

Dermatophytosis and its Homoeopathic Management in Poor Socioeconomic Patients

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Abstract: *Dermatophytosis infections are of fungi that invade and grow in dead keratin. This infection is caused by dermatophytes. The common site affected is skin, nails and hair. The tinea infection is classified into different types according to their site of affection. The factors responsible for occurrence of this condition commonly are bad hygienic conditions, improper clothing, and sharing objects with infected people. Homoeopathy being a holistic system of medicine not only aims in the treatment of dermatophytosis but will also check all other system associated with it, improving the overall quality of life of the patient. An exploratory study with simple random sampling technique was carried out at Sri Guru Nanak Dev Homoeopathic Medical College and Hospital, Ludhiana. Cases were followed up to six months and assessment was done once in a week. **Objective:** To study the efficacy of Homoeopathy in treatment of dermatophytosis and its Homoeopathic management in poor socioeconomic patients. **Result:** The use of constitutional homeopathic remedy has a beneficial effect in cases of dermatophytosis. **Conclusion:** The findings of the above study concluded that 67% of the cases responded well to the indicated homoeopathic similimum the study proved the efficacy of homeopathy in cases of dermatophytosis in the poor socioeconomic patients.*

Keywords: Tinea corporis, ringworm, homoeopathy, dermatophytosis, treatment, hygiene, socioeconomic

1. Introduction

Health is a fundamental human right. Health is central to the concept of quality of life. Dermatophytosis a very common superficial fungal infection of skin, nail and hair. Besides the warm and humid climatic conditions favorable for the growth of dermatophytes, other factors such as unhygienic life style of the community and low socio-economic background also contribute to the development of this fungal infection in our country.

The three genera responsible for all dermatophyte infections are Trichophyton, Epidermophyton and Microsporum. All three affect skin. Trichophyton affects skin, hairs, and nails. Epidermophyton affects skin and nails. Microsporon affects skin and hair.

Clinical Features

Typical lesion of tinea is annular or arcuate plaque which spreads centrifugally, edge is active show papulo vesiculation, pustulation and scaling while the centre is chronic lesion may be nodular, hyper pigmentation and even lichenification in centre. Infection is limited to the dead layers of skin but encouraged by a damp and warm environment. Itching rash and nail discoloration are the most common symptoms of tinea.

- Tinea capitis (Tinea of scalp)-It can cause hair loss (as distinct from alopecia areata)
- Tinea corporalis (Tinea of trunk and limb)-Skin lesion annular scaly plaque and raised edges. There may be vesicles and pustules. Typically lesions are on exposed skin of the trunks, arm, legs. More usually the lesion can appear as overlaying concentric circles (Tinea limbricate). Subcorneal vesicles or pustules (bullous tinea corporalis)
- Tinea cruris (Tinea of groin)-Usually occur in men. Typically, lesion expands centrifugally.

- Tinea manuum (Tinea of hand)-Usually with tinea pedis. Typically affects just one hand scaling and redness prominent.
- Tinea unguinum (Tinea of nails)-Affects nails

Investigation- Potassium hydroxide (KOH) solution

Diagnosis- Diagnosis usually made clinically, Potassium hydroxide preparation

2. Materials and methodology

Study setup: It was an exploratory study, with a sample size of 50 patients

Subject: The subjects for the study were selected from patients attending OPD, IPD and peripheral dispensaries of Sri Guru Nanak Dev Homoeopathic medical college and hospital, Ludhiana.

Inclusion Criteria- Poor socioeconomic patients. Patients complying with regular follow-up. Patients opting for Homoeopathic mode of treatment.

Exclusive Criteria- Dermatophytosis along with other skin disease like atopic dermatitis, psoriasis, eczema, acne etc will be excluded. Cases presenting with diabetes mellitus and immune Compromise states, malnutrition, pregnancy and other systemic illness has been excluded from the study.

Intervention

Proper case taking was concluded according to homeopathic principles and was recorded. After complete case taking, repertorization was done on the basis of totality of symptoms.

Study parameter: observation was made according to the changes in the symptoms of patients.

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Outcome of the study

A significant number of patients in the study group show complete recovery (32%), marked recovery (26%), moderate improvement (24%) and mild improvement (18%) In maximum number of cases poor living conditions, limited access to healthcare, lack of awareness and shared facilities found to be main cause of dermatophytosis in poor socioeconomic patients.

3. Conclusion

A total no. of 17 medicines was useful in the treatment of dermatophytosis. The study proved the efficacy of homeopathy in the cases of dermatophytosis. Statistical analysis on the sample using the t - test was done to assess the effectiveness of Homoeopathy in general for the population to manage dermatophytosis in poor socioeconomic patients. A paired sample test was done and then it was compared with the t statistic value at 95% confidence and in test, the null hypothesis was rejected by significant margin and hence, it proved that Homoeopathy is effective in managing dermatophytosis in poor socioeconomic patients.

References

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Author Profile

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