



ROLE OF HOMOEOPATHIC MEDICINES IN DERMATOPHYTOSIS INFECTIONS OF CHILDREN BETWEEN THE AGE GROUP OF 5-18 YEARS

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ABSTRACT

To understand the basic of dermatophytic infection in children and role of Homoeopathic remedies in treating dermatophytic infections. Dermatophytic infections are the common complaint among pediatricians, with high health-care costs. To assist clinicians in managing an illness that can be upsetting and has a substantial impact on afflicted families, we give a practical guide to the management of dermatophytic infection among the pediatric age group and evaluate the existing evidence for treatment regimens.

**Methodology: -**

44 Children belonging to age group of 5-18 years were selected for the study, which included children of both sexes having symptoms of dermatophytic infection, which fulfilled both inclusion and exclusion criteria. However, 14 patients opted out of the research study and we left with 30 cases to be included in the study. The cases were procured from the OPD/IPD of Pediatrics ward and also from camp of Government Homoeopathic Medical College and Hospital Bhopal. This was an open level nonrandomized observational, prospective study of 30 patients who were enrolled in G.H.M.C. Bhopal (M.P). In this study the patient suffering from fungal infection is treated with different indicating homoeopathic medicine on the basis of simillimum and repertorial result. Symptoms of the same were evaluated in each patient as per the established principles of Homoeopathy. After tabulating the totality of symptoms, they were analysed, evaluated and repertorized using Synthesis repertory. The final selection of homoeopathic medicine to be prescribed for each individual was based on individualization after proper analysis and evaluation of presenting symptoms and conclusion of Miasmatic background as per standard homoeopathic principles. Following this, the potency and dosage of each homoeopathic medicine was prescribed following strict homoeopathic principles on the basis of susceptibility of the patients. Proper follow -up of cases was done at 3rd days, 5th days and 7th days intervals, depending on the intensity of presenting symptoms. The assessment of results was done on outcome assessment criteria score and was categorized into mild or moderate or marked improvement. This score is used to analyze the intensity of symptoms before and after treatment. The data obtained were subjected to statistical analyzing using paired „t“ test.

Result: -

A significant change from baseline was observed among 30 patients. Out of 30 cases, 27 cases presented with raised edges before medication and only 3 cases presented with raised edges after medication. Out of 30 patients, 23 patients present with colour changes over dermatophytic infection before medication and 7 patients without colour change before medication. After homoeopathic medication only 4 patients present with colour changes, and 26 patients have no colour change over the infections, thus showing improvement. Before medication 25 cases presented with dryness of the skin and 5 cases without dryness of the skin,



and after medication 3 cases presented with dryness of the skin and 27 cases shows no falling of dry scales. Before medication 20 cases presented with bleeding and only 10 cases presented without bleeding. But after medication only 2 cases presented with bleeding and 28 cases presented without bleeding. , Before medication 24 people presented with itching and 6 people without itching. After medication, 5 people presented with itching and 27 people without itching.

Conclusion:- Individualised homoeopathic medication has a good role in dermatophytosis infection in paediatric age group under 5-18 years of age.

INTRODUCTION

Dermatophytosis refers to a superficial mycotic infection substantially mainly caused by either of the three group of keratinophilic fungi, namely: -

- I. TRICHOPHYTON (INFECTS SKIN, NAILS, HAIR)
- II. MICROSPORUM (SKIN AND HAIR)
- III. EPIDERMOPHYTON (SKIN AND NAILS)

International classification of diseases (ICD-11) for Tinea is **SB72** Tinea circinate disorder (TM1).⁽⁵⁾ Superficial fungal infections regard account for nearly 25% of the global skin mycoses, making dermatophytic infections one of the most common types of pestilent condition worldwide. A recent review suggest that *T. rubrum* and *T. metagrophytes* complex are the most recurrent agents affecting skin and nail, whereas *T. tonsurans*, *T. violaceum*, and *M. canis* are the predominant pathogens responsible for tinea capitis.⁽¹⁾ Tinea cruris is the second most common superficial fungal infection, with a worldwide prevalence of 20–25%.⁽¹³⁾

