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Efficacy of homoeopathic medicine candida albicans 200C in the treatment of fungal infection (Tinea)

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Abstract

Dermatophyte infections are common worldwide, and dermatophytes are the prevailing causes of fungal infection of the skin, hair, and nails. In a country like India, where there's a deficit of original studies of dermatophytosis and its treatment, it's getting unstintingly clear that experience-grounded treatment of dermatophytosis is ruling the roost and is proving to be more effective than the standard guidelines handed in current literature that one frequently considers most valid and substantiation grounded. Homoeopathic system is having a different conception for treating the case, it's grounded on the underpinning principles and the tradition is done using the summation of symptom. As Homoeopathy is a system of drug which work on alleviation, the humeral or the vulnerable medium of the body from its latent or overt response, it's thereby the stylish form of drug to treat skin conditions. So, then disquisition was carried out using Homoeopathic drug Candida Albicans 200C energy on subjects who had Fungal Infection (Tinea). This study was conducted in 2 study settings for 90 days to assess efficacy of Homoeopathic drug Candida Albicans 200C in the treatment of Fungal Infection (Tinea). Assessment of subjects was done using Fungal Infection (Tinea) Assessment Performa every 10th day during course of study. After study period the recorded data shown that, Homoeopathic drug Candida Albicans 200C is effective in treating Tinea Infection which are acute in nature than that of habitual Tinea infection

Keywords: Homoeopathy, candida albicans, tinea, dermatophytosis

Introduction

Dermatophyte infections are common worldwide, and dermatophytes are the prevailing causes of fungal infection of the skin, hair, and nails. These infections lead to a variety of clinical instantiations, similar as tinea pedis, tinea corporis, tinea cruris, tinea capitis, dermatophyte onychomycosis, and Majocchi's granuloma ^[1].

The frequency of the dermatophytosis depends on the host and environmental factors similar as temperature, moisture, demographic factors of case, occupation, inheritable predilection, and socioeconomically status. Dermatophytes evolve along with the change in terrain and socioeconomic conditions. The frequency of superficial mycotic infection worldwide according to the World Health Organization in 2015 has been set up to be 20% 25%. In the once 7-8 years, there has been an escalation in delicate to treat, intermittent as well as habitual dermatophytosis in India. In a study conducted in Sikkim, India, about 60.4% of cases gave a history of intermittent dermatophytosis. These changes may be contributed to a complex interplay of host, agent, and environmental factors ^[2].

Comparison of studies done on superficial fungal infections in metropolises similar as Kolkata, Ahmedabad, and Chennai during different time frames have revealed an adding trend of dermatophytosis. While environmental factors, erratic use of topical and oral antifungal agents, increased frequency of Trichophyton mentagrophytes infections causing seditious lesions and presumably a growing resistance to antifungal agents may play an important part, one of the most redoubtable adversaries that we've encountered in the recent times is the illogical fixed medicine combination (FDC) creams containing a steroid, antifungal, and antibacterial with three to five motes in the product ^[3].

As Homoeopathy is a system of drug which work on alleviation, the humeral or the immune system of the body from its latent or overt response, it's thereby the stylish form of drug to treat skin conditions.

In Homoeopathy the conception of whole or the holistic conception is taken into account, rather than the so-called local treatment.

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The cause or the encouragement after passing through this organic total, thereby becomes fully changed, any action issuing from it has the stamp of an individualistic whole upon it. So, it isn't the bare encouragement or the original part that needs to be treated, but the person as a whole. In relation to this Hahnemann formerly said there are no conditions, but sick people. Any disease in Homoeopathy, is a state of discord involving at least three different factors, some morbid influence, the vulnerability of the person affected and the individuality of the person [4].

Candida Albicans is a homoeopathic nosode primarily specified for the operation of redundant *Candida Albicans* that causes extreme fatigue and prostration, weight gain, pain in the joints and gastro-intestinal issues. But the species resembles causative agent for fungal infection, so on this enterprise this study is carried out to observe the affectivity of *Candida Albicans* 200C in cases with skin fungal infection (Tinea).

