

Individualized Homoeopathic Treatment in Tinea Faciei - A Case Report

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ABSTRACT

Tinea faciei is a superficial dermatophyte infection limited to any surface of the face, including upper lip and chin. A 41 years old female patient presented with the complaints of red and circular rashes on both sides of her face with severe itching of the face for 1 month. Homoeopathic medicine Tellurium was prescribed by considering the totality of the case. The improvement was evident when comparison of the photographs was made taken before and after the treatment. Marked improvement was seen which shows the effectiveness of homoeopathic medicine Tellurium in treating Tinea faciei.

Keywords: Homoeopathy, tellurium, tinea faciei

INTRODUCTION

The face is the unusual site for a fungus infection except when representing spread from another site, particularly scalp. Tinea faciei is one of the clinical forms of dermatophytosis caused by fungi Trichophyton mentagrophytes and Trichophyton rubrum. Humans may become infected through close contact with an infected individual, infected animal, contaminated fomites, or contaminated soil. Classification: Dermatophytes are classified in several ways. The ringworm fungi belong to the three genera, *Microsporum*, *Trichophyton*, and *Epidermophyton*.^[1] Clinically, dermatophytes infections are classified by body region.^[2] Tinea corporis, on the skin areas with less hair like the trunk and limbs (glabrous skin), hands (tinea manuum), feet (tinea pedis), scalp (tinea capitis), bearded areas (tinea barbae), face (tinea faciei) groin (tinea cruris) and nails (onychomycosis).^[3] Tinea incognito is a ringworm modified by systemic or topical corticosteroids. The most characteristic

pattern of this infection is the appearance of an active border of inflammation. The active border is scaly, red and slightly elevated. Vesicles are present when inflammation is intense. This pattern is present in all cases except in soles and palms. The highest no of hyphae is located in the active border and in this area is best to obtain a sample for a potassium hydroxide examination.^[4]

The diagnosis of fungi is made by light microscopic examination of skin scrapings after addition of sodium and potassium hydroxide solution. Other methods include fungal culture and demonstration of fungus in these tissue sections.^[5] Culture required for identification of species, especially in tinea unguium is done on Saboraud's dextrose agar medium. Wood's lamp examination in tinea capitis produces greenish fluorescence in the presence of microsporum.^[6]

Sampling scale: Scale is obtained by holding a #15 surgical blade perpendicular to the skin surface and smoothly but firmly drawing the blade with several short strokes

against the scale. If an active border is present, the blade is drawn along the border at right angles to the fringes of the scale. If the blade is drawn from the centre of the lesion out and parallel to the active border, some normal scale may not be included.^[4] Special stains can be used to demonstrate the fungi. These are: periodic acid-Schiff reaction which stains the fungi deep pink to red, and Grocott's methenamine silver nitrate method that stains fungi back.^[7]

Tinea Faciei: They have been reported in infants and new-borns and may be caused by anthropophilic or zoophilic species.^[8] It affects the non-bearded area of face; most common causative fungi are *Trichophyton mentagrophytes* and *Trichophyton rubrum*. It presents as itchy annular erythematous scaly plaques with raised margins.^[6] **Tinea barbae (barber's itch):** It is a fungal involvement of beard and moustache area. It is caused by *Trichophyton rubrum* and *Trichophyton verrucosum*. There are perifollicular superficial pustules on beard or moustache area with oozing and crusting, easy pluckability of hair on affected sites.^[9] Histologically, fungal hyphae and anthrospores of dermatophytes are present in the stratum corneum of skin, nails or hair. Hyphae may be septate or nonseptate. Spores are round to oval bodies which grow by budding.^[7]

Clinical indications of tinea faciei in the literature of materia medica: Itching, ringworm. Ring shaped lesions, offensive odours from affected parts. Barber's itch. Stinging in skin. Fetid exhalations. Offensive foot sweat. Circular patches of eczema.^[10,11] Itching pricking as if from bugs. Circular eruptions. Ringworm. Burning in an old scar. Chills down spine < lying on back.^[12]

Tellurium is an element. Preparation: Trituration of the precipitated metal.^[13] Tellurium occurs in the native state and in combination with gold silver, lead and antimony. It resembles sulphur and selenium in its chemical reactions. It was

proved and introduced into homeopathy by Hering in 1850. The most notable feature of the proving was the irritation of the skin, including skin of eyelids and ears, spinal column and some nerves. The most characteristic form of the skin irritation of tellurium is herpes circinatus, and is probably cured more cases of ringworm especially of face than any other remedy. Relations: antidoted by *Nux vomica*.^[14]

CASE REPORT

A 41-year-old married lady, Christian by religion, belonging to middle socioeconomic family, came on November 18, 2019 with symptoms of red and circular rashes on both sides of her face [figure:1].

History of presenting complaints:

There was severe itching which aggravates at night and mild burning sensation on the affected parts. She was complaining that since her face is affected, she was feeling sad and do not want to face people. There were no marked physical general symptoms. She had taken local application treatment for the same but was not recovered. By profession she was a maid. No history of unhygienic condition within the family members. There was no significant medical/surgical history. On a detailed study and examination of the parts, she was diagnosed as a rare case of Tinea faciei. No significant past and family history.

Local examination of the lesions:

- Pinkish red in colour
- Circular
- No discharges
- Small raised bumps with raised border

Prescription: 18/11/2019

- 1) Tellurium 200
4globules BD x 7days
- 2) Rubrum 200
4globules TDS x 7days

FOLLOW UP

DATE	COMPLAINTS	PRESCRIPTIONS	REMARKS
25/11/2019	Red circular eruption on the face with mild burning sensation. Itching decrease	1.Tellurium 200 4globules BD x 7days 2. Rubrum 200 4globules TDS x 7days	No relapse or adverse event noted.
2/12/2019	Patient is feeling better. No eruption, no burning sensation, no itching.	Rubrum 200 4globules TDS x 7days	No relapse or adverse event noted.
9/12/2019	Patient is feeling better. No eruption, no burning sensation, no itching.	Rubrum 200 4globules TDS x 7days	No relapse or adverse event noted.



Figure:1 Before treatment



Figure: 2 After treatment

usefulness and benefits of homoeopathic treatment of tinea faciei. Based on the present totality of symptoms of the patient, Tellurium 200th potency was given for 7days. On the first follow-up, the red circular eruptions with mild burning and itching sensation were present so Tellurium 200th potency was given again for the next 7days. Then, the patient continued follow-up for the next 15days with no recurrence and did not complain of any adverse effects or negative consequences [Figure:2]

CONCLUSION

Tinea faciei can be successfully treated with homoeopathic medicine after a detailed analysis of the symptoms. Tellurium proved to be a well indicated remedy in this case and it showed marked improvement in the patient in the subsequent follow ups, thus, paving the path for further research to evaluate the efficacy of homoeopathy in treating skin diseases like tinea faciei without any adverse effect.

Declaration by Authors

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DISCUSSION

Tinea faciei being rare in female is challenging. This case report describes the

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