



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2021; 5(1): 268-279
Received: 05-12-2020
Accepted: 14-01-2021

Dr. Shrishail Mahadevappa Murgod
MD (Homoeopathy), Ph.D.
Scholar, Professor and HOD,
Department of Materia
Medica, Shri Shiv Basav Jyoti
Homoeopathic Medical
College, Ram Nagar, Belagavi,
Karnataka, India

The constitutional approach and efficacy of homoeopathic medicines in tinea corporis

Dr. Shrishail Mahadevappa Murgod

DOI: <https://doi.org/10.33545/26164485.2021.v5.i1e.324>

Abstract

Homoeopathic cure is based on law of similars, and selection of remedy is based on constitutional approach in management of any disease. Where the modern system of medicines makes the usage of external application like ointments, fungicides etc., in treatment of any skin infections like ring worm or tinea corporis infection, which leads to suppression or palliation. So the disease tends to recur often and becomes a chronic disease. Removal of local symptoms of the local direction by external application leads to rousing up the internal disease and the other symptoms that previously existed in a latent state side by side with the local affection. So there is a wide scope for proper management and treatment of Tinea corporis in Homoeopathy. As in our system of medicine we do not treat the disease but we treat the individual who is suffering. Through individualization with constitutional remedy (Approach) we can treat both acute as well as the chronic phase of disease, to prevent further recurrence and complications of the disease.

Keywords: Tinea corporis, constitutional approach, homoeopathic medicines, suppression, palliation, external applications

Introduction

The constitutional homoeopathy refers to the treatment of a person as a whole, including past and present symptoms. When accurately implemented, homoeopathic constitutional care can elicit a profound healing response. Homoeopathy can be extremely effective in treating chronic and long term health problems ^[1]. This paper aspires to know the efficacy of homoeopathic medicines in treatment of tinea corporis through constitutional approach ^[1].

Homoeopathic concept of health and disease

The mind, body and spirit are the trinity of life which is present in every organism, Harmonious flow maintains Health & any deviation leads to disease. As correctly stated By Robert "any disturbance of this vital energy immediately show itself in lack of harmony Through the outward manifestation of our beings, in other word symptoms, when Harmonious flow is disturbed we get sickness as result and it has as its base and Inception this lack of harmony in flow of water energy through the body is manifested in Disease as It naturally developed because of disturbed vital force" Disease presents itself as sign and symptom, which may be functional or Structural. The functional changes lead to structural changes Hence effect is to be made to correct their disease at functional level only.

External applications in homoeopathy

External application have no role in Homoeopathy Hahnemann strongly condemns the practice of removing the local affections from the surface of the body without curing the internal miasmatic disease. Robert in 1992 stated regarding the harm caused by external application. The local manifestation were but as outward expression of the inward and spiritual force which when disturbed expression itself in external sign, that if these external manifestations were removed by local treatment that disease was not cured, but driven into some more centrally located organism. These to express itself in some grave form ^[2]. Usage of modern system of medicines like external applications like ointments fungicides etc. which leads to suppression or palliations of the disease tends to recurs often and becomes chronic disease. The disease is usually chronic and it extends over month to year eczematization and lichenification may become complication features of chronic cases ^[3]. J. Henry Allen his Diseases and Therapeutics of the skin say that Herpes circinnatus (ringworm of the surface) is usually treated and with fair success by sepia, Rhustox, tellurium ^[4]. Dr. Hume in his manual of therapeutic say that tinea corporis treated with sepia but when he

Corresponding Author:
Dr. Shrishail Mahadevappa Murgod
MD (Homoeopathy), Ph.D.
Scholar, Professor and HOD,
Department of Materia
Medica, Shri Shiv Basav Jyoti
Homoeopathic Medical
College, Ram Nagar, Belagavi,
Karnataka, India

proved tellurium produce similar eruptions he and Dr. mefcalf never failed to cure tinea circinnatus hence, it appear that there is a wide scope for proper Management and treatment of tinea corporisin homoeopathy.

Homoeopathic remedies

Mezerium

Given in case scrusted lesions with unhealthy with intense itching, Burning and Erythema around the lesion.

Ignatiaamara

Eruptions are dryness, cracking, vesicles, burning, itching, smarting, Stinging. Itching changes place on scratching, Agg by morning, when overheated, on Warm becoming, Amel by scratching, with pain^[5].

Natrummur

Eruptions are hairy and perspiring part, granular, dry vesicular crusty, Desquamating, pemphigus. The eruptions are worse from exposetosun, Scaling of the lesion is seen after scratching eruptions appeared being over heated^[6].

Sulphur

Skin dry scaly unhealthy; every little injury suppurate, Itching burning; worse Scratching and washing. Pimple eruption; worse scratching and watching pimple eruption Pustules. rhagades, hangnail, excoriation especially in folds. Feeling of hands around bone Skin affection after local medication pruritus especially from warm thin evening of tenrecur Inspiring time in damp weather^[7].

Sepia

Tinea circinata; brownish or fawn colored vesiculo-papularring; itching, which Changes to burning on scratching. Frequents eat of the disease in flexures of the body, face, hand, anterior surfaces of the body; worse in the spring of they ear; dry, brown, Rough herpetic spots, dry ring worm^[4].

Tellurium

Tinea circinatus is red elevated ring on any part of body, small, bright red spot covered with scales(fawn colored, sepia) Minute, grayish colored vesicles on the Papillary ring; severe itching day and night; elevated ring of vesiculo papules, with fine Stinging, pricking, itching that disappeared by desquamation; eruption worse upon the lower extremities^[4].

Tinea corporis

Tinea corporis is the commonest clinical variety of dermatophyte infection in India. It is distributed worldwide. It is most common in tropical regions^[8]. Tinea corporis Characterized by pea sized, pale red, well defined, slightly raised macule which soon becomes scaly and tends to clear in the center as it spreads peripherally, developing Ring like or annular lesion so it is called as ring worm of the body, Herpes circinatus. The border is generally elevated during evolution, sharply defined and may present papules, vesicles and scales .Tinea corporis may appear alone or in associated with the other forms of ring worm^[9].

