



## EFFECTIVENESS OF ACID CRYSOHENICUM IN CASES OF TAENIA CORPORISA CASE SERIES

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### Abstract

Tinea corporis may be a parasitic disease that is alike numerous other annular injuries. Tinea corporis can be found around the world. It is particularly defined by the area that will includes the trunk, neck, arms, and legs. Elective names are utilized for dermatophyte contaminations that influence the other zones of the body. These include thescalp (tinea capitis), the face (tinea faciei), hands (tinea manuum), the groin (tinea cruris), and feet (tinea pedis). This activity shows the evaluation, diagnosis, treatment, and complications of tinea corporis<sup>1</sup>. According to World Health Organization (WHO), the predominance rate of superficial mycotic contamination around the world has been found to be 2025%<sup>2</sup>. Its predominance changes in numerous nations. It is more predominant in tropical and subtropical nations like India where the climate is warm and humidity is more for most part of the year. Dermatophytosis is the foremost important group of superficial infection caused by dermatophytes, which are a type of organisms that are develop by attacking the keratin of skin, hair, and nail for getting nutrients. There are a few reports on intracontinental variability of the worldwide frequency since of the alter in climatic condition across the world<sup>3</sup>, Acid Crysofenicum Homoeopathic medicine Acid Crysofenicum is a rarely used Homoeopathic medicine which has been used with some success in the lower triturations internally in psoriasis, ringworm, and other skin affections, also as a local application in ringworm<sup>4</sup>.

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## Objective

This article aimed to provide a narrative updated review effectivity of Homoeopathic medicine Acid Crysohenicum on tinea corporis.

## Study topic

Tinea corporis is a parasitic skin disease of the body defined by the area of the injuries which will include the trunk, neck, arms, and legs. Patients commonly display with an red,itching rash These ordinarily show on the uncovered skin of the neck, trunk, and/or limits. On physical exam, single or multiple rashes which are circular or ovoid in appearance with patches and plaques. These annular lesions illustrate sharp marginations with a raised erythematous scaly edge which may contain vesicles. The degree of inflammation is variable. The injuries progress centrifugally from a center, clearing out a central clearing and residual scaling; this shows up as a "ring" shape giving rise to the term "ringworm."<sup>1</sup>

## Epidemiology

Tinea corporis is exceedingly common nowadays. Specific populations can also be more predisposed to tinea corporis; for example, children. Tinea capitis and tinea corporis are the most common dermatophytic infections in prepubertal children<sup>5</sup>. While tinea corporis occurs worldwide, it is most commonly observed in tropical regions. The lifetime risk of acquiring tinea corporis is estimated to be 10–20%.<sup>6</sup> Tinea corporis occurs most frequently in postpubertal children and young adults.<sup>18</sup> Rare cases have been reported in the newborn period.

## Pathophysiology

All people do not have equal susceptibility to fungal infection, and there are familial and genetic predispositions possibly mediated by specific defects in innate and adaptive immunity. Patients with low defensin beta <sup>4</sup> may demonstrate a predisposition to all dermatophytes. Some other predisposing factors include underlying diseases such as diabetes mellitus, lymphomas, immunocompromised status, Cushing syndrome, excess sweating, or old age<sup>1</sup>.

## Evaluation

The diagnosis of tinea corporis is usually clinically based on a thorough history and physical examination. Skin scrapings examined under a microscope with a potassium hydroxide (KOH) preparation will reveal septate and branching long narrow hyphae. Up to 15% of cases may yield false negatives when only using KOH preparations

for diagnosis.<sup>6</sup> The diagnosis is often clinical but can be difficult with prior use of medications, like calcineurin inhibitors or corticosteroids. Dermoscopy is a useful and non-invasive diagnostic tool.Fungal culture is the gold standard to diagnose dermatophytosis especially if the diagnosis is in doubt and results of other tests are inconclusive or the infection is widespread, severe, or resistant to treatment.

## Differential Diagnosis

Diseases that are in the differential diagnosis may mimic the appearance of tinea corporis. These also typically present with annular lesions. Cases that are refractory to antifungal treatment or have a negative potassium hydroxide microscopic examination should warrant further investigation. Also, the clinician must rule out other, more serious conditions if there is a severe disease such as extensive skin involvement.

Other common diseases that may present similarly are nummular eczema, erythema annulare centrifugum, cutaneous candidiasis, tinea versicolor, subacute cutaneous lupus erythematosus, pityriasis rosea, contact dermatitis, seborrheic dermatitis, atopic dermatitis, psoriasis. Some of the severe diseases that must be ruled out are secondary syphilis mycosis fungoides, or parapsoriasis.

## Treatment-

Although there are antifungal treatment available in Modern medicine, still there is no permanent cure . Application of ointments disappears the eruption temporarily. In severe cases steroid drugs are applied by dermatologists which relieves the patient by quickly ameliorating the symptoms, but with the same non curative result. Homoeopathy ,as based on eternal truth of the Axiom Similia Similibus Curentur, can cure the case provided that the selection of medicine is accurate. As taenia syptoms are not so much differentiating in different patient, so Individualization on the basis of particular sumptom is difficult, There are a number of medicine applied as per search is done by us in PubMed articles.Among the many .the medicine Acid crysohenicum is one which resembles all the basic symptoms of taenia. Our attention on this rare medicine incisted us ti go through a further clinical study,The result is given in the following case series-

## Case series

### Case 1

A female patient age 21 years having a red patch on skin around left elbow which is covered by silvery white scales. The patient is having violent

itching around the patch along with tiny bumps. Skin is very dry and cracked. Patient is having family history of Psoriasis (Father). Thermal reaction is chilly. Patient is having great thirst at small intervals. Patient craves for sour things. Perspiration is profuse at covered parts. Patient is soft spoken and mild in nature.

### Case 2

Male patient age 23 years complaining of having round shaped eruption on right thigh, intense itching, sometimes bleeding on scratching. Amelioration by covering. Patient was apparently well before 7 days. Suddenly he started feeling itching on right side of thigh. He developed circular patchy eruption on right side of the thigh. This was suspected he got from another infected person. Patient applied allopathic ointment on the eruption but did not get any significant relief. He had suffered from chicken pox at his 3 years age, treated allopathically. He is a vegetarian and takes tea 3-4 times a day. Thermal reaction is hot, and no other significant symptoms.

### Case 3

Male patient age 52 years complained of eruption on both inner thighs, itching with redness, dry skin. Itching aggravate at night. In past he suffered from Diabetes mellitus type 2, now controlled by Allopathic medicine. He is a Hot patient as per thermal reaction, craving for sweet, 6-7 hours refreshing sleep. Mentally angry nature, moderate built body structure and no other significant symptom to note. On examination the scaly eruption clearly indicating diagnosis as Taenia corporis.

### Case 4

A Male patient of age 25 years was having itching on scalp for last 6 months, Small ring like eruptions on scalp with itching and burning. The eruption aggravated during perspiration and on exposure to sunlight. The patient is irritable with anger but sleep ameliorates these. He is a hot patient with 6-7 hours refreshing sleep and no other complaints.

### Case 5

A female patient age 30 years was suffering from skin eruption at the neck region, itching with redness after scratching. Aggravation in summer, perspiration and amelioration in cold application and winter season. Family history reveals father suffering from ringworm, The patient like sweets and fond of cold air.

All the above cases has been treated with Acid cryso phenicum 30 potency, given in globule No.30, 4 globules thrice a day for 3 days and then

followed by placebo for 10 days. The patients were re-examined every 14th day, and the follow up treatment was as per rule-If amelioration continued, only placebo, If status quo after amelioration, repetition of same medicine same duration, and the observation was carried for 6 months, where all the above mentioned cases were improved in an average more than 70 percent.

### Conclusion

Acid cryso phenicum is a rarely used medicine in Homoeopathy. As per proving symptoms, the symptoms of acid cryso phenicum which can be considered as characteristics are-Itching, (with or without redness), Craving for Sweet, Hot patient, and itching ameliorates on cold weather and cold application. We can see that these symptoms are common in all the cases improved by acid cryso phenicum. As a rarely used medicine, Acid cryso phenicum requires further more studies to get the name as a polycrest, but the case record shows the characteristic symptoms which can be considered as the keynotes of acid cryso phenicum. Further study regarding the matter is to be considered.

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