Materials and Methods

Materials: Subjects with diagnosed with Tinea infection. Homoeopathic drug *Albicans* Dilution 200 C from authentic pharmaceutical company (Dr. Willmar Schwabe India Pvt.). Fungal Infection (Tinea) Assessment Proforma.

Methods

- Sample Size – 30 Subjects.
- Sample Technique – Stratified Random Sample
- Study Location – Alva's Homoeopathic Medical College Hospital (Punarjanma), Tenkamijar,

Moodabidiri, Mangalore, Dakshina Kannada, Karnataka (Google Map Plus Code: 2XF9+7HJ).

- Study Settings – 2 groups.
- Study Period – 90 days.
- Source of Data –
- Alva's Homoeopathic Medical College Hospital (Punarjanma), Mijar.
- Alva's Homoeopathic peripheral OPDs.
- Alva's Homoeopathic Medical College Girl's Hostel.
- Alva's Homoeopathic Medical College Boy's Hostel.

Inclusion Criteria

1. All age groups of both genders.
2. Cases diagnosed with Tinea infection.

Exclusion Criteria

1. Cases under homoeopathy treatment for other diseases.
2. Cases which are complicated with any other systemic disease.

Assessment

1. Based on score secured in Fungal Infection (Tinea) Assessment Proforma every 10th day of treatment.
2. Results – After the study period (90 days) the observations for each group are represented in the tables and result is presented after analysis of data.

Study Design

Table 1: Study Design

Group	Drug Employed	Repetition	Follow Up
Group A: Experimental Group; 15 subjects	<i>Candida Albicans</i> 200C	Twice a day for 10 days	Every 10 th day
Group B: Control Group; 15 subjects)	Placebo	Twice a day for 10 days	Every 10 th day

1. Subjects in Group A (Experimental Group) received *Candida Albicans* 200C regardless of totality of the case & Subjects in Group B (Control Group) received Placebo.
2. Single dose was consisting of 4 Globules (No.30)

medicated with *Candida Albicans* 200C for subjects in Group A whereas for Subjects in Group B single dose was consisting of 4 Globules (No.30) soaked with ethyl alcohol.

Table 2: Fungal Infection Assessment (FIA) Proforma

Sr. No.	Criteria	Score				Observed Score
		0	1	2	3	
1.	Itching	No	Mild	Moderate	Severe	
2.	Reddish Skin Rash	No	Mild	Moderate	Severe	
3.	Blister	No	1-2	2-5	6 or more	
4.	Size of Lesion	No	1-2cm	2-5cm	More than 5cm	
5.	Border of Lesion	No	Poorly defined	Well defined	Elevated	
Total score						

Results

Table 3: Distribution of cases according to gender

Sr. No.	Gender	No. of cases	Percentile
1.	Male	11	36.67
2.	Female	19	63.33
Total		30	100

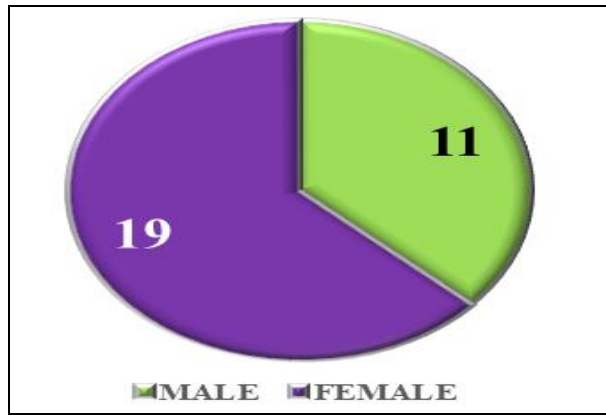


Fig 1: Distribution of cases according to gender

Table 4: Distribution of cases according to age group

Sr. No.	Age Group	No. of Cases	Percentile
1.	20-35 Years	23	76.67
2.	36-45 Years	05	16.67
3.	46-55 Years	01	3.33
4.	56-65 Years	01	3.33
Total		30	100

