Pharmacontino Resonation Pharmacontino Pharm

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.084

Volume 12, Issue 19, 778-788.

Case Study

ISSN 2277-7105

A CASE REPORT OF TINEA TREATED WITH CONSTITUTIONAL HOMOEOPATHIC MEDICINE

¹S. N. Sharma, ²Hari Shankar Tiwari, *²Sakshi Mewara and ³Ayushi Garg

¹HOD, Department of Organon of Medicine and Homoeopathic Philosophy, Dr. M. P. K. Homoeopathic Medical College Hospital and Research Centre (Under Homoeopathy University), Jaipur, Rajasthan, India.

²PG SCHOLAR, Department of Organon of Medicine and Homoeopathic Philosophy, Dr. M. P. K. Homoeopathic Medical College Hospital & Research Centre (Under Homoeopathy University) Jaipur, Rajasthan, India.

³Intern, Dr. M. P. K. Homoeopathic Medical College Hospital and Research Centre (Under Homoeopathy University) Jaipur, Rajasthan, India.

Article Received on 07 September 2023,

Revised on 28 Sept. 2023, Accepted on 18 Oct. 2023

DOI: 10.20959/wjpr202319-30022

*Corresponding Author Sakshi Mewara

PG SCHOLAR, Department of Organon of Medicine and Homoeopathic Philosophy, Dr. M. P. K. Homoeopathic Medical College Hospital & Research Centre (Under Homoeopathy University) Jaipur, Rajasthan, India.

ABSTRACT

The majority of superficial fungal infections occur worldwide and are common in underdeveloped nations. Even when they have the same risk factors, not everyone is equally susceptible to a fungal infection. The host, the agent, and the environment interact in complicated ways during the development of dermatophyte infection. In this example, a 30-year-old male patient has had tinea since three years. Following the thorough review of the case history and consideration of the notion of miasm, Nux vomica in 30 potency was chosen and administered three times each day. The fact that the case was closely monitored for three to four months demonstrates how successfully homoeopathic medication treats Tinea.

KEYWORDS: Homoeopathy, Tinea, Miasm, Constitutional, *Nuv vomica*.

INTRODUCTION

Dermatophytes are keratinophilic fungi that cause irritation in the skin, hair, and nails by feeding on dead keratin. The most prevalent dermatophytid infection in Indians is

Trichophyton rubrum.^[1] The summer and the rainy season usually make them worse, and the winter is when they usually cure on their own.

Clinically the dermatophytosis can be classified into^[1]

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

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

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

- > Non-inflammatory: circular patches of partial alopecia with numerous broken-off hairs;
- > Inflammatory: boggy, soft mass with loose, easily detachable hairs (kerion formation);
- > 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
- > Favus: Yellowish crusts with a musty smell inside the hair follicle.

Children are more frequently affected by tinea capitis than adults, who are shielded by sebum's antifungal characteristics. When zoophilic animals produce inflammation, it typically heals with persistent scarring.^[2]

• **Tinea Barbae:** Adults develop fungal infections in their beard and moustache regions. Perifollicular pustules, papules, erythema, crusting, seropurulent discharge, and the ability to easily pull off hairs are all symptoms of tinea barbae. On healing, this inflammatory type results in cicatricial alopecia. [2]

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

- **Tinea cruris:** Due to the use of synthetic clothing throughout the summer and rainy seasons, groyne fungus is a highly prevalent condition that affects males more frequently than women and kids less frequently. Scaling, papulo-vesicular, and pustulation lesions that are arc-shaped or annular in shape. Chronic lesions may present with hyperpigmentation, nodulation, and lichenification as symptoms.^[3]
- **Tinea Interdigitale and** *Tinea Axillaris*: As a result of heat buildup and humidity in the folds of skin, fungus infections of the finger, toes, and axillae arise. Lesion has a well-defined

papule-vesicular border, mimics glabrous dermatophytosis, and occasionally also exhibits maceration. [1]

Glabrous dermatophytosis: Involves non-hairy skin.

• **Tinea corporis:** (fungal infection of the glabrous skin with exclusion of palms, soles and groins).

