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Effectiveness of Homoeopathy in Skin Diseases with Special Emphasis on Tinea

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ABSTRACT:

Tinea is a widespread infection of the scalp in children caused by dermatophytes. It affects all ages and both sexes with all socio-economic strata. This disease has been a major public health concern for decades. Some factors involved in infection include poor personal hygiene, crowded living conditions, and low socioeconomic status. It can be caused by any pathogenic dermatophyte except Epidermophyton floccosum and Trichophyton concentricum. Trichophyton rubrum, the most frequently isolated dermatophyte worldwide, is rarely the causative agent of this infection. Cosmetic appearance, itching, irritation and discoloration etc. are clinical reflection. Although this infection is not fatal, it can be a cosmetic problem. In the conventional system of medicine, anti-fungal, steroid and topical application such as lotion, ointment has as usual treatment. Chances or recurrence and suppression are the result of treatment.

The homeopathic view of this infection is purely its Pora-sycosis background, but it can be found in a mixed miasmatic picture. He needs institutional medicine to heal in a holistic way.

KEYWORDS: Tinea, Skin Disease, Dermatology, Pathology, Homoeopathic Treatment, Homeopathy and Homeopathic Medicine.

INTRODUCTION:

"The skin is a mirror of our inner health." Through our skin we present ourselves to the world…. and we cannot change our skin. (Dethlefen and Dahile, 1995).

The skin reflects our nature on the outside; it serves as a reflective surface for all our internal organs. Any disturbance of these organs is projected onto the skin and any stimulation of the relevant area of the skin is transmitted back inside to the relevant organ.

"Diseases of the skin are for the most part diseases of the constitution and not of the surface of the skin itself." (Allen, 1999)

So skin diseases can be considered external manifestations of internal disorders. It is a warning to be careful and behave well. It is a timely hint for us to find out the cause and treat the original focus. Instead, what we see and find today is that as soon as any eruptions appear on the skin, a serious attempt is made to suppress them (see that they disappear from sight). The net result is that what nature intended to throw out, thereby saving the internal organs, is driven inward by human effort, and the disease affects the vital organ more strongly. (Wadia S.R., 1983 homeopathy in skin diseases)

The changes that appear on the skin and are visible from the outside are the result of nature's effort to push any disease from the center to the periphery or limit it to the periphery. Suppressing it is the reverse of the order, which is against nature, i.e. harmful.

Skin diseases are very common. However "healthy" we think our skin is, it's likely that we'll suffer from some degree of acne and it could be one or another of many common skin disorders.

Although skin disease is not uncommon at any age, it is especially common in the elderly. Skin disorders are often not dramatic, but the cause is physical, emotional and socio-economic, and it helps patients a lot to be aware of this and their doctor to try to alleviate the various problems that arise.

In my city, when I was studying with a dermatologist, I noticed that many workers in the cement industry suffered from skin diseases. Upon enquiry, I found that not all workers were affected. Also, the intensity and type of suffering varied from person to person. This made me wonder why contact dermatitis with a common external source can have different effects in different individuals. The only conclusion that could be drawn from this would be that there is also an internal factor that plays an equally important role in the occurrence of different types of contact dermatitis. This fact can be further confirmed by seeing the different effect of contact dermatitis treatment on different individuals. Hahnemann called this internal factor susceptibility.

In order to understand homeopathic treatment as instructed by Master Hahnemann, there is a great need to understand and correctly interpret the basic susceptibility that is responsible for the manifestations of disease, and therefore to determine the potency and repeat it by accurate and keen observation in order to restore the deranged state of susceptibility to normality and thus health.

Thus, it would be possible to apply Hahnemann's understanding of the disease well in cases of skin disease. Therefore, we need to have quality observations in order to study the symptomatology in tinea. We also need to know the changing receptivity that is responsible for the manifestation of the disease.

Tinea is common, especially in children. However, it can affect people of all ages. Many bacteria and fungi live on your body. Some of them are helpful, while others can cause infections. Tinea occurs when a certain type of fungus and tinea grows and multiplies on your skin.

It is estimated that up to twenty percent of the population may currently be infected with tinea or one of the other dermatophytoses. It is especially common among people who play sports, especially wrestling. Wrestlers with tinea may be excluded from competition until their skin condition is deemed non-infectious by the relevant authorities.

Here homeopathy has a great solution in that it regards the suffering patient as 'one', whatever the affected parts may be. Homeopathy consists in treating the patient (not the disease) by considering the patient's constitution, the totality of his symptoms, which includes the emotional, mental and physical spheres.

