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Athlete's foot (Tinea pedis)

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Abstract

Conditions related to foot mycoses like tinea pedis is the most common superficial infection that represents a public health problem worldwide. Treatment takes considerable amount of time and recurrence of infections affects quality of life. These fungal infections depend on many factors especially lifestyle and environmental and climatic conditions and can be influenced by individual factors such as age and host defenses. Every individual is identified by the minor changes occurring in his/her desires, aversions, thermal reactions, appetite, thirst, excretions, mental state apart from the objective signs (physical symptom). Homeopathy system of medicine tries to obtain a drug from the list of materia medica which covers those changes in an individual in addition to the pathological disease state. Now the difficulty of mastering those voluminous and rapidly increasing symptomologies had naturally led to the demand of development of repertories. Rubric analysis from such repertories often indicates several clinical conditions. This article is an attempt to show such an interpretation which indicates two drugs *Silicea* and *Tuberculinum* for tinea pedis and they may be used for treating tinea pedis infection effectively without any external local use of ointment.

Keywords: Between toes, foot-sweat, fungus, *Silicea*, *Tuberculinum*

Introduction

The prefix tinea (which indicates ringworm) follows the affected region of the body like tinea corporis (body), tinea cruris (thigh and buttocks), tinea capitis (scalp), tinea manuum (hand), tinea barbae (beard), tinea unguium (nail) and tinea pedis (feet) ^[1]. Athlete's foot (also known as tinea pedis) or dermatophytosis of the feet is a contagious cutaneous fungal infection ^[2]. It is characterized in three ways: Interdigital - maceration, scales, fissured skin occurs between the toes, especially in the web space between the 4th and 5th toes; fine, powdery scale present on a reddened background of the sole, heel, and sides of the foot (moccasin foot) and vesicular (bullous) reaction consisting of vesicles and pustules ^[2]. This type of fungal skin infections is mostly superficial and do not have systemic features ^[2].

Causative organism

T. Rubrum causes most infections, and there may be an autosomal-dominant predisposition to this form of infection. It produces a relatively non-inflammatory type of dermatophytosis characterized by a dull erythema and pronounced silvery scaling that may involve the entire sole and sides of the foot, giving a moccasin or sandal appearance. The eruption may also be limited to a small patch adjacent to a fungus-infected toenail, or to a patch between or under the toes ⁴. It spreads through direct contact with people or objects such as showers, shoes, socks, locker rooms, or pool surfaces ^[3].

Aetiology/ Risk factors

The fungus thrives in warm, moist environments and is commonly found in showers, on locker room floors, and around swimming pools. Swimming-pool users and industrial workers may be at increased risk of fungal foot infection. However, one survey identified fungal foot infection in only 9% of swimmers, with the highest prevalence (20%) being in men aged 16 years and older ⁵. Hyperhidrosis is a predisposing factor. As the disease often starts on the feet, the patient should be advised to keep toes dry thoroughly after bathing or washing ^[4].

Discussion

The patient should be encouraged to clean the area with soap and water regularly. They should also avoid using terylene or nylon clothes at least during summer season. Distilled (white) vinegar can be used in poultice or bath to help reduce the organism.

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Soak the socks in vinegar, allow them to dry and wear them for several hours daily^[6].

However, Homoeopathy can provide beneficial treatment for the different variety of tinea infections including tinea pedis. Several medicines may be suggested according to site, appearance, character and symptoms of lesions. 2 rubrics from Synthesis repertory is as such that they depict tinea pedis i.e. *Extremities – Eruptions – Toes – between – fungus & Extremities – Eruptions – Foot – fungus*, containing *Silicea* and *Tuberculinum* as single remedies⁷.

Silicea have ailments from suppressed foot-sweat. Feet are icy cold with burning, offensive foot-sweat, itching and acrid discharges. Athlete's feet with boils, every little injury suppurates with fistulous tracts; eruptions itch only in daytime and evening; ulcers on feet toes painful, sensitive, foul smelling; better warm room, warmth, summer, wet humid weather; worse change of weather, cold damp air, uncovering, bathing, touch, pressure, moon changes (new moon/ full moon). *Tuberculinum* has dry, harsh sensitive skin, itching in cool air; bran-like scales; itching changes places on rubbing; intense itching worse at night; better open air, cool wind; worse closed room, standing, before a storm, change of weather, damp cold drafts. The other remedies are as follows Graphites, Thuja, Tellurium, Psorinum, Petroleum, Sepia, Bacillinum, Sulphur, Natrum muriaticum etc.^[8,9]

Prognosis

Fungal infections of the foot are not life-threatening in people with normal immune status, but in some people, they cause persistent itching and, ultimately, fissuring. Some people are apparently unaware of persistent infection. The infection can spread to other parts of the body and to other individuals.

Conclusion

The selection of the remedy for a clinical condition is always by the process of comparison. A parallelism between drug symptoms and those of the patient is searched for to get the most simillimum. For the treatment of tinea pedis the conception also remains the same. Repertories followed by confirmation from materia medica will specify the remedy required.

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