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A case report: Evidence based homoeopathic treatment of diffuse superficial dermatophytosis

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Abstract
Taenia corporis, also known as diffuse superficial dermatophytosis, is a dermatophyte infection that affects the exposed glabrous skin of the trunk and extremities. T. rubrum and T. mentagrophytes are the two organisms that cause this skin condition most frequently worldwide. Although anyone can have an infection, those who have frequent contact with others (such as in military housing, contact sports, or locker rooms) or who are immunosuppressed are more susceptible. Animals kept as pets are a significant source of transmission. Additionally, infections can spread from person to person, particularly among persons who have tinea capitis or pedis, or via the soil. The lesions typically present as centrifugally developing plaques that are erythematous, annular to serpiginous, with peripheral scale and center clearing [4]. According to Dr. Kent's homoeopathic tenet, "The microorganism is not the cause of disease. We should not be carried away by these idle dreams and vain imaginations but should correct the Élan vital [10]. The microbes are the outcome of the disease, and are present wherever the disease is, and by the microscope it has been discovered that every pathological result has its corresponding bacteria. Homoeopathically we believe that the cause of the disease is more subtle then anything that can be shown by a microscope in order to heal the sick, we form the totality of symptoms and then administer the remedy. This case report adds further to such evidence based homoeopathic treatment.

Keywords: Dermatophytosis, homoeopathy, taenia

Introduction
Dermatophytes are the culprits behind the superficial fungal skin ailment known as tinea corporis. Worldwide, Tinea corporis is prevalent. It is distinguished precisely by the site of the lesions, which may affect the body's trunk, neck, arms, and legs. All superficial dermatophyte skin infections, excluding those that affect the scalp, beard, face, hands, feet, and groin, are classified as tinea corporis. One or more circular, strongly bordered, somewhat erythematous, dry, scaly, and occasionally hypopigmented patches are the hallmarks of this type of ringworm. Typically, the rising scaling edge is noticeable. The term "ringworm" refers to the annular outlines that are produced by progressive central clearance. The diameter of rings formed by widening lesions might reach many centimeters. Sometimes, polycyclic lesions or concentric rings occur, creating intricate patterns. Lesions of tinea corporis can develop vesicles and bullae (bullous tinea), despite being more prevalent on the foot. Acquired immunodeficiency syndrome (AIDS) or the use of a topical steroid or calcineurin inhibitor may both show as widespread tinea corporis.
Cleaning towels, clothes, and linen, getting rid of old shoes, vacuuming, and washing the floors are all crucial steps in lowering the fomite burden. Wearing airy, loose clothing can also be advantageous [4, 8].

Prevalence and Epidemiology
Worldwide, the prevalence of various species varies with geographic regions, local cultural practices, climatic circumstances, and socioeconomic factors, as do the incidence and spread of these fungal infections. The key variables that predispose to dermatophytosis are crowding, humid environments, and poor hygienic conditions. Dermatophytes are the most frequent agents that cause fungal infections, and the incidence of superficial fungal skin diseases is 20–25% worldwide. The tropical nations have a relatively high prevalence of this infection. In our nation, this fungus is common in all sexes and all age groups. In India, dermatophytosis has traditionally been a typical superficial mycosis.

The number of individuals suffering from recurring, chronic, resistant, and steroid-modified dermatophytosis involving the glabrous skin (tinea corporis, tinea cruris, and tinea faciei) has, nevertheless, increased at an extraordinary rate during the past 6-7 years. Importantly, there has been a discernible decline in the clinical responsiveness to routinely used antifungals administered at standard doses and durations, resulting in infections that are challenging to treat. The Indian Association of Dermatologists, Venereologists, and Leprologists (IADVL) Task Force Against Recalcitrant Tinea (ITART) has developed a consensus statement on the management of the current epidemic of dermatophytosis in India because the scientific data available are insufficient [3].

"Differential diagnosis of tinea corporis includes: Other skin conditions, including nummular eczema, urticaria, pityriasis rosea, erythema multiforme, erythema annulare centrifugum, polymorphous light eruption, subacute cutaneous lupus erythematosus, granuloma annulare, sarcoidosis, and Hansen disease, can also appear annular" [4].

Adverse Effects

Due to the potential of deadly liver injury and adrenal gland insufficiency, various aspects in modern medicine must be taken into account before beginning systemic drugs, such as the patient's comorbidities, interactions with food and other prescriptions, medication undesirable side-effects, compliance, and cost. The FDA modified the oral ketoconazole boxed warning and now advises against using it unless in certain life-threatening systemic mycoses when all other treatments have failed, are ineffective, or are not tolerated. It is no longer advised to use it as a single dose to cure tinea versicolor, even though it was once used for that purpose. Except for fluconazole, all systemic antifungal medications undergo considerable liver metabolism, which might result in serious drug interactions. Fluconazole inhibits many cytochrome P450 enzymes despite being only slightly metabolized, which can result in medication interactions. The precise interactions have undergone rigorous scrutiny and are beyond the scope of my article. Despite having a higher oral bioavailability (90%), compared to terbinafine (40%) and itraconazole (55%), fluconazole is not FDA-approved for treating dermatophytes and is only used off-label. Although terbinafine has a greater cure rate (80% vs. 54%), it is now the FDA-approved oral medication of choice. However, it has dangers, including the potential to cause severe skin hypersensitivity reactions. Combining corticosteroids and antifungal medications is not recommended because patients frequently take them for the duration of their treatments and because prolonged steroid use can result in persistent and recurrent infections (tinea incognito), longer treatment regimens, and unfavorable side effects like skin atrophy, striae, and telangiectasias [3].

Scope of Homoeopathy

The skin ailments are a result of a variety of internal and environmental factors. An individual may become physically, intellectually, and emotionally drained out if dermatological issues are not promptly handled. One of the worst things that is impacted in such situations is a person's confidence. Despite being beneficial, creams, antihistamines, and antibiotics frequently only offer short-term relief. In many instances, it has been noticed that the issues tend to recur with time. As a result, the sickness never fully leaves the body, adding to the suffering. Homeopathy has been the most popular and effective treatment for dermatological issues for the past few decades. It provides long-lasting comfort by efficiently getting rid of the dermatological issue entirely from your body. Homeopathy adopts a holistic approach in treating a disease. It places a strong emphasis on locating and treating the root issue [1, 2].

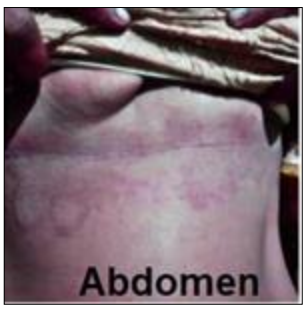
Case Report

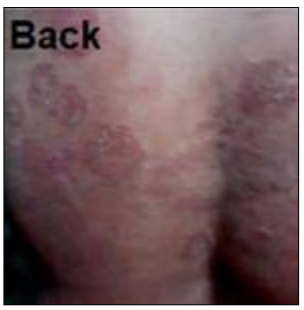
A 40 y/o. female presented with dry, well - demarcated, erythematous patches on abdomen, under the breast, thighs, back & forearm with burning & intense itching

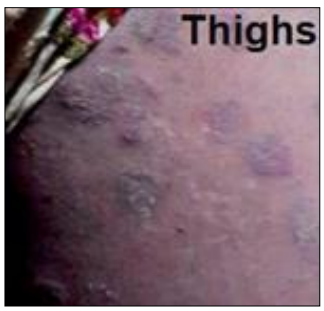
Modalities: < tight clothing, before menses, night > open air with constipation & profuse perspiration since two weeks

Analysis and Observations

Borders: Dry & red advancing borders Centrally: Dry &white with rashes. Eruptions are Red, Dry & asymmetric, well demarcated & varied in size.







Physical General	Menstrual History	Mentals
▪ Desire - Sweets ++ ▪ Urine - D5 / N0 ; odourless, transparent coloured, free flow. ▪ Stool - D1 / N0 ; brown coloured, hard lumpy stool; very offensive odour; pain in anus after passing stool. ▪ Sweat - profuse; yellow staining; very offensive ▪ Thermal reaction- Chilly. Thirst - 1L / day,tap water.	▪ Eruptions before menses. ▪ Burning & intense itching in the eruptions before menses. ▪ Menses delayed by - 12 days; usually irregular. ▪ Duration of menses - 4 days Character of blood - dark red colour.	She was constantly weeping while narrating her complaints- "Look, what had happened to me, will it be okay, Doctor?"

Acute totality of Evolution

Location	Sensation	Modality	Concomitant
Under the breast, abdomen, thighs, back forearm	Itching Burning	<tight clothing <night <before menses >open air	Profuse, perspiration, constipation, Increased desire for sweets.

Evaluation Totally

Symptoms	Reasons
▪ Eruptions occur with constipation. ▪ Eruptions < before menses. ▪ Sweat - perspiration staining yellow with marked offensive odour. ▪ Weeps while narrating her complaints. ▪ Thermals towards CHILLY. ▪ Sweat - Profuse perspiration. ▪ Stool - Brown coloured, hard lumpy stool. ▪ Intense itching in the eruptions. ▪ Burning in the eruptions. ▪ G.I.T. - Pain in anus after passing stool.	▪ Characteristic symptom. ▪ Characteristic symptom. ▪ Characteristic symptom ▪ Characteristic particular ▪ Physical General ▪ Physical General ▪ Physical General ▪ Common symptom ▪ Common symptom ▪ Common Particular

Clinical Diagnosis
Diffuse Superficial Dermatophytosis
Tinea Corporis

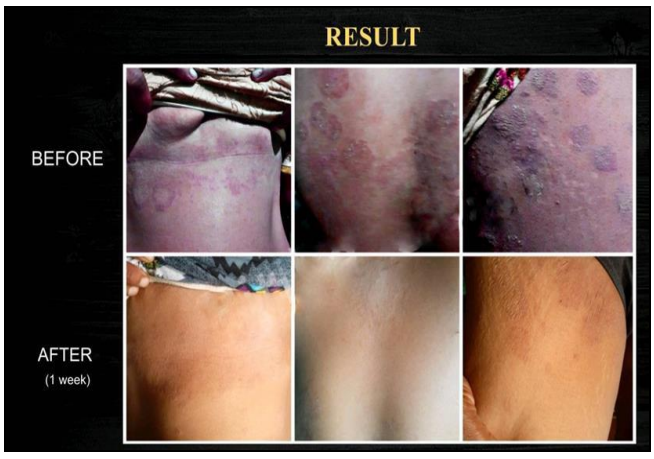
Rubric Totality

- Mind - Weeping - telling sickness - when telling her;
- Abdomen - Eruptions;
- Chest - Eruptions - itching;
- Chest - Eruptions - Mammae;
- Extremities - Eruptions - Forearms;
- Extremities - Eruptions - Thighs;
- Extremities - Eruptions - thighs - tetters;
- Perspiration - profuse;
- Perspiration - staining the linen – yellow
- Skin - Eruptions - burning;
- Skin - Eruptions - ringworm;
- Generals - food & drinks - sweets - desire

Remedies	Sum Sym	Sum Deg	Symptoms
Graphites.	13	25	1,2,3,4,5,6,7,8,9,10,11,12,13
Nat-Mur	11	15	1,2,5,6,7,8,9,10,11,12,13
Sulphur.	10	20	2,3,5,6,7,9,10,11,12,13
Rhus-tox.	10	17	2,4,5,6,7,8,9,10,12,13
Silicea.	10	15	1,2,5,6,7,9,10,11,12,13
Staphysagria.	10	13	1,2,3,5,6,7,8,9,10,13
Calc carb	9	17	2,3,6,7,9,10,11,12,13
Ars alb	9	14	2,3,5,6,7,9,10,12,13
Petroleum.	9	11	2,3,5,6,7,8,9,10,13

℞

Graphites 30 (3 Powder doses) H.S
For 3 days,
Followed by SL for 1 week.
Four globules to be taken at a time.
Stop the medicine when improvement starts, Report thereafter.



Advise

1. Wear loose fit clothes.
2. Stay hydrated.
3. Use separate soap & towel.

Differentiation

	Graphitis	Natrum mur	Sulphur	Rhus tox	Calcarea carb
Character of erruptions	Moist crusty eruptions with unhealthy, DRY & rough skin Alternate digestive& skin symptoms (PHATAK)	Oily, dry, harsh, unhealthy skin Red oval prominent patch covered with little white scales with violent itching	Dry, unhealthy form of eruption with intense burning &itching Itching <warmth &often reappears every spring season	Fine, vesicular; crusty, eczematous; moist or erysipelatous Eruption alternating with dysentery	Lenticular red & raised spots with great heat Skin of the body rough, dry &unhealthy
Discharge	thick, honey-like fluid (NASH) Glutinous fluid	Watery, acrid	Suppurative offensive	Corrosive, yellow,	Corrosive, Glutinous, yellow
Sweat	Perspiration on staining yellow	Suppressed	Suppressed; Odour of musk	On affected parts	Offensive, Profuse; <openair
Modalities	<before / after /during menses, >openair	<10 or 11 a.m. ,at seashore ,sun >open air	<heat of bed >scratching	<wet rainy, spring season >dry weather	< cold weather >dry weather
Thermal reaction	Super-Sensitive to cold (BOGER)	Hot	Hot	Chilly	Chilly

Learnings

- Fourth Observation of Kent
- "No aggravation with recovery of the patient".
- Importance of correct simillium with correct potency & doses.
- Spectrum of Graphites in skin diseases
- Importance of thermals.
- Importance of Diet & regimen along with medicine.

Conflict of Interest
Not available

Financial Support
Not available

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