Dermatophytosis infection main causes are poor hygiene, malnourished, lives in a warm climate, contact with other children or pets that have ringworm, immune compromised by disease or medication using public showers, contact sports, excessive sweating, poor immune function. Fungi live in the top subcaste of skin cells in moist areas of the body, such as between the toes or in the groin and diaper area. Ringworm is characterized by ring shaped red, scaled patches with clear centres.⁽²⁾ Perspiration seems to have the greatest impact on the development of infection of all these mentioned factors⁽¹⁵⁾

The signs and symptoms are red, scaly, itchy, burning or raised patches, bleeding, patches may be reddish on outside edges or resemble a ring, patches that begin to ooze or



develop a blister, bald patches may develop when the scalp is affected, nails may thicken, discolour or begin to crack.⁽³⁾ Early-stage lesions extend from the groin down the thighs and are characterised by erythematous plaques with curved edges and sharp borders. Inflammatory changes may occasionally mask the scaling. Minute pustules which are one or two in number are often seen.⁽¹⁴⁾

Dermatoscopy and Wood's lamp are useful tools for the diagnostic approach; however, the confirmation of infection is based on mycological tests.⁽¹¹⁾ A diagnosis usually can be made with a focused history, physical examination, and potassium hydroxide microscopy.⁽¹²⁾

HOMOEOPATHIC APPROACH:-

Homoeopathy is a branch of medical science in which diseased persons are treated according to the principles of, Similia, Similibus Curantur. “ The doctrine of homoeopathy explains health to be state of an organism in which all parts of the body and the mind being in harmony with each other and environment, and disease is a derangement of an organism from it.

According to Homoeopathic principles the individual is treated easily and his sufferings are corrected only by application of well-chosen homoeopathic medicines on the basis of holistic approach in which it treats the patient as a whole. This is the only way to return to a state of complete health by eradicating all of the signs and symptoms that the patient is experiencing.⁽⁴⁾

In **Organon of medicine**, Dr. Samuel Hahnemann-5th and 6th edition, Introduction; Hahnemann quotes in:-

Aphorism 4: “He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health.

Aphorism 7: in this Aphorism Dr. Hahnemann made it very clear that every individual constitution behaves differently when diseased depending upon it make up in totality that is mind, body, and energy effective treatment. In today’s world, homoeopathic system proves their utility in treating all types of illnesses.

Aphorism 95: Lesser Accessory Symptoms- Some symptoms may have become routine for the patient. They see them as a natural part of their lives, rather as a symptom.



Aphorism no. 190, in Organon of medicine, sixth edition, “all true medical treatment of a disease on the external parts of the body that has occurred from little or no injury from without must, therefore, be directed against the whole, must effect the annihilation and cure of the general malady by means of internal remedies, if it is wished that the treatment should be judicious, sure, efficacious and radical”⁽⁶⁾

Concept of disease and health:

In Aphorism 19- Dr. Hahnemann defines “Disease is nothing more than a change in the healthy individual's state of health that manifests as a morbid sign, and healing is only possible if the disease individual's state of health is restored to its original healthy state.”⁽⁶⁾

Homoeopathic Treatment: Most common remedies for treating dermatophytosis and their indication are as follow: -

Bacillinum :

Ringworm; It is the head remedy for ringworm and should be given in 200 potency. It should be repeated only once a week. If there is no improvement in two or three weeks, the following remedies should be used.

Sepia Officinalis:

Herpes circinatus in isolated spots. Itching; not relieved by scratching; worse in bends of elbows and knees. Herpetic eruption on lips, about mouth and nose. Ringworm-like eruption every spring. Hyperidrosis and bromidrosis. This remedy should be tried next if there are no other symptoms which would point to another remedy.



Sulphur:

Dry, scaly, unhealthy; every little injury suppurates. Itching, burning; worse scratching and washing. 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. When the ringworm is accompanied with acidity, indigestion, retching, loss of appetite and restlessness.

