



A case report of tinea pedis treated with homeopathic medicine silicea 30c

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Abstract

Tinea pedis is commonly known as athlete's foot caused by various fungal infections it usually affects the interdigit. Homoeopathy is an alternative medical system based upon the principle "similia similibus curentur" that is like cures like. Homoeopathic medicines which are potentized and highly diluted stimulates the body's natural healing process. A 72-year-old man presented with the complaints of eruptions between the little and fourth toes of right foot with itching. The case was assessed and Silicea 30 as homoeopathic similimum was administered following marked improvement in the patient.

Aim of the study: The purpose of this study is to add the scientific evidence to the homeopathic system of medicine in treating fungal infection in patient with Tinea pedis.

Keywords: Tinea pedis, silicea 30, athlete's foot, homoeopathy

Introduction

Superficial fungal infections are among one of the most frequent forms of human infection, the prevalence of dermatophyte infection varies from place to place, depending on the geographical location and climatic conditions [1]. The most common fungal infection tinea pedis is usually caused by anthropophilic fungi, such as *Tenia rubrum*, *Tenia interdigitale* and *Epidermophyton floccosum*. It typically presents as an itchy rash between the toes, with peeling, fissuring and maceration. Involvement of one sole or palm (*tinea manuum*) with fine scaling is characteristic of *Tenia rubrum* infection. Vesiculation or blistering is more often seen with *Tenia mentagrophyte* [2].

The most common clinical manifestation characterized by maceration and fissuring of the skin mainly between the toes. Plantar athlete's foot presents with hyperkeratosis and squamous plaques which cover the soles, heels, and sides of the foot [3].

Tinea pedis is more frequent among adults with Diabetes mellites than children and abnormally increased sweating, with the disease is common among individuals who wear (occlusive) footwear [4].

Case presentation

A 73 year old male presented with the complaint of a small fissuring cracks between the little and fourth toes of right foot in the last 15 days with whitish discoloration, itching, dryness, painful which started after swimming in water. Pain is occasionally aggravated by pressing, washing, day time, wearing shoes, ameliorated by applying ointment and warmth.

Patient is suffering from Hypertension since last 10 years and on Anti-hypertensive medications.

No history of bloody discharges, blackish discoloration and Fever.

Aggravation: A/F swimming in water

Washing

Day time

Pressing+

Amelioration: Applying antifungal ointment. Warmth.

Personal history

Diet: Vegetarian

Appetite: Moderate

Thirst: 2l/ day,

Cravings: Nil

Desires: Nil

Aversions: Nil

Bladder habits: 4-5times/days, 2-times night, No difficulty, No burning micturition.

Bowel habits: Regular, stool once a day, No difficulty or bleeding per rectum.

Sleep: Sound sleep, from 11pm to 6 am, Refreshed

Dreams: Unremembered

Perspirations: Generalised

Other habits: Nothing significant.

General physical examination

Moderately built and moderately nourished.

Well oriented with time, place and person

Height: 150 cm

Weight: 78 Kg

Head to Toe examination:

Scalp and Hair: Senile greying of hair present and scalp is clear.

Ears: Wax present in both ears.

Eyes: Senile arches present. No discoloration.

Nose: No discharges, No DNS.

Oral cavity: Oral hygiene is maintained. Tongue is clear, Senile loss of teeth present

Nails: No deformity of nails, discoloration

Skin: Senile wrinkling present, No ulceration.
 No signs of clubbing, cyanosis, icterus, oedema,
 Lymphadenopathy,

Vitals

Temperature: A febrile at the time of examination.
 BP: 120/80 mmHg Right arm supine position.
 Pulse: 76 beats/min
 RR: 19 Cycles/min.

Systemic examination

Respiratory system: Normal vesicular breath sounds heard
 No added sound

Cardiovascular system: S1, S2 Heard No murmur
CNS: NAD

Local examination

Right foot between little toe and fourth toe
 Small fissuring crack, whitish colour
 One in number
 No discharges

Totality of symptoms

A/F swimming in pool
 Crack Dry
 Small cracks in between the little and fourth toe of right foot
 Itching+ Better by warm application.