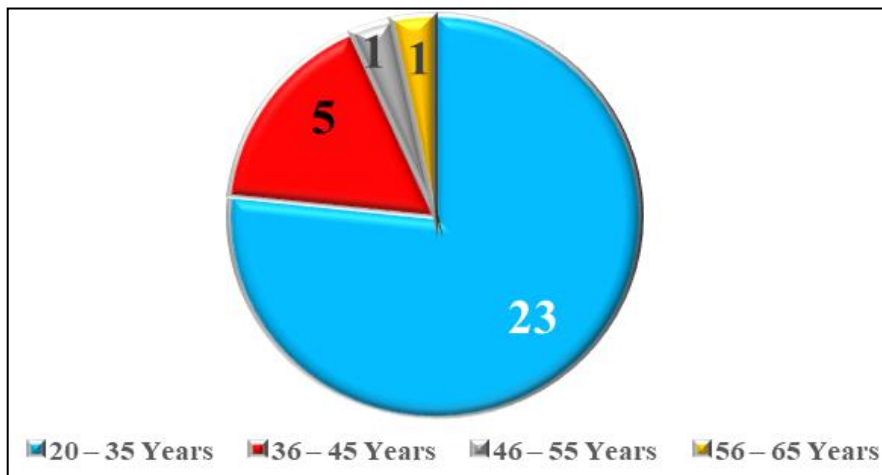


Fig 2: Distribution of cases according to age group

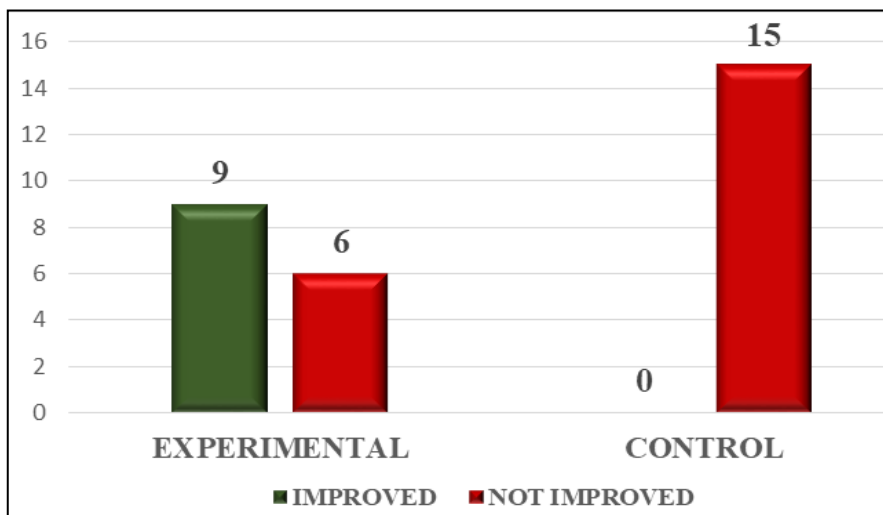


Fig 3: Distribution of cases according to treatment outcome

Table 5: Distribution of cases according to treatment outcome

Sr. No.	Group	Treatment Outcome	No. of Cases	Percentile
1.	Experimental	Improved	9	30
		Not Improved	6	20
2.	Control	Improved	0	0
		Not Improved	15	50
Total			30	100

Table 6: Distribution of cases according to area of affection

Sr. No.	Area of Affection	No. of Cases	Percentile
1.	Tinea Corporis	13	43.33
2.	Tinea Cruris	08	26.67
3.	Tinea Fascialis	03	10
4.	Tinea Manuum	02	6.67
5.	Tinea Capitis	02	6.67
6.	Tinea Pedis	01	3.33
7.	Tinea Unguium	01	3.33
Total		15	100