Natrum Muriaticum:

Greasy, oily, especially on hairy parts. Dry eruptions, especially on margin of hairy scalp and bends of joints. Crusty eruptions in bends of limbs, margin of scalp, behind ears (Caust). Alopecia. Hives, itching after exertion.⁽⁷⁾

Homoeopathic Review Of Literature Article Related To Dermatophytic Infections:

Tinea Corporis Resolution By Homoeopathy: A Case Report

The recent prevalence of dermatophytosis in India ranges from 36.6-78.4%. currently, dermatologists across. Still complementary and alternative remedy has also shown the significant results in control of growth of these dermatophytes. The present case report of a 31 years 16 old muslim female, sepia 1M and sulphur (30c and 200c) have shown marked improvement in the reduction of the lesion. ⁽⁸⁾

Different types of dermatophytic infection on the basis of site homoeopathic approach: case series (homoeopathicjournal.com) :-

Totally 5 cases are presented of fungal infection according to the site, in which the homoeopathic treatment is given and improvement is shown. Last few years have seen a significant rise in the incidence of chronic dermatophyte infections of skin which have proven difficult to treat. Homeopathy has always been a safe, affordable and cost-effective treatment in cases of dermatophyte infections in the present case studies homoeopathic medicines prescribed were sanicula aqua(30c,200c), sepia succus (30c,200c), mercurius solubilis (30c,200c), sulphur (30c,200c) was given with proper hygiene management and had shown the antifungal activity against the dermatophyte's infection.⁽⁹⁾

Effectiveness of homoeopathic treatment in case of tinea corporis and tinea cruris: A constitutional approach:-

Many homoeopathic medicines such as kali sulphur, bacillinum, tellurium and also



constitutional medicines were been found to be beneficial in the treatment of tinea corporis and tinea cruris. The prevalence of tinea corporis and cruris is equal in both male and female. Majority of patients belong to age groups 15- 20(66.66%), 21-25(30%), 26-30(3.33%). The medicines which were found to be more effective include sulphur, ars alb, lycopodium, natrum mur, psorinum, phosphorus, sepia. This study proved that constitutional homoeopathic medicines were effective in treating tinea corporis and tinea cruris. ⁽¹⁰⁾

MATERIALS AND METHOD

1. STUDY SETTING

- **Study Area:** Government Homoeopathic Medical College and Hospital, Bhopal
- **Study Population-**
 1. OPD of Government Homoeopathic Medical College and Hospital, Bhopal
 2. Peripheral unit
 3. Frequently organized camps and schools.
- **Study period** -1 year

2. SELECTION OF SAMPLE:-

- The subjects for the study were selected from OPD of Government Homoeopathic Medical College and Hospital, Bhopal and Peripheral unit, Villages, frequently organized camps and schools.

- A self-made screening questionnaire done to patients came in the OPD and camps then selected 44 patients from them, then among them 30 patients were selected on the basis of inclusion criteria and exclusion criteria. The effect and sample size sample size we assumed it moderate (0.5). Fixing α as 0.05 and power (1- β) as 80%, to detect a significant difference between two dependent means of parameters will be assessed on a 4-point scale score (matched pairs) by paired t test, we require a sample size of 30.

- Detailed case history was taken by interview as per the proforma prepared for the topic. All patients for study were selected by Purposive sampling method, where the children which were registered between the periods of March 2022 to 2023. All cases were followed up for minimum period of 6 months.

3. INCLUSIVE CRITERIA:

- 1) Children of age group 5-18 years old and diagnosed with dermatophytosis infection.



- 2) Patient of all religions.
- 3) Patient of both sexes, different socio-economic status.
- 4) Patient willing to participate in the study.
- 5) Patients who are coming for regular follow ups.

4. EXCLUSIVE CRITERIA:

- 1) Any critical and congenital cases are excluded.
- 2) Patients taking any other mode of treatment for fungal infection are excluded.
- 3) Subjects under the treatment of other system of medicine.

5. **STUDY DESIGN:** Prospective, non- randomized, non- controlled, pre-post comparison, open label Interventional study design.

6. INTERVENTION

- Proper case taking.
- Selection of medicine.
- Intervention was planned as administering indicated homoeopathic medicines.

