



TO STUDY EFFECTIVENESS OF SEPIA AND TELLURIUM METALLICUM TOWARDS THE MANAGEMENT OF TINEA CORPORIS

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ABSTRACT:

Tinea corporis is a circular worm of glabrous skin, it can occur anywhere on the body. The most commonly involved places are passports, axils, buttocks and extremities, but not weaknesses, palms and sole. Most often they cause trichophyton species, especially trichophytonrubrum. It is believed that the occurrence of superficial fungal infections is 20-25% of the global human population. The homeopathic system treats the patient as a total and not a specific disease. At the same time, when the patients return to a healthy condition, the disease with any name will also be cured. The selection of medicines in the homeopathic system of medicine depends on many factors that include the presentation of constitutional mental, physical and any rare strange or characteristic or miasmatic symptoms.

Homeopathy treats root diseases and brings treatment. Sepia and Tellurium metallicum both remedies that have a sphere of skin and my goal to show that both drugs are effective in tinea corporis management.

KEYWORDS: Tinea corporis, Sepia, Tellurium Metallicum, Homeopathy and Homeopathic Medicine.

INTRODUCTION:

The skin is an important part of the development, behavior and ego of the individual. The skin is a canvas to reflect emotions such as fear, anger, happiness, despair. The skin is an expression of social and biological transactions in everyday life. Wittkower is struggling, it is a reasonable estimate that emotional factors have significant etiological significance in something among a quarter and half of all skin diseases. Superficial dog infections are among the most common skin diseases, affecting millions of people around the world. Mushrooms usually attack keratinized structures such as leather, hair or nails. Tinea is a Latin name for the growing worm. The term tinea concerns dermatophytes infections. Dermatophytes specifically trichophyton, epidermophyton, microsporum are responsible for most superficial fungal infections. The estimated lifelong risk of obtaining dermatophytes infection is between 10-20%. Tinea corporis is a common infection that is more often observed in a typical hot, humid climate. Trichophyton Rubrum is the most common infectious agent in the world and a source of 47% of Corporis Tinea cases.

Tinea Corporis: Tinea corporis is one of the superficial fungal infection that causes bald skin with the exception of palms, feet and weaknesses. Tinea corporis is a polycyclic erythematous scaly patch that has increased boundaries and consists of papules and sometimes pustules. The lesion begins as a papule that spreads in a circle as a form peripherally, with central clearing. The lesions are characterized by circular with a sharply defined, active and increased edge, consisting of vesicles and scaling. There are individual lesions, or there may be more plaques that can combine into large lesions.

Three organisms are involved: trichophyton, eg T. Rubrum- causes infection of skin, hair and nails, epidermophyton, eg E. Floccosum- causes leather and nail infection, microsporum eg canis-

Dermatophytic fungi are categorized as: anthropophilic- if the source of infection is human, zoophilic- when the source of infection is an animal, geophile- if the source of soil infection.

Depending on the site of infection, tinea is classified as

- i. tinea capitis- fungal infection of the scalp and associated hair.
- ii. tinea corporis- infection of glabrous skin, except palms, feet and weaknesses.
- iii. Tinea Cruris- fungal infection of the groin.
- iv. Tinea Barbae- infection of beard and mustaches.
- v. Tinea facies- fungal face infection without mustaches and beard.
- vi. Tinea pedis- infection of plantar and cleft spaces.

- vii. vii) tinea mannum-fungal infection of the palms and interdigital hands.
- viii. VIII) tinea unguium-linge nail plate infection.

The work of Baer and Sulzburgers has banned that fungus diseases occur only in some susceptible people and in some receptive areas. A better understanding of these adjuvant factors will help us understand why some people develop mushroom diseases. Therefore, it is necessary to appreciate the importance of the basic resistance of the body (in other words soil conditions) compared to causative organisms and mushrooms, on which in the past has been laid in disproportionate stress.