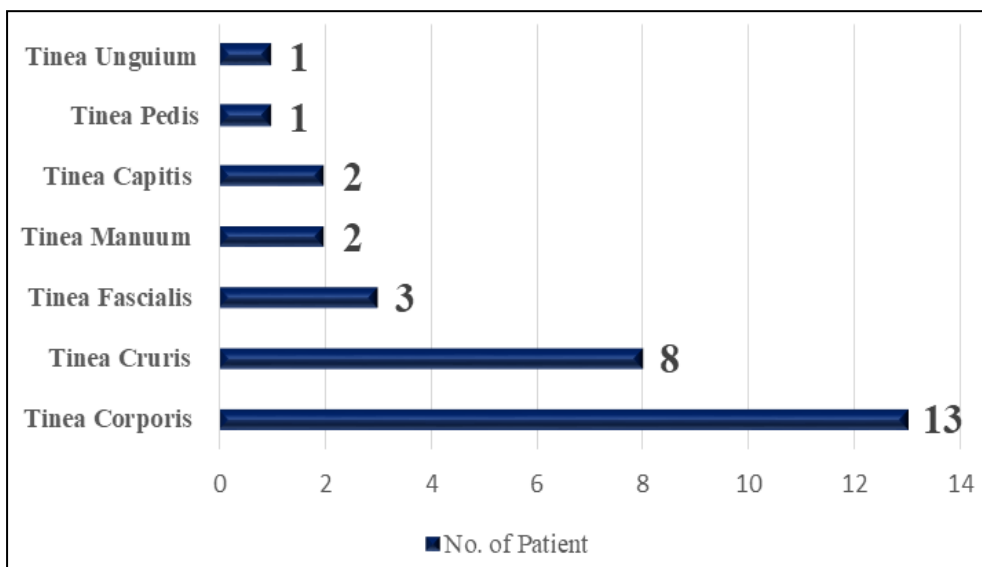


Fig 4: Distribution of cases according to area of affection

Table 7: Distribution of cases according change in score before & after treatment experimental group

Sr. No.	Patient	FIA Score (Before Treatment)	FIA Score (After Treatment)
1.	Patient – 1	13	4
2.	Patient – 2	12	7
3.	Patient – 3	6	8
4.	Patient – 4	10	5
5.	Patient – 5	11	5
6.	Patient – 6	8	9
7.	Patient – 7	9	4
8.	Patient – 8	10	10
9.	Patient – 9	11	4
10.	Patient – 10	7	7
11.	Patient – 11	8	3
12.	Patient – 12	8	4
13.	Patient – 13	9	10
14.	Patient – 14	11	5
15.	Patient – 15	8	8