The medicine should be taken orally with empty stomach; dosage and repetition depending upon the individual requirement of the cases. All medicines will be procured from a Good Manufacturing Practice (GMP)-certified firm.

- Proper follow up of the case
- Duration of therapy: 3 to 6 months.
- Thinking about second prescription where needed.

7. SELECTION OF TOOLS:-

1. Case taking in standard case taking preform provided by Govt. Homoeopathic Medical College and Hospital, Bhopal.
2. Repertorization sheet.
3. Drugs prepared and prescribed under Govt. Homoeopathic Medical College and Hospital, Bhopal.
4. Potency: Depending on the case.
5. Dose: As per strict homoeopathic principles.
6. Diet & regimen: As directed by Master Hahnemann in 'Organon of Medicine' & 'Chronic Disease'.



7. Severity and improvement of Patient's complaints i.e., before and after treatment was assessed by outcome assessment Scale

8. Severity of the patient's illness, before & after treatment, was assessed on outcome assessment Scale

9. Patient's improvement after treatment shall be assessed on CLINICAL SYMPTOM SCORE (0-3) Point scale.

8. OUT COME ASSESMENT:

Follow up of cases is done once in 15-30 days interval, consecutive for 3-6 months. This score table is designed by the corresponding author as a part of research work to rate how severe the symptoms of our disease have been. Select response from 0 (Symptoms has not been present) to 3 (the symptoms were as bad as you can imagine it could be) for its time.

INDEX SCORE - OUTCOME ASSESSMENT CRITERIA

S.NO	PARAMETERS FOR ASSESSMENT	SCORE			
		0	1	2	3
1.	NATURE OF INFECTION				
2.	APPEARANCE OF INFECTION				
3.	COLOUR CHANGE OBSERVED				
4.	DRYNESS OF THE SKIN				
5.	BLEEDING UPON SCRATCHING				
6.	TENDENCY TO ITCH				



QUESTIONNAIRES:

1. Nature of the infection –
 - a) spreading type. b) non spreading type.
2. Appearance of the infection-
 - a) Raised edge present. b) Raised edge absent.
3. Colour change of the skin at the site of infection-
 - a) yes. b) no.
4. Dry scales of the skin
 - a) present. b) absent.
5. Bleeding upon scratching-
 - a) present. b) absent.
6. Intensity of the itching –
 - a) present b) absent.

These parameters will be assessed on a 4-point scale score as:

1. NO improvement: 0-20%
2. MILD Improvement: 20.1-40%
3. MODERATE improvement: 40.1-60%
4. MARKED improvement: 60% and above.

$$\text{Percentage} = \frac{\text{pre score} - \text{post score}}{\text{Pre score}} \times 100$$

Pre score



8. DATA COLLECTION

At the base line and after a 15- to 30-day interval, consecutive for 3 to 6 months.

9. STATISTICAL TECHNIQUE AND DATA ANALYSIS

It was following the intention-to-treat (ITT) approach, i.e., every included patient was entering the final analyses. Missing values were replaced by the series mean, the last observation carried forward, and/or the multiple imputations technique, as appropriate. Baseline descriptive data (categorical and continuous) was presented in terms of absolute values, percentages mean, standard deviations (SD), confidence intervals (CI), etc. as appropriate. Parametric or non-parametric tests were used as inferential statistics as per the normality or non-normality of the data distribution, respectively. A dependent observation of continuous outcomes at baseline and at different points in time was compared using a pairedt test. The P value was set at less than 0.05, two-tailed, as statistically significant.

10. ETHICAL ISSUES, IF ANY

No invasive methodology is involved, and there is no therapeutic experimentation. No investigation was done against the will of the patient. Inter-current illness, acute exacerbation of chronic conditions, adverse or serious adverse event(s), if any, was recorded and treated accordingly as per homoeopathic principles, irrespective of assigned codes. The study was based on the most probable hypothesis. However, the proposed plan of work has been placed before the concerned Ethical Committee.

RESULTS

The present study aimed to investigate the role of homoeopathic medicine in dermatophytosis infection among 5-18 years old children. All patients for study were selected by Purposive sampling method, where the children which were registered between the periods of March 2022 to 2023. All cases were followed up for minimum period of 6 months.