Tinea corporis is found in most parts of the world, but particularly in hot humid climates. It is most commonly seen in children and young adults, however all age groups can be infected including new born^[10]. Ringworm” is a misnomer—the infection has nothing to do with worms. Its name comes from the small, ring- or circle-shaped rash that appears on the body due to infection. In ringworm of the

body, the rashes appear on skin regions except for the scalp, groin, palms of the hand, and soles of the feet^[11]. Body Ringworm (Tinea Corporis) Body ringworm is a dermatophyte (fungal) infection of the face, trunk, arms, and legs^[12]. Tinea corporis, also known as ringworm, is a superficial fungal infection (dermatophytosis) of the arms and legs, especially on glabrous skin; however, it may occur on any part of the body. It is similar to other forms of tinea^[13]. Tinea corporis is a superficial fungal skin infection of the body caused by dermatophytes. Tinea corporis is present worldwide. It is defined explicitly by the location of the lesions that may involve the trunk, neck, arms, and legs^[14]. Ringworm is a fungal skin infection. (It is not due to a worm as its name implies!) There are many types of fungal germs (fungi) and some can infect the skin, nails, and hair. Fungal infections are also known as 'tinea' or 'dermatophyte infections' or dermatophyte^[15]. Ringworm of the body (tinea corporis) is a rash caused by a fungal infection. It's usually a red, itchy, circular rash with clearer skin in the middle. Ringworm gets its name because of its appearance. No worm is involved^[16]. Tinea infections are commonly called ringworm because some may form a ring-like pattern on affected areas of the body. Tinea corporis, also known as ringworm of the body, tinea circinata, or simply ringworm, is a surface (superficial) fungal infection of the skin^[17].

Predisposing factor

Tinea corporis may be transmitted by direct contact with other infected Individuals or by infected animals .All forms of ring worm are contagious, directly from one person to another or indirectly by clothing, hats,combs, brushes, towels or another utensils. Risk factors for infection include exposure to infected animals persons Soil, athlete, veterinarians' animal handlers^[18].

Age

Tinea corporis affects persons of all age groups but prevalence is highest in Pre-adolescent, Tinea corporis is more common in children^[19].

Sex

Tinea corporis occurs in both men and women. Women of child bearing age are more likely to develop tinea corporis as a result of their frequency of contact with infected children^[19].

Pathogenesis

Dermatophytes grow on the keratinised layers of the skin (endothrix), in which spores occur wholly within the hair and ectothrix, in which the spores are wholly without the hair; endo ectothrix, in which the spores are found both within and without.

In tinea corporis the fungus is situated in and under the corneous layer giving rise to papules, pustules and desquamation, and do not ordinarily penetrate the living tissues.

Fungal products may be responsible for inciting local inflammation^[20].

Clinical features

Tinea corporis often begins pruritus, circular or oval erythematous, scaling Patch or plaque that spreads centrifugally. Central clearing patch follow while an active Advance, raised border remains. That result in annular (ring) shaped plaque from which the disease derives its common name ring worm^[21].

Diagnosis

Laboratory findings for the correct diagnosis tinea corporis the spreading

Ringworm with active erythematous border-specimens for KOH examination should be

Obtained from the actively spreading border of the lesion.

- (1) Microscopic examination of skin scrapings for fungi sessentialin dermatologic. Fungal eruptions may closely resembled ermatitis. Microscopy of potassium hydroxide-cleared skins crappings called a KOH exam takes only a few minutes and is simple principle doing [3, 20, 22].

Materials and Methods

The present study consists of 34 patients complaining of signs and symptoms of Tinea corporis from the O.P.D I.P.D and Rural O.P.D of shri shiv basavjyoti Homoeopathic Medical College, and Hospital Belagavi Karnataka India during the period of January 2020 to December 2020. Cases were taken in accordance to the model case format which special emphasis on ascertaining the following points

1. Preliminary data.
2. History of present complaints.
3. Past history.
4. Family history.
5. Personal history.
6. General physical examination.
7. Systemic examination.

Investigations

1. Microscopic – Fungus under microscope (KOH Examination)
2. Culture of the scrapings

Diagnosis

Tinea corporis diagnosed on the basis of the clinical presentation Microscopic and culture findings.

The inclusion and exclusion criteria**Inclusion criteria**

1. Patient in any age group will be taken for the study
2. Patient irrespective of socioeconomic status will be considered
3. All the diagnosed cases of Tinea Corporis clinically or lab investigation

Exclusion criteria

1. Cases which are associated with other types of Tinea Ex – Tinea Corporis associated with Tinea Cruris
2. Cases which are associated with other diseases like hypertension and diabetes mellitus

Follow up

The follow up of the cases would depend on the severity of clinical features preferably once in a week in the beginning and later once in a fortnight.

Steps for homeopathic prescription**Analysis of symptoms**

After detailed case taking, the symptoms of the patient were grouped into varies categories like mental generals, physical general and particulars.

Evaluation

After analyzing the symptoms into various categories, the Symptoms were evaluated and graded according to the order

of their importance.

Repertorisation

All the cases were repertorised using various repertories like Kent's Repertory, Boenninghausens Therapeutic pocket book, Complete Repertory and R.P. Patel's Repertory of Miasms was used for miasmatic diagnosis. The most similar drug was selected.

Selection of remedy

The most similar drug was selected from the reportorial result with the help of Materia medica.

- Acute remedy was used in some cases to relieve the most distressful symptoms
- A constitutional remedy was selected, which was selected basing on the Reportorial result and rare, peculiar, uncommon symptoms of the patient

Inter-current remedy

Inter current remedies were given when the indicated remedy failed to give much relief.

