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CASE STUDY

TO EVALUATE THE EFFECTIVENESS OF PERSONALISED HOMOEOPATHIC THERAPY IN THE TREATMENT OF DERMATOPHYTOSIS

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Abstract

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The aim of this study was to evaluate the effectiveness of personalised homoeopathic therapy in the treatment of Dermatophytosis. This study was done in the department of homeopathy, after taking the permission from the ethical board of university. A series of five patients were included in this study with the symptoms of dry, itchy eruption at lower portion of the chest and belly, from past 14 days. The itching was alleviated by the use of cold water and exacerbated by exposure to sunlight. Upon examining the case, we identified the distinctive mental and physical symptoms that together constitute the totality of symptoms. We then proceeded to do Repertorisation utilising Kent's repertory via the use of Zomeo 3.0. After taking into account the concept of miasm and the whole set of symptoms, the homoeopathic remedy Natrum muriaticum 28 was recommended in two doses. This

case series partially demonstrates a promising approach in investigating the effectiveness of homoeopathic drugs in treating dermatophytosis.

INTRODUCTION

Superficial skin infection may be caused by various dermatophytes, non-dermatophyte moulds, and yeasts[1]. Dermatophytes are filamentous fungi that often inhabit soil and may cause infections on the surface of the skin, nails, and hair. This particular infection is often referred to as Dermatophytosis. Under some circumstances, the lesion extends over the whole body, resulting in a greater social and psychological load, which is exacerbated by the increased severity of the disease. This negatively impacts the individual's quality of life [2]. In 2015, the World Health Organisation (WHO) reported that the worldwide prevalence of superficial mycotic infection was between 20-25%. Dermatophytes were previously overlooked in studies, but their increasing prevalence in recent years has significantly altered the worldwide landscape. The occurrence of dermatophytosis in India varies from 36.6% to 78.4%, indicating a concerning situation [4].

Dermatologists have noticed a wide range of clinical presentations, including unusually big lesions, ring

within ring lesions, lesions in several sites, and lesions changed by corticosteroids. These variations make the diagnosis and treatment of the condition challenging[5]. Furthermore, the unregulated reappearance of this condition, along with its chronic nature, has intensified anxiety and burdened the patients. The prevailing organisms in India include *Trichophyton rubrum*, *Trichophyton mentagrophytes*, and *Microsporum gypseum*. However, some data indicate a rise in *T. mentagrophytes* as a primary causal factor in several studies [6-8]. In addition to overlooked methods, the climatic conditions in the tropics and subtropics, characterised by high humidity and warmth, promote increasing moisture levels. These conditions, together with inadequate hygiene practices, provide an ideal environment for the growth of fungus[9,10]. The prolonged duration of therapy and the high expenses associated with medicine sometimes prompt patients to seek alternative remedies. Homoeopathy is the second most often used method of therapy after conventional medicine. The absence of a well-defined mechanism of

action for homoeopathic medications consistently impedes their acceptability within the scientific community. Inadequate infrastructure, limited knowledge, and ignored reporting of cases all significantly contribute to undermining the credibility of evidence supporting homoeopathy. Dermatophytosis, often referred to as "ringworm," has been treated by homoeopaths in both outpatient departments (OPD) and private clinics for an extended period of time. However, this treatment has consistently gone unrecognised. In this particular case series, homoeopathic therapy effectively cured five distinct instances of dermatophytosis.

CASE STUDY

Case 1: A 43 years old female patient came to OPD in the month of September of 2022 with the symptoms of dry, itchy eruption at lower portion of the chest and belly, from past 14 days. The itching was alleviated by the use of cold water and exacerbated by exposure to sunlight. The patient reported a previous occurrence of a similar lesion on her groin four years ago, which was successfully treated with allopathic medication. During examination, many lesions were identified, but no discharge was found from the afflicted region. Upon thorough examination of the afflicted regions, the condition was conclusively confirmed as tinea corporis.

General symptoms (Physical and Mental): She had a modest appetite, but it improved when her stomach was empty, and she had a strong thirst. She developed a need for fish, salty cuisine, and a regular habit of early morning bowel movements. The patient's urine seemed transparent, yet, they had difficulty in suppressing the desire to urinate. The patient exhibits a preference for chilly conditions, while their hands display elevated temperature and excessive moisture. The tongue had a little white covering. The face tends to perspire more than any other part of the body. She exhibited irritability, sentimentality, and a tendency to cry.

Analysis of the case: Upon examining the case, we identified the distinctive mental and physical symptoms that together constitute the totality of symptoms. We then proceeded to do Repertorisation utilising Kent's repertory via the use of Zomeo 3.0.