The difference between scores before & after treatment were statistically analyzed toobtain the following results under different heads: -



DISTRIBUTION OF CASES BASED ON CHIEF COMPLAINT:

CHIEF COMPLAINT	NO OF CASES
TINEA CORPORIS	11
TINEA CRURIS	9
TINEA PEDIS	3
TINEA FACIA	2
TINEA MANUUM	4
TINEA CAPITIS	1
TOTAL	30

TABLE NO.1 -Distribution of cases according to the chief complaint

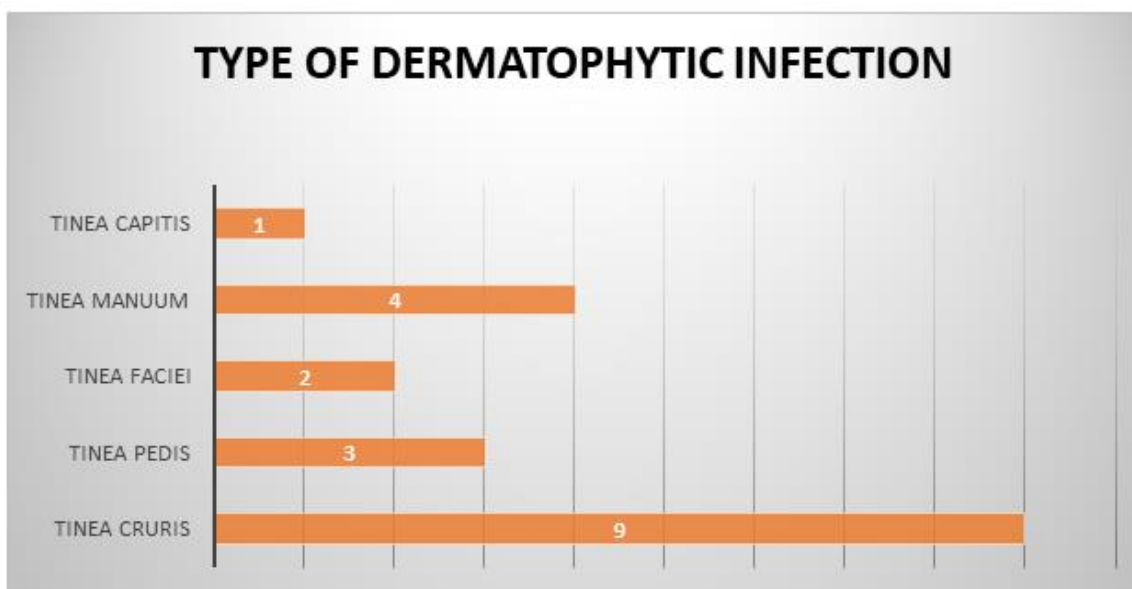


Fig.no 1- Bar chart showing the occurrence of various type of dermatophytic infection



DISTRIBUTION OF CASES WITH VARIOUS HOMOEOPATHIC REMEDIES:

HOMOEOPATHIC REMEDY	NO OF CASES
NAT MUR	4
PETROLEUM	2
ARS ALB	3
RHUSTOX	1
SULPHUR	10
SEPIA	6
CALC CARB	2
BACILLINUM	2

TABLE NO.2- Distribution of cases with various homoeopathic remedies.

