



DERMATOPHYTOSIS AND ITS HOMEOPATHIC MANAGEMENT

Homeopathy

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ABSTRACT

A dermatophyte can induce dermatophytosis, which is an infection of the skin, hair, or nails. The names of these dermatophytic infections are determined by the infection site. It typically manifests as itchy papulovesicular eruptions that have the potential to spread to other areas. These fungal diseases can be successfully and permanently treated with homeopathic medications chosen with the use of a repertory or based on knowledge of materia medica.

KEYWORDS

Dermatophytosis, Homoeopathy

INTRODUCTION

Tinea is a common superficial fungal infection of the skin that is also referred to as ringworm or dermatophytosis. Tinea is defined by the Centers for Disease Control and Prevention in the United States as "a common fungal infection of the skin and nails, usually manifested as a red, itchy, scaly, circular rash."¹ A superficial, itchy, annular polycyclic lesion with a clear center and an active margin with papulovesicles and scaling is known as tinea or dermatophytosis. It can be inflammatory or non-inflammatory.¹ Dermatophytic infections can affect both men and women, but they are more common in men than in women, and they can affect people of all ages, though they are more common in younger and middle-aged people.²

These dermatophytic infections are named according to their site of infection or body part affected.

Clinical Types According To Site Of Infection^{3,4}

Tinea Capitis :- Head (scalp), eyebrows, Eyelashes

Tinea Corporis :- Body (glabrous skin)

Tinea Cruris :- Groin region

Tinea Unguium:- Nails

Tinea Barbae:- Beard area of face

Tinea Manuum:- Hand

Tinea Pedis:- Feet (athlete's foot)

Tinea Imbricata:- Back, arms & abdomen

Tinea Faciei:- Region of face without beard

Rubrics Relating To Tinea⁵

Ringworm in general
 Ringworm in intersecting rings
 Ringworm in isolated spots
 Ringworm in every spring
 Ringworm in clusters
 Ringworm of beard area of face
 Ringworm of face
 Ringworm of head (scalp)
 Ringworm aggravated by cold water

Tinea is becoming an epidemic in the modern day. There is no denying that the prevalence of dermatophytosis has increased nationwide within the last four to five years.⁶ A major contributing factor to the rising incidence of fungal diseases is India's tropical location. In the current situation, dermatophytosis diagnosis and therapy are getting more and more specialized than in the past.

Challenges In The Diagnosis Of Tinea.

It is not easy to diagnose tinea in 2022 based alone on morphological characteristics and clinical appearance. One of the main causes of the unusual appearance of tinea in the general population is the abuse of strong topical steroids, antifungal creams, and FDC creams (Fixed Drug Combination creams). India is seeing a true steroid-modified tinea outbreak. It is frequently noted that the length of time spent abusing topical steroids is correlated with the severity of changes in the

clinical pattern.⁶ "Several atypical clinical types, such as psoriasis-like, eczematous dermatitis-like, seborrheic dermatitis-like, and rosacea-like, have been reported in hospital OPDs in the past few years," according to a review article written by the physicians of the Department of Dermatology, Venereology and Leprology, PGMIR, Chandigarh.⁷

Challenges In The Treatment Of Tinea.

Around the world, tinea is developing resistant to Durg. The overuse of topical steroids and fixed drug combination creams, as well as low socioeconomic position and public ignorance, are contributing to the chronicity and recurrence of superficial fungal infections, making treatment more challenging. With the aid of strong steroids, conventional allopathic treatment can temporarily hide skin lesions, but it is completely ineffective in eradicating the illness permanently. More powerful topical steroids are recommended when the same patient presents with the same lesions a second time. As a result of this ongoing cycle, tinea is growing persistent and stubborn in large quantities. Today, we have attained a level where most of the fungal infections are resistant to the conventional allopathic treatment.

Role Of Homoeopathy

Drug-resistant tinea can be effectively treated with homeopathy. We can treat drug-resistant Tinea and entirely prevent its return with the aid of appropriate constitutional treatment. Homoeopathy appears as a glimmer of hope where allopathic treatment has failed. Here, I provide my four examples of drug-resistant and/or relapsing tinea (three chronic and one acute), all of which responded admirably to homeopathic treatment. This is the Homoeopathic System of Medicine's broadest use.