Prescription: After taking into account the concept of miasm and the whole set of symptoms, the homoeopathic remedy Natrum muriaticum 200 was recommended in two doses. This treatment resulted in a little improvement in the affected region and a significant decrease in itching. Subsequently, a prescription of two doses of Natrum muriaticum 200 was administered in order to accomplish a complete cure.

Date of visit	Symptoms	Medicines Prescribed
11/9/2022	Dry itching eruption at abdomen and lower part of the chest, > cold application, < sun heat	Natrum muriaticum 200/ 2doses followed by placebo for 14 days
25/9/2022	No itching, area of eruption increased	Placebo for next 28 days
22/10/2022	Patient became stand still	
6/11/2023	No eruption, no itching	Placebo

Case 2: A 23-year-old female patient presented to the outpatient department (OPD) with a primary complaint of a dry, round, and pruritic eruption on the belly and buttocks that has been present for the last 3 months. The patients originally pursued conventional treatment, but it proved ineffective in improving their health, prompting them to turn to homoeopathy. Upon closer inspection, we saw annular patchy lesions, which aided us in identifying the case as Tinea cruris and Tinea Corporis, both of which are clinical manifestations of dermatophytosis.

Upon further investigation into the symptoms, we were informed that the itching is alleviated by cold air and worsened by washing or bathing, as well as after being exposed to perspiration. The patient also reported experiencing a similar itchy and dry skin eruption 5 months earlier, which was treated with ointments without seeking advice from any doctors.

General Symptoms (Physical and Mental): She had a healthy appetite, and experiencing hunger may lead to headaches. She has cravings for confectionery, meat, chilled food, and beverages. The level of thirst experienced was modest, prompting the use of water just during meals. The patient additionally reported experiencing a sensation of burning in their hands and soles, along with an inability to tolerate heat. The patient experiences excessive perspiration, which intensifies her symptoms. There was a thin layer covering her tongue, and there were no signs of any monthly abnormalities. She had sleep disruption as a result of itching in the afflicted region.

Prescription: I was prescribed two doses of Tuberculinum 200CH to be taken once daily in the morning on an empty stomach for two days, followed by Rubrum. The patient exhibited a steady recovery, but, intermittent episodes of mild to severe symptom exacerbation prompted us to

provide a single dosage of Tuberculinum1M, followed by a placebo.

Date of visit	symptoms	Medicines Prescribed
05/02/2023	Intensive itching with eruption around his buttock area as well as lower part of the back.<night, >cold water	Tuberculinum200 CH/2doses+PL/15D
19/02/2023	Itching was same but the eruption started fading away	Rubrum for next 14 days.
02/03/2023	Itching was decreased much and eruption was also decreased, right sided buttock was fully cleared	Rubrum for next 28days.
02/04/2023	Itching was same, left sided eruption on buttock was same and again there was a tiny eruption coming out at right side.	Tuberculinum200 CH/2doses+PL/15D
30/04/2023	Itching was much decreased and eruption on right	Rubrum for next 14 days.

	side was completely gone. On left side there was still eruption persists.	
20/05/2023	There was no itching with much relief to the patient. No eruption was persists on either side of the buttock	Rubrum for next 14 days.

Case 3: A 31-year-old female patient presented to the outpatient department (OPD) with symptoms of pruritus and a rash on her right wrist. The patient's condition has progressed over the last three weeks. During a thorough history-taking, she mentioned having a similar lesion in her groyne that was successfully treated with conventional therapy. The eruption was characterised by the presence of wet, flowing sticky substance, and the skin in that specific place had a propensity to rupture. The use of warmth alleviated her irritation.

General Symptom (Physical and Mental): She had a healthy appetite and did not experience thirst. The patient had a strong dislike for sweet and meat, while expressing a want for fish and warm cuisine. Sweating was reduced with a small unpleasant odour present. No issues

or concerns seen with bowel movements and urination. The sleep was uninterrupted and free of any nightmares. The patient exhibited timidity and a preference for solitude due to her sickness.

Analysis of the Case: Upon analysing the case, distinct mental and physical symptoms were identified and used to create a comprehensive set of symptoms, allowing for a personalised approach to the situation. We examined the distinct mental and physical symptoms that comprise the whole of the symptom and proceeded with Repertorisation utilising Kent's repertory via the use of Zomeo 3.0.

Prescription: The user was prescribed Graphites 30CH, with 2 doses to be taken once daily in the morning on an empty stomach for a duration of 3 days. Following this, they were directed to take Rubrum for the following 14 days in the same manner. Significant improvement was noticed in this instance, with a decrease in the afflicted region and alleviation of itching.

