



"Efficacy Of Homoeopathic Medicines In Cases Of Fungal Infections Of Skin On The Basis Of Totality Of Symptoms"- An Observational Study

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ABSTRACT

Objectives: The objectives of the study were to assess the efficacy of Homoeopathic medicines in the cases of fungal infections of skin on the basis of Totality of symptoms.

Materials and Methods: This was an observational study conducted Dr MPK Homoeopathic Medical College, Hospital & Research Centre, Jaipur

Results: A total of 50 patients (30 men and 20 women) were included in the study. Fungal Infection of skin was diagnosed based on clinical symptoms and laboratory reports of direct microscopic examination. All patients were prescribed homoeopathic medicines along with dietary and precautionary management. The patients were prescribed 9 cases of each (18%) *Sepia* and *Nat Mur*, 7 cases of each (14%) *Sulphur* and *Merc. Sol*, 6 cases (12%) with *Ars Alb*, 4 cases (8%) with *Graphitis*, 3 cases of each (6%) were *Silicea* and *Lyc*, 2 cases (4%) of *Psori*. on the basis of totality and symptoms and individualization. Improvement was assessed in four different categories: Marked, moderate, mild and no improvement. The patients improved clinically as well as pathologically. Out of 50 cases, 43 cases (86%) were show improvement, 3 cases (6%) were status quo and 4 cases (8%) were dropped out after treatment.

Conclusion: This study showed that homoeopathic treatment is very effective in reducing clinical symptoms and curing fungal infection of skin.

Keywords: Fungal Infection, Skin, Homoeopathy, Observational study

INTRODUCTION

Skin infections such as ectoparasitic infections are common in developing countries, especially in tropical regions. Despite their frequent occurrence, they are often not perceived to be a significant health concern. Fungal infections are quite widespread and have affected a growing number of people in recent years. They constitute group of superficial fungal infection of skin, hair and nail. These infections affect 10% to 20% of population worldwide and are seen to be more prevalent in tropical countries due to hot and humid climate.^{1,2}

India being a tropical country and Rajasthan in particular, because of its proximity to one of the largest desert experiences a very hot climate. The commonest of fungal diseases affecting human beings is *Tinea Corporis*, followed by *tinea cruris*, *tinea capitis*, *tinea pedis* and *tinea mannum*, *tinea barbae* and *tinea faciei* reported among all the cases of dermatophytes in Rajasthan^{3,12}



Tinea Versicolor

Tinea Cruris

Tinea Corporis

Tinea Pedis

The rural population is affected more in comparison to the urban population. In rural areas, men are constantly exposed to sun heat as they work in fields which result in warmth, excessive sweating and friction of body parts either by working in 'chullah' and are accentuated by lack of personal hygiene.

Whereas in urban areas, people wear tight-fitting clothes as jeans and synthetic clothes as undergarments, ill-fitting footwear to catch up with the latest fashions. The factors generally thought to explain the high prevalence and incidence of common skin infections in developing countries are low level of hygiene, overcrowding living conditions and climatic factors especially high temperature. Other than that people who frequently go for swimming pools where they are exposed to contaminated pool water, gymnasiums or shower rooms where they perspire heavily are more susceptible because of the fungi that cause them thrive in warm, moist and contaminated areas.

Actually fungi are parasites that grow directly on their food source. One of this food source could be the human skin in the *follicular lamina* (one of the skin layer) having compromised *stratum corneum* barrier layer where they grow in symbiotic form and only under special condition as excess sebum secretion or depressed immunity they produce diseases.^{5,6,7}

However through malnutrition and use of cosmetics like soap and lotion that removes the acidic secretion of the skin and leave it more vulnerable to fungal overgrowth. Especially heat and moisture help fungi grow and thrive, commonly in skin folds such as those in the groin, folds of breast, between the toes, and hair scalps.

This disease has been found to affect mostly the children, housewives labourer as well as office executives.