A clearing emerges in the centre of an annular, polycyclic lesion with erythematous, vesicular, or scaly margins. The coalescence of nearby lesions results in the formation of larger lesions. A fungus called T.rubrum frequently develops on the waists of obese women. [2] Annular/arcuate lesions with a clearing in the middle and an active periphery. affects glabrous skin, excluding the palms, soles, and groynes. [4] There are two variations:

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

Palmar -Plantar dermatophytes: Involve skin areas having thickened stratum corneum - Tinea pedis, Tinea manuum.

- 1. **Tinea Pedis:** (Tinea of foot) develops as a result of occlusive footwear and sole hyperhidrosis. Its three clinical patterns are identified as follows: Vesicular variant, hyperkeratotic variant, and interdigital variant. [3]
- 2. **Tinea Mannum:** (Tinea of hands) unilateral, well- defined plaques of the palm with well accumulation of fine scales in the creases. [3]

Ungual Dermatophytosis: (involving the nails)-Tinea unguium

3. **Tinea Unguium:** There are three species that are responsible for this dermatophytid infection of the nails: Trichophyton rubrum, Tricophyton mentagrophytes, and Epidermophyton floccosum. The tinea of the toenail is more prevalent than that of the fingernail because it begins at the distal parts. Asymmetrical involvement, yellow-brown discoloration, thickened nail plates that are easily broken, and debris buildup under the nail are some of the symptoms that are frequently limited to a small number of nails. It divides the nail plate from the nail bed. There are several noticeable patterns: proximal subungual variety, distal/lateral subungual variety, and white variation.^[3]

Pathophysiology

Tumefacien is brought on by keratinophilic fungus, also known as dermatophytes. A number of enzymes, including keratinases, are released by dermatophytes to allow them to penetrate the stratum corneum of the epidermis. Generally speaking, zoophilic dermatophytes cause more severe inflammatory reactions than anthropophilic fungi.

The zoophilic dermatophyte Trichophyton species of Arthroderma Benhamiae, which is most usually from pet guinea pigs, is associated with an inflammatory tinea faciei in children and teenagers, particularly in Germany.^[5]

CASE REPORT

PATIENT INFORMATION

A 30-year-old male presented in OPD with complaints of eruptions on Lt. hand, back of neck, forehead and Lt. ankle since 3 years. Eruptions were small, red, dry with intense itching²⁺, Itching in scalp. Itching leads to bleeding which gets worse by night²⁺, perspiration. Scratching the lesions leads to more scratching.

- 1. Location- On Lt. hand, back of neck, forehead and Lt. ankle.
- 2. Sensation- Iching²⁺ without pain and burning.
- 3. Character- Multiple small, red, dry eruption with bleeding.
- 4. Modalities- < Night, perspiration
 - > Scratching, Cold water application.
- 5. Concomitant- Distention of abdomen after eating, burning at epigastrium along with heaviness. Acidity after eating.
- < Spicy, sweets
- > Walk, passing flatus, after 1-2 hrs.

History of presenting complaints

The patient was apparently well, until 3 years ago when he developed small eruptions with itching On Lt. hand and abdomen discomfort. Initially, he did not take any treatment. After 1 year of appearance of eruptions, he took allopathic treatment which included local ointments. But after the course of treatment, eruption starts to reappear and abdomen complaints were not getting relief. He was worried about his condition and social disgust which led him to us for further treatment.

Family History

Father and Mother-Alive and Healthy.

Mental generals

Stressed about wife's condition about her health (She is suffering from intestinal tuberculosis).

Physical generals

1. Thermal: Hot⁺⁺

2. Cravings: Spicy food²⁺, highly seasoned food

3. Aversion: Sweets (causes distension of abdomen)

Differential Diagnosis

1. Tinea

2. Psoriasis

3. Pityriasis rosacea

4. Dermatitis

Provisional Diagnosis:- Tinea Corporis.

Table 1: Analysis of symptoms.

Mental generals	Physical generals	Particulars
condition about her	Thermal- Towards hot	Small reddish eruptions on Lt.
health (She is suffering		hand, back of neck, forehead and
from intestinal	Cravings- Spicy food, highly	Lt. ankle.
tuberculosis).	seasoned food	Itching without pain and burning.
		Bloody discharge sometimes after
	Aversion- Sweets (causes	scratching
	distension of abdomen)	Itching aggravated by night,
		perspiration, ameliorated by
		scratching, Scratching, Cold water
		application.
		Distention of abdomen after
		eating, burning at epigastrium
		along with heaviness.
		< Spicy, sweets
		> Walk, passing flatus, after 1-2
		hrs.

Table 2: Evaluation of symptoms.

SYMPTOMS	GRADATION
Stressed about wife's health	3+
Desire - Spicy food, highly seasoned food	3+
Aversion - Sweets (causes distension of abdomen)	3+
Distention of abdomen after eating	3+
Burning at epigastrium along with heaviness	2+
Red, dry eruption over body with itching	2+
Scratching leads to bloody discharge	2+
Itching < night	2+
Itching < perspiration	2+
Itching > Cold water application.	1+
Distention of abdomen < Spicy, sweets	1+
Distention of abdomen > Walk, passing flatus	1+

Totality of symptoms

- 1. Stressed about wife's health.
- 2. Desire Spicy food, highly seasoned food
- 3. Aversion Sweets (causes distension of abdomen)
- 4. Distention of abdomen after eating
- 5. Burning at epigastrium along with heaviness
- 6. Distention of abdomen < Spicy, sweets
- 7. Distention of abdomen > Walk, passing flatus
- 8. Red, dry eruption over body with itching
- 9. Scratching leads to bloody discharge
- 10. Itching < night
- 11. Itching < perspiration
- 12. Itching > Cold water application.

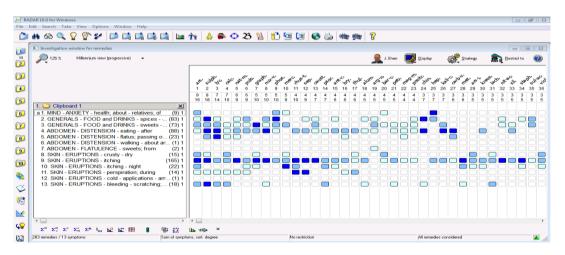


Fig. 1 Repertorial Chart.

Table 3: Repertorial Result.

Medicines	Results (rubric discovered/total score)
ARS. ALBUM	9/16
SULPHUR	8/18
LYCOPODIUM	7/14
CALC. CARB.	7/10
NAT. MUR.	6/9
PULS.	6/9
GRAPH.	5/10
NUV. VOMICA	5/10
PHOS.	5/10

Prescription

- 1. First prescription was on 13/01/2023
- 2. Nuv vomica: 30/TDS, 4 globules of size 30
- 3. Phytum 30/1Dose for 7 days.
- 4. Before Nuv vomica, Phytum was given on 06/01/2023 for 7 days.

Selection of Medicine

Nuv vomica the remedy selected in this case as it covers important symptoms of the case and obtain good marks in repertorisation. Nuv vomica covers the other imp. presenting complians also. Arsenic album also covers maximum no. of symptoms but Arsenic Album is chilly in thermal. Nuv vomica^[8,9] in 30C potency is selected in this case according to the susceptibility.

Table 4: Follow up.

DATES	FOLLOW UPS	PRESCRIPTIONS
20/012023	Slight better in eruptions & itch Better in heaviness in epigastrium region & nauseating feeling after eating.	Phytum 30/1D/STAT Nux vomica 30/TDS for 15 days
03/02/2023	Much better in every complaints	Phytum 30/TDS for 15 days
17/02/2023	Itching - SQ No new eruptions appeared He feels, stool has not passed completely.	Phytum 30/1D/STAT Nux vomica 30/TDS for 15 days
03/03/2023	Better in itching Itching sometimes – afternoon and when going bed	Phytum 30/1D/STAT Nux vomica 30/TDS for 15 days
17/03/2023	Itchin better Slight better in heaviness in abdomen	Phytum 30/1D/STAT Nux vomica 30/TDS for 15 days
31/03/2023	Pt. is absent Much better in every complaints	Phytum 30/TDS for 15 days
14/04/2023	Itching – SQ	Nux vomica 200/1 Dose

