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Tinea Faciei treated with constitutional Homoeopathic Medicine using Vithoulkas Compass: Two evidence-based case reports

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Tinea Faciei treated with constitutional Homoeopathic Medicine using Vithoulkas Compass: Two evidence-based case reports

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Abstract

Introduction: Tinea faciei, also known as tinea faciale or facial ringworm, is a common infection of the skin on the face caused by a fungus. In general, tinea infections are quite common, but facial ringworm infections happen mostly in teens and young adults or anyone with an immunosuppressive disease. Management involves the use of topical antifungals in limited diseases, and oral therapy is usually reserved for more extensive cases. These agents have side effects, sometimes even severe. Cases Summary: Two diagnosed cases of tinea faciei, treated with individualized constitutional homoeopathic medicines, are presented. Both patients complained of red, itchy rashes on their faces, which were treated using homoeopathic medicine. The cases were documented photographically at the onset and the end of treatment. Both patients went into remission following treatment, and long-term follow-up suggested that the therapy remained efficacious long after cessation of treatment. No significant side effects were noted. Homoeopathic medicines may be effective for the treatment of tinea, without any side effects. More research on the subject is warranted.

Keywords: Case reports, Constitutional Homeopathic medicines, Natrum Mur, Sulphur, Tinea faciei

INTRODUCTION

Tinea faciei is a dermatophyte infection that occurs on the non-bearded regions of the face. It is often a deceptive facial eruption and can mimic a variety of cutaneous dermatoses.[1] All dermatophyte infections of face in women and prepubertal boys are tinea faciei. Tinea faciei is often misdiagnosed as seborrhoeic dermatitis, atopic dermatitis, bacterial infections, irritant contact dermatitis, cutaneous lupus erythematosus, rosacea, granuloma annulare, perioral dermatitis, pityriasis alba, and pityriasis rosacea. It can also mimic tinea barbae, where hair follicles of the face are affected.[2] The past few years have seen a significant rise in the incidence of chronic dermatophyte infections of the skin which has proven difficult to treat. With the increasing resistance to available antifungal agents, complementary and alternative medicine has shown significant results in the control of these dermatophytes infection.

Homoeopathy plays an important role in combating the infection caused by dermatophytes as evident in case reports[11] and clinical trials.[12] There are several medicines in the homoeopathic Materia medica which can be considered for tinea infection; some prominent medicines are Arsenic, Bacillimum, Chrysarobinum, Tellurium, Sepia, etc.[13] However, very few studies are found in the literature, which shows a positive result of well-selected individualized homoeopathic medicines in tinea faciei. These case reports show the effectiveness of individualized homoeopathic medicine in the treatment of this condition.

CASE REPORTS

Case report 1

Patient information

A girl aged 8 years visited the outpatient department with her mother on July 8, 2019 at the private clinic of the author with
a complaint of a severe itchy lesion over the face for 3 months. The patient took allopathic antifungal medicines for the same with temporary relief for 5 months, but lesions reappeared. She was on no medication for 1 month. There was no significant finding in the family history.

**Clinical findings**
Erythematous patch on the right cheek was seen, which was circular in pattern, with a distinct margin. The lesions exuded watery and sticky discharge on scratching. Itching aggravated at night and scratching. During case taking, her mother informed that the patient got very angry, especially when she was directed to do something against her will and was averse to consolation. She was a hot patient, desired salt, and had increased thirst, around 3 L/day. The diagnosis was made by clinical presentation and history.

The following characteristic symptoms were considered for repertorisation:
1. Eruption on the cheek
2. Sticky discharge from lesion
3. Itching; aggravated at night and on scratching
4. Anger; contradiction from
5. Hot patient
6. Thirst for a large quantity of water
7. Consolation aggravates.

**Therapeutic intervention**
The prescription was done based on flat repertorisation using Vithoulkas Compass online homeopathic software [Figure 1] and after consulting Materia medica. **Natrum Muriaticum 30c BD** for 5 days with placebo for the next 10 days was prescribed.

The Modified Naranjo Criteria (MONARCH) was used for assessing causal attribution of improvement to the homeopathic medicine and the total score was 7 [Table 1].