The selection of homeopathic medications can be based on the patient's constitution and prevailing miasm, or it can be based on knowledge of materia medica or the usage of repertory. Therefore, in homoeopathy itself, various methods for choosing similimum to treat tinea can be used. Additionally, homoeopathy can serve as a complementary and alternative therapy in situations where traditional medicine is encountering difficulties or opposition.

Homoeopathic Therapeutics^{8,9,10}

Antimonium Crudum

Eczema with gastric derangements. Pimples, vesicles, and pustules. Sensitive to cold bathing. Thick, hard, honey-colored scabs. Urticaria; measles-like eruption. Itching when warm in bed. Dry skin. Warts (Thuja; Sabina; Caust). Dry gangrene. Scaly, pustular eruption with burning and itching, worse at night. Worse, in evening, from heat, acids, wine, water, and washing. Wet poultices. Better, in open air, during rest. Moist warmth.

Arsenicum Album

Itching, burning, swellings; edema, eruption, papular, dry, rough, scaly; worse cold and scratching. Malignant pustules. Ulcers with offensive discharge. Anthrax. Poisoned wounds. Urticaria, with

burning and restlessness. Psoriasis. Scirrhus. Icy coldness of body. Epithelioma of the skin. Gangrenous inflammations. Worse, wet weather, after midnight; from cold, cold drinks, or food. Seashore. Right side. Better from heat; from head elevated; warm drinks.

Bacillinum

Ringworm; pityriasis. Eczema of eyelids. Glands of neck enlarged and tender.

Modalities.—Worse, night and early morning; cold air.

Calcarea Carbonicum

Unhealthy; readily ulcerating; flaccid. Small wounds do not heal readily. Glands swollen. Nettle rash; better in cold air. Warts on face and hands. Petechial eruptions. Chilblains. Boils. Worse, from exertion, mental or physical; ascending; cold in every form; water, washing, moist air, wet weather; during full moon; standing. Better, dry climate and weather; lying on painful side

Calcarea Sulphurica

Cuts, wounds, bruises, etc, unhealthy, discharging pus; they do not heal readily. Yellow, purulent crusts or discharge. Purulent exudations in or upon the skin. Skin affections with yellowish scabs. Many little matterless pimples under the hair, bleeding when scratched. Dry eczema in children.

Hepar Sulphuricum

Abscesses; suppurating glands are very sensitive. Papules prone to suppurate and extend. Acne in youth. Suppurate with prickly pain. Easily bleed. Angio-neurotic oedema. Unhealthy skin; every little injury suppurates. Chapped skin, with deep cracks on hands and feet. Ulcers, with bloody suppuration, smelling like old cheese. Ulcers very sensitive to contact, burning, stinging, easily bleeding. Sweats day and night without relief. "Cold-sores" very sensitive. Cannot bear to be uncovered; wants to be wrapped up warmly. Sticking or pricking in afflicted parts. Putrid ulcers, surrounded by little pimples. Great sensitiveness to slightest touch. Chronic and recurring urticaria. Small-pox. Herpes circinatus. Constant offensive exhalation from the body.

Kali Sulphuricum

Psoriasis (Ars; Thyroid). Eczema; burning, itching, papular eruption. Nettle-rash. Polypi. Epithelioma. Seborrhœa. Favus. Ring-worm of scalp or beard with abundant scales. Worse, in evening, heated room. Better, cool, open air.

Lycopodium Clavatum

Ulcerates. Abscesses beneath skin; worse warm applications. Hives; worse, warmth. Violent itching; fissured eruptions. Acne. Chronic eczema associated with urinary, gastric and hepatic disorders; bleeds easily. Skin becomes thick and indurated. Varicose veins, nævi, erectile tumors. Brown spots, freckles worse on left side of face and nose. Dry, shrunken, especially palms; hair becomes prematurely gray. Dropsies. Offensive secretions; viscid and offensive perspiration, especially of feet and axilla.

Mezereum

Eczema; intolerable itching; chilliness with pruritus; worse in bed. Ulcers itch and burn, surrounded by vesicles and shining, fiery-red areola. Zona, with burning pain. Bones, especially long bones, inflamed and swollen; caries, exostosis; pain worse night, touch, damp weather (Merc; Syph). Eruptions ulcerate and form thick scabs under purulent matter exudes

Nitricum Acidum

Warts, large jagged; bleed on washing. Ulcers bleed easily, sensitive; splinter-like pains; zigzag, irregular edges; base looks like raw flesh. Exuberant granulations. Black pores on face, papules worse on forehead.