The exciting external cause is too trivial to make such a disease. All these diseases are produced due to a certain internal cause. Treatment of local diseases caused by an internal cause must therefore be directed against the whole patient. This type of local disease requires internal treatment for complete removal and treatment of the disease, which makes homeopathy.

In order to perceive the homeopathic medicine according to the instructions laid down by Master Hahnemann, there is a great need to understand and correctly interpret the basic cause that is responsible for the manifestations of the disease and to restore the angry state to normal and thus health. Therefore, the good use of Hahnemannian's understanding of the disease could be done in the case of worms.

Remedies Sepia and Tellurium Metallicum have good action on skin.

Sepia: Ringworm < every spring. Itching, vesicles. (Phatak)

Herpes circinatus in isolated spots. Ringworm like eruption every spring. Worse, forenoons and evenings, washing, laundry work, dampness, left side, after sweat, cold air, before a thunderstorm. Better by warmth of bed, hot applications, cold bathing, after sleep. (Boericke)

Tellurium Metallicum Circular, eruptions, lesions. Ringworm covers whole body, lower limbs, single parts. Itching < cool air. (Phatak). Tellurium has Ringworm on face, barber's itch, whole body < lower limbs, single parts. (Clarke)

A careful case taking and judicious use of remedies can ameliorate the suffering and improve the patient's quality of life. So a systemic study on scientific line is needed to conclude on the effect of Sepia and Tellurium Metallicum in the treatment of tinea corporis, hence the present study undertaken attempts to evaluate the efficacy of Sepia and Tellurium Metallicum towards the management of Tinea Corporis.

REVIEW OF LITERATURE:

Skin fungal infections: fungi are organisms that differ from higher plants in structure, nutrition and reproduction. They create the harmful effects of mycotoxins production, inducing allergic reactions or direct tissue invasion. Fungal infections can be widely classified into superficial, subcutaneous and deep infections based on the degree of tissue invasion in connection with the skin and mucosal membrane.

The three main surface fungal infections are dermatophytosis, candidiasis and tinea versicolor.

Dermatophytosis: These are superficial fungal infections of keratinized tissues caused by dermatophytes. There are three families of organisms that include trichophyton, epidermophyton, microsporium. Depending on the site of the infection, dermatophytosis is classified into different types. One type is Tinea corporis.

Tinea corporis: (fungal infection of glabrous skin by eliminating palms, feet and weaknesses) represents as an annular, polycyclic lesion with erythematous and vesicular or scaly boundaries with central cleaning. Larger lesions are formed as a result of the coalescence of neighboring lesions. The passport is a common place in chronic and indolent lesions, especially in obese women and the causative fungus is T. Rubrum.

Epidemiology and Etiology: Age of Starting: All Age Categories. Etiology: T. Rubrum most often.

Geography: more common in tropical and subtropical areas. Incubation period: days to months.

Duration: weeks to months to years.

Physical examination of skin lesions: small to large, scaling, sharply on the edges of plaques with or without pustules or vesicles, usually on the edge. Peripheral enlargement and central cleaning creates an annular configuration with concentric rings or arc lesions; The fusion of lesions creates patterns of the gyrate.

Prevalence: Surface dermatophytosis of the skin in the form of tinea corporis is a very common infection that is observed in clinical practice. Fungal infections are common in hot and humid climates of tropical countries such as India. Dermatophytes are fungi that infect the epidermis of the skin, hair and nails due to colonization in keratinized layers. Typical infections have an annular appearance that is commonly referred to as a worm.

A survey conducted by the World Health Organization on the prevalence of dermatophytes infection has shown that 20% of people who present themselves for clinical advice suffer from skin fungal infections around the world.

A study conducted at Sri Ramacandra University shows that Tinea corporis was a predominant clinical type between dermatophytic infections and T. Rubrum was isolated dermatophyte.