Date of visit	Symptoms	Medicines Prescribed
04/04/2023	Moist eruption with oozing of sticky fluid from right wrist.	Graphites 30CH/2 doses + placebo/15 doses
18/04/2023	No eruption, no itching	Placebo

2023	itchiness	
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Case-4: A 46-year-old female patient presented to the outpatient department (OPD) with the main complaints of circular eruptions on the neck and back that had been present for the last 6 days. In this instance, the patient had a confirmed record of a previous occurrence of dermatophytosis two years before, which was remedied by the use of homoeopathic medications. Upon additional investigation, it was discovered that the patient had successfully recuperated from a minor case of Covid-19, during which she was placed under home quarantine. Following a period of 3 weeks without symptoms, a circular skin lesion associated with Covid-19 has resurfaced on the neck and back.

General Symptom (Physical and Mental): The patient reported experiencing anorexia and was able to consume water. The patient had a strong repulsion towards all types of food. Sweating was excessive and exacerbated the symptoms throughout. Nocturnal sleep was disrupted as a result of increased pruritus. The patient exhibited heightened sensitivity to hot applications and the warmth of the bed. Additionally, an unusual level of anxiousness surrounding the complaint was seen. The patient had a prominent characteristic of prostration.

Analysis of the case: The totality of symptoms was formed via meticulous examination of the distinctive mental and physical symptoms, without relying on a repertory. Due to the patient's prior experience with Covid-19, she was recommended to consume enough amounts of water and maintain a balanced diet in order to recover from exhaustion.

Prescription: I was prescribed Rhus Toxicodendron 30CH, with 4 doses to be taken once daily in the morning on an empty stomach for 3 days. After that, I was directed to take Rubrum for the next 14 days. A little amelioration has been seen with a decrease in the severity of itching. Subsequently, the patient was given two doses of Sulphur 30, followed by placebo doses for a duration of one month. This treatment resulted in the total eradication of the lesion.

Date of visit	Symptoms	Medicines Prescribed
06/05/2023	Large annular lesion in the neck and back with severe itching aggravated from hot application and at night.	Rhus toxicodendron 30 CH/ 4 doses + placebo / 15 doses
21/05/2023	No new lesion seen but Itching persisted which	Sulphur 30CH/2 doses

	was relieved after cold application	followed by Placebo for 15 days
06/06/2023	Patches dried up, Itching reduced markedly. Post covid19 prostration reduced markedly	Placebo was given for 14 Days
21/06/2023	Patches almost disappeared with complete relief of itching and no further new lesion appeared	No further medicine given

Discussion

While the focus is now on researching novel paths for SARS CoV-2, it is important not to overlook the exponential increase of fungal diseases. India seems to be facing another pandemic due to fungal infections. [11,12]. Dermatologists worldwide are aware of the condition, however its management does not only fall within the purview of dermatologists. Factors such as poor socio-economic level, poverty, and immune-compromised states such as diabetes and HIV pose significant therapeutic problems in daily medical practice, making it difficult to eliminate fungal infections [13-14]. Mycology is an underappreciated area of study in the world of medical science. According to the World Health Organisation (WHO), the improper use of

oral anti-fungal drugs and combination ointments has had a significant impact in the current situation. In India, the sales of anti-fungal creams reach a total of Rs. 1050 crores, while the sales for antifungal steroid combos amount to around 1,320 crores.[15]. Patients often use these combinations without seeking medical advice, exacerbating the situation, complicating illness prognosis, and augmenting the cost load. Homoeopathy is a widely embraced alternative therapy modality that is often pursued after traditional treatments. The in vitro experiment has shown the anti-fungal impact of Sulphur and Graphites against *Candida albicans*. However, it remains unknown if they may exhibit comparable activity against *Trichophyton* sp. [16] The scientific community has consistently rejected homoeopathy as a therapy option owing to the lack of understanding about the mechanism of action of homoeopathic drugs[17]. The claims put out by homoeopathic groups sometimes encounter significant criticism owing to a dearth of credible scientific proof. To the best of our understanding, this is the first collection of cases demonstrating the efficiency of homoeopathy in treating dermatophytosis. This provides a promising foundation for future investigations, both in laboratory settings and in living organisms, to evaluate the

efficacy of homoeopathic remedies in treating dermatophytosis.

CONCLUSION

This case series partially demonstrates a promising approach in investigating the effectiveness of homoeopathic drugs in treating dermatophytosis. In the future, it is advisable to conduct possible randomised placebo-controlled clinical studies in order to get a more comprehensive knowledge of the potential benefits and limits of the treatment. Given the current situation, the existing data is inadequate to support any assertions. However, it does highlight the need for a well-conducted, impartial, randomised clinical study on a larger scale to demonstrate the effectiveness of homoeopathic medications in treating dermatophytosis.

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