Potency and repetition

The indicated medicine was given in an appropriate potency, basing on the susceptibility of the patient at the time of every prescription. It was repeated in the same potency or higher potencies were given whenever there was relapse of symptoms or when there was a standstill.

The result of the treatment

The result of treatment was interpreted only of those cases, whose follow up was obtained till the end of study. Those who stopped the treatment in between were considered as drop outs. The following parameters were fixed for interpreting the result of treatment, depending on the type of response obtained after the treatment. a. Recovered: Total disappearance of all the clinical features of tinea corporis in pts and general well-being of the patient for more than 6 months.

Improved

Disappearance of Clinical features of tinea corporis for less than 6 months with general feeling of well-being.

Not improved

No relief from clinical features, even after sufficient period of treatment.

Results

In this study a total number of 34 pts of Tinea corporis were taken, the following observations and results were made at the end of the study. These are prepared for this purpose, encompassing all the relevant observations to be made. They are presented in the form of table.

Table 1: Age incidence

Sl. No.	Age	No. of Patients	% Age
1	0-9	8	23.52
2	10-19	5	14.70
3	20-29	8	23.52
4	30-39	5	14.70
5	40-49	6	17.64
6	50-59	2	5.88
	total	34	100

Table 2: Sex ratio

Sl. No.	Sex	No. of Pts.	% Age
1	Male	11	32.35
2	Female	11	32.35
3	Male child	6	17.64
4	Female child	6	17.64
	Total	34	100

Table 3: Presenting complaints

Sl. No.	Presenting Symptomatology	No. of Pts.	% Age
1	Itching	34	100
2	Scaly Eruptions	18	52.94
3	Pustular Eruption	5	14.74
4	Vesicles	14	41.17

Table 4: Associating symptoms

Sl. No.	Associating Symptoms	No. of Pts.	% Age
1	Watery nasal discharge	3	8.82
2	Pain in stomach	3	8.82
3	Pain in back	3	8.82
4	Pain in both knee	2	5.88
5	Pain in neck	2	5.88
6	Pain in tooth	2	5.88
7	Pain in throat	2	5.88
8	Others	9	26.47

Age incidence

From the above table no 1 it is inferred that maximum and equal incidence is at the age groups 0-9 yrs and 20-29 yrs i.e. 8 pts (23.52%). The next higher incidence of age group is (17.64%) 40-49 yrs, i.e. 6 pts." In the age group at 10-19 yrs

and 30-39 yrs equal no of cases i.e. 5 (14.70%) and in the age group of 50-59 yrs i.e. 2 (5.88%) pts are found. It confirms that the highest rate of incidence is found in adults

Sex ratio

From the above table no 2 it is inferred that the ratio is equal in both the sexes. It confirms that the ratio is equal in both sexes, not only in adults even it is equal in children also it means both sexes are equally affected by tinea corporis.

Presenting symptoms

From the above table no 3 it can be inferred that itching is seen in all the pts i.e. 34pts (100%), scaly eruptions seen in 18 pts (52.94%), pustular eruptions seen in 5 pts (14.70%) and vesicles seen in 14 pts (41.17%)

Associating symptom

As per above table no 4, apart from the symptoms of Tinea corporis associating symptoms were found in 26 pts (76.47%).

Table 5: Past history

Sl. No.	Diseases	No. of Pts.	% Age
1	Symptoms of tinea corporis	5	14.70
2	Tinea cruris	4	11.76
3	Tinea capitis	2	5.88
4	TB	2	5.88
5	Typhoid	2	5.88
6	Others	6	17.64

Table 6: Family history

Sl. No.	Disease	No. of Pts.	% Age
1	D M	6	17.64
2	HTN	4	11.76
3	Tinea corporis	3	8.82
4	Asthama	2	5.88
5	Eczema	2	5.88
6	U C	2	5.88
7	Tinea cruris	2	5.88
8	Others	5	14.70

Table 7: Miasmatic diagnosis

Sl. No.	Miasmatic Diagnosis	No. of Pts.	% Age
1	Psoro syco syphilis	4	11.64
2	Psoro sycotic	1	2.94
3	Psoro syphilitic	16	47.05
4	psoric	13	38.23
	Total	34	100

Table 8: Investigation

Sl. No.	Result	No. of Pts.	% Age
1	+ve	11	32.35
2	-ve	23	67.64
	Total	34	100

Past history

As per above table no 5, the study showed that 5 pts i.e., (14.70%) had symptoms of tinea corporis, 4pts i.e. (11.76%) had tinea cruris, 2 pts each i.e., (5.88%) had tinea capitis. T.B. & Typhoid. There were some other diseases, which were occasionally seen in individual cases i.e. in 6 pts (17.64%). These diseases include, tinea pedis, Gastritis, U.C. Jaundice, Eczema & malaria etc.

Family history

As per above table no 6, the study showed the highest incidence of D.M. 1) M in 6members of the families i.e. (17.64% of the total. The next common disease was Hypertension i.e. in 4 members, 11.76% of total 3 members suffered from Tinea Corporis i.e. 8.82% 2 members from each family i.e. 5.88% had family history of asthma, eczema, UC, and Tinea cruris. Some of the diseases seen occasionally in individual cases i.e. in 5 ptsc (14.7%). These diseses include, OA, Ca, T.B. MI atopiddermatitis.

Miasmatic diagnosis

As per above table no 7, Miasmatic diagnosis of all the pts after repertorisation with R.P. Patel's Repertory of Miasms is as follows Psoro syphilitic background was found in 16 pts i.e. 47.5% psoric background found in 13 pts i.e. 38.23% Psoro – sycotic in 1 pt i.e. 2.94%.

Investigation

As per above table no 8, 11 pts (32.35%) were positive for K.O.H. examination and remaining i.e. 23 pts (67.64%) were –ve for K.O.H. examination. It inferred that only 1/3 of cases will show positive result, so all the cases were sent for culture for confirmation.

