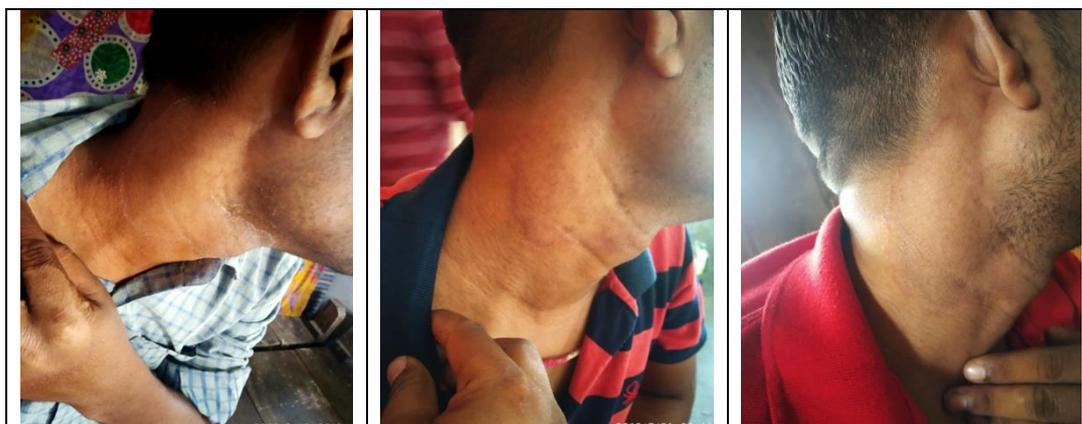


Fig 8(a): 21-7-2019

Fig 8(b): 11-08-2019

Fig.8(c): 18-8-2019

First Prescription- 21/07/19
Sulphur 30/ OD for 3 days
Rubrum BD x 7 days

- towels and clothes should be avoided.
- 2. Undergarments, socks, and caps should be regularly washed and dried in the sun and ironed.
- 3. Maintain good hygiene.

Advice-

- 1. Avoid use of tight clothing. Sharing of bed linen,

Table 4: Case 4 Follow ups

S. No	Date	Symptoms	Prescription
1	02-08-2019	Itching was aggravated.	Rubrum 200/TDS x 10 days.
2	11-08-2019	Lesion started to dissolve from. But margins were more demarcated. Itching is same.	Sulphur 200/OD for 2 days Rubrum 200/TDS x 7 days.
3	18-08-2019	No itching. Lesion is fully dissolved and patient is better.	Rubrum 200/TDS x 14 days.

Case 5- Tinea Capitis

A male of 22 year old came to OPD with multiple tiny circular patches over scalp since 1 month on 20/6/2019 Fig

10(a) with itching and burning over scalp without any significant relief. Scratching until it bleeds. Patient wants to scratch continue.

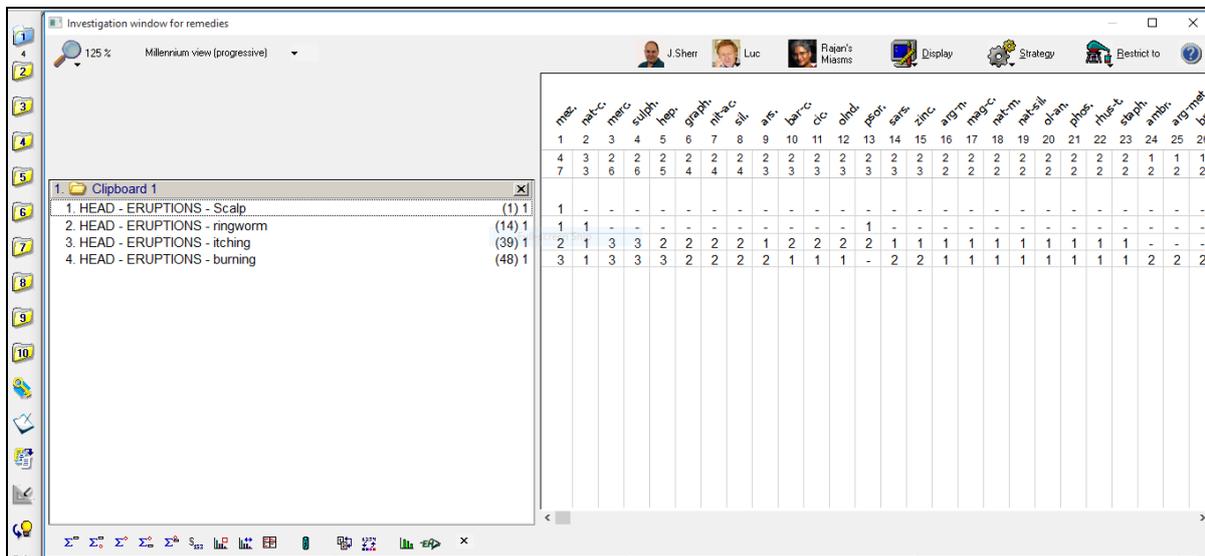


Fig 9: Case 5 Repertorization sheet



Fig 10(a): 20-06-2019



Fig 10(b): 11-07-2019

First Prescription- 20/06/19
 Mercurius solubilis 30/ OD for 3 days
 Rubrum BD x 7 days

Advice
 1. Use separate comb, towel.
 2. Avoid using direct helmet over scalp. Tie cotton scarf over head prior helmet.

Table 5: Case 5 Follow ups

S.No	Date	Symptoms	Prescription
1.	27-06-2019	Circular eruptions were same.No relief in itching.	Mercurius solubilis 30/ OD for 3 days
2.	04-07-2019	Itching was better. Circular eruptions were same. Burning better	Mercurius solubilis 200/ 1 dose Rubrum BD x 7 days
3.	11-07-2019	Lesion started to dissolve and complaints were better.	Rubrum BD x 14 days

Conclusion

Homoeopathic medicines for the treatment of dermatophytic infection as an antifungal agent has showed a significant result. Homoeopathy is cost effective and safe to administer with no any side effects or adverse event seen.It can offer significant relief in infectious diseases also.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal.

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Conflicts of interest

There are no conflicts of interest.

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