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A case of tinea corporis manage with Homoeopathy

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Abstract

Tinea is a dermatophytid infection caused by a fungus. Tinea Corporis is a type of glabrous dermatophytosis that occurs on glabrous skin except palms, soles, groins. A 24-year-old female reported having Tinea corporis for the last 2 months. A complete case history was taken and on the basis of individualization, graphite was given.

Keyword: Tinea corporis, Homoeopathy, Graphite's

Introduction

Dermatophytes are fungi which are keratophakic in nature and live on dead keratin and induce inflammation to the skin, hair & nails. *Trichophyton rubrum* are the most common dermatophytid infection among the Indians ^[1]. They generally get worse during the summer and the rainy season and tend to get heal spontaneously during winter. Clinically the dermatophytosis can be classified into ^[1].

Tricho-dermatophytoses: (dermatophytosis occurring in the hair and the hair follicles): [Tenacities, Tinea Barbae].

Tinea Capitis: (Dermatophytosis of the scalp and associated hair)

There are four different types of *T. capitis*:

- (i) Non-inflammatory: circular patches of partial alopecia with numerous broken-off hairs;
- (ii) Inflammatory: boggy, soft mass with loose, easily detachable hairs (kerion formation);
- (iii) Black dot variety: areas of partial alopecia with hair which has been broken off at the level of the scalp, giving the appearance of multiple black dots; and
- (iv) Favus: yellowish crusts within the hair follicle with a mousy odor.

Tinea Capitis occurs commonly in children as adults are protected due to fungistatic properties of sebum. The inflammatory variety usually caused by the zoophilic species heals with permanent scarring $^{[3]}$.

Tineabarbae: Fungal infection occurs in the beard and moustache area of the adults. Tineabarbae is present with perifollicular pustules, papules, erythema, crusting, seropurulent discharge and easy pluck ability of hairs. This inflammatory type causes cicatricial alopecia on healing ^[3].

Intertriginous dermatophytosis: (Involving the intertriginous areas that is folds of skin)-Tinea cruris, Tinea interdigital, Bimaxillary.

Tinea cruris: Fungal infection of the groin region are very common condition, occurs in summer and rainy season due to use of synthetic clothes and effects men more often than the women and is less common in children. Arcuate or annular lesions with scaling, papulovesicular and pustulation. Chronic lesions may show hyperpigmentation, nodulation and lichenification [4].

Tinea Interdigitale and *Tinea Axillaris*: Fungal infection of the finger, toes and axillae occur due to heat accumulation and humidity in the fold of skin which promote fungal infection. Lesion resembles the glabrous dermatophytosis and show a well-defined papule-vesicular border and sometimes maceration also [1]

Glabrous dermatophytosis: Involves non-hairy skin.

a) Tineacorporis: (fungal infection of the glabrous skin with exclusion of palms, soles and groins)

It presents as an annular, polycyclic lesion with erythematous and vesicular or scaly borders with central clearing (see color atlas). Larger lesions are formed due to coalescence of adjacent lesions. The waist is a common site obese women, and the causative fungus is *T.rubrum*. ^[3]

Annular/arcuate lesions with clearing in center and active periphery. Affects glabrous skin except palms, soles, groins ^[5]. It has two variants:

- **b) Tinea incognito:** Dermatophytid infection of skin, modified by steroid therapy.
- c) Taeniacide: Annular scaly patches seen on cheeks of children.

Palma-Planter dermatophytes: Involve skin areas having thickened stratum corneum - Tinea pedis, Tineamanuum.