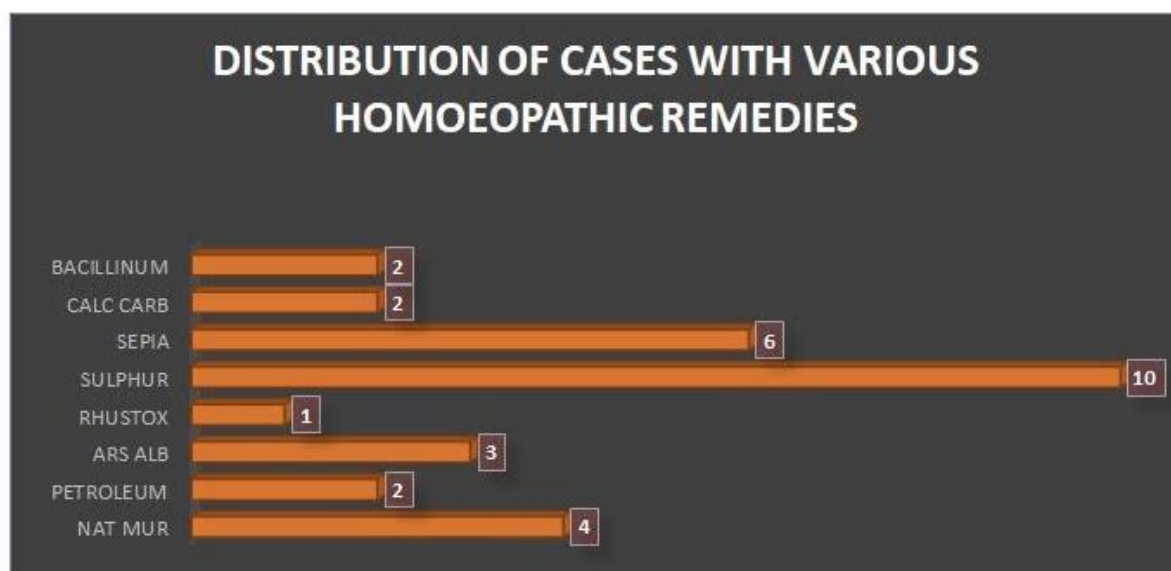


FIG NO.2- Bar chart showing distribution of cases with various homoeopathic remedies



RESULT OF TREATMENT: -

S.NO	RESULT	NO. OF CASES	PERCENTAGE
1.	Marked improvement	6	20.0%
2.	Moderate improvement	9	30.0%
3.	Mild improvement	10	33.3%
4.	No Significant improvement	5	16.6%
	TOTAL	30	100%

Table no.3- Distribution of case according to result of the treatment.

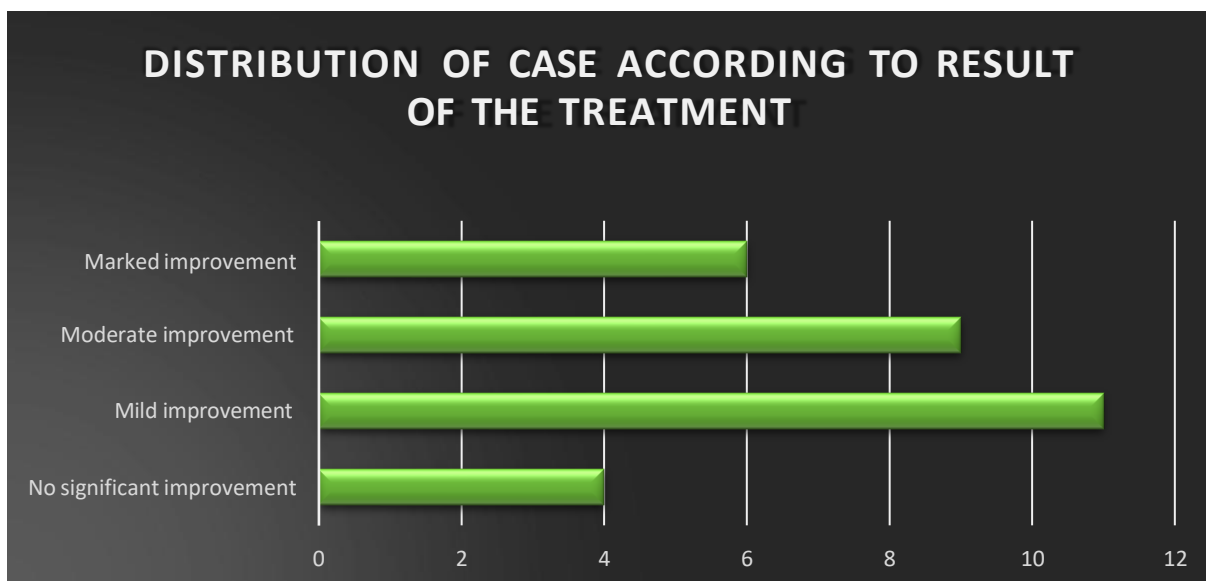


Fig No.3- Bar chart showing distribution of case according to result of the treatment