Analysis of the case

A complete history was taken. After analysing the case the peculiar particular disease symptoms were considered in the totality i.e. A/F swimming in pool, Crack Dry, Small cracks in between the little and fourth toe of right foot Itching+, Better by warm application. The Reportorial analysis was done with complete repertory using hompath classic version 8 [fig-1]. Considering the reportorial result and Materia Medica differentiation simillimum was selected.

Repertorial totality

[C] [Extremities]Cracked skin: Toes: Between:
 [C] [Skin]Dry:
 [C] [Skin]Pain: General: Cold, from anything:
 [C] [Skin]Itching: Warmth amel.:
 [C] [Generalities]Bathing, washing: Agg.

Repertorial totality		Totally Symptoms Covered															
Symptoms 1 to 5	Total Symptoms : 5	Si	Rhus-I	Sars	Dulc	Graph	Kalic	Petr	Sep	Tub	Cac	Sulph	Poor	Apis	As	Lach	Total Remedies : 244
[C] [Extremities]Cracked skin: Toes: Between:																	
[C] [Skin]Dry:																	
[C] [Skin]Pain: General: Cold, from anything:																	
[C] [Skin]Itching: Warmth amel.:																	
[C] [Generalities]Bathing, washing: Agg.:																	

Fig 1: Repertorial totality

Therapeutic intervention

After case analysis, reperterization and referring to Materia medica, the following remedies were short-listed i.e Silicea, Rhus tox, Sarsaparilla, Dulcamara, Graphites. Silicea covered the maximum symptoms hence Silicea terra prescribed to the patient.

Diagnostic assessment

Physical examination: Right foot between little and fourth toe, Small fissuring crack, whitish colour, one in number, no discharges Based on clinical presentation and examination patient was diagnosed with tinea pedis, which is most common type of fungal infection.



Fig 2: Before treatment



Fig 3: 1st Followup-05/07/2023



Fig 4: 2nd Followup-15/07/2023

Prescription and follow-up

Table 1: follow-up

Sl. no	Date of visit	Observations	Prescription
1	03/06/2023	A/F swimming in pool, Dry Small cracks in between the little and fourth toe of right foot Itching+ Better by warm application.	1.Silicea 30 1 dose powder dose OD 2.Placebo BD 4-0-4x 1week
2	05/07/2023	Itching Reduced Size of the eruption reduced No new complaints All the generals are good.	1 Placebo /BD 4-0-4 x 1 week.
3	15/07/2023	Itching Reduced Size of the eruption reduced further All the generals are good.	1 Placebo /BD 4-0-4 x 1 week.

Discussion

A complete case history with case analysis and evaluation of the case was done, the totality of the symptoms was constructed based on repertorization, the appropriate homoeopathic medicine was chosen. The simillimum for the case was selected from the medicines that had the highest

marks on repertorisation sheet and further verified from *Boericke's New Manual of Homeopathic Materia Medica with Repertory*.

Conditions like foot mycoses with tinea pedis is seen maximum. The superficial fungal contamination that represents a public trouble worldwide. The treatment takes massive quantity of time and recurrence of infections affects the quality of life ^[5]. Homoeopathy can be useful for tinea infections together with tinea pedis. Silicea is indicated for illnesses resulting from suppressed foot-sweat. A study conducted by Dr. Partha Pratim Pal et al states that the indicated remedies are Graphites, Thuja, Tellurium, Psorinum, Petroleum, Sepia, Bacillinum, Sulphur, Natrum muriaticum ^[5] etc. Calcarea carbonica (11.7%), Natrum muriaticum (9.7%) and Bacillinum (8.7%) being maximum prescribed medicines ^[6].

Conclusion

Despite all the antifungal treatment available for the cases of Tinea Pedis, relapses are very frequently seen. This homeopathic case study on tinea pedis presents an encouraging option towards treating fungal diseases in search of permanent cure to Homoeopathy. The case report showed marked improvement. this evidence-based case report suggests a beneficial role of homoeopathy in the treatment of fungal infections.

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