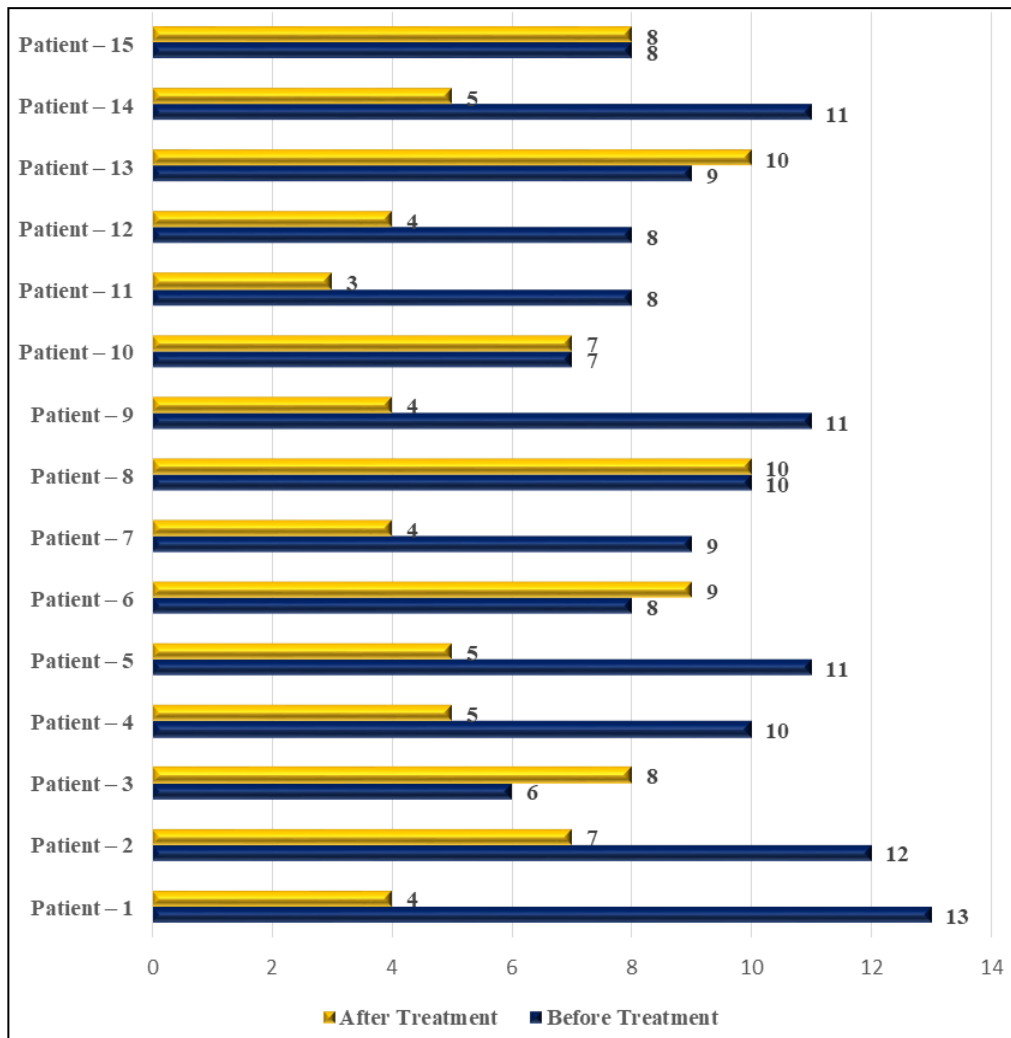


Fig 5: Distribution of cases according change in score before & after treatment experimental group

Table 8: Distribution of cases according change in score before & after treatment control group

Sr. No.	Patient	FIA Score (Before Treatment)	FIA Score (After Treatment)
1.	Patient – 1	12	14
2.	Patient – 2	9	11
3.	Patient – 3	10	11
4.	Patient – 4	9	9
5.	Patient – 5	7	8
6.	Patient – 6	10	10
7.	Patient – 7	8	10
8.	Patient – 8	8	9
9.	Patient – 9	9	11
10.	Patient – 10	9	10
11.	Patient – 11	7	9
12.	Patient – 12	8	10
13.	Patient – 13	8	9
14.	Patient – 14	6	8
15.	Patient – 15	8	9

Table 9: Clinical presentation of fungal infection (tinea) in current population in present study

Sl. No.	Criteria	Sub Criteria	No of Cases	Percentile
1.	Itching	No	0	0%
		Mild	4	13.33%
		Moderate	15	50%
		Severe	11	36.66%
2.	Reddish skin rash	No	1	3.33%
		Mild	3	10%
		Moderate	24	80%
		Severe	2	6.66%

3.	Blister	No	23	76.66%
		1-2	3	10%
		3-5	4	13.33%
		6 or more	0	0%
4.	Size of Lesion	No	1	3.33%
		1-2cm	5	16.66%
		2-3cm	9	30%
		More than 5cm	5	16.66%
5	Border of Lesion	No	0	0%
		Poorly Defined	0	0%
		Well Defined	29	96.66%
		Elevated	1	3.33%

Discussion

Dermatophytosis (tinea infection) is a superficial fungal infection caused by Dermatophytes that and sticky climate. The prevalence of fungal infection has increased at an intimidating rate in past two decades. Utmost of this increase is due to opportunistic fungal infection related to the growing population, poor vulnerable system and also due to ultramodern medical practices.

All the different modes of treatment have only helped in palliating the complaint simply by external operations. At the same time Homoeopathic mode of treatment is superior to other modes of treatment, since it treats not the effects but the causes. It's the man who's sick and not his body and as a matter of fact he needs to be treated.

Thus, a study was conducted for cases who entered treatment from OPD of Alva's Homoeopathic Medical College and Hospital, Mijar and supplemental OPD, with previous ethical concurrence from institution. A total number of 30 cases were taken for study of minimal period of 3 months, unless the case reported for follow up for longer duration of time. Cases of all age group and both the genders were taken as the subject for this study.

According to the analysis of the study ladies (63.33%) are more affected than males (36.67%). The presenting symptoms of case with tinea infection set up during this study were itching, erythema, burning pain and scaling of the skin by considering the acute symptomatology of the case, every case had been taken as per standard case format, and making the acute totality and the remedy Candida Albicans 200C was specified.