- **a) Tinea Pedis:** (Tinea of foot) occurs due to hyperhidrosis of soles and occlusive footwear. It's three clinical patterns are recognized: Interdigital variant, Vesicular variant, Hyperkeratotic variant [4].
- **b) Tinea Mannum:** (Tinea of hands) unilateral, well-defined plaques of the palm with well accumulation of fine scales in the creases.^[4]

Ungual Dermatophytoses: (involving the nails)-Tineaunguium

Tinea Unguium: It is dermatophytid infection of nails caused by *Trichophyton rubrum*, Ricophytum mentagrophytes, *Epidermophyton Floccosum*. Tinea of toenail is more frequent than fingernails as it involves distal parts for onset. It usually affects only few nails with involvement being asymmetrical and the nail shows yellow brownish discoloration and thickened plate which crumbles easily and the collection of debris under the nail. It separates the nail plate from the nail bed. Several patterns are being recognized: Distal/lateral subungual variety, superficial white variety, proximal subungual variety. [4]

Pathophysiology

Keratophakic fungi, or dermatophytes, are responsible tumefacien. Dermatophytes release several enzymes, including keratinases, which allow them to invade the stratum corneum of the epidermis. Infection caused by zoophilic dermatophytes is usually associated with inflammatory reactions that are more severe than those due to anthropophilic fungi.

The zoophilic dermatophyte Trichophyton species of Arthroderma Benhamiae, most commonly from pet guinea pigs, is linked with an inflammatory tineafaciei in children and adolescents, particularly in Germany. [6]

Case Study:

A 24 years girl name XYZ, unmarried Hindu belongs to middle class family reported at my OPD along with her father on 11th of October 2021 with the complaint of eruption on her left hand elbow. Her height was 5ft. 5inch and built was endomorph. She had eruption in circular pattern below her left-hand elbow with the transparent fluid oozes out from it on scratching for 2 month. Intense itching

and redness were present in the eruption. She had taken alternative treatments for it but there was no relief and tinea reoccur. She was so worried about her complaint that she starts crying and said "may I get rid of it or not".

Clinical Findings

Eruption below the elbow of left hand in circular pattern, looks like a patch whose margins were slightly elevated from the skin and the transparent fluid oozes out from it on scratching.

Past History

H/O dengue in 2019

Physical Generals

Patient likes juices most and loves to eat pineapple. She had perspiration in axilla which is fetid & stains the linen yellow. She also had constipation and her thermal reaction is chilly. Menstrual periods were regular.

Mental Generals

She had anxiety for her complaint and starts crying. Her father told that whenever she gets worried for anything she start crying, she also had low confidence, if she is going to do any work she will fall sick either she had fever or diarrhea. She loves cleanliness and keeps her thing in a proper way.

Analysis of case Mental Generals

Crying after having anxiety

Low confidence, before going to do any work always fall sick. Loves cleanliness and keeps her things in a proper way.

Physical Generals

Desire- juices & pineapple Perspiration- fetid and stain the linen yellow Stool- constipated. Thermal- Chilly

Particular Generals

Eruption on elbow in circular pattern

Eruption edges were elevated from the skin.

Itching present and on scratching transparent fluid comes out of it.

Side- left.

Evaluation

Crying after having anxiety

Low confidence, before going to do any work always fall

Loves cleanliness and keeps her things in a proper way.

Desire-pineapple

Perspiration- fetid and stain the linen yellow.

Thermal- chilly

Eruption on elbow in circular pattern

Eruption edges were elevated from the skin.

Itching present and on scratching transparent fluid comes out of it.

Side-left.

Table 1: (Rubrics Totality)

S. No.	Chapter	Rubrics
1.	Mind	Anticipation, ailments from
2.	Mind	Crying, weeping- anxiety, after
3.	Mind	Fastidious
4.	Perspiration	Odor, general – fetid
5.	Perspiration	Staining the linen – yellow
6.	Generals	Sides, of body, general – left side
7.	Generals	Food and Drinks – pineapple – desire
8.	Skin	Trichophytosis
9.	Skin	Eruptions – itching, eruptions