Fungal diseases are both *Psycho-somatic* and *Somato - psychic* in nature.^{8,9,10,11} As cosmetic look skin is the sign of beauty and attraction. So the people suffering from any of the skin disease tend to get conscious and often have feeling of shame, guilt, anxiety, depression and lack of self confidence.

To get instant relief for their distressing fungal skin infection, people flock to modern system of medicine where dermatologist uses oral and topical Anti – fungal agents only gives temporary relief to their complaints but lead to deleterious side effects sooner or later in sufferer's life in the form of frequent relapses or some other form of suppressed skin disorders. And after all failing in such of suppressed practices these patients approach homoeopathic practitioner for earlier recovery or cure.

In this study, an attempt has been made to answer these questions and many other related questions like infectivity, preventive aspects, use of tropical agents and management of the diseases. Due importance has been given to recognition and appropriate treatment of these infections which reduces both morbidity and discomfort and also lessens the possibility of transmission and remission.

One of the objectives of this study is to verify the efficacy of homoeopathic medicines in cases of fungal infections on the basis of totality of symptoms. This further follows the inter-relationship between the fungal diseases of the skin with lifestyle of the patient and various epidemiological factors said to be associated with them namely – Age, sex, climate, nutritional status and socio-economic status. Secondly it is intended to establish the miasmatic influence in cases of fungal diseases of the skin.

In this study I have wholly concentrate on Master's view based on Organon of Medicine and Homoeopathic Philosophy to dig out each and every prospect of Homoeopathy related to skin diseases. When we try to treat over patients suffering from skin diseases without considering the diagnosis, etiology, pathology, history and prognosis of the diseases, we encounter with frequent failures. Although it is possible to prescribe homoeopathic medicine on the basis of general symptoms alone but the knowledge of the subject is essential for proper management and assessment of both the patient and the disease. Complete information about the symptoms and diagnosis helps the physician to eradicate the disease from the family as fungal infections are contagious by preventing recurrences and avoiding giving such oral or tropical drugs or skin palliative ointments where spontaneous remissions are common.

Homoeopathy is a system for the treatment of illness that is based both on the recognition of patterns within the symptoms of the illness and a wider consideration of how the *individual is as a person*. Although conventional medical assessment is also takes above issues into account, but the Homoeopathy approaches patient as a sick and not diseases as sick. This individual approach helps in reaching the best selection of individual remedy.

Role of homoeopathy in cases of Fungal Infection of Skin

The number of evidence-based studies on homoeopathic treatment of Fungal Infection of Skin is very limited. An open-label observational trial to assess the effect of individualized homoeopathic medicine in patients with Fungal Infection of Skin was found to have a positive result.

A prospective, randomised, single-blind placebo-controlled study was conducted with an objective to assess the efficacy of Homoeopathic medicines in the cases of fungal infections of skin on the basis of Totality. The mean score reduction in the medicinal group was higher than in the placebo group; the difference was statistically significant. It is being claimed that homoeopathic medicines are efficacious in treating Fungal Infection of Skin but enough evidences are lacking.

This study was undertaken for that very purpose. We collected secondary data from hospital records and pathological reports to find out the degrees of improvement in cases of Fungal Infection of Skin after administration of individualised homoeopathic medicines; and also the frequently indicated remedies. This has helped to state the effectiveness of homoeopathy in cases of Fungal Infection of Skin.

MATERIALS AND METHODS

Process of study

An observational study on homoeopathic treatment of Fungal Infection of Skin was conducted. Individualisation of each case was done by evaluating the totality of symptoms with the help of a proper case taking proforma. Data collection was through the secondary method; data were obtained from laboratory records, case taking proforma and records – both paper and computer.

Study design

This was an observational cohort study.

Declaration of patient consent

Not applicable.

Inclusion criteria

Following cases were included irrespective of their age, sex, caste, religion & duration of illness:

1. Diagnosed cases of Fungal infections of skin taking treatment from other systems of medicine, feeling no relief & seeking Homoeopathic treatment.
2. Undiagnosed cases of suspected Fungal Infections of Skin taking treatment from other systems of medicine, under control, but seeking Homoeopathic treatment.
3. Undiagnosed cases of suspected Fungal Infections of Skin already under Homoeopathic treatment and having no relief.