REVIEW OF LITERATURE:

Tinea is a contagious fungal skin infection. The most commonly affected areas include the feet, groin, scalp and under the breasts. Tinea can spread through skin-to-skin contact or indirectly through towels, clothing, or the floor. Tinea is also known as ringworm, which is a misnomer because it is not a worm.

Types of skin fungal infections

• Tinea Pedis (athlete's foot)

• Tinea Cruris (itchy throat)

• Tinea Corporis (Body worm)

• Tinea Faciei (fungus of the face)

• Tinea versicolor

• Tinea Unguinum (fungal nail infections)

• Tinea Capitis (fungal hair infection)

• Tinea Pedis (athlete's foot)

• Tinea Barbae (fungal infection of the beard)

Tinea Pedis (athlete's foot)

• Athlete's foot, or tinea pedis, is a common fungal infection of the feet. There are different types of athlete's foot infections, but the most common occurs between the toes. This infection causes intense itching and breaks down the skin, often appearing as a white goo between the toes.

• Athlete's foot is usually treated with creams or lotions, but sometimes a bad case will require an oral antifungal.

The feet are the most common area infected by certain fungi called dermatophytes that cause tinea pedis or athlete's foot. Athlete's foot is a very common problem that affects up to 70% of the population at some point in their lives.

Demographics of athlete's foot

Athlete's foot is common in adult men but less common in women. Athlete's foot can also affect children before puberty, regardless of gender. Athlete's foot appears to occur most often in people who have some characteristic of their immune system that predisposes them to infections, regardless of the precautions they take to prevent infection. Once the infection is established, the person becomes a carrier and is more prone to recurrences and complications.

Types of athlete's foot

Athlete's foot is divided into three categories:

• Chronic interdigital athlete's foot

• Chronic scaly athlete's foot (moccasin type)

• Acute vesicular athlete's foot

Chronic interdigital athlete's foot

This is the most common type of athlete's foot.

It is characterized by scaling, maceration and cracks most often in the space between the 4th and 5th toes. Tight-fitting, non-porous shoes compress the toes and create a warm, moist environment in the mesh area. Many times the infectious fungus interacts with the bacteria to cause a more serious infection that spreads to the leg. With this type of athlete's foot, the itching is usually most intense when you take off your socks and shoes.

Moccasin type athletic foot

This type of athlete's foot, also known as moccasin type, is caused by Trichophyton rubrum. This dermatophyte causes dry, scaly skin on the soles of the feet. The scale is very fine and silvery and the skin underneath is usually pink and soft. The hands can also be infected, although the usual pattern of infection is two legs and one arm or one leg and two arms. This type of athlete's foot is often seen in people with eczema or asthma. It is associated with fungal nail infections that can lead to repeated skin infections.

Acute vesicular athlete's foot

This is the least common type of athlete's foot, caused by Trichophyton mentagrophytes. It often originates in people who have a chronic infection of the interdigital webbing. This type of athlete's foot is characterized by the sudden onset of painful blisters on the foot or upper leg. Another wave of blisters may follow the first and may also involve distant areas of the body such as the arms, chest, or sides of the fingers. These blisters are caused by an allergic reaction to the fungus on the foot and are known as an id reaction. This type of athlete's foot is also known as "jungle rot," a historically disabling problem for soldiers fighting in hot, humid, and humid conditions.

Diagnosis of athlete's foot

Athlete's foot is diagnosed by clinical examination and KOH test. A positive KOH test confirms the diagnosis, but a negative KOH test does not mean that a person does not have athlete's foot. Fungal elements can be difficult to isolate in athlete's foot of the interdigital and moccasin type.

Treatment of athlete's foot

Mild cases of athlete's foot, especially infections of the toes, can be treated with topical antifungal creams or sprays such as tolnaftate or lotrimin. Topical medications should be applied twice a day until the rash is completely gone. More severe infections and moccasin-type athlete's foot should be treated with oral antifungals such as terbinafine or itraconazole for 2 to 6 months. All oral antifungal medications can affect the liver; therefore, monthly blood tests should be performed to assess liver function.

Tinea Cruris (rider's itch)

• Tinea cruris, also known as tinea cruris, is a fungal infection of the skin in the groin. Fungi thrive in warm, moist environments - and that certainly describes the groin.