Table 9: Acute remedies used

Sl. No.	Name of remedies	No. of Pts.	% Age
1	Rhus Tox	5	14.70
2	Nux vomica	3	8.82
3	Bell	3	8.82
4	Bryonia	1	2.94

Table 10: Constitutional remedies used

Sl. No.	Name of remedies	No. of Pts.	% Age
1	Sepia	7	20.58
2	Nat mur	5	14.72
3	Ars alb	5	14.72
4	Calc carb	5	14.72
5	Sulphur	3	8.82
6	Mezerium	2	5.88
7	Rhus tox	2	5.88
8	Puls	1	2.94
9	Graphitis	2	5.88
10	Lycopodium	2	5.88
	Total	34	100

Table 12: Result of treatment

Sl. No.	Result recovered	No. of Pts.	% Age
1	recovered	20	58.82
2	Improved	8	23.52
3	Not improved	2	5.88
4	Dropped out	4	11.76
	Total	34	100

Inter-current remedies

Inter-current remedies were used in 10 pts i.e. in the study conducted. From the above table no 10 it can be inferred that, sulphar was used in 5 pts i.e.14.70% tuberculinum in 3 pts i.e. 8.82% Bacillinum and Syphilinum Each in 1 pt i.e. 2.94%.

Result of treatment

The result of treatment is recorded basing upon the parameters fixed for the study. At the end of the study, it was found that 20 pts i.e., 58.85% recovered. 8 pts i.e. 23.52% improved 2 pts i.e. 5.88% were not improved and 4 pts i.e. 11.76% were dropped out.

Discussion

Tinea corporis is the commonest clinical variety of dermatophyte infection in India. It is distributed worldwide. It is most common in tropical regions. Tinea Corporis manifests itself as marked itching, vesicles pustules or scaling; these vary from case to case depending upon the virulence of the fungus and sensitivity of the Individual. The modern system of medicine adopts the usage of antifungal or fungicides, externally or internally. But the

Acute remedies used

From the above table no 5 Rhus Tox was used in 5 pts i.e., 14.70% Nuxvomica bell in 3 pts (8.82%) Bryonia in 1 pt i.e. (2.94%)

Constitutional remedies used

In the present study of 34 pts all the pts i.e. 100% were prescribed constitutional remedies as shown above in table no 10. Sepia was frequently used in 7 cases i.e. 20.58%. The other remedies which were used are Nat-mur in 5 pts i.e. 14.70% Arsalb and calc carb in 5 pts i.e. Sulphur in 3 pts i.e. 8.82% i.e. Mezerium Rhus Tox, Graphitis and lycopodium in 2 pts i.e. 5.88% and pulsatilla used in 1 pt i.e. 2.94%.

Table 11: Inter-current remedies

Sl. No.	Name of remedy	No. of Pts.	% Age
1	Sulphur	5	14.72
2	Tuberculinum	3	8.82
3	Bacillinum	1	2.94
4	Syphilinum	1	2.94
	total	10	29.41

side effects of this treatment outweigh benefits and is only a palliation.

In our homoeopathic management as we are treating the disease of organism as a whole with our medicines through individualizing the patient. We can successfully treat both acute as well as chronic phase of the disease Homoeopathic system is having excellent scope in treating the disease as well as preventing the Individual from further complications.

The present study was carried out over 34 cases who satisfied the inclusion Criteria to study the constitutional approach and efficacy of homoeopathic medicines in Tinea corporis.

Age incidence

In the study f34 pts of tinea corporis the highest incidence was found in the age group 0-9 yrs and 20.29 with the total of 8 pts i.e. 23.52%.

The next highest incidence is found in the age group 40-49 yrs i.e. 17.64% 6 pts. In the age group of 10-19 yrs and 30-39 yrs equal no of cases i.e. 5 pts (14.70) is found of this shows that the incidence is more in adults.

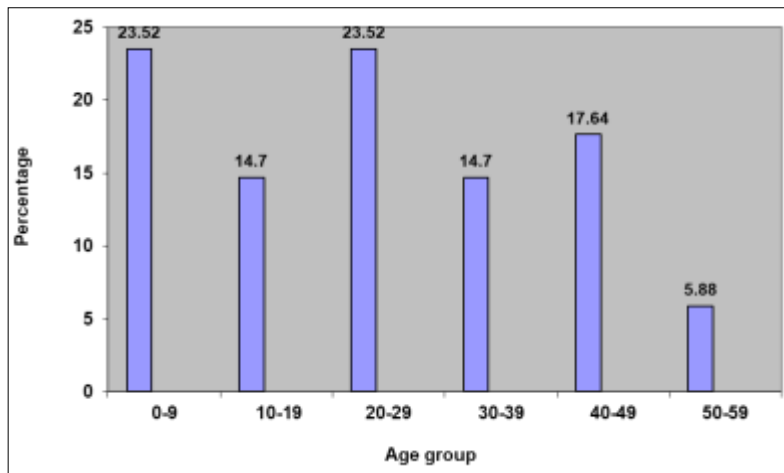


Fig 1: Age incidence

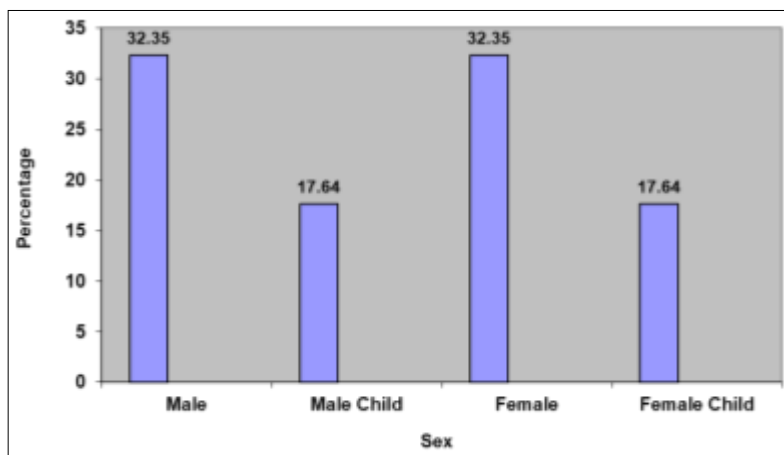


Fig 2: Sex ratio

Sex ratio

In the study of 34 cases, it is inferred that the ratio is equal in both sexes. It means, both males and females are equally affected by tinea corporis

Presenting symptomatology

Tinea corporis presents itself as scaly itching, occasionally pustules vesicular eruption Itching is more common. In the study conducted all the 34 patients (100%) had Itching i.e.