Maximum number of cases i.e., 9 cases were successfully treated & 6 cases didn't show any enhancement in Experimental Group, where as in control group none of the case shown improvement. Therefore, out of 15 cases (Experimental Group) which show complete enhancement, were case number 1, 2, 4, 5, 7, 9, 11, 12 & 14, occasional reiteration was done, as the case responded snappily with the drug, whereas 3 cases; case number 8, 10, 15 in spite of frequent reiteration of remedy, the case shown no enhancement of the symptoms at end of study duration. In 3 cases; case number 3, 6, 13, which were chronic in nature doesn't show any enhancement with increase in the intensity of itching and size of the eruption indeed after 3 months of study with proper follow up & reiteration of the drug.

All these compliances and results showed that Homoeopathic drug Candida Albicans 200C is effective in treating Tinea Infection which are Acute in nature than those which are Chronic. The internal dynamic drug brings out a rapid-fire, gentle and endless relief of complaints without any small terms of justification or repression of complaints.

Limitations

Cases who are under drug by any other habitual illness were

barred. Many of the cases follow ups weren't regular, so assessment of medicine action couldn't be controlled well. Since this is a time bound study, the cases couldn't be studied for longer period.

Conclusion

Homoeopathic system besides many controversies stands successfully proving itself as the best system of medicine due to holistic approach. Still, we find it essential to go apart from our principles to meet the needs of the patients. Thus, the 200C potency come to play the role in treating many cases. Using 200C potency in daily practice must be evaluated properly to know its significant role in our system.

Thus, Candida Albicans 200C was selected and administered among the individuals suffering from any types of Tinea Infection in this study.

In this study, a total of 30 cases were studied. This study offered the importance of the effectiveness of Candida Albicans in treating cases of Tinea Infection.

The study has been conducted on subjects of all age group, both sexes who were suffering from Tinea Infection. This study was aimed at understanding the utility of the remedy Candida Albicans in case of Tinea Infection. All the cases taken into consideration here were fulfilling the criteria of being prescribed over on the basis of characteristic symptoms.

Observations during this study are as follows

- Out of 30 cases studied, 19 cases were female (63.33%) whereas 11 cases were male (36.67%).
- In this study, 76.67% of cases were within the age group of 20 – 35 Years which was followed by age group of 36 – 45 Years (16.67%) then age group of 46-55 Years & age group of 56 – 65 Years (3.33%). Here the peak incidence was observed in 20 – 35 Years aged subjects.
- In this study, 21 cases (70%) were not-improved whereas 9 cases (30%) were improved. Among Group A (Experimental) 9 cases (60%) were improved whereas 6 cases (40%) were not-improved. Among Group B (Control) none of case was improved.
- In this study, area of affection was seen as, Tinea Corporis 13 Cases (43.33%), followed by Tinea Cruris 08 Cases (26.67%), followed by Tinea Fascialis 03 Cases (10%), followed by Tinea Manuum 02 Cases (6.67%) & Tinea Capitis 02 Cases (6.67%), followed by Tinea Pedis 01 Cases (3.33%) & Tinea Unguium 01 Cases (3.33%). In this study incidence of Tinea Corporis was prevalent.
- In this study, change of FIA Score by 9 in 1 patient, by 7 in 1 patient, by 6 in 2 patients, by 5 in 4 patients & by 4 in 1 patient; in improved cases, among experimental group was observed. Here maximum change of FIA

Score was observed by 9 points.

- In this study, 3 cases shown no change in FIA Score, whereas in 13 cases the FIA Score was increased among control group.

Based on the study done on 30 individuals suffering with Tinea Infection, all these observations and results showed, I have arrived at the following conclusion

- The results from this study have shown that there is scope for treatment of Tinea Infection with the remedy Candida Albicans. Since this is a time bound study of only 3 months, the cases could not be studied for a longer period, so the assessment of drug action could not be controlled well in cases which are of chronic in nature.
- So, my study concludes that Candida Albicans 200C is effective in treating Tinea Infection which are acute in nature.
- This was the modest effect on my part to find the efficacy and utility Candida Albicans for treatment of Tinea Infection and the response in this study was satisfactory.

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