Exclusion criteria

1. The cases without proper follow up were excluded from the study.
2. For Diagnostic Criteria the detailed case taking and clinical examination would be carried out to clinch the diagnosis. Diagnosis depends on the collection and factual data pertaining to the case by the process of interrogation, history taking or anamnesis and physical examination.
3. A careful analysis of the selected data with a view to arriving at some tentative conclusion about the diagnosis has been done according to the case.
4. Clinical diagnosis was based on the characteristic appearance, type, evolution, distribution and extent of Fungal Skin Infection.

Laboratory diagnosis

Laboratory technique was used to confirm or establish the diagnostic impression gained from the study of the symptoms and signs of the diseases.

This honored the method of interrogation and physical examination. The examination of KOH mounts with scraping of edges and mount with 10% KOH on slide with putting of cover slip. The preparation is gently heated to bring about "clearing". Microscope reveals branched separate hyphae of fungi.

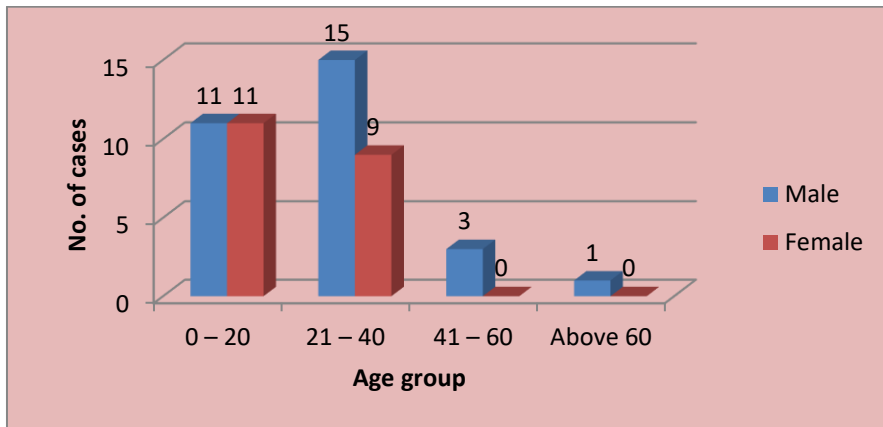
Study design

Proposed study will be conducted at O.P.D/I.P.D. of Dr. Madan Pratap Khunteta Homoeopathic Medical College, Hospital & Research Centre, Station Road, Jaipur & its extension O.P.Ds. Minimum 50 cases were included in the study. The study was undertaken for the period of 6 to 8 months. Medicines were dispensed from the dispensing unit of Dr. Madan Pratap Khunteta Homoeopathic Medical College, Hospital & Research Centre, Jaipur. Selection of cases was done by the random sampling method.