A significant change from baseline was observed among 30 patients. There is no complication during the study. Before medication, 18 patients presented with spreading type of infection and 12 with non-spreading type of infection. After medication only 4 presented with spreading type of infection and 26 patients presented with non-spreading type of infections. Out of 30 cases, 27 cases presented with raised edges before medication and only 3 cases presented with raised edges after medication. Out of 30 patients, 23 patients present with colour changes over dermatophytic infection before medication and 7 patients without colour change before medication. After homoeopathic medication only 4 patients present with colour changes, and 26 patients have no colour change over the infections, thus showing improvement. Before medication 25 cases presented with dryness of the skin and 5 cases without dryness of the skin, and after medication 3 cases presented with dryness of the skin and 27 cases shows no falling of dry scales. Before medication 20 cases presented with bleeding and only 10 cases presented without bleeding. But after medication only 2 cases presented with bleeding and 28 cases presented without bleeding. , Before medication 24 people presented with itching and 6 people without itching. After medication, 5 people presented with itching and 27 people without itching.



COMPARISON WITH THE TABLE VALUES:

The statistic test „t“ follows student „t“ distribution with n-1 (29) degree of freedom. Here table value of „t“ at 5% level of significance is 2.045 and 1% level of significance is 2.756. Thus, the critical ratio followed distribution with n-1 (29) degree of freedom. The table value for 5% level is 2.045. Since the calculated value of „t“ = 10.28 is greater than the table value at 5% and 1% level of significance, hence null hypothesis is rejected and alternative hypothesis is accepted.

INFERENCE:

The study shows that in cases of dermatophytosis infection in children under the age group of 18 year, there is a significant reduction in score after homoeopathic medicine treatment. Therefore, the null hypothesis is rejected and the homoeopathic medicine is having important role in the treatment of dermatophytosis infection in children under the age group of 18 year.

CONCLUSION: -

In summary, this study explored

- There are the highest incidences of dermatophytosis infection in the age groups of 7-9 years and 13 to 15 years had the lowest incidence.

- The illness appears to have a male sex predisposition

- The study concludes that dermatophytosis infection was found in more of Hinduism followers than others.



- This study demonstrated that the majority of patients come from rural areas.
- In this study's 30 total cases, there was a dispersion of the different symptoms for dermatophytosis infection. Maximum cases had tinea corporis (11 cases) and lowest case had tinea capitis (1 case)
- The majority of patients had a mostly Psora background.
- Out of 30 cases, marked improvement (6 cases with 20.0%), moderate improvement (9 cases with 30.0%), mild improvement (10 cases with 33.3%). No significant improvement (5 cases with 16.6%).
- The distribution of cases with various Homoeopathic remedies, which shows the majority of the cases were prescribed with SULPHUR (10 cases), PETROLEUM (2 cases) and RHUSTOX (1 case) each, SEPIA (6 Cases), BACILLINUM (2 cases), ARS ALB (3 cases), CALC CARB (2 cases) and NAT MUR (4 case).

Conclusive Remarks:

The results of the study are quite encouraging to adopt Homoeopathy as a treatment mode in cases of Dermatophytosis infection. This was a modest effort to fulfil the aim of the study by aim to assess the role of Individualized homoeopathic medicine in dermatophytosis infection among 5-18 years old children was quite satisfactory. This study was successful one in terms of fulfilling the aim & objectives set for it. The estimated value of „t“ = 10.28 is greater than the table value at 5%, according to the statistical analysis, hence the null hypothesis is rejected, and the alternative hypothesis is accepted. Therefore, homoeopathy has



a useful role in the treatment of dermatophytosis infection in children under the age group of 5-18 years.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Data presented in this study are available on reasonable request to the corresponding author. Data are not publicly available because they report private information about participants.

Conflicts of Interest: The authors declare no conflict of interest.



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