

Efficacy of Homoeopathic Medicines in the Treatment of Dermatophytosis

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Abstract: ***Background:** There is an increase in the incidence of dermatophytic infections and the emergence of an epidemic of recurrent and chronic dermatophytosis in India. To treat the same, the antifungal drugs prescribed in modern medicine are not able to give permanent results. Therefore, this study focused on treating dermatophytosis with the help of homoeopathic medicine. **Methods:** This study was done at Sri Guru Nanak Dev Homoeopathic Medical College & Hospital, where fifty cases of patients suffering from dermatophytosis were selected using a random sampling technique as per the inclusion and exclusion criteria, which were prescribed homoeopathic medicines in various potencies. Improvement was analysed using a score chart. Statistical evaluation was done based on the results found in the study. **Result:** The study showed a significant improvement in both acute and chronic conditions; about 40% showed moderate improvement, 30% showed marked improvement, and 28% showed mild improvement.*

Keywords: dermatophytosis, homoeopathic medicines, acute, chronic

1. Introduction

Dermatophytosis is a disease of aerobic fungal organisms affecting keratinized tissues such as the epidermis, hair and nails, and it has affected the tropical region globally [1]. Typically, it manifests as a red, scaly, itchy rash. Dermatophytosis, the most common superficial fungal infection caused by keratinophilic fungi, has been on the rise in India over the last 3-4 years. Increasing urbanization, overcrowding, poverty, noncompliance, migration of labourers, and global warming have contributed to the menace of the disease in the past few years, while other factors such as diabetes, HIV/AIDS, and immunosuppressive medications have led to the host immunosuppression [2]. Dermatophytosis, which was once considered an easy infection to treat, has now evolved into a difficult-to-treat menace across the country [2]. There is unchecked availability of inexpensive and irrational corticosteroid antifungal and antibacterial combinations, which are sold over the counter (OTC) in India [2]. In modern medicine, the line of treatment is the application of the topical agents along with the oral therapies of the antifungal agents, i.e., ketoconazole, terbinafine, fluconazole and itraconazole. Over the past few years, antifungal resistance has emerged due to the irrational use of antifungal agents. However, complementary and alternative therapy has shown significant results in the control of the growth of these dermatophytes [1]. Dermatophytosis has a huge impact on the psychosocial and finance of the family because of its chronicity and recurrence [3]. Patients tend to develop resistance to antifungal creams over time. Homoeopathic medicines can be of great help as homoeopathic medicines are prescribed based on similarity of symptoms and not to kill the pathogenic organism, so the patient will not develop resistance to the treatment. Therefore, we can select medicines on the basis of symptom similarity from the homoeopathic materia medica to treat the patient.

2. Literature Survey

Uttamchandani et al. [1] established the effectiveness of homoeopathic medicines in treating dermatophytosis.

It was concluded that Homoeopathic medicines as an antifungal agent for the treatment of dermatophyte infection have shown significant results, with cost-effective and safe administration and no side effects or adverse events. In the present case studies, homoeopathic medicine Rhus Toxicodendron (30C, 200C), Arsenic album (30C, 200C), and Apismellifica (30C, 200C) had shown antifungal activity against the dermatophyte infection.

Prajapati et al. [4] evaluated the antifungal activity of the homoeopathic mother tinctures.

The results of the study revealed that homoeopathic drugs, namely, S. jambolanum, F. religiosa, O. sanctum, A. cepa, T. occidentalis and E. globulus, possess in vitro antifungal effects against human pathogenic fungi C. albicans. In conclusion, the findings of this experiment suggest that these homoeopathic drugs can be used to control the growth of pathogenic fungi C. albicans.

Patro et al. [5] emphasized the impact of the disease on the quality of life of the patients.

He concluded that chronic and recurrent dermatophytosis is socially, emotionally, and economically significant distress for the patients [5]. In this study [5], on superficial dermatophytosis, a moderate to very large effect of the disease on the QoL of the patients was found in general, and a relatively greater impact was observed in the case of females, patients with longer duration of disease, multifocal distribution of lesions, patients of higher SES and higher educational qualification. The intensity of pruritus was felt significantly more in the higher socio-economic class and highly qualified persons. The QoL, as measured in two different scoring systems, correlated strongly with each other.

Surendran et al. [6] assessed the clinical profile of dermatophytic infection and identified the species of fungi that are prevalent in that region.

This clinicomycological study [6] showed tinea corporis as the most common clinical dermatophytosis in this region of Karnataka. Tinea capitis was not encountered in our study, probably because of higher living standards and good personal hygiene. Culturing the fungus may identify the species, but it is not essential for the diagnosis as it is not a sensitive test [6].

Bala et al. [7] emphasized the importance of constitutional and individualized treatment in homoeopathy in the treatment of tinea cruris.

It was concluded that Homoeopathic medicine, which was given on the basis of the totality of symptoms, restored the patient back to health. This case proved the efficacy of individualized and constitutional homoeopathic treatment for the cure of Tinea Cruris, along with the importance of the concept of miasm in skin diseases [7].

3. Materials and Methods

50 Cases diagnosed with acute and chronic dermatophytosis, according to the clinical presentation and physical examination of the patients, were chosen from the OPD of Sri Guru Nanak Dev Homoeopathic Medical College & Hospital, Ludhiana and were prescribed homoeopathic medicines after forming a totality and repolarization using homoeopathy software. Informed consent was obtained from each patient to analyze them during the follow-up period. Patients were observed in detail during follow-up, and the changes were recorded and compiled in a specially designed Excel spreadsheet and were scored accordingly. The observed data was statistically analysed.

4. Result and Discussion

Age Interpretation

The study has shown that a maximum number of patients diagnosed with dermatophytic infections who were prescribed homoeopathic medicines based on the totality of symptoms were from the age group 15- 25 years in 26 cases, followed by 13 cases in the age group 26 – 36 years.

Gender Interpretation

The study involved males (31 Numbers) and females (19 numbers) and showed the efficacy of homoeopathic medicines in the treatment of dermatophytosis in both genders.

Occupation Interpretation

During the study, it was analysed that the maximum number of patients presenting with the disease were housewives, that is 24 cases (48%), followed by students, which constitute about 20% of cases. This is because of the poor hygienic conditions of females relentlessly doing household chores.

Socioeconomic Status Interpretation

The study has shown that a maximum number of cases who were prescribed homoeopathic medicines suffering from different dermatophytic infections belonged to the lower class, which is 46% (23 cases), followed by 19 cases belonging to the middle class, and only 8 cases from the upper

class. This is because of the low hygiene standards in the lower class.

Clinical Presentation of Tinea Infection Interpretation

Among the different types of dermatophytosis, tinea corporis is the most prevalent, followed by tinea cruris, tinea pedis and tinea capitis.

Prescribed Medicines Interpretation

The study has revealed that sulphur was efficacious in about 30% of cases, followed by merc sol in 16% cases and sepia, tellurium and natrum mur in 14%, 10% and 8% of cases, respectively.

Improvement Status Interpretation

Among all cases, moderate improvement was seen in 40% of cases while marked improvement was seen in 30% of cases and mild improvement was seen in 28% of cases with no improvement in only 2% of cases.

5. Conclusion

The study sample comprising 50 patients as participants was selected based on inclusion and exclusion criteria from OPD of Sri Guru Nanak Dev Homoeopathic Medical College & Hospital, Ludhiana. The patients diagnosed with different types of dermatophyte infections were prescribed homoeopathic medicines based on the totality of symptoms. The efficacy of homoeopathic medicines in the treatment of dermatophytosis has been made after a complete investigation of the results using proper statistical tools. A paired T-test was done to find the efficaciousness of homoeopathic medicines in treating dermatophytosis. It was seen that there was a significant difference before and after the treatment.

This study helped in understanding the efficacy of homoeopathic medicines in the treatment of different types of dermatophytosis. All the different treatment modes have only helped palliate the disease merely by external application. At the same time, the Homoeopathic mode of treatment is superior to other modes of treatment since it treats not the effects but the causes. It is the man who is sick and not his body, and as a matter of fact, he needs to be treated. The common presentation of dermatophytic infections was analysed and different forms of dermatophytes were also recognised.

It was also seen that along with medicinal treatment, patients were advised to maintain proper hygiene by changing and washing their clothes only after proper drying of the skin and not able to share their clothes with anyone else in the family, to dry their clothes in the direct sunlight, to wear clothes only after proper ironing their clothes. It was found in this study that patients who followed proper instructions for follow-up and maintained proper hygiene and those who had not taken any prior allopathic treatment responded very rapidly to the treatment and got cured within a short period after starting the treatment.

6. Future Scope

Further studies with larger sample sizes with extended time periods would provide elaborated results regarding the cause-effect relationship.

Limitations: smaller sample size, limited time

Benefits: This study has provided valuable clinical data by analyzing live cases.

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