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Efficacy of Homoeopathy in Mycetoma

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Abstract: Mycetoma is a chronic, progressively destructive morbid inflammatory disease usually of the foot but any part of the body can be affected. Infection is most probably acquired by traumatic inoculation of certain fungi or bacteria into the subcutaneous tissue. Advanced cases may cause functional disability. Atypicial clinical forms include the cryptic mycetoma (without sinus tracts), the so-called mini-mycetoma(single or multiple small lesions are observed mainly in children and adolescents) and the occasional inguinal, "metastatic" from a primary mycetoma of the foot. Homoeopathy is a system of medicine which involves treating with highly diluted substances. It is based upon the principle of "SIMILIA SIMILIBUS CURENTUR" Homoeopathy shows miracle in the treatment of skin disease, some of the skin diseases are caused due to some external organisms like viruses, bacteria, fungai and parasites. Homeopathy plays a very major role in the treatment of diseases which originate from fungus. A descriptive and explorative study with random sampling technique was carried out at Sri Guru Nanak Dev Homoeopathic Medical College, Ludhiana. Cases were followed-up to six months and assessment was done once in a month. Objective- This study aims to access the efficacy of homoeopathic medicines in the cases of mycetoma. Result- The use of homoeopathic remedies had a beneficial effect in the cases of mycetoma. Conclusion- The findings of the above study concluded that 82% of the cases responded well to the indicated homoeopathy similimum. The study proved that the efficacy of homoeopathy in the cases of mycetoma

Keywords: Painless swelling, ulcerations, subcutaneous nodule, redness, oozing of discharge, homeopathy

1. Introduction

Mycetoma is a chronic, progressively destructive morbid inflammatory disease of the skin usually of the foot but any part of the body can be affected. Infection is most probably acquired by traumatic inoculation of certain fungi or bacteria into the subcutaneous tissue. Mycetoma is characterized by nodules and sinus tracts that discharge watery fluid or pus containing grains Advanced cases may cause functional disability. Atypicial clinical forms include the cryptic mycetoma (without sinus tracts), the so-called mini-mycetoma and the occasional inguinal, "metastatic" from a primary mycetoma of the foot. The bacteria and fungi causing mycetoma have a worldwide distribution in the soil and plant material found in tropical and subtropical areas, in the so-called "mycetoma-belt"-south, south-east asia, latin America, sudan and Somalia etc. Mycetoma typically presents in adults often males with 3:1 to 5:1 ratio. People who work in rural areas like agriculture workers, individuals who walk barefoot in dry, dusty conditions are exposed to acacia trees, cactus thorns, fish scales containing etiological agents, particularly aged between 20-40 years.

Classification

Mycetoma is classified as:

- ➤ EUMYCETOMA when it is caused by a fungus
- ➤ ACTINOMYCETOMA -when it is caused by filamentous bacteria from the order, actinomycetes.

SIGN & SYMPTOMS

Painless swelling beneath the skin (papule) forming a fixed subcutaneous Nodule (lump). Massive swelling and hardening with an indurated base, subcutaneous abscess leading to formation of sinus tracts into the skin with Purulent pus and sero-purulent exudates containing grains filled with organism forming fungal colonies with deeper tissues and underlining bone involvement leading to deformities, destruction, Loss of function at (later stages).

2. Material and Methodology

Study setup

It was a descriptive and explorative study, with a sample size of 50 patients.

Subject:

The subjects for the study were selected from the patients attending OPD, IPD and Peripheral dispensaries of Sri Guru Nanak Dev Homoeopathic Medical College & Hospital.

Inclusion criteria:

Patients of age group 20-40 years were included on the basis of history and clinical findings.

Exclusion criteria:

Cases above the age group of 40years and less than 20 years, Patients with other chronic dermatological conditions such as underlining immunological deficient patient, CA patient, Pregnant Women, osteomyelitis, tuberculosis and the later stages that compromises the patient's follow up and evaluation (psychiatric conditions, diabetic patients, hypersensitive patients and patients with major heart condition).

Intervention:

Proper case taking of the patients were conducted and recorded according to the Homoeopathic principles. After complete case taking, repertorization was done on the basis of totality of symptoms. Final prescription was made based on the individualization of the patient, after consulting the matera medica. The initial prescription of the selected medicine was done in a single dose(4 pills of globule no.30) followed by placebo (4 pills of undedicated globules no.30). The follow-up was done monthly and after 15 days for up to 6 months through scheduled visits, to monitor the condition of the patient.

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Study parameter:

Observations were made according to the changes seen in the symptoms of the patient.

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3. Outcome of the Study

Out of 50 cases in the study 41 cases i.e; 82% showed improvement whereas 9 cases i.e; 18% did not showed any improvement.

Most of the patients involved in the study were found to be in the age group of 35-40 years, followed by the age group of 20-25 & 30-35, followed by least in the age group of 25-30 respectively. Farming was the main occupation having 14 cases. On analyzing 50 cases, proportion of males was 38, while female was 12. It was seen that Graphites has been prescribed to 11 patients, Sulphur to 9 cases, Rhus Tox &Sepia to 5 patients, Hepar and Kali sulp to 4 patients, Lycopodium &Petroleum to 3 patients, Silicea, Psorinum & Calcarea carb to 2 patients.

4. Conclusion

A Total of 11 medicines were found to be useful in the treatment of mycetoma in males of age group 20-40 years. The study proved the efficacy of Homoeopathy in the cases of mycetoma, only if the medicines are selected strictly according to the principles and laws of Homoeopathy.

5. Acknowledgement

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6. Conflict of Interest

The author declares that there is no conflict of interest.

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