	Much better in heaviness in abdomen	Phytum 30/TDS for 15 days
05/05/2023	No new eruptions Itching slight persist Abdomen complaints absent	Nux vomica 200/1 Dose Phytum 30/TDS for 15 days
20/05/2023	Much better in every complaints	Phytum 30/TDS for 15 days
03/06/2023	No new eruptions No Itching and No abdomen complaint present	Phytum 30/TDS for 15 days

BEFORE TREATMENT





AFTER TREATMENT





DISCUSSION

This case report describes the importance of single individualized constitutional homoeopathic treatment in a very obstinate condition called as Tinea with Flatulance. The so called diseases of the skin are the diseases of the constitution of the persons, and not the disease of their skin.

The individualized homoeopathic remedy *Nuv vomica* was selected on the basis of the physical generals and characteristic particulars and thus caused marked improvement in the skin condition. *Nuv vomica* was prescribed in 30C potency according to the homoeopathic principles. Flatulance and Itching along with the eruptions completely got cure after the treatment.

The consideration of miasms is of paramount importance in effective homoeopathic prescribing particularly in this world of multi-suppressions where perceiving a clear picture of disease is becoming increasingly difficult. It is necessary to understand the soil, the very dyscrasia of the person, and the miasm, which represents the stigma, groove or pollution in the system. This stigma/groove/pollution can only be corrected through constitutional, anti-miasmatic treatment, and through such treatment, the complete annihilation of symptoms and perfect restoration of health will ensue. On the basis of the totality of symptoms, together with the miasmatic totality, the constitutional anti-miasmatic remedy is then selected for that presenting totality. This not only removes the surface symptoms but also the corresponding miasmatic dyscrasia, which was being manifested on the surface at that time. By such a prescription, which covers the miasmatic dyscrasia of the person, the chances of recurrence are eradicated and the axiom of 'rapid, gentle and permanent recovery' is encompassed.

Miasm and the symptoms are nothing but the two sides of the coin, and one cannot be considered whilst ignoring the other. In fact, the totality of symptoms cannot be said to be total until and unless the selected remedy covers the miasm.^[7]

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 the prescription of *Nuv vomica* in 30 in centesimal scale potency and TDS. This case shows the effective role of Homoeopathy in the treatment of Tinea and Flatulance. This case reflects the role of constitutional remedy in holistic improvement of patient's mental health by improving his confidence level than before. This case also shows the theory of individualization which is very important for the effective homoeopathic treatment.

After selection of similimum and its administration to the patient, we got good and quick results. The patient was so happy because he had been suffering for a long time and was so disappointed by the treatment he had taken from different pathies and did not get relieved.

Conflict of Interest

Not available.

Financial Support

Not available.

REFERENCES

- 1. Pasricha JS, Gupta Ramji. Illustrated Textbook of Dermatology common. 4th Edition. Jaypee Brothers Medical Publishers (p) Ltd, c2013.
- 2. 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.
- 3. Khanna Neena. Illustrated Synopsis of Dermatology and Sexually Transmitted Diseases. 5th Edition. Elsevier, c2016.
- 4. Puttini P, Doria A, Girolomoni G, Kulm A. The Skin in Systemic Autoimmune Disease, Handbook of Systemic Autoimmune Disease, Elsevier, 2006; 5: 94-98.
- 5. 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/1118316-overview#a4.

- 6. RADAR 10. Archibel Homoeopathic Software. Belgium, 2009.
- 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.
- 9. Banerjee, SK. Miasmatic prescribing, its philosophy, diagnostic classifications, clinical tips, Miasmatic repertory, Miasmatic weightage of medicines and case illustrations. Second enlarged edition. New Delhi: B. Jain Publishers (P) Ltd, p.3-6.
- 10. Sharma SN, Tiwari HS, Mewara S, Garg A. Constitutional treatment of tinea in homoeopathy: A case report. International Journal of Homoeopathic Sciences, 2023; 7(2): 92-97.