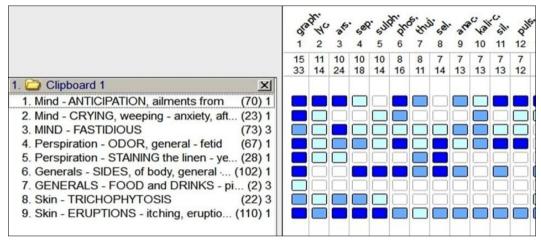


Fig 1: Repertory Sheet

Selection Of Medicine

Graphitizes the remedy selected in this case as it covers all the rubrics and obtains highest marks in reperforation. graphite's covers the other general symptoms also like the oozing of transparent fluid on scratching, constipation, thermal chilly. While Lycopodium is hot ad is of right side and do not have pineapple desire. Arsenic album is chilly in thermal but it also not cover the pineapple desire. graphite's [7,8] in 200C potency is selected in this case according to the susceptibility.

Table 2: Prescription

DATE	SYMPTOMS	PRISCRIPTION
11/10/21	Eruption on left elbow in circular	
	pattern	graphite's 200 1 Dose
	Itching present and on scratching	Stat.
	transparent fluid comes out of it	Rubrum 30 TDS 4
	Advice.	hourly * 7 Days
	To apply coconut oil on eruptions	

Follow Up

Prescription



Fig 2: Before Treatment

Fig 3: During Treatment

Fig 4: After Treatment

Table 3: Follow Up

Date	Symptoms	Prescription
18/10/2021	Eruption starts healing in center. Eruption size same	Rubrum 30 TDS 4 hourly * 7 Days
27/10/2021	Eruption area light red in color Size gradually decreases	Rubrum 30 TDS 4 hourly * 15 Days
12/11/2021	Eruption gradually decreases. Healthy skin appears.	Rubrum 30 TDS 4 hourly * 15 Days
29/11/2019	Improvement.	Rubrum 30 TDS 4 hourly * 15 Days
17/12/2021	Improvement.	Rubrum 30 TDS 4 hourly *15 Days
05/01/2022	Improvement and there is no recurrence	Rubrum 30 TDS 4 hourly * 15 Days

Conclusion

Homoeopathy is specialized system of medicine which treats the patient as a whole and not just the disease. In this case patient improved symptomatically gradually after prescription of Graphite's in 200 in centesimal scale potency and single dose. This case shows the effective role of Homoeopathy in the treatment of Tinea corporis. This case reflects the role of constitutional remedy in holistic improvement of patient's mental health by improving her confidence level than before. This case also shows the theory of individualization is very important for the effective homoeopathic treatment. Now the patient is happy as she get rid of her complaint and her anticipation also improves tell by her father.

References

- 1. Pasricha JS, Gupta Ramji. Illustrated Textbook of Dermatology common. 4th Edition. Jaypee Brothers Medical Publishers (p) Ltd, c2013.
- 2. Davidson's. Principles and Practice of Medicine. (23rd ed.): Elsevier Ltd
- 3. Sainani GS, Abraham Dastur FD, Abraham P, Dastur FD, Joshi VR, *et al.* A.P.I. Textbook of Medicine. 6th Edition. Association of Physicians of India Mumbai, c1999.
- 4. KhannaNeena. Illustrated Synopsis of Dermatology and Sexually Transmitted Diseases. 5th Edition. Elsevier, c2016.
- 5. Puttini P, Doria A, Girolomoni G, Kulm A. The Skin in Systemic Autoimmune Disease, Handbook of Systemic Autoimmune Disease, Elsevier. 2006;5:94-98.
- Robert A Schwartz, Jacek C Szepietowski, David F Butler, Van Perry, Dirk M Elston, Tinea Faciei Medscape, c2019. Available from: https://emedicine.medscape.com/article/1118316overview#a4
- 7. Allen HC. Allen's Key Notes, Rearranged and Classified with Leading Remedies of the Metromedia and Bowel Nodoses, Eighth Edition, B Jain Publisher (P) Ltd, New Delhi, c2016.
- 8. Boericke William. Pocket Manual of Homoeopathic Metromedia with Indian Medicine & Repertory. Reprint edition. Indian Books & Periodicals Publishers, New Delhi, c2009.

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