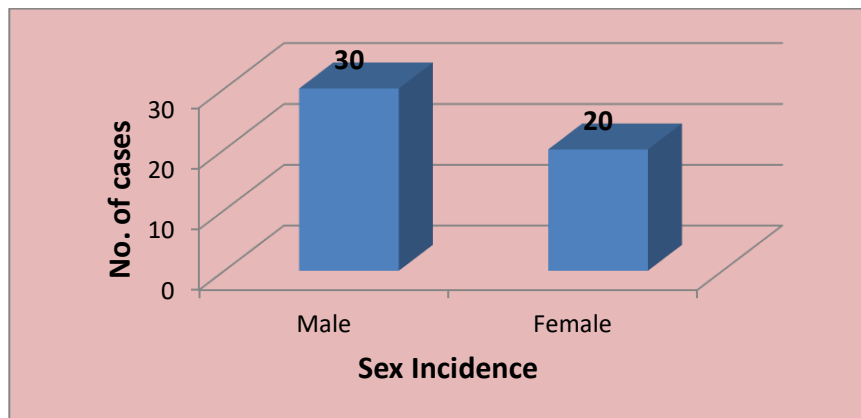
Homoeopathic intervention

The homoeopathic medicine was selected on the basis of individualisation for each case with a proper totality of symptoms created using homoeopathic philosophy. Medicines [Table 3] were prescribed in the 30,200, 1M & 10M potency and dispensed by the hospital dispensary. The doses comprised six globules (size 10) to be taken on an empty stomach early in the morning. Repetition of doses and patient follow-up were conducted according to Kent's second prescription.[3] The potencies varied according to the patients' condition, susceptibilities and nature of disease. The follow-up interval was 1 or 2 weeks as per selected medicines and potencies.

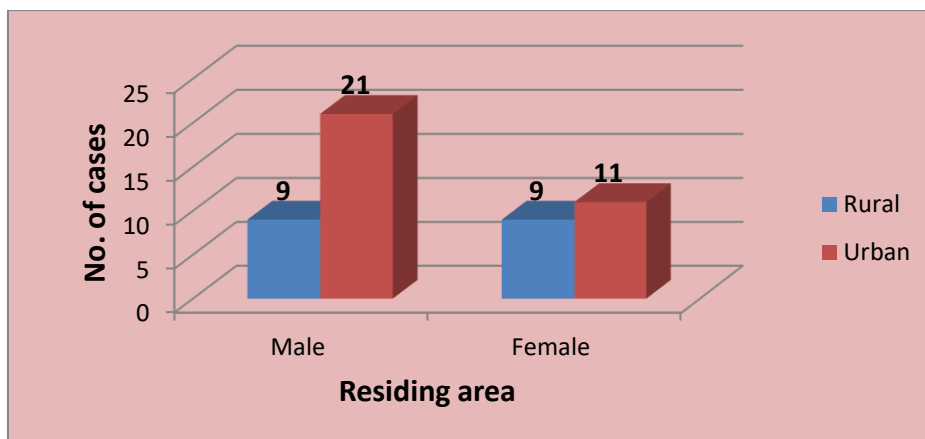
Table 1: Patient characteristics patients with fungal Infection of skin n=50.	
Sociodemographic features	Numbers with percentage
Sex	
Male	30 (60%)
Female	20 (40%)



0 – 20	22 (44%)
21 – 40	24 (48%)
41 – 60	03 (06%)
Above 60 yr	01 (02%)



Rural	18(36)
Urban	32(64)



Housewives	06 (12)
Labourer	14 (28)
Office Worker	06 (12)
Students	24 (38)

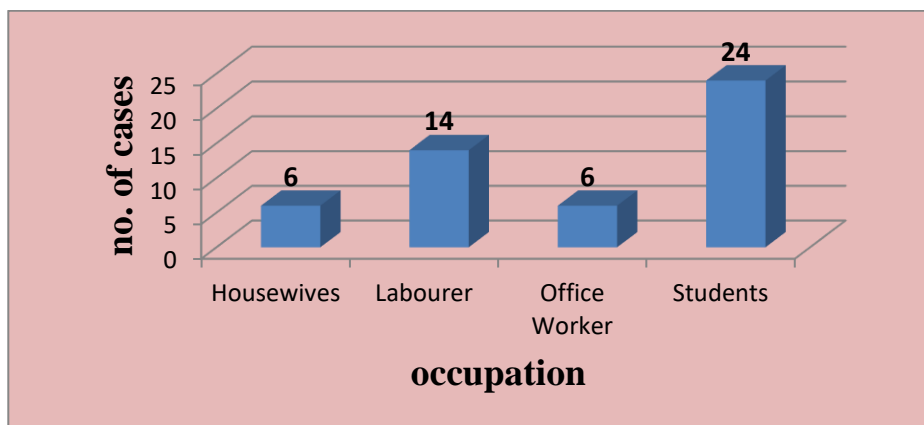


Table 5: Causative Factors

General Hygiene	26 (52)
Perspiration	12 (24)
Manual contact	12 (24)