The report from Central India shows 165 registered cases, the ratio of men: women was 2: 1 most patients belonged to 21-30 (32.4%) followed by 1-10 (21.6%), 11-20 (18.9%), 31-40 (13.5%) age groups, 114 (77%) cases, of which were under the underlying conditions. The most common clinical presentation was Tinea Corporis (45%) followed by T. Capitis (34%). All cases were immunocompetent and no case had any history of travel or stay abroad or unusual clinical presentations.

Origin of rings: Ringworm usually occurs on exposed parts of the body and creates circular growth that may seem darker or lighter than normal skin color, with symptoms that include skin lesions, rash and itching infected areas. The rings infections are common where the conditions are unhygienic and crowded with humans and are known from early historical time. There are indications that the worm has prevailed in the recent past than now to improve sanitary conditions and healthy habits. The Greeks called it herpes (circular or annular form) and the Romans linked the disease with the larval stage of Tinea, a family for clothing. These two names were eventually combined into "Ringworm". Although the true cause of the Cervovar was not known until the beginning of the 18th century, the practice of segregation of infected individuals to prevent the spread of the disease, indicated that there is knowledge that these diseases are contagious and predominant and can be handed over from man to person, it was known before the cause of the infection.

Ringworm was common in poor people and was considered caused by bad diet and poor hygiene. Around 1843 David Gruby described a sponge that causes a certain worm. Serious studies began only in 1940, when the United States Army began to contrast with the districts, while it was located in the

South Pacific during World War II. Until 1890, Sabouraud began to publish a big no. Articles on fungal disorders, which eventually culminated in a huge contribution to the area of medical mycology. It was not until 1934 that, according to the rules of botanical nomenclature and contemporary mycological standards of morphology of spores and structures in which they were carried, concepts of dermatophytes. However, with means of mass production of penicillin in the early 1940s and discovering other antibiotics, many very serious bacterial diseases have been controlled. Although to some extent there are chemicals to control some fungal diseases, they are by no means successful.

Pathophysiology: All people are not as susceptible to fungal infection, although they have similar risk factors. Some areas of the body are more susceptible to the development of dermatophytes infections, where excess sweating, maceration and alkaline pH prefer mushroom growth. After inoculation into the host skin, it prefers a suitable state of infection to the adherence procedure followed by penetration mediated by protease, serin-subtilisins and mushrooms that cause keratin network into oligopeptide or aminocide as well as potential immunogenic stimulus. In addition, Mannan produced by *T. Rubrum* leads to lymphocyte inhibition. The deteriorated function of T cells leads to the production of interleukin-17 (IL-17), IL-22 (key cytokine in cleaning mucocutaneous fungal infection) leads to persistence of infection. The immune response to dermatophyte infection ranges from non-specific host mechanism to humoral and cellular immune response. The opinion currently accepted is that for the control of dermatophytosis, the responsible immune response is mediated by the cell.

Differential diagnosis: Although tinea corporis can be mistaken as some of the huge number of skin diseases, in practice the diagnosis is usually simple. Characteristic lesions observed in infection resulting from *M. Canis* are easily diagnosed, but atypical infections caused by more exotic fungi and *T. Rubrum* can occasionally cause great problems. In fact, the possibility of any red scaly rash on the body is a fungal infection, because the lesions produced by the mushroom are so curious. Seborrheic dermatitis often causes problems, but the condition is symmetrical and often connected by seborrheic dermatitis of the scalp and possibly intertrigo in the bodies. Psoriasis can lead to confusion in cases where distribution is not quite typical. Its presence on the knees, elbows and scalp and related psoriasis of nails is useful, especially if it is present if the reasons are present. Impetigo patches are often confused, especially when the type of circuit. Of course, the findings of staphylococci on the skin swab does not rule out Tinea.

The lichenification of the tinea patches (eg legs) can very carefully mimic the Simplex lichen. Nummular eczema is a common source of error. PAKY PAPUSICs tend to occur symmetrically on the limbs. Pityriasis rosea is also symmetrical and characterized by the suitcase and proximal parts of the limbs, but herald patch, if visible, is almost impossible to differentiate from a worm-free microscopic scales. Candidiasis, tertiary syphilis and pityriasis versicolor should be excluded.