(14.70% and vesicles seen in 14 pts i.e. (41.17%).

The above observation says that the cardinal symptoms of a disease is not always available in full number in every case, this is because of the continued suppressive treatment adopted in the past. This kind of limited expression of disease reduces number of peculiarities in its presentation. This situation leads to suppressed state of expression. This is what is evident in the study.

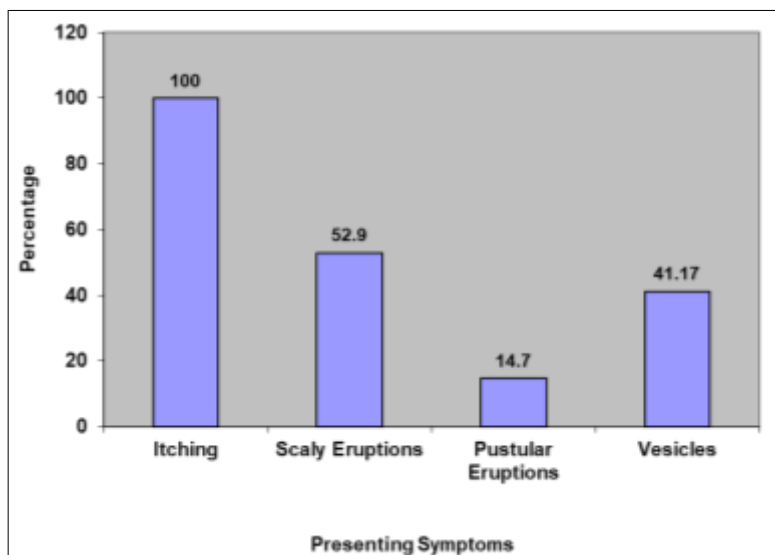


Fig 3: Presenting symptomatology

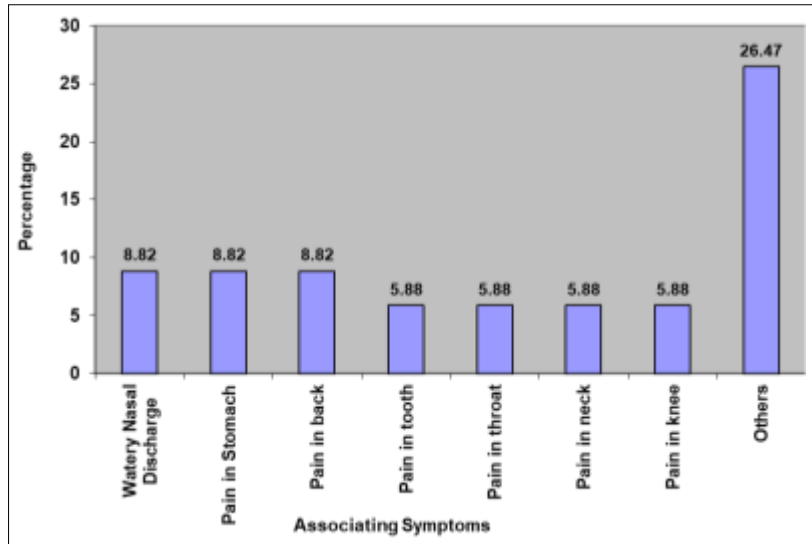


Fig 4: Associating symptomatology

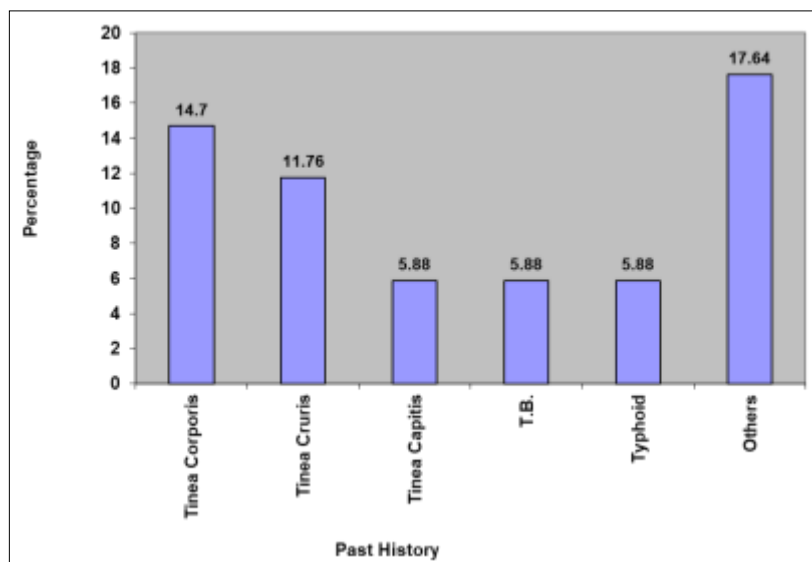


Fig 5: Past history

Associating symptoms

In the present study of 34 pts of Tinea corporis 26 pts (76.47%) had associating symptoms like watery nasal discharge, pain in stomach, pain in back, were found in 3 pts i.e. (8.82%). Pain in both knee, pain in neck, pain in throat and pain in tooth were found each in 2 pts i.e. (5.88%) other associating symptoms were found in 9 pts i.e. (26.47%). Though the associating symptoms do not have much diagnostic value but they help in individualizing the medicine. This confers the uniqueness in presentation of each case.