• Itching can be very itchy, but usually responds well to over-the-counter anti-fungal creams. Prevention of jock itch includes keeping the groin as dry as possible and sometimes using an antifungal powder daily.

Tinea Unguinum (fungal nail infection)

• Fungal nail infection, or onychomycosis, is caused by a fungal infection in the part of the big toe that forms the nail. As the nail grows, it becomes brittle, thickens and separates from the nail bed.

• Fungal nail infections must be treated with oral antifungals. Creams and lotions do not help.

Tinea Corporis (skin disease)

Tinea corporis causes red, scaly patches that are typically ring-shaped. It usually appears on the upper body or on the hands and feet. Be aware that skin disease is sometimes inadvertently treated with topical cortisone creams, which change the appearance of the rash and can worsen the condition.

Risk factors:

• Suppressed immune system.

• Playing contact sports or recreational activities.

• Children of parents who have a fungal skin infection.

• Genetically predisposed to this type of infection.

• Note that a less common but important variant is a condition known as Majocchi's granuloma, which is a collection of small bumps or granulomas that can sometimes appear warty. This occurs when women shave their legs and the fungus implants itself in and around the hair follicle.

Ringworm, known in medical terms as tinea corporis, is actually not caused by a worm but by a fungus. Tinea corporis refers to a fungal infection of the body or face, excluding the beard area in men. The skin disease occurs more often in warm tropical environments, affects men and women equally, and affects all age groups equally.

Tinea Corporis – superficial fungal infection

Ringworm is a dermatophyte infection. Dermatophytes are a group of related fungi that infect and survive on dead keratin, the top layer of the epidermis.

Below are the most common fungi responsible for skin diseases:

• Trichophyton rubrum

• Microsporum canis

Trichophyton mentagrophytes

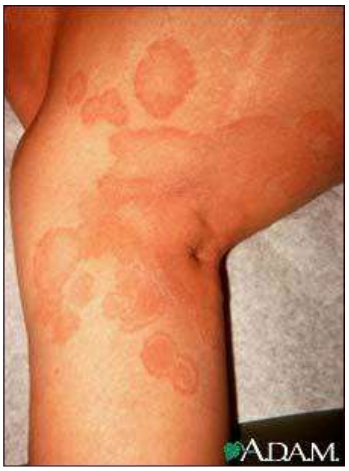
Tinea Corporis - Appearance

The most common appearance of Tinea corporis is a lesion that begins as a flat, scaly patch that then develops into a raised border that progresses outward in a circle. The advancing border is red, raised, and scaly, while the central area appears more normal, usually still with fine scaling. Some Tinea corporis infections, especially those treated with steroids such as hydrocortisone, may have vesicles or pustules at the advancing border or center.

Tinea Corporis - Pictures

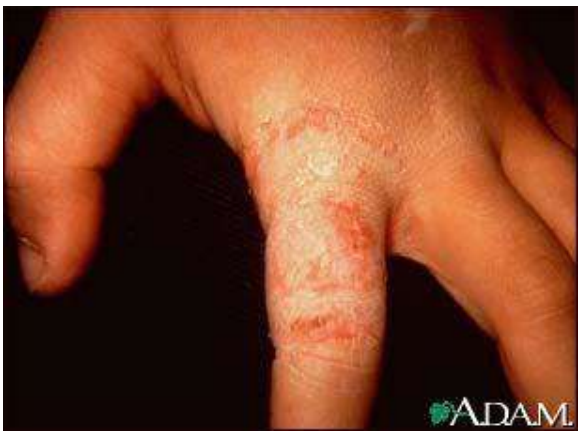
The following images provide good examples of rash characteristics:

• Tinea Corporis on the leg



• Tinea Corporis is a fungal infection of the skin. It usually produces a ring-shaped lesion that appears clear in the center. The edges of the lesion may be slightly raised and often itch. A central clearing can be seen in some infected areas on this person's leg.

• Tinea corporis over the hand



Tinea corporis on finger

Tinea corporis - diagnosis

Tinea corporis is sometimes diagnosed clinically based on the appearance of a classic rash. However, some Tinea corporis infections can mimic other skin conditions, such as granuloma annulare, nummular eczema, or tinea versicolor. The simplest method used to confirm the diagnosis of Tinea corporis is the KOH test. Fungal cultures are rarely taken to identify the exact fungus causing the infection.

• Tinea corporis is a common fungal infection of the skin of the body. There are several fungi that can cause Tinea corporis and they live in the epidermis.

