



**TITLE: INDIVIDUALISE HOMOEOPATHIC APPROACH IN A CASE OF DERMATOPHYTOSIS- A CASE REPORT**

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❖ **ABSTRACT:** Dermatophytosis is also known as ringworm infection. It is most common superficial fungal skin infection. Homoeopathic approach of treating the infection based on symptom totality is a relevant alternative to often-unsatisfactory conventional medicine in case of dermatophytosis. Case Summary: A 38 years old female who presented with ring worm was treated with homoeopathic medicine based on the totality of symptoms and significant improvement was seen with the complete disappearance of dermatophytosis from all locations with generalize relief of other symptoms also.

❖ **KEYWORDS:** Dermatophytosis, Ringworm, Homoeopathy, fungal infection, anti miasmatic constitutional medicine.



❖ **INTRODUCTION:** Dermatophytosis is the most common superficial fungal infection caused by dermatophytes, a group of filamentous fungi that require keratin for growth. Keratin is a family of structural proteins that is found in the hairs, nails, and outermost layers of the skin. There are many species of dermatophytes and sub-classification, among all anthropophilic dermatophytes, infection is most common in humans and is transmitted from one person to another or by contaminated objects like clothes, hats, hairbrushes.

According to WHO (World Health Organization) the prevalence of superficial mycotic infection globally was 20-25% in 2015. Dermatophytes were common but it was never given importance in research. In India, the prevalence of dermatophytosis ranges from 36.6%-78.4% which is an alarming condition.

The dermatophytosis which is caused by dermatophytes are classified according to site of infection and includes, Tinea capitis (scalp), Tinea unguium or onychomycosis (nail), tinea pedis (athlete's foot), tinea manuum (hand), tinea barbae (beard area), tinea cruris (groin region), tinea corporis (body including trunk and arms, most commonest 78%) among others. A characteristic feature of infection is a round, itching rash with inflamed borders and a central clearing, commonly known as ringworm.

Individuals with decreased immune response, older individuals, and children are at an increased risk of developing a dermatophytosis. Other general risk factors include diabetes mellitus, poor circulation, and topical corticosteroids use.

Most of patients have taken topical agents, ointments, antifungal agents and in some cases, anti-inflammatory agents even though did not get relief in symptoms. Some patients got relief but relapse again. During all process all the patients have had impact on mental and physical health as well.



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The conventional treatment cannot offer cure in cases of dermatophytosis merely applying external ointment. They suppress the external manifestation but internal derangement is continuing. This suppression leads to recurrence of infection with more intensified symptoms and do not get permanent cure.

It is only through homoeopathic case taking the set of most distinct individual symptoms are obtained which are truly characteristic of the patient forming the basis of prescription eventually leads to cure. Homoeopathy has several medicines, which can help to deal with superficial dermatophytosis, but selection of it should be based on homoeopathy laws. In the homoeopathic literature, Arsenic album, Agaricusmuscarius, ArsenicumIod., Barytcarbonica, Bacillimun, CalcareaCarbonica, Calcarea Iodate, Clematis erecta, Iris vesicolor, juglansregia, Lycopodium, Radium Bromatum, Sepia, Sulphur, Tellurium metallicum, Tuberculinumbovinum are mention for dermatophytosis.

### **MATERIAL AND METHODOLOGY:**

A Cases from the Out Patient Department of the SH Gardi Homoeopathic Hospital attached with Sm. A. J. Savla Homoeopathic medical College MehsanaGujarat is presented here. Both the case was clinically diagnosed. Prescription was based on individulisation done after full case taking followed by analysis, evaluation, and repertorisation. Selection of Potency of medicine made as per guideline by Hahnemann mentioned under organon of medicine.

### **CASE: 1**

38 years female presented with complain of Maculo-papular eruption with redness irregular margin along with itching on neck, back, cervical region, forehead since two months. Itching is aggravated specially at night. She had taken allopathic medication but did not relieve. Also disquination of skin found on palm from the soap.

Her appetite is satisfactory, desire for more salty++ things and sweet, spicy.

She is thirstless++. Observation is that during case taking she is laughing. Thermally she is Chilly++.



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Her menstrual history is regular

In her Past history, recurrent cold and coryza on change of weather.

In her family history, her father is suffering from Osteoarthritis and maternal grandmother having history of Tuberculosis.

Mental Picture: She likes to be alone more. Desire for consolation. Weep easily. Worries about family members. Anger from lie. Anguish from bad words of others in past.

### Totality:

1. Anguish
2. Weeping, tearful mood
3. Consolation desire for
4. Weather change of aggravation
5. Salty food desire
6. Chilly pt
7. Thirstlessness
8. Ringworm

**Miasmatic Diagnosis:** Tuberculumiasm

### Repertory Sheet:

Remedy Name	Phos	Sep	Nat-m	Sulph	Tub	Caust
Totality	30	28	27	26	26	25
Symptoms Covered	Phos	8	8	8	8	8
Kingdom	Phosphorus					
[Complete ] [Mind]Anguish: (371)	4	3	3	3	2	4
[Complete ] [Mind]Weeping, tearful mood: (609)	4	4	4	4	3	4
[Complete ] [Mind]Consolation, sympathy:Desire for: (58)	4	3	2	1	3	1
[Complete ] [Generalities]Weather:Change of:Agg.: (173)	4	3	3	4	4	3
[Complete ] [Generalities]Food and drinks:Salt or salty food:Desires: (...)	4	3	4	3	3	3
[Complete ] [Generalities]Coldness, lack of vital heat: (755)	4	4	4	4	3	4
[Complete ] [Stomach]Thirstlessness: (383)	4	4	3	4	4	3
[Complete ] [Skin]Eruptions:Herpetic:Circinate, ringworm: (158)	2	4	4	3	4	3

Figure 1 Repertorization Sheet

**Prescription:** Date: 27-7-2021, Tuberculinum 1M (1 dose) followed by SL BD for 15 days

**Follow up:**

Sr no.	Date	Follow up	Prescription	Comment
1	10-8-2021	Ameli. in itching. No new eruption seen.	SL BD for 15 days	No need of repetition of medicine.
2	27-8-2021	Relives in itching, no redness	SL BD for 15 days.	--
3	13-9-2021	Relives in all complaint	SL BD for 15 days.	No need of repetition.
4	28-9-2021	Eruptions become clear Skin become normal	SL BD for 15 days.	No need of repetition.
5	8-10-2021	No complaint	SL BD for 15 days.	This time patient come with wearing an ornament, it shows there is no irritation of skin.

Follow up are taken till one year to observe recurrence of complaint.

**Before the treatment and after the treatment Picture of patient.**





**DISCUSSION:**

In this case, medicine is selected after repertorization. Patient's miasm is tubercular. Tuberculinum is selected as a constitutional medicine, it covers a tubercular miasm. Patient's susceptibility is high so the higher potency selected with infrequent repetition because of Nosodes are not frequently repeated. It is observed in 5<sup>th</sup> follow up that patient came with wearing a mangalsutra which was not seen during first consultation. It shows that after medication patient feel no irritation of skin.

**CONCLUSION:**

From above case it is clear that homoeopathy treat patient as a whole. Dermatophytosis is an expression of miasm. Tuberculinum is her constitutional as well Miasmatic medicine which shows very quick result. Follow up are taken till 1 year to study recurrency but after cure there is no history of recurrency till day.

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