Complications: Due to constant scratches, the skin can turn red and inflame with eczema formation and bark formation. There may be secondary pyogenic infections of lesions of circular worms. Immunocompromised individuals may spread.

Diagnosis: It can be confirmed by a demonstration of the presence of fungal hyphae in the skin scrape in 10% KOH solution. The causal fungus can be cultivated on the Sabouraud medium, where fungal colonies appear in approximately two weeks.¹⁰ **The prognosis:** Improved and Tinea has become healing if the infection source is completely eliminated and properly administered. The semi-heart demoralizes and results in chronicity. Tinea Corporis's superficial varieties leave no atrophy or scarring.

Homeopathic View: When we think we have checked the process of external disease, which is a manifestation of internal, local measures, we are very wrong, because there is in reality nothing like external disease, it is all special functioning of internal dynamics. For some time, internal disease becomes latent or slows down, as it has been in its time, but soon assumes its earlier way of action, even if it often changes in its direction and vibration. For a long time, it has been quietly gathering power in a different direction or is preparing for undermining in new locations and brings inattentively to the innermost centers of life.

The skin is a mirror or reflector of internal tension, internal dynamics, the inner functioning of this human machine. She has in his skin, her reflectors, the kaleidoscope, his kinetoscopic view of her inner movements, and his multiple shadows of illness, lights and shadows that go to form a picture, throw on this human canvas, showing a lot of perverse life actions in the body.

In *Organon of Medicine*, Sixth Edition, Aphorism 201-Hahnemann Has Given That, IT is obvious that man's vital Force, When Encumbered and Chronic Disease is unable to overcome by its owners instinctively, adopts of the Developing and Local Malady on Some Part, Solely for This Object, That by Making and Keeping in a Disordered State This Part Which Is Not Indispensable to Human Life, It May Thereby Silence The Internal Disease, which otherwise threatens to destroy vital organs (and rid the patient of life). Thus, the presence of local affection for some time will silence internal diseases, even if it is able to either cure it or reduce it significantly. However, local affection is never part of a general disease, but part of it has increased in one direction by organic vital force and has been transferred to the less dangerous (external) part of the body to alleviate internal diseases. But (as has already been said), this local symptom that silences internal disease, so far from everything that is gained by a vital force, aimed at reduced or healing the whole disease, the internal disease vice versa, even though it can still increase and the nature is forced to increase and worsen the local symptom, always more and more.

Homeopathic Materia Medica:

Introduction of remedial measures in the study:

Axle name: Sépia

Sepia officinalis.

Sepia.

NO. Cephalopoda.

Trituration of dried liquid contained in inkjet bag.

The current use of sepia in medicine is caused by Hahnemann. Sepia is one of the drugs of chronic diseases and has shown it Goulon, von Gersdorff, Gross, Hartlaub and Wahle.

Drug Name: Tellurium Metallicum

Tellurium.

Element; (generally considered to be metal). Te. (A.W. 125).

Trituration of a precipitated element.

Tellurium occurs in native state and in combination with gold, silver, lead and antimony. In its chemical reactions it resembles sulfur and selenium. This has been proven and introduced into the homeopathy of Hering in 1850.

The most important feature of the demonstration was the irritation of the skin, including the skin of the eyelids and ears, the backbone column and some nerves.

About tinea in *Sépia* and *Tellurium metallicum* from various books of homeopathic material Medica:

Clarke- Dictionary of Practical Materials Medica

SEPIA: Ringworm as an eruption of every spring on different parts of the body. Rings on the face. Herpes Circinatus.

Tellurium: The most respected form of skin irritation. It is Herpes Circinatus and probably cured more cases of circular worms, especially faces and body than any other medicine. Body strongly covered with elevated Herpes Circinatus rings. C.Hering-Condensed Materia Medica

SEPIA: Ringworms, Cook, Puspeles, Pemphigus.