Past history

In the study conducted 5 pts i.e. (14.70%) had symptoms of tinea corporis 4 pts i.e. (11.70%) had tinea cruris 2 pts each i.e. (5.88%) had tinea capitis, T.B. and Typhoid other diseases like Tinea pedis Gastritis, U.C. Jaundice eczema and malaria, were seen. Majority of patients with these past history have been treated with allopathic Rx which has led due to suppression. Simpler diseases have turned into more complex diseases. This shows that continuous suppression is responsible for the present set of symptoms

Family history

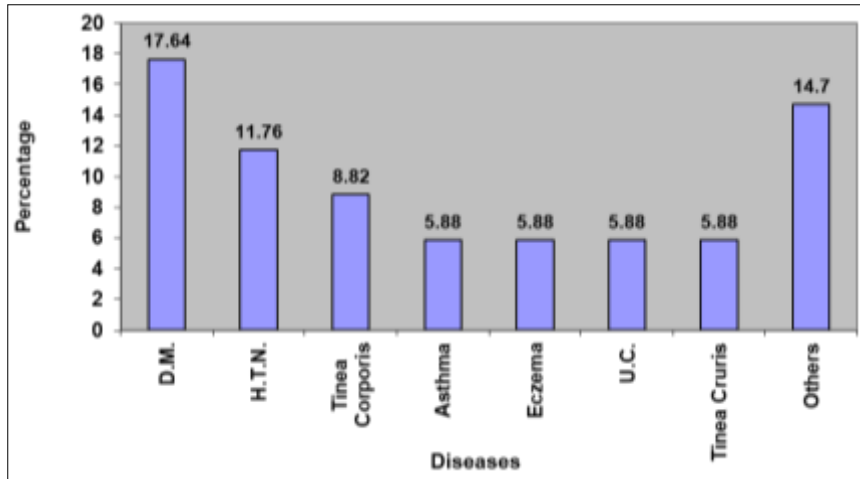


Fig 6: Family history

The study showed the highest incidence of D.M. in 6 members of the pts families. i.e. 17.64% of the total the next common disease was HTN i.e. in 4 members 11.76% of the total. Followed by Tinea corporis asthma, Eczema U.C. tinea cruris etc. It shows that family. History of multiple disease is responsible for the amount of predisposition to get

disease as shown in this study. This form of genetic inheritance is termed by hahnemann as miasms (fundamental causes of disease) that is responsible for presenting symptomatology.

Miasmatic diagnosis

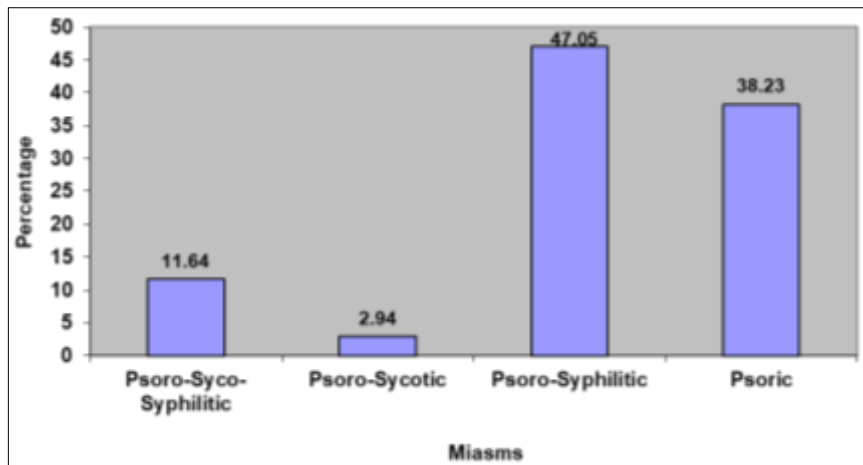


Fig 7: Miasmatic diagnosis

In the study of 34 patients of Tina corporis. The presenting symptomatology, past history of the patient and family history were considered for repertorisation with R.P. Patel’s, ‘Repertory of Miasms’.It was found after repertorisation that 4 patients i.e. 11.76% were Psoro-Syco-syphilitic, 1 patients i.e. 2.94% was Psoro-Sycotic and 16 patients i.e. 47.05% were Psoro Syphilitic and 13 pts i.e. 38.23% were psoric. This shows that most cases had multi-miasmatic inheritance. The presenting symptomatology is because of the intermingling of miasms.

Investigation

All the pts were subjected for K.O.H. examination of skin scrapings of lesions of Tinea corporis. But only 1/3 of cases will show +ve result. So it is difficult to rely on K.O.H. Examination. To confirm all the cases are subjected for culture test. K.O.H. result shown +ve in 11 pts i.e. (32.35%) Irrespective of investigations, whether the organism is present or not. The cases or pts are treated on the bases of symptomatology by constitutional approach.

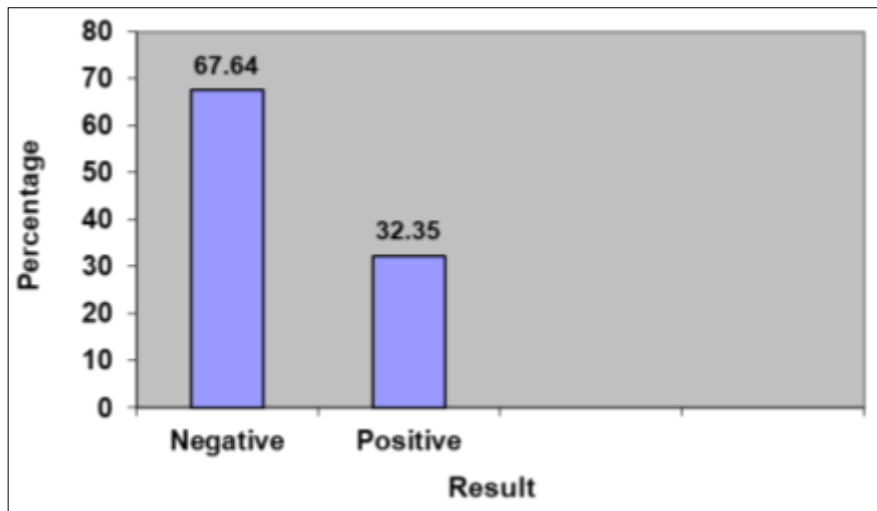


Fig 8: Investigation (K.O.H. examination)

