

Importance of Keynote Prescription in Homoeopathy: A Case Report on *Tinea faciei*

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Abstract

The most prevalent superficial fungal diseases encountered worldwide are ringworm, tinea or dermatophytosis, with a higher incidence of *Tinea corporis*. Dermatophytes infect skin, hair, and nails, resulting in a wide range of skin diseases. On March 02, 2020, the mother of a 15-year-old boy brought him to the outpatient department of Girendar Pal Homoeopathic Hospital in Saipura, Jaipur, citing severe facial lesions with itching that had persisted for 15 days. On March 2, 2020, a 15-year-old boy was brought by his mother to the outpatient department of Girendar Pal Homoeopathic Hospital in Saipura, Jaipur, citing severe facial breakouts and itching that had persisted for 15 days. Natrum muriaticum 200C was the treatment that was prescribed to treat the patient's symptoms, which included redness, sensitivity to sunlight, a desire for salt, and mental disposition. Skin lesion has significantly improved, according to photographic records. This case study indicates that homoeopathic treatment will be successful if it is based on only a couple of symptoms, provided the symptoms match with the remedy's key characteristics or keynotes.

Keywords: Dermatophytosis, Fungal Disease, Homeopathy, Skin Disease, *Tinea corporis*, *Tinea faciei*.

Introduction

The most common cause of superficial fungal infections globally are dermatophytes, which are also prominent in developing nations, particularly in tropical and subtropical regions like India with high relative humidity and temperatures. Increased urbanization, which includes wearing tight-fitting clothing and occlusive shoes, is another cause that has been connected to a higher incidence (1).

Trichophyton, Epidermophyton, and Microsporum are three genera of fungus that are the primary cause of dermatophyte infections. The clinical manifestations of fungal infections of the scalp (*Tinea capitis*), body (*Tinea corporis*), groin (*Tinea cruris*), axillae (*Tinea axillaris*), face (*Tinea faciei*), beard area (*Tinea barbae*), hand (*Tinea manuum*), foot (*Tinea pedis*), and nails (onychomycosis) differ depending on the site of the infection. Clinical aspects are contingent upon the host's immunological status, the infectious agent, and the body site (2).

The dermatophyte infection known as tinea faciei affects the parts of the face that are not hairy. It can resemble a number of cutaneous dermatoses and is frequently a deceptive face eruption. Infections

with *Tinea faciei* are uncommon in newborns but prevalent in children. A tinea infection takes 1-3 weeks to incubate (3).

The World Health Organisation (WHO) estimates that between 20 and 25 percent of people globally have this infection. There are variations in prevalence rates amongst nations. The most common type of infection is called Tinea Corporis -accounting for 78.1% of cases, Tinea Cruris- 10.1% of cases followed by Tinea Manuum- 2.5% of cases, Tinea Faciei- 1.8% of cases and Tinea Pedis- 0.7% of cases. India and other tropical and subtropical nations are more common because to the heat and humidity (4).

Most commonly in modern medicine, topical antifungals that include topical steroids and antibiotics are utilised. This explains the outbreak of steroid-modified Tinea that is occurring in India (5).

Homoeopathy consistently produces noteworthy and secure outcomes in cases of skin disease infections, including atopic rosaceae, melisma, dermatitis, lichen planus, eczema, and seborrhoeic dermatitis (5).

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Additionally, it greatly aids in situations of ringworm infection. The treatments entirely eradicate the condition in addition to relieving acute symptoms like burning and itching. And there is a full recovery rather than a recurrence. Furthermore, as the treatments are derived from natural materials, there are no negative effects (6).

Table 1: Details of Chief Complaint

Chief Complaint	Location and extension	Sensation/ character and pathology	Modalities/ ailments from
Lesions on face since 15 days	On the left side of face and on the left side of the neck extending to the left ear.	Lesions were round on the left side of the face and linear on the left side of the neck. The skin is peeling off and the affected area is inflamed as a result of the scratching. Itching was also present.	Itching < sunlight, perspiration

History Of Presenting Complaints

15 days back, the child gradually developed eruptions first on the left side of face and then over left side of neck extending to left ear with severe itching. He took allopathic treatment for 7 days but there was no relief.

Past History

Dengue fever at 5 years of age for which a patient took allopathic medicines.

Family History

Father was taking allopathic medications for hypertension for 5 years.

Physical General Symptoms

The appetite was satisfactory. The child was thirsty, drank 4-5 L of water every day, had a desire

Case Study

On March 02, 2020, the mother of a 15-year-old boy brought him to the outpatient department of Girendar Pal Homoeopathic Hospital in Saipura, Jaipur, citing severe facial lesions with itching that had persisted for 15 days.

for salt which he always added to his food. Thermal was hot. Bowel movements were regular. Micturition was normal with a frequency of 3-4 times during day/ and 1-2 time at night Perspiration as generalized, non-offensive and non-staining.

Mental General Symