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Dr. Seema Gupta
M.D. (PGR), Department of
Repertory, Swasthya Kalyan
Homoeopathic Medical College
& Research Centre, Sitapura,
Jaipur, Rajasthan, India

Dr. Pooja Jain
M.D. (PGR), Department of
Repertory, Swasthya Kalyan
Homoeopathic Medical College
& Research Centre, Sitapura,
Jaipur, Rajasthan, India

Role of homoeopathic medicines in tinea corporis: A case study

Dr. Seema Gupta and Dr. Pooja Jain

Abstract

Ringworm, or tinea, is the name given to inflammatory rashes caused by dermatophytes of the genera *microsporum*, *epidermophyton* and *trichophyton*. These fungi can infect skin, hair and nails. The important clinical patterns are: tinea capitis, tinea corporis, tinea pedis (athlete's foot), tinea cruris, tinea unguium (Onychomycosis), and tinea barbae. In conventional treatment usually antifungal medicines are given. A 40 years old female reported with tinea corporis since 6 months. A complete case history was taken and on the basis of individualization, *Rumex crispus* was given. It shows effect of homoeopathic medicine in treatment of tinea corporis.

Keywords: Tinea corporis, homoeopathy, keynote symptoms, *rumex crispus*

Introduction

Ringworm, or tinea, is the name given to inflammatory rashes caused by dermatophytes [1]. Dermatophyte infections are also called ringworm or tinea [2]. Dermatophytoses refer to superficial fungal infection of keratinized tissues caused by keratinophilic dermatophytes [3]. Dermatophytes are classified in three genera, *epidermophyton*, *microsporum*, and *trichophyton* [4]. These fungi can infect skin, hair and nails [1]. Dermatophytes are the most common agents of superficial fungal infections worldwide and widespread in the developing countries, especially in the tropical and subtropical countries like India, where the environmental temperature and relative humidity are high. Other factors such as increased urbanization including the use of occlusive footwear and tight fashioned clothes, has been linked to higher prevalence [5]. The important clinical patterns are: tinea capitis (infect scalp), tinea corporis (infect whole body), tinea pedis (infect soles of the foot), tinea cruris (infect groin area), tinea unguium (infect nails), and tinea barbae (infect face and beard) [6].

Tinea corporis is a superficial dermatophyte infection characterized by either inflammatory or non-inflammatory lesions on the glabrous skin (i.e. skin region other than the scalp, groin, palms, and soles). *Tinea rubrum* is the most common infectious agent in the world and is the source of 47% of tinea corporis cases. Tinea corporis may result from contact with infected humans, animals, or inanimate objects and acquired from animals is more common in children. It occurs in both men and women. Women of childbearing age are more likely to develop Tinea corporis as a result of their greater frequency of contact with infected children and affects persons of all age groups, but prevalence is highest in preadolescents [7].

Symptoms, contact history, recent travel, and international residence are relevant clues in the history of a person with tinea corporis. The history may include occupational (eg, farm worker, zookeeper, laboratory worker, veterinarian), environmental (eg, gardening, contact with animals), or recreational (eg, contact sports, contact with sports facilities) exposure [7].

Infected patients may have variable symptoms. Patients can be asymptomatic. A pruritic, annular plaque is characteristic of a symptomatic infection. Patient occasionally can experience a burning sensation. HIV - positive or immune compromised patients may develop severe pruritus or pain [7].

Tinea corporis can manifest in a variety of ways. Typically, the lesion begins as an erythematous, scaly plaque that may rapidly worsen and enlarge. Following central resolution, the lesion may become annular in shape, as a result of the inflammation, scale, crust, papules, vesicles, and even bullae can develop, especially in the advancing border. Rarely, tinea corporis can present as purpuric macules, called tinea corporis purpurica [7].

