

Homoeopathic Constitutional Remedy In The Management Of Tinea & Its Acute Exacerbations In Children (3-18 Years)

Abstract-Background: Tinea is a common superficial fungal infection in children. Recurrence and acute flare-ups may occur due to environmental factors, poor hygiene, repeated exposure and inappropriate use of topical corticosteroids.

Objective: This study aims to evaluate the role of individualized homoeopathic constitutional remedies along with acute prescriptions in the management of tinea in children aged 3-18 years.

Methods: An experimental, non-controlled study of 30 children with clinically diagnosed tinea will be conducted over 18 months. Constitutional remedies will be selected based on the totality of symptoms. During acute exacerbations, individualized acute remedies will be prescribed according to the presenting symptom picture. Follow-up will be conducted fortnightly to monthly. Clinical response will be assessed using a tinea severity score based on erythema, scaling, itching, lesion size, number of lesions and spread.

Expected Outcome: The study is expected to document the clinical response of tinea to individualized homoeopathic treatment and contribute to clinical documentation and further research in pediatric dermatophytosis.

Keywords: Tinea, dermatophytosis, children, constitutional remedy, acute exacerbation, homoeopathy.

Introduction-Tinea, or dermatophytosis, is a superficial fungal infection caused by dermatophytes, principally species of *Trichophyton*, *Microsporum* and *Epidermophyton*. These organisms infect keratinized tissues such as skin, hair and nails. Tinea is common in children and

may spread through close contact, sharing towels, combs and clothing, contact with infected animals and exposure to warm and humid environments.

Tinea capitis is particularly important in children and may present with scaling, broken hairs, patchy hair loss or inflammatory lesions such as kerion. Other forms include tinea corporis, tinea faciei, tinea cruris, tinea pedis and tinea unguium. Recurrence and acute exacerbations may occur due to sweating, friction, occlusive clothing, repeated exposure and inappropriate use of topical corticosteroids.

Homoeopathy approaches the individual as a whole. Constitutional remedies are selected after assessment of physical generals, mental and emotional characteristics, modalities, past and family history and environmental factors. Acute remedies may be considered during exacerbations according to the presenting totality of symptoms.

Aim and Objectives-

Aim-To study the management of tinea in children aged 3-18 years with homoeopathic constitutional treatment and to assess the management of acute exacerbations.

Objectives-•To evaluate the effectiveness of constitutional homoeopathic remedies in tinea.

•To assess the role of individualized acute remedies during exacerbations.

•To assess changes in clinical severity using a standardized severity score.

•To contribute to evidence-based clinical documentation in homoeopathy.

Materials And Methods-

Study Design: Experimental, non-controlled study.

Study Setting: Outpatient and inpatient departments of DKMM Homoeopathic Medical College & Hospital, Aurangabad, and institutional health camps.

Sample Size: 30 children.

Study Population: Children aged 3-18 years with clinically diagnosed tinea, presenting with chronic disease or acute exacerbation.

Inclusion Criteria-•Children aged 3-18 years with clinically diagnosed tinea.

•Cases presenting with chronic tinea or acute exacerbation.

•Children of either sex and from different socioeconomic backgrounds.

Exclusion Criteria-

•Children below 3 years or above 18 years.

•Cases with secondary bacterial infection or other complications.

•Extensive systemic involvement.

•Associated immunodeficiency disorders.

•Recent use of conventional antifungal treatment or immunosuppressive drugs.

Duration of Study: 18 months.

Follow-up: Approximately fortnightly to monthly.

Case Assessment and Treatment-Detailed case-taking will include presenting complaints, associated symptoms, physical generals, mental and emotional characteristics, past and family history, hygiene, environmental exposure and clinical examination. Relevant investigations will be performed when clinically indicated.

Individualized constitutional remedies will be selected according to the totality of symptoms with the aid of repertorisation and standard homoeopathic materia medica references. During acute exacerbations, individualized acute prescriptions will be selected according to

the presenting symptoms and modalities. Clinical improvement will be assessed using a **Tinea Severity Score**, incorporating erythema, scaling, itching, lesion size, number of lesions and spread. Outcomes will be categorized as cured, mild improvement, moderate improvement or no improvement.

Suggested Repertorial Rubrics-The following rubrics may be considered during repertorisation according to the individual case: •Mind – ailments from grief

•Mind – confidence – want of self-confidence

•Mind – anxiety

•Skin – eruptions – ringworm

•Skin – itching – night

•Generals – heat – aggravates

•Generals – perspiration – scalp

•Generals – sleep – difficult falling asleep

•Mind – fear – dark

•Skin – eruptions – itching

Rubrics will be selected according to the actual symptom totality of each individual patient.

Conclusion-This experimental study is designed to evaluate the clinical management of tinea in children aged 3-18 years through individualized homoeopathic constitutional treatment along with individualized prescriptions during acute exacerbations. Objective clinical assessment, regular follow-up and standardized severity scoring will be used to document treatment response. The study may provide useful clinical documentation and a basis for further research into individualized homoeopathic management of pediatric dermatophytosis.

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^{1st} Author-**Dr. Naira Shaikh**

PG Scholar MD (Hom) Part 1

Dept of Pediatrics,

DKMM Homoeopathic Medical

College, Aurangabad

^{2nd} Author-**Dr. Anagha Beedkar**

Professor of Department of Pediatrics,

DKMM Homoeopathic Medical

College, Aurangabad