Petroleum

Itching at night. Chilblains, moist, itch and burn. Bed-sores. Skin dry, constricted, very sensitive, rough and cracked, leathery. Herpes. Slightest scratch makes skin suppurate (Hepar). Intertrigo; psoriasis of hands. Thick, greenish crusts, burning and itching; redness, raw; cracks bleed easily. Eczema. Rhagades worse in winter.

Psorinum

Dirty, dingy look. Dry, lusterless, rough hair. Intolerable itching. Herpetic eruptions, especially on scalp and bends of joints with itching; worse, from warmth of bed. Enlarged glands. Sebaceous glands secrete excessively; oily skin. Indolent ulcers, slow to heal. Eczema behind ears. Crusty eruptions all over. Urticaria after every exertion. Pustules near finger-nails.

Rhus Toxicodendron

Red, swollen; itching intense. Vesicles, herpes; urticaria; pemphigus; erysipelas; vesicular suppurative forms. Glands swollen. Cellulitis. Burning eczematous eruptions with tendency to scale formation.

Sarsaparilla Officialis

Emaciated, shriveled, lies in folds (Abrot; Sanic), dry, flabby. Herpetic eruptions; ulcers. Rash from exposure to open air; dry, itching; comes on in spring; becomes crusty. Rhagades; skin cracked on hands and feet. Skin hard, indurated. Summer cutaneous affections.

Sepia Officialis

Herpes circinatus in isolated spots. Itching; not relieved by scratching; worse in bends of elbows and knees. Chloasma; herpetic eruption on lips, about mouth and nose. Ringworm-like eruption every spring. Urticaria on going in open air; better in warm room. Hyperidrosis and bromidrosis. Sweat on feet, worse on toes; intolerable odor. Lentigo in young women. Ichthyosis with offensive odor of skin.

Silicea Terra

Felons, abscesses, boils, old fistulous ulcers. Delicate, pale, waxy. Cracks at end of fingers. Painless swelling of glands. Rose-colored blotches. Scars suddenly become painful. Pus offensive. Promotes expulsion of foreign bodies from tissues. Every little injury suppurates. Long lasting suppuration and fistulous tracts. Dry finger tips. Eruptions itch only in daytime and evening. Crippled nails. Indurated tumors. Abscesses of joints. After impure vaccination. Bursa. Lepra, nodes, and coppery spots.

Sulphur

Dry, scaly, unhealthy; every little injury suppurates. Freckles. Itching, burning; worse scratching and washing. Pimply eruption, pustules, rhagades, hang-nails. Excoriation, especially in folds (Lyc). Feeling of a band around bones. Skin affections after local medication. Pruritus, especially from warmth, is evening, often recurs in spring-time, in damp weather.

REFERENCES

- Centers for Disease Control and Prevention, "Definition of Ringworm". CDC. December 6, 2015. Archived from the original on 5 September 2016. Retrieved 5 September 2016.
- Leshner J. Tinea Corporis: Practice Essentials, Background, Pathophysiology [Internet]. Emedicine.medscape.com. 2019 [cited 25 December 2018]. Available from: <https://emedicine.medscape.com/article/1091473-overview>
- Khanna N. Illustrated synopsis of dermatology and sexually transmitted diseases. 4th ed. Delhi: Elsevier; 2011.
- Burnett J. Ringworm: its constitutional nature and cure. Philadelphia: Boericke & Tafel; 1892.
- Schroyens F. Radar10. Belgium: Archibel Homoeopathic Software; 2009.
- "The Great Indian Epidemic of Superficial Dermatophytosis: An Appraisal by Dr. Shayam Verma & Dr. R. Madhu" Indian Journal of Dermatology; May-Jun; 62(3): 227-236. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5448256/>
- "Emerging atypical and unusual presentations of dermatophytosis in India by Dr. Sunil Dogra & Dr. Tarun Narang" Clinical Dermatology Review; Year 2017, Vol-1, Issue-3, Page 12-18. <https://www.cdriadvlkn.org/article.asp?issn=2542-Boericke>
- Boericke W. Pocket Manual of Homoeopathic Materia Medica and Repertory. 9th Edition. New Delhi: B. Jain Publishers (P) Ltd; 2009.
- Clarke, J.H. A Dictionary of Practical Materia Medica. New Delhi: B. Jain Publishers; 1999.
- Nash EB. Leaders in Homoeopathic Therapeutics with Grouping and Classification. Low price edition. New Delhi: B.Jain Publishers (P); 2014