Corresponding Author:
Dr. Seema Gupta
M.D. (PGR), Department of
Repertory, Swasthya Kalyan
Homoeopathic Medical College
& Research Centre, Sitapura,
Jaipur, Rajasthan, India

A few clinical variants are described, with distinct presentations-

- **Majocchi granuloma:** This variant of tinea corporis is a fungal infection of the hair, hair follicles, and, often, surrounding dermis. Typically caused by *Trichophyton rubrum*, it manifests as perifollicular, granulomatous nodules typically in a distinct location, which is the lower two thirds of the leg in females, with an associated granulomatous reaction. Majocchi granuloma often occurs in females who shave their legs.
- **Tinea corporis gladiatorum:** This variant is a dermatophyte infection spread by skin-to-skin contact between wrestlers it often manifests on the head, neck, and arms, which is a distribution consistent with the areas of contact in wrestling.
- **Tinea imbricate:** Another variant of tinea corporis, this form is found mainly in Southeast Asia, the South Pacific, Central America, and South America. Tinea imbricate is caused by *T. concentricum* and is recognized clinically by its distinct, scaly plaques arranged in concentric rings.
- **Tinea incognito:** This is tinea corporis with an altered, nonclassic presentation due to corticosteroid treatment [7]. Atypical lesions, usually asymptomatic erythema, scales and papulovesicles [8].
- **Tinea faciae:** Annular/serpiginous erythematous scaly patches, often misdiagnosed. Seen on cheeks of children [8].
- **Tinea barbae:** Inflammatory swelling (like kerion) with alopecia, in beard region [8].

Pathophysiology: Dermatophytes preferentially inhabit the non-living, cornified layers of the skin, hair, and nail, which is attractive for its warm, moist environment conducive to fungal proliferation. Fungi may release keratinases and other enzymes to invade deeper into the stratum corneum, although typically the depth of infection is limited to the epidermis and, at times, its appendages. They generally do not invade deeply, owing to non-specific host defence mechanisms that can include the activation of serum inhibitory factor, complement, and polymorphonuclear leukocytes.

Following the incubation period of 1-3 weeks, dermatophytes invade peripherally in a centrifugal pattern. In response to the infection, the active border has an increased epidermal cell proliferation with resultant scaling. This creates a partial defence by way of shedding the infected skin and leaving new, healthy skin central to the advancing lesion. Elimination of dermatophytes is achieved by cell-mediated immunity.

Trichophyton rubrum is a common dermatophyte and, because of its cell wall, is resistant to eradication. This protective barrier contains mannan, which may inhibit cell-mediated immunity, hinder the proliferation of keratinocytes, and enhance the organism's resistance to the skin's natural defences [7].

Case

A 40 years old married hindu female belonging from middle socio- economic status reported at Swasthya Kalyan Homoeopathic Medical College & Research Centre, Sitapura, Jaipur, on May 22, 2017 with complaint of small red eruptions in a circular pattern with reddish brown

discoloration on abdomen since 6 months. Itching and burning were also present on affected area. Itching and burning aggravated during changing clothes, after scratching, cold air and ameliorated by warmth.

Physical Generals: Patient had desire of salty things. Thermal reaction of patient was chilly. She had habit of taking tea and unrefreshing sleep due to itching.

Mental Generals: Irritable on trifles.

Analysis

Mind: Irritable on trifles.

Physicals

- Desire of salty things
- Chilly patient
- Unrefreshing sleep

Particulars

- Small red eruptions in a circular pattern with reddish brown discoloration on abdomen.
- Itching and burning were also present on affected area.
- Itching and burning aggravated during changing clothes, after scratching, cold air and ameliorated by warmth.

Evaluation

- Irritable on trifles.
- Desire of salty things
- Unrefreshing sleep
- Small red eruptions in a circular pattern with reddish brown discoloration on abdomen.
- Itching and burning were also present on affected area.
- Itching and burning aggravated during changing clothes, after scratching, cold air and ameliorated by warmth.

PQRS (Peculiar, qare, rare, strange) Symptoms

- Agg. during changing clothes.
- Agg. cold air
- Amel. warmth

Method opted for selection of simillimum: For remedy selection "Keynote Prescription" is used on the basis of PQRS symptoms. In this case less symptoms but peculiar symptoms are present. Means, the field of selection has been narrowed so keynote prescription is opted [9].

A characteristic or keynote symptom is a generalization drawn from the particular symptoms by logical deduction [9]. In Organon of Medicine §153 Dr. Hahnemann writes, "In this search for a homoeopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the list of symptoms of known medicines, in order to find among these an artificial morbid agent corresponding by similarity to the disease to be cured, the *more striking, singular, uncommon and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly and most solely to be kept in view; for it is *more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to*, in order to constitute it the most suitable for effecting the cure. The more general and undefined symptoms: loss of appetite, headache, debility, restless sleep, discomfort, and so forth, demand but little attention when of that vague and indefinite character, if they cannot be more accurately described, as

symptoms of such a general nature are observed in almost every disease and from almost every drug” [10].

There is usually something peculiar in case, some prominent feature or striking combination of symptoms that directs the attention to a certain drug, and this is what Dr. Guernsey called a keynote. Dr. Guernsey simply invented a new name for the old Hahnemannian idea. Guernsey’s “keynotes” and Hahnemann’s “characteristics” as synonymous terms, which they are, and making legitimate use of Guernsey’s method, it has value [9].

Dr. Adolph Lippe says, “The characteristic symptoms will consist in the result obtained by deducting all the symptoms generally pertaining to the disease with which the patient suffers, from those elicited by a thorough examination of the case.” In other words the characteristic symptoms are the symptoms peculiar to the individual patient, rather than the symptoms common to the disease [9]. Many stalwarts like Allen, Boericke gave importance to the keynotes.

So in Homoeopathic Materia Medica by William Boericke given:

- Skin: Intense itching of skin, especially of lower extremities; worse, exposure to cold air when

undressing.

- Modalities: *Worse* in evening, from inhaling cold air; left chest; uncovering [11].

In keynotes by H.C. Allen given

- Skin: itching of various parts; < by cold, > by warmth; *when undressing, uncovering or exposing to cold air* [12].

And in keynotes and red line symptoms of the materia medica by Dr. Adolph Von Lippe

- *Intense itching of the skin when undressing to go to bed.* Itching of various parts, worse by cold, and better by warmth [13].

Treatment and Management

On the basis of keynote symptoms and referring to these symptoms with material medica, Rumex Crispus was selected. Rumex Crispus 30 single dose stat was prescribed followed by placebo in form of globules of 30 size, QID for 7 days. Advised to reduce in take of salty things and maintain proper personal hygiene.

Table 1: Follow-up

Date	Follow-up	Prescription
29/5/17	<ul style="list-style-type: none"> ▪ Mild improvement in itching and burning ▪ Sleep improved 	Placebo 30 QID X 7days
14/06/17	<ul style="list-style-type: none"> ▪ no eruption ▪ Mild improvement in discolouration 	Placebo 30 QID X 7days
24/06/17	<ul style="list-style-type: none"> ▪ No further improvement ▪ Itching and burning returned 	Rumex Crispus 200 1dose stat Placebo 30 QID X 7days
01/07/17	<ul style="list-style-type: none"> ▪ Itching and burning reduced ▪ mild improvement in discolouration 	Placebo 30 QID X 7days
10/07/17	<ul style="list-style-type: none"> ▪ No itching and burning ▪ improvement in discolouration 	Placebo 30 QID X 7days
19/07/17	<ul style="list-style-type: none"> ▪ significant improvement in discolouration 	Placebo 30 QID X 7days
28/07/17	<ul style="list-style-type: none"> ▪ no discoloration 	Placebo 30 QID X 7days
08/08/17	<ul style="list-style-type: none"> ▪ no complaint 	Placebo 30 QID X 7days

Conclusion

Patient was advised to report in case of remission of complaints. This case shows that Homoeopathy has an

effective role in treatment of tinea corporis. This case also justifies that keynote prescribing is very important method for effective and easy homoeopathic prescription.



Before treatment



After treatment

Fig 1: Images of the patient (Before and after treatment): Before treatment small red eruptions in circular pattern, brownish discoloration were present and these symptoms were disappeared after treatment.

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