

Efficacy of Homeopathic medicines in Ringworm – Illustration by a case

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INTRODUCTION:

Ringworm or Tinea: It is a type of dermatophyte fungal infection. Dermatophytes are classified in several ways. The ringworm fungi belong to three genera: Microsporum, Trichophyton and Epidermophyton. Tinea means fungal infection. The ringworm fungi, produce a variety of disease patterns that vary with the location and species.

Types of tinea are:

Tinea pedis – tinea of foot.

Tinea cruris – tinea of groins.

Tinea corporis – tinea of face, trunk & limbs.

Tinea manuum -tinea of dorsal aspect of hand.

Tinea capitis – tinea of scalp

Tinea barbae – tinea of beard and mustache

Tinea incognito – tinea which loses its characteristic features due to steroid application.

Appearance: Round Annular Lesions. In classic ringworm, lesions begin as flat, scaly spots that then develop a raised border that expands at varying rates in all directions. The advancing, scaly border may have red, raised papules or vesicles. The central area becomes brown or hypopigmented and less scaly as the active border progresses outward. However, it is not uncommon to see several red papules in the central area. There may be just one ring that grows to a few centimetres in diameter and then resolves or several annular lesions that enlarge to cover large areas of the body surface. These larger lesions tend to be mildly itchy or asymptomatic. They may reach a certain size and remain for years with no tendency to resolve. Clear, central areas of the larger lesions are yellow-brown and usually contain several red papules. The borders are serpiginous or annular and very irregular. Pityriasis rosea and multiple small annular lesions of ringworm may appear to be similar. However, the scaly ring of pityriasis rosea does not reach the edge of the red border as it does in tinea. Other distinguishing features of pityriasis rosea include rapid onset of lesions and localization of the trunk.

Presentation of Ringworm in different repertories:

Boger Boenninghausen's Characteristics & Repertory → **Skin TETTERS RINGWORM: (12)**

Murphy Repertory → **Diseases RINGWORM, general (32)**

Phatak Repertory → **ERUPTIONS, HERPETIC (RINGWORM) (24)**

Boericke Repertory → **Skin TRICHOPHYTOSIS, RINGWORM (21)**

Complete Repertory → **Skin ERUPTIONS herpetic, circinate (44)**

Kent Repertory → **Skin, ERUPTIONS herpetic, circinate (23)**

A case of Ringworm treated with constitutional remedy.

Priliminary data:

Name: Mr. R. P.

Age/ sex: 27 years, male

Address: Surat.

Chief complaint: A round red lesion on right shoulder. Complaint of itching and redness.

BEFORE



Itching <night. Eruption started before 15 days. Round patch over Right shoulder with dark red edges. Past history: typhoid once in childhood. Recurrent respiratory illness in childhood.

Physical generals:

- appetite: can tolerate hunger.
- Desire: sweet+++
- Aversion: not specific
- Perspiration: profuse, more on head.
- Thirst: thirsty, drinks more water.
- Thermals: chilly patient. Cannot tolerate cold at all.

Mental generals: Born in urban area. Was good in studies. Likes to study a lot. He is lazy in nature. He has a habit of masturbation since 5 years almost daily. He is very miser in squandering money. He is very much afraid that what will happen if my money is being used. He has goal to make a lot of money in future. Since childhood, he is very much anxious and always worried that what will happen in future.

According to these details provided, following rubrics were selected.

1. Masturbation disposition to
2. Eruption, herpetic, circinate
3. Anticipation general
4. Fear of poverty
5. Ambitious, money for

MASTURBATION, disposition to	♂ Male Sexual	Calc	Med	Nux-V	Sulph	Ambr	Anac	Ars
ERUPTIONS herpetic circinate	♂ Skin	1	1	2	2	1	2	
ANTICIPATION General	♂ Mentals	2	1		1		1	
FEAR poverty	♂ Mentals	3	3	1		1	2	3
AMBITION much, ambitious money, for	♂ Mentals	2	1	1	1	1		1
		1		1	1			1

Rx. Calc-carb 200 I dose. SL TDS for 15 days.

Follow up after 15 days.

AFTER**REFERENCES:**

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