Follow-up on subsequent follow-ups, potency was changed based on the assessment of improvement in facial lesions, as shown in Table 2. Finally, the lesions of tinea disappeared with constitutional medicine [Figure 2a and b]. The reappearance of the symptoms was not reported even after 8 months of treatment.

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**Case report 2**

**Patient information**
An 18-year-old boy reported at the private clinic of the author on September 23, 2019 with a complaint of red itchy rashes on the whole face for 6 months. There was a history of some skin eruptions 4 years back, for which he took allopathic medicines. For the present complaint, he was treated with different kinds of antifungal ointments (fungicros cream and Lamifin lotion), with temporary relief. He also took homeopathic medicines for 3 months without any improvement. He was not on any treatment at the time of reporting. There was no significant family history.

**Clinical findings**
The itching was aggravated under the sun and in a warm room and relieved from washing the face. There was a burning sensation after scratching. Along with that, he was also complaining about gastric upset, having eructation and water brash, especially after eating and there was burning in the abdomen. He was a hot patient and had a recurrent tendency to catch a cold. He could not bear hunger, desired sweets and disliked milk and milk products. He was occasionally constipated. He was mild in nature and liked the company of friends. The diagnosis was made by his medical history and clinical presentation.

The following characteristic symptoms were considered for repertorisation:
1. Red rash on face
2. Itching aggravation from heat
3. Burning sensation after scratching
4. Hot patient
5. Desire for sweets
6. Aversion milk
7. Constipation
8. Hunger aggravation
9. Mild
10. Desire company.

**Therapeutic intervention**
The prescription was based on flat repertorisation using Vithoulkas Compass online homeopathic software [Figure 3] and after consulting Materia medica. **Sulphur 6c BD** was prescribed for 5 days with placebo for the next 10 days. The
MONARCH was used for assessing causal attribution of improvement to the homeopathic medicine and the total score was 8 [Table 3].

Follow-up and outcome
On subsequent follow-ups, potency was changed based on the assessment of improvement in facial lesions, as shown in Table 4. There was complete remission in facial lesions [Figure 4a and b] and other gastric complaints after constitutional treatment.

Discussion
In both the cases, after the careful recording of the medical history, repertorisation, and consultation with Materia Medica, medicine was prescribed. Both the patients showed improvement from the beginning, which proved the correct selection of the medicine, but there was a slow improvement with low potencies, that is, 6C and 30C. However, marked improvement was observed with higher potencies of 200 and 1M. There was a marked improvement in the main complaint of tinea, as well as of associated complaints and general health of patients with single, individualized constitutional homeopathic medicine. These cases have highlighted the
Table 3: Modified Naranjo Criteria Score for case 2

<table>
<thead>
<tr>
<th>Items</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was there an improvement in the main symptom or condition, for which the homeopathic medicine was prescribed?</td>
<td>+2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Was there a homeopathic aggravation of symptom? (need to define in glossary)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Did the effect encompass more than the main symptom or condition, i.e., were other symptoms, not related to the main presenting complaint, improved or changed?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. (a) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms:</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• From organs of more importance to those of less importance?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• From deeper to more superficial aspects of the individual?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• From the top downward?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant interventions)</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)</td>
<td>+2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Did repeat dosing, if conducted, create similar clinical improvement?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total score – 8

Table 4: Case 1 Follow up

<table>
<thead>
<tr>
<th>Date</th>
<th>Symptoms</th>
<th>Medicine with doses and repetition</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 01, 2019</td>
<td>Itching same, burning reduced</td>
<td>Placebo for 15 days</td>
</tr>
<tr>
<td>November 22, 2019</td>
<td>Redness and itching of face are same. Burning in abdomen and water brash reduced</td>
<td>Placebo for 15 days</td>
</tr>
<tr>
<td>December 6, 2019</td>
<td>No further improvement in burning and itching of facial lesions</td>
<td>Placebo for 15 days</td>
</tr>
<tr>
<td>December 17, 2019</td>
<td>Redness, burning, and itching were reduced</td>
<td>Sulphur 30c BD for 3 days and Placebo for 15 days</td>
</tr>
<tr>
<td>December 30, 2019</td>
<td>Burning in abdomen occasionally only. No Water brash. Stool clear.</td>
<td>Placebo for 15 days</td>
</tr>
<tr>
<td>January 02, 2020</td>
<td>Redness and itching on the face reduced to much extent</td>
<td>Placebo for 15 days</td>
</tr>
<tr>
<td>January 17, 2020</td>
<td>No redness on face, only slight burning and itching remains which are relieved by washing the face with water</td>
<td>Placebo for 15 days</td>
</tr>
<tr>
<td>January 31, 2020</td>
<td>No itching, no burning sensation on the face. Stool not clear, feel constipated, and complaining of burning in the abdomen</td>
<td>Sulphur 200c 1 dose and Placebo for 30 days</td>
</tr>
<tr>
<td>February 28, 2020</td>
<td>No significant complaints, no visible lesion on the face, and slight burning in epigastrum empty stomach sometimes</td>
<td>Placebo for 30 days</td>
</tr>
<tr>
<td>March 23, 2020</td>
<td>Much better, no complaints now</td>
<td>Placebo for 30 days</td>
</tr>
</tbody>
</table>

The modified Naranjo scores of the patients after treatment were ‘7’ and ‘8’, respectively [Table 1 and 3], which indicate that there is a likelihood of causality between the result
observed and the prescribed homeopathic medicines in both the cases.

The above two cases treated with individualized homeopathic medicines did not only bring relief in the signs and symptoms but also assured no recurrence, as reported in more than 8 months of follow-up. This shows the effective role of homeopathic medicines in treating tinea faciei, including checking for relapse, or any side effects, contrary to conventional treatment of tinea, where the chances of recurrences are high.\(^1\)

However, the limitation of this study was that no laboratory investigations were used to establish the diagnosis. If KOH Mount had been used, it would have added evidence to prove the marked clinical improvement.

**Conclusion**

The presented case reports showcase the successful treatment of tinea faciei and restoration of the well-being of the patient with the help of constitutional homeopathic medicines. Further clinical studies may be required to establish homeopathy as one of the reliable treatment modalities available to patients for the therapy of tinea faciei.

**Declaration of patient assent**

The author certifies that she has obtained all appropriate patient assent forms. In the form, the patient’s parents have given their consent for images and other clinical information to be reported in the journal. The parents understand that their children’s names and initials will not be published, and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

None declared.

**References**

Tinea faciei, also known as tinea faciale or teigne du visage, is a common skin infection caused by a fungus that affects the skin of the face. It is typically found in teenagers and young adults or in individuals with an immunosuppressed state. The infection is usually caused by a single mold, and the treatment usually involves antifungal topical agents or oral antifungal medications. In some cases, especially those involving immune-compromised individuals, systemic antifungal agents may be necessary.

In a recent study, two cases of tinea faciei were reported, treated with constitutional homeopathic medicines. Both patients subjectively reported red, itching skin eruptions on their face, which were managed using homeopathic remedies. The cases were documented photographically at the start and end of treatment. Both patients entered remission after treatment, and the long-term follow-up suggested that the treatment remained effective long after the end of treatment. There were no significant side effects noted. Homeopathic medications may be efficacious for the treatment of tinea faciei, without any adverse effect. Further research is needed on the subject.
标题：宪制顺势疗法治疗足癣-循证病例报告

摘要：背景资料：面癣，也称为面癣或面癣，是一种常见的由真菌引起的脸部皮肤感染。一般来说，脚癣感染很常见，但面部癣感染主要发生在青少年和年轻人或任何患有免疫抑制疾病的人。管理涉及在有限的疾病中使用局部抗菌药物，口服治疗通常保留用于更广泛的病例。这些药物有副作用，有时甚至严重个案摘要：介绍了两例确诊的体癣，用个体化的宪政同化药物治疗。两名患者都抱怨脸上出现红色，发痒的皮疹，这些皮疹使用顺势疗法药物治疗。这些病例在治疗开始和结束时都有照片记录。两名患者在治疗后都进入缓解期，长期随访表明该疗法在停止治疗后很长一段时间仍然有效，没有注意到显著的副作用。顺势疗法药物可能对治疗脚癣有效，没有任何副作用。有必要对这个问题进行更多的研究。