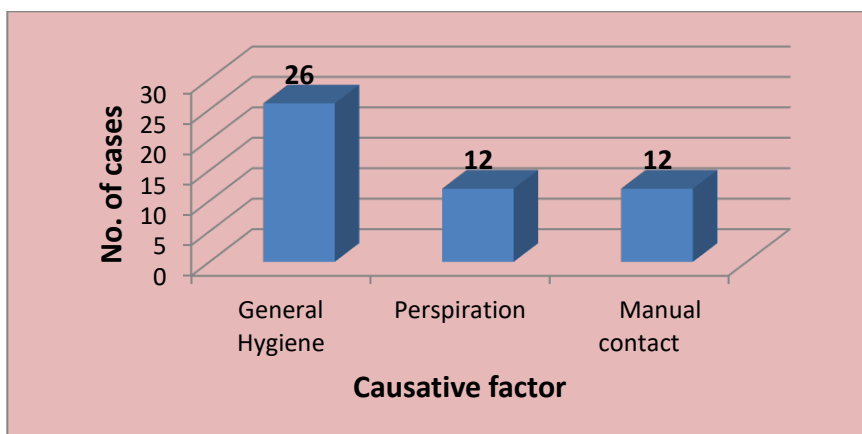


Table 6: Clinical types of fungal diseases of the skin studied

Tinea versicolor	21(42)
Tinea Capitis	04(08)
Tinea Barbae	01(02)
Tinea Corporis	05(10)
Tinea Mannum	02(04)
Tinea Unguium	03(06)
Tinea Cruris	08(16)
Tinea Pedis	05(10)
Candidiasis	01(02)

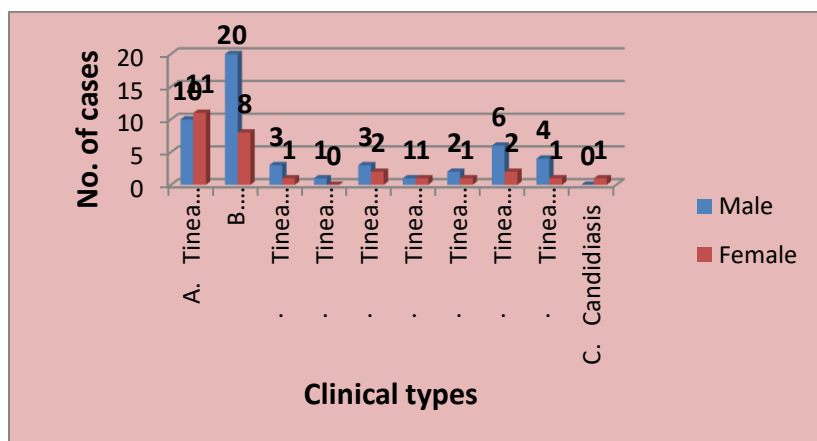


Table 7: Most frequently prescribed medicines

Sepia	09 (18)
Nat Mur	09 (18)
Sulphur	07 (14)
Merc. Sol.	07(14)
Ars. Alb.	06 (12)
Graphitis	04 (08)
Silicea	03 (06)
Lyco	03 (06)
Psorinum	02 (04)