• Tinea corporis causes more symptoms than tinea versicolor, such as itching and a noticeable rash, and is quite easily treated with topical antifungals.

• Tinea Capitis (fungal hair infection)

Tinea corporis of the scalp, or tinea capitis, is a more intense fungal infection than Tinea corporis on the skin. The fungi that cause this type of Tinea corporis not only attack the scalp but also the hair follicle. It can cause hair loss and leave a bald spot with a Tinea corporis type rash in the middle.

Tinea capitis does not respond well to topical creams. It must be treated with oral antifungal medications.

Tinea Barbae (fungal infection of the beard)

• Tinea corporis of the beard or tinea barbae is similar to Tinea corporis of the scalp. By the fungus infecting the skin and hair follicle. The most common type of tinea barbae is an infection deep in the skin that causes very red nodules on the face with pus that drains and tunnels through the skin to other areas near the nodules. A less common type is a mild infection on the surface of the skin.

• This infection must be treated with oral antifungals. Creams or lotions are not effective.

ORTHODOX TREATMENT

Tinea corporis - local treatment

Tinea corporis generally responds well to topical treatment. Local antifungals are applied to the bearing twice a day for at least 3 weeks. Lesions usually disappear within 2 weeks, but treatment should be continued for another week to ensure complete eradication of the fungus. The most commonly used antifungal creams are:

• Miconazole (Monistat)

• Clotrimazole (Mycelex)

• Ketoconazole (Nizoral)

• Terbinafine (Lamisil)

Tinea corporis - oral treatment

Oral antifungals can be used if there are multiple Tinea corporis lesions or if the lesions are extensive. Oral medication is taken once a day for 7 days and results in 100% clinical cure. Recommended oral antifungal medications are:

• Terbinafine (Lamisil) 250 mg

• Itraconazole (Sporanox) 200 mg

HOMOEOPATHIC THERAPEUTICS:

Alumina

Moist scaly, scaly, sore, worse on temples, with gnawing, itching, bleeding on scratching. Worsening evenings, every other day, from warmth of bed at new and full moon, from eating new potatoes; Reclamation under the open sky (bar. c); or hard crust on scalp, nails brittle, skin dry, even in hot weather; every little bruise smart. The skin feels as if the albumen has dried on its surface.

Ammonium Mur

Useful in fat, bloated and lax people who are lazy and indolent; rash on hands, wrists, and shoulders; the skin peels off the fingers; blisters on the fingers, especially on the tips; skin intensely red, covered with fine brownish desquamation, Relieved only by application of cold water day and night; anxious dreams with feelings of embarrassment; Aggravation during menstruation with vomiting and diarrhoea.

Arsenicum Alb

Scaly eruption resembling wickets, Aggravation on forehead, fringe of hair, itching and burning, Aggravation by scratching with subsequent bleeding; rough, dry, rough skin on parts not affected by eruption; emaciation from disorders in the vegetative sphere; urinalysis shows lack of urea (Ars., iod. and Ars., brom.)

Baryta Carb

Moist vesicular eruption with formation of thick crusts, itching, burning, causes loss of hair; cervical glands hard, swollen; skin moist, sore; fat, chubby children with swollen lymphatic vessels, enlarged tonsils and catch cold easily.

Belladonna

hypersensitivity; eruption during dentition with tendency to convulsions; scattered redness of the skin; sweating only on uncovered areas such as the face and neck, or general sweating that appears suddenly and suddenly disappears; irregular pains.

Bovista

Eczema of back of hands (baker's and grocer's itch), especially when irritation is caused by washing; moist vesicular eruption with formation of thick crusts, without relief from scratching; eruption around the mouth and nostrils; general malaise, especially in the joints; loose skin; dirty sweat

Calcarea carb

Thick, large, yellow scabs first form on the occiput, and thence extend to the face; eruption mostly dry, but thick, indistinct pus under crusts; itching is not very intense, but after waking from sleep, children are prone to scratch their heads and bleed; moist eruption on legs, around navel and bends of limbs; no fear of water, but eruption aggravated by water; chronic eruption, with cold feet, as if damp stockings were on them; chalk stool; skin prone to ulceration. Eczema scrofulosum.

Conium

Enlargement of glands; moist vesicles, aggravated by scratching, followed by pricking of the skin; sticky, sticky discharge, forming hard crusts, around face, arms, and mons veneris; eruption of old people suffering from vertigo,

Aggravation in bed; eruptions caused by overheating.