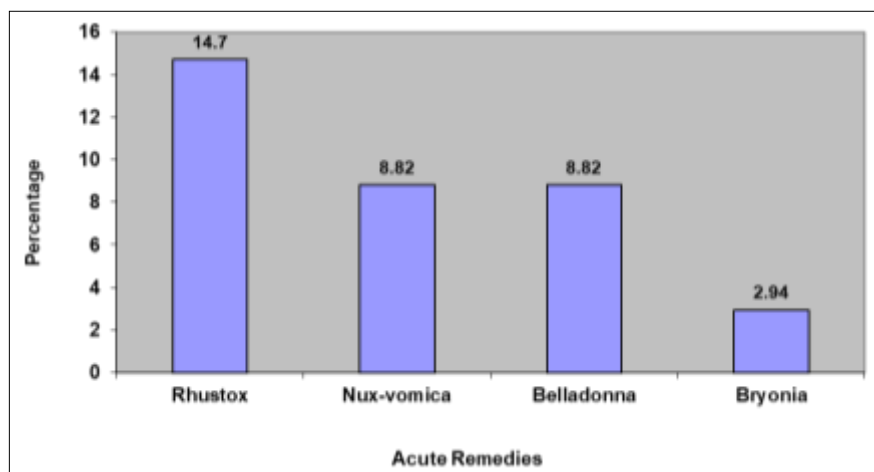


Fig 9: Acute remedies used

Acute remedies used

Acute remedies that were used though appeared to be specific but these remedies brought out all the symptoms of disease and helped to prescribe a constitutional drug. Acute remedies that were used are Rhus Tox, Nux vomica Belladonna and Bryonia.

Constitutional remedies used

Sepia was used as a constitutional remedy in majority f

patients i.e. 7 patients (20.58%) out of 34 patients. The other remedies which were used are Nat – mur in 5 patients, Ars alb in 5 patients, calcarbin 5 patients, Lycopodium in 2 patients Graphites in 2 patients followed by sulphar Mezerium Rhus tox and Pulsatilla, constitutional remedies were prescribed to the soil of disease. They represent the true totality of symptoms. It appears from above observation that all the drugs are polycrests and multi-miasmatic which covers the entire expression of the patient.

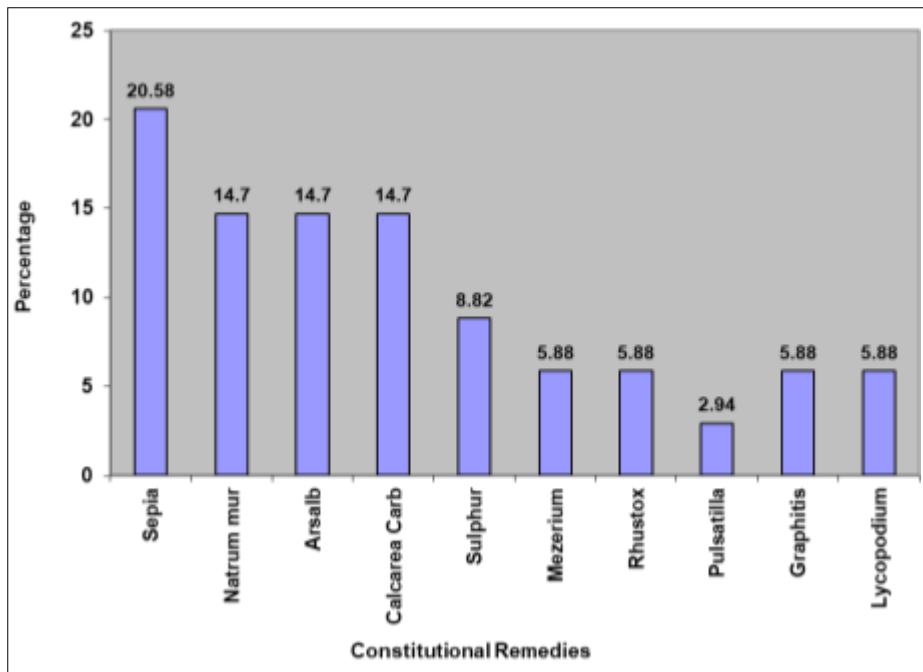


Fig 10: Constitutional remedies

Inter-current remedies used

Out of 34 pts 10 pts i.e. 29.41% were administered intercurrent remedies, sulphur was used in 5 pts, tuberculinum in 3 pts. Bacillinum and syphilinum each in

1pt. Inter-current remedies were used to overcome a state where there was no progress or the symptom or the symptom did not recede inter-current remedies helped in bringing out the real symptomatic picture of the patient.

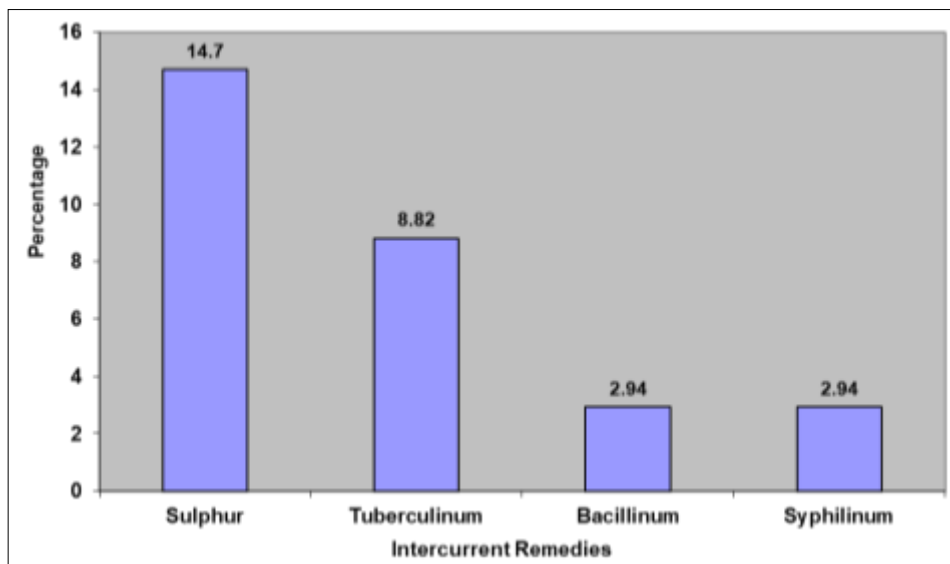


Fig 11: Inter-current remedies used

Result of treatment

In the study conducted on 34 pts of Tinea corporis, it was found that 20 pts i.e. 58.82% recovered, 8 pts i.e. 23.52%

improved 2 pts i.e. 5.88% were not improved, 4 pts i.e. 11.76% were dropped out.

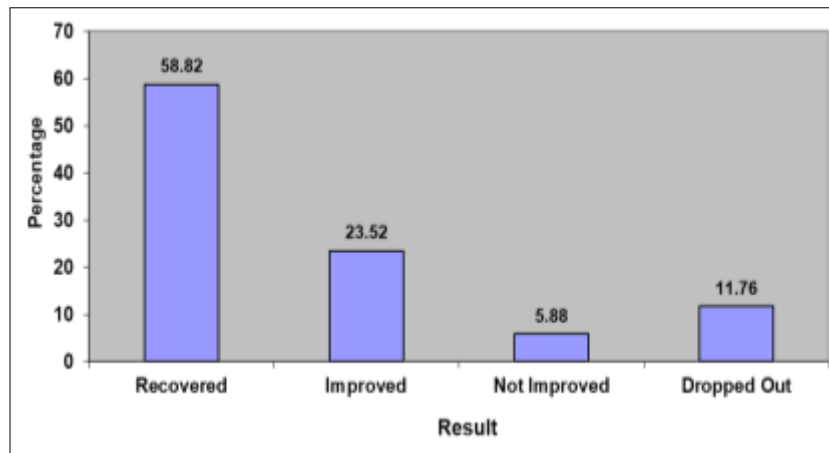


Fig 12: Result of treatment

Conclusion

Conclusion after understanding clinical presentation of Tinea corporis, I have taken up 34 confirmed cases of Tinea corporis for the present study. All the cases were studied in detail to draw the conclusion.

1. In the study conducted the highest incidence falls in the age group of 0-9 yrs & 20-29 yrs i.e. 23.52% and 40-49 yrs i.e. 17.64%
2. Prevalence of Tinea corporis is found more in post pubertal age group (adults) i.e. 20-29 yrs. (23.52%) yrs. 30-39 yrs. (14.70%) and 40-49 yrs. (17.64%)
3. It affects all ages and both sexes equally.
4. In the presenting symptomatology the frequently occurring symptoms were itching 34 pts (100%) scaly eruptions 18 pts (52.94%)
5. Apart from the symptoms of Tinea corporis associating symptoms were found in 26 pts (76.47%) most frequently occurring associating symptoms were watery nasal discharge, pain in stomach and pain in back 2 pts each (5.88%)
6. In the past history the symptoms of Tinea corporis and tinea cruris were found in more number of pts i.e. 5 pts (14.70%) and 4 pts (11.76%).
7. More number of pts had the family history of D.M. i.e. 6 pts (17.64%) and HTN i.e. 4 pts (11.76%).
8. All the cases were worked out in R.P. Patel's miasmatic repertory and it was found that majority of cases were psoro-syphilitic i.e. 16 pts (7.05%) followed by psoric i.e. 13 pts (38.38.23%) psoro-syco-syphilitic i.e. 4pts (17.64%) and psoro-sycotic 1 pt i.e. (2.94%).
9. Acute remedies were prescribed when indicated by presentation of disease and associating complaint. The most frequently used acute remedy was Rhustox in 5 pts i.e. (14.70%) Nuxvomica and bell in 3 pts i.e. (8.82%) and Bryonia in 1 pt, i.e. (2.94%)
10. Constitutional approach in prescription showed significant effect on disease process by improving the whole case when acute remedies did not have desired effect. The most frequently used constitutional remedy was sepia in 7 pts i.e. (20.58%).
11. Whenever a miasmatic block was found inter-current remedies were used which showed improvement in the pt the most frequently used inter-current were Sulphur i.e. 5 pts (14.70%) and Tuberculinum i.e. 3 pts (8.82%).
12. In the study of 34 pts 20 pts recovered (58.82%) completely 8 pts (23.52%) improved, 2 pts (5.88%) not improved 4 pts (11.76%) were dropped out.

At the end of the study complete removal of the totality of symptoms was seen in 20 pts for more than 6 months. Disappearance of clinical features of Tinea corporis was seen for less than 6 months in 8 pts with general feeling of well-being this suggests effectiveness or efficaciousness of Homoeopathic medicines in the management of Tinea corporis, with constitutional approach.

Acknowledgement

I am very much thankful to Dr Sukhadev who helped me for collection of references.

I thank to my dear wife Mrs. Priya B Bagewadi who helped me lot for computer work and for encouragement. I also thank Dr Swaroopa Patil for guiding me to write this paper. I also thank management of Shri Shiv Basav Jyoti homoeopathic medical college Belagavi Karnataka India. And my staff colleague.

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