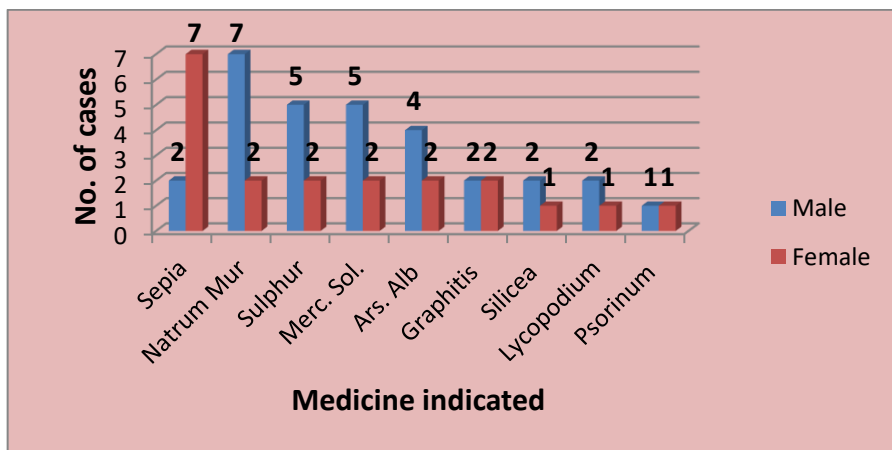


Table 8: Degree of improvement after homoeopathic treatment.

Degree of improvement	Number of patients (%)
Marked improvement	43(86)
Status Quo	03(06)
Drop out	04(08)

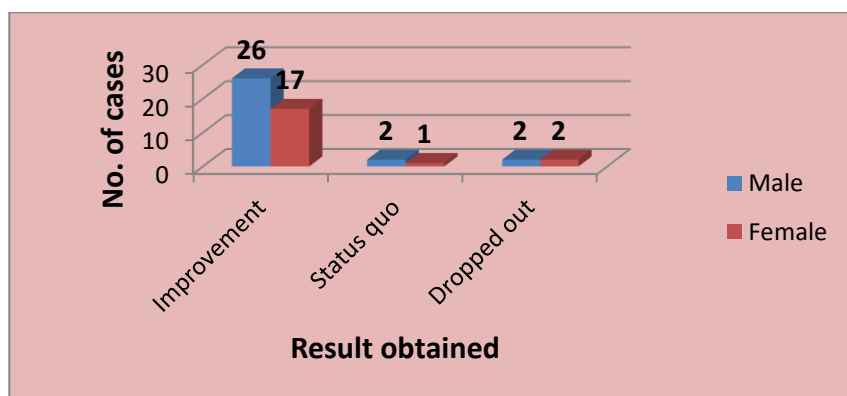


Table 9: Indications of the prescribed medicines.^{3,4,8}

Medicine	Indication
Sepia	Tendencies to Herpes circinatus in isolated spots. In genitals, lips and mouth. Itching not relieved by scratching worse in bends of elbows and knees. Herpetic eruption on lips, about mouth and nose, upon joints, between the fingers Ringworm-like eruption every spring on face and body. Vesicular eruption at axilla, tips of the elbow, thick crust, eruptions on elbows. Hyperidrosis and bromidrosis. Sweat on feet, worse on toes; intolerable odor. Worse - washing, laundry-work, dampness, after sweat, moist weather Better - warmth of bed, cold bathing