Graphites

Fat people; blond complexion; women with weak menstruation; very dry skin, never sweats; moist, spreading and scaly eczema, painful to contact, beginning behind the ears, extending to the crown and down to the cheeks; eczema on the scalp, forming massive dirty crusts that rub off the hair; violent itching and burning, better in morning, indoors, from cold or draft of air, at night, with copious serous discharge behind ears, back of head, palms, bends of limbs, around anus, surrounded by a rough surface with deep ragads, gradually sticky, sticky and ultimately offensive; perfectly indifferent to external touch; useful after Lyc.

Ledum Pal

Eczema of drunkards, eruption coming out after debauchery; dry eruption; biting, itchy skin; sensation as if lice were crawling over surface; unnatural dryness of the skin, aggravated by heat, motion, and at night; violent spasmodic cough from the spread of the eruption into the respiratory tract.

Mezereum

Eczema mainly affects those parts of the skin that normally lack fat. Blisters full of clear serum on nose and back, skin under ruptured vesicles inflamed, formation of brown scab, violent itching in almost all parts of skin, compulsion to scratch and then change location. Aggravating evenings; large white scabs, under which lice become offensive and multiply (Led.); scabs appear chalky (Lappa) and extend to eyebrows, nape and throat, Child constantly scratches face, covered with blood, large greasy pustules after scratching; honey-like crusts around the mouth and cheeks; Aggravation when undressing, in bed, from touch; constant coldness, total or partial, especially in the limbs; intense thirst, but drinks only little by little; scrofulosis.

Natrum Mur

White, scaly scabs on head from ear to ear; thick scabs oozing pus and matting the hair together with rawness, soreness and sharp pain; eruption about mouth, bends of knees, and folds of skin generally, edges and corners of eyelids raw and ulcerated, oozing corrosive, sticky fluid; Worse morning about 10 to 11, by exercise or heat, Better lying down.

Petroleum

Itching, moist sore spots or deep cracks in the skin (Graph, Lyc.), especially on the back of the hands (Natr. carb.); eruption between toes with bad sweat; all mornings aggravation and in fresh air and cold weather; inflamed skin heals with difficulty; ragas in winter, when the hands crack, crack, burn and itch excruciatingly.

Psorinum

Crusty eruptions, vesicles pointed, with red areolae; skin unbearably itchy, worse in bed and from heat (Clem., Merc., Mez., Sulph.); scratches until it bleeds; dry and scaly eruption, with small pointed vesicles around reddened edges, disappearing during summer, but reappearing when cold weather comes; pale, sickly children who have a constant foul odor that washing does not remove; psoriasis.

CONCLUSION:

Basically, homeopathic treatment is based on solid, understandable principles, such as the dynamic concept of disease, individualization of the patient, the law of similarity, the totality of symptoms, the use of potentized medicines - in a simple, single and similarity pattern.

In my study, I followed all these principles by considering the totality of symptoms with an emphasis on the emotional and mental states of the patients in order to individualize the patient and select the remedy. The patients were reassured if necessary and sufficiently instructed about the hygienic care that must be followed.

The repertoires helped me immensely in studying these 30 cases. Although there are considerably fewer references to symptoms of skin disorders, since we were based on a summary of symptoms with an emphasis on mental symptoms, the repertoires were very useful in the process of repertorization and drug selection.

For the thermal assessment of the patient, the following details and thermal relationship of the patient to the various factor determined thermal status were asked. The query for calculating thermal states is seasonal comfort and preferences for fans, blankets, baths, and food throughout the year.

The extraction of psychological symptoms was done after studying the life spatial situation of the patient from parenting, schooling, college, adolescence, marriage, productive age, the area of interpersonal ties, family relationships and various situations and areas of life. What the patient suffered from and how he changed to a specific mental state, etc. Such a model case is case No. 5 of this dissertation, and for the other cases, only the extracted mental symptoms were directly taken to avoid merging the data.

The study was conducted in the Homeopathic OPD and IPD attached to the Post Graduate School of Homeopathic Medicine. It shows the result of the study result where 23 cases improved with homeopathic treatment and 4 cases partially improved with homeopathic treatment, 3 cases did not improve with homeopathic treatment out of 30 cases. If we look at the cure percentage of the selected 30 cases, 77% improved, 13% partially and 10% did not improve with homeopathic treatment.

Finally, it can be said that constitutional homeopathy has a wide scope in the treatment of tinea.

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