Tellurium: Ringworms, cover the whole body, more clear on the lower limbs, on individual parts.

A.C.Cowperthwaite- textbook Materia Medica and Therapeutics

Sepie: itching on different parts of the whole body, face, arms, hands, back, hips, legs, abdomen and genitalia. Red, herpetic eruptions, with itching and burning.

Tellurium: Vesicular and herpetic eruptions, reminiscent of worms, covering the whole body, more obvious on the lower limbs, on individual parts, more on the left side, at night after sleeping worse.

T.F. Allen-Hand Book of Materia Medica and Homeopathic Therapeutics

Sepia: red herpetic spots above the hips, sides of the neck, with itching. Brown spots on the elbows, surrounded by herpetically looking skin, yellowish brown spots around the neck, scaling for friction. Eruption on the head, back and shoulder, itching in the evening and at night. Clinical - herpetic and eczematous eruptions.

Tellurium: vesicles in a cluster on an inflamed base, forehead, above the right outer canthus, dried into thin warts and spread with itching and stinging, then the herpetic spot was circular, about half an inch, consisting of a diameter concerned, but no. But she softened, but she cooled, and that she was kept, and that she was held, and that she was represented, but she staled, but staled, and that she was kept, but she was downplaying not itching and having a crop of thin white scales. Clinical - Herpes Circinatus. Eczema.

CONCLUSION:

This study was conducted with the aim of studying the —Effectiveness of *Sepia* and *Tellurium Metallicum* towards the management of *Tinea Corporis*. In this work I took cases of *Tinea Corporis*, to study the efficacy of Homoeopathic management in *Tinea Corporis* cases.

The cases were collected from the OPD and peripheral dispensaries of our institute. It considers 30 subjects, who were selected on the basis of clinical examination and inclusion and exclusion criteria applied for the study.

The cases were taken in detail as per the guidelines given in Organon of Medicine. The cases were followed for about 6 months. The follow up was seen at period of every 15 days. Medicines were prescribed based on totality of symptoms. Repetition of medicine was done strictly following Homoeopathic principles

The study was designed as a prospective before and after study. A total of 30 cases were selected randomly according to inclusion and exclusion criteria. All the cases were divided into two groups each of 15 for *Sepia* and *Tellurium Metallicum*. Clinical presentation of cases was analyzed. Information on the eruption was obtained by using questionnaire and information Quality of Life. The role of *Sepia* and *Tellurium Metallicum* was established by evaluating the disease condition, before and after the administration of the medicines. Statistical analysis was made to see effectiveness of two homoeopathic remedies *Sepia* and *Tellurium Metallicum* in cases of *tinea corporis*.

The first objective of the study was to study the clinical presentation of *tinea corporis*. This objective was fulfilled by seeing 30 cases of *tinea corporis* which had different presentations.

The second objective of the study was to compare the effectiveness of *Sepia* and *Tellurium Metallicum* in the treatment of *tinea corporis*. In the study *Sepia* showed improvement in 80% of cases while *Tellurium Metallicum* showed improvement in 60% of cases. Thus the null hypothesis that *Sepia* and *Tellurium Metallicum* will not be effective in the treatment of *tinea corporis* was therefore rejected. *Sepia* gave more no. of improved cases i.e. 12 cases out of 15 cases than *Tellurium Metallicum* which gave only 9 improved cases out of 15 cases, these results give us an impression that *Sepia* is more effective than *Tellurium Metallicum* in the treatment of *tinea corporis*. This must be because *Sepia* is a well proved polycrest remedy but *Tellurium Metallicum* is not a well proved polycrest remedy and may have acted therapeutically.

The aim of the study was to study the efficacy of *Sepia* and *Tellurium Metallicum* towards the management of *tinea corporis*. The statistic showed that *Sepia* and *Tellurium Metallicum* were effective towards the management of *tinea corporis*.

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