Nat Mur	<p>Itching eruptions, dry or moist at bends of limbs, margin of scalp, behind ears. The scaly and squamous eruption, with great itching, oozing a watery fluid or sometimes dry. They crack and crust over and ooze an acrid fluid. Dry mucous membranes. Greasy, oily, especially on hairy parts. Eruption raw, red, and inflamed; worse, eating salt, at seashore.</p> <p>Affects hair follicles. Hair falls out in touch. Hang nails. Skin around the nails dry and cracked.</p> <p>Worse - at seashore, heat of sun or stove</p> <p>Better - cold bathing, open air</p>
Sulphur	<p>Dry, scaly, unhealthy; every little injury suppurates. Itching, burning; worse scratching and washing. Skin: itching, voluptuous; scratching >; "feels good to scratch;" scratching causes burning; < from heat of bed (Mer.); soreness in folds (Lyc.).</p> <p>Pimples eruption, pustules, rhagades, hang-nails. Excoriation, especially in folds (Lyc). Feeling of a band around bones. Skin affections after local medication. Pruritus, especially from warmth, is evening, often recurs in spring-time, in damp weather. Tinea capitis, dry form. Scalp dry, falling of hair; worse, washing. Itching; scratching causes burning.</p> <p>Worse - Warmth in bed, washing, bathing, in morning, periodically.</p> <p>Better - Dry, warm weather.</p>
Merc. Sol.	<p>Excessive odorous viscid perspiration worse at night. Vesicular, coppery and pustular eruptions with copious oozing. Pimples around the main eruption. Itching worse from warmth of bed. Rawness between the thighs and between the scrotum. Crusta lacteal yellowish-brown crusts.</p> <p>Worse - at night, wet, damp weather, perspiring, warm bed, in autumn</p>
Ars. Alb.	<p>The skin troubles of this remedy are mostly dry and scaly, and almost always burning. It is one of our best remedies for affections caused by retrocedent or suppressed exanthemata. Itching, burning, eruption papular, dry, rough, scaly. Worse cold and scratching.</p> <p>Scalp itches intolerably, circular patches of bare spots, rough, dirty, sensitive, and covered with dry scales, nightly burning and itching, dandruff. Scalp very sensitive, cannot brush hair.</p> <p>Worse - Wet weather, after midnight, from cold, Seashore.</p> <p>Better - from heat.</p>
Graphitis	<p>Eruption moist and fissured. Lids red and margins covered with scales or crusts.</p> <p>Eruptions upon the ears, between fingers and toes and on various parts of body, from which oozes a watery, transparent sticky fluid. Cracks or fissures in ends of fingers, nipples, labial commissures, of anus, between the toes.</p> <p>Humid, itching eruption on hairy scalp, emitting a fetid odor. Itching worse at night, in the warmth of bed. Itching and burning with eruption. Rough, hard, persistent dryness of portions of skin. Rawness in bends of limbs, groins, neck, behind ears. Unhealthy skin.</p> <p>Finger-nails thick, black, and rough, matrix inflamed. Toe-nails crippled. Nails brittle and crumbling. Nails deformed, painful, sore, thick, and crippled. Offensive perspiration of feet.</p> <p>Worse - warmth, at night.</p> <p>Better - from wrapping up</p>
Silicea	<p>Delicate, pale, waxy. Cracks at end of fingers. Rose-colored blotches. Pus offensive. Every little injury suppurates. Dry finger tips. Eruptions itch only in daytime and evening. Crippled nails.</p> <p>Worse - Morning, from washing, uncovering, damp, cold.</p> <p>Better - Warmth, wrapping up head, summer, in wet or humid weather.</p>
Lyc	<p>Itching, scaly herpes in face worse warm applications. Violent itching, fissured eruptions. Vesicles and scaly eruptions, moist eruptions and dry eruptions, eruption about lips, behind ears, under the wings of nose and upon the genitals. Skin Dry, shrunken, especially palms. Offensive secretions; viscid and offensive perspiration, especially of feet and axilla. Here the skin shows yellowish spots.</p> <p>Worse - 4 to 8 pm, from heat</p> <p>Better - on getting cold, from being uncovered.</p>
Psorinum	<p>Dry, lusterless, rough hair. Intolerable itching. Herpetic eruptions, especially on scalp and bends of joints with itching worse from warmth of bed. Scabs from scratching and then comes the eruption. Sebaceous glands secrete excessively. Oily skin. Indolent ulcers, slow to heal.</p>

	Crusty eruptions all over, oozes watery moisture. Pustules near fingernails. Humid eruption on scalp; hair matted. Hair dry. Scalp dry, scaly or moist, foetid, suppurating eruptions. Worse - does not improve while using coffee, changes of weather, hot sunshine Better - warm clothing, even in summer.
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DISCUSSION

The various studies have shown that homoeopathic treatment was very successful in the treatment of fungal; Infection of Skin. This study was done to confirm the same.

