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## A homoeopathic approach of tinea corporis by cross Repertorisation

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### Abstract

Tinea corporis is a fungal infection of superficial skin where the tissues are keratinized. It is caused by the dermatophytes which are keratinophilic. This disease has great physical & psychological impact on social life. This article includes the classification, causes, different types and the close coming homoeopathic medicines related to rubric of Ringworm given in various repertories by Cross Repertorisation.

**Keywords:** Homoeopathy, tinea corporis, cross repertorisation, radar

### Introduction

In Tinea Corporis, there are either inflammatory or non-inflammatory rashes/ eruptions present on the skin <sup>[1]</sup>.

It has annular lesions with active periphery showing population, vesiculation and scaling <sup>[2]</sup>.

### Epidemiology

According to World Health Organization (WHO), there is 20-25% of prevalence of Tinea Corporis which changes from country to country. The sign, symptoms and presentation of the features of Tinea Corporis is about 78.1% which was very commonly seen. In the countries where the hot weather or humid climate is very much whole year in various tropical or subtropical countries such as in India, this condition is most prevalent <sup>[3]</sup>.

### Aetiology

There are three genera to which this condition of Tinea Corporis belongs to. They are Microsporum, Trichophyton, and Epidermophyton <sup>[4]</sup>.

### Types <sup>[5]</sup>:

- **Tinea corporis gladiatorum:** It is commonly seen in wrestlers which spread by contact through skin. The commonly prone areas are head, neck, and arms.
- **Tinea incognito:** This is seen in the patients who are under corticosteroid treatment.
- **Majocchi granuloma:** This is seen in the follicles of hair, hair and the dermis area nearby. The causative agent for this type of Tinea is *Trichophyton rubrum*. It is present in distinct location where there is presence of nodules which are either granulomatous or perifollicular which is seen in lower limbs especially in females who shave their legs.
- **Tinea imbricate:** The causative agent of this type is T concentric which is seen in countries like Southeast Asia, the South Pacific, Central America, and South America. There is scaling of plaques present in the form of concentric rings.

### Pathogenesis

Dermatophytes grow only on the keratinised layers of skin and its appendages and responsible for local inflammation. It occurs because of delayed hypersensitivity type of reaction or because of metabolic products of fungus <sup>[2]</sup>.

### Clinical Features

There are single or multiple type of lesions which are asymmetrical. At the active edge of the lesion the pustules may also be seen. The eruptions may be annular or erythematous.

Scaling may also be present. The edges of the lesion may be well-defined with central clearing [6].

**Diagnosis:** The diagnosis can be done by culture or microscopy through scraping the diseased skin, plucking of the affected hair or clipping of nail [6].

**Management**

General measures includes keeping area dry, avoiding use of synthetic clothes. Topical antifungal agents are usually effective [2].

**Cross Repertorisation [7]**

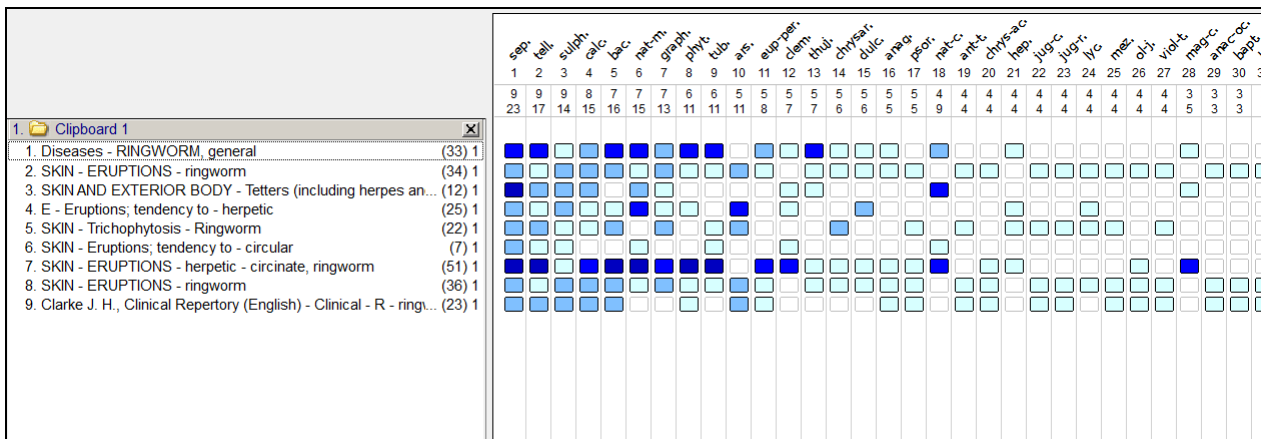


Fig 1: Showing Cross Repertorisation of Tinea Corporis from different Repertories using Radar (Version 10.0)

**Repertories used for Cross Repertorisation:**

- Murphy’s Repertory.
- Synthesis 8.IV.
- Boger C. Boenninghausen Repertory.
- Phatak SR, Concise Repertory.
- Boericke O, Repertory.
- Boger C., Synoptic key.
- Van Zandvoort R., Complete Repertory 2003.
- Schroyens F, Synthesis 9.0.
- Clarke JH, Clinical Repertory (Repertory Compilation).

**Homoeopathic Remedies**

**For Tinea Corporis** [8, 9, 10, 11, 12, 13, 14, 15, 16]

- A. Sepia:** Eruption of sepia mostly present on bends of elbows and knees. Eruption like as ringworm present on every spring season on different parts of the body. It has tendency to produce the eruption like herpetic on genitals, lips, around mouth.
- B. Tellurium:** This medicine used mostly in case of affecting the face, body and hair roots. Ring of herpetic eruptions is elevated, with less itching, discharge of eruption if like as a fluid but smell like a fish brine. Itching increased especially at night, in cool air and sweating.
- C. Sulphur:** The skin of sulphur is dry, rough with scaly in nature. Itching mostly at night, air, wind and washing. Burning present after itching in eruption. Herpes Cincinnatus. Complaint worse after washing, bathing, getting warm in bed.
- D. Calcareo Carbonica:** Eruption ringworm, which are generally scaly with thick yellow pus underneath, Person of Calcareo has desire for eggs and indigestible things.
- E. Bacillinum:** Ringworm, itching of bacillinum aggravates at night when undressing and bathing after. Skin eruptions which are chronic in nature. Pits that resemble small-pox scars. Warmth ameliorates itching. Ringworm of Scalp.
- F. Natrium Muriaticum:** Skin of natrium muriaticum is very oily, especially on hairy parts. Dry eruptions,

which are present on margin of hairy scalp and bends of joints. Skin is oily; dry, harsh, dirty, unhealthy or yellow; aggravate complaint flexures or about knuckles.

- G. Graphites:** Eruption present on many part of body that itch much. Eruptions oozing out a thick honey-like fluid. Tetter and humid eruptions, which has sometimes corrosive serum like secretion, with itching in the evening, and at night. Circular herpes is hard to touch & wrinkled, especially on bend of left elbow, with terrible itch.

**Conclusion**

Homoeopathy offer wonderful result in the cases of Tinea corporis. These are the most commonly remedies which we get through the cross Repertorisation, but there are many other homoeopathic medicines (similimum) which can also be used for the best Result.

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