This is an observational study and results were obtained very quickly and the cost to carry out the study was minimal. There was also no risk of loss to follow up of patients. The frequently indicated homoeopathic remedies prescribed in case of Infection of Skin gout were found out and this will help in treatment of more such cases. The commonest clinical type of dermatophytosis that presented in this study were *Tinea Versicolor* in 21 cases (42%), 8 cases (16%) belongs to *tinea cruris*, 5 cases of each (10%) were *tinea corporis* and *tinea pedis*, 4 cases (8%) *tinea capitis*, 3 cases (6%) *tinea unguium*, 2 cases of (4%) *tinea mannum*, 1 case of each (2%) of *tinea barbae* and *candidiasis*.

Universally, *Tinea Versicolor* is an infection of pigmentation seen on laborer and school children who come in contact with direct exposure to sun followed by profuse perspiration. *Tinea Cruris* and *Tinea Corporis* are next common to *Tinea versicolor* as the causative factors are profused perspiration on covered area and unhygienic condition of labourer and school children in tropical country like India and especially in Rajasthan State. The predominance of *Tinea Pedis*, *Tinea Mannum* and *Tinea Unguium* in tropical countries could be because of the regular use of shoes and socks, predisposing to perspiration, constant exposure to water in daily routine especially in females. *Tinea Capitis* is less common in India than in other countries. This may be attributable to the use of hair oils (particularly mustard oil / coconut oil) which are customarily used by Indians and have been shown to have an inhibitory effect on dermatophytes but as seen in children due to unhygienic condition. *Candidiasis* on skin is due to poor hygiene and exposure to cosmetics used in parlor. 9 cases of each (18%) were treated with Sepia and Nat Mur, 7 cases of each (14%) Sulphur and Merc. Sol, 6 cases (12%) with Ars Alb, 4 cases (8%) with Graphitis, 3 cases of each (6%) were Silicea and Lyco, 2 cases (4%) of Psori. Out of 50 cases, 43 cases (86%) were show improvement, 3 cases (6%) were status quo and 4 cases (8%) were dropped out. The presenting complaints in cases of each patients were taken carefully noted down meticulously and were given due importance at the level of prescription.

The duration of diseases was variable starting from 3 months to 6 months with recurrence according to season and improper condition of hygiene. This wide variation in the duration of diseases could be due to various factors depending upon the living standards of the people. The prescription was made on the basis of totality of symptoms arrived at after considering the patient as a whole. The medicine was prescribed after proper repertorisation. In addition to the prescription of drugs for the individual case some general advices such as maintenance of personal hygiene for the management of cases were given to the patients keeping in view the maintaining cause, exciting cause and avoidance of the repeated harms. If treatment was stopped before all fungi are shed, and then the diseases will re-establish it.

RESULTS

Practitioner of modern medicine believe that unlike bacterial diseases, fungal diseases are difficult to treat. But by suppression or palliation the infection become chronic. Considering totality based prescription, the cases were treated. The homoeopathic prescription is based on the overall consideration of head to toe examination and case taking. The nearest matching of drugs based on the totality of symptom was selected. Out of which *Sepia* and *Nat Mur* followed by *Sulphur* and *Merc. Sol*, *Ars Alb*, *Graphitis*, *Silicea* and *Lyco*, *Psori* gave good results. On clinical distribution of types of fungal diseases of skin *tinea versicolor* cases were reported maximum followed by other dermatophytic infection. In our study it has been found that the prescription based homoeopathic medicines on totality of symptoms gave better and finer results in each individual case. Besides best prescription, personal management was done parallel to get rid of this infection earlier.

CONCLUSION

Homoeopathic treatment has a significant role to reduce the fungal infection of skin. Further studies, including randomized controlled trials and observational studies, are required to obtain a deeper knowledge of clinic pathological and Materia Medica correlations. Hence it can be concluded from the discussion based on observation and the result of the study that Homoeopathy treats Fungal Diseases of the Skin in a better way and the patient can lead his future life more comfortably and at ease, without any habituation, intolerance or side effects and relapse on withdrawal of drugs. Homoeopathic approach in cases of Fungal Diseases of the Skin has got solid foundation from the past. Continuing experiences and research are helping it in a big way. It has great potential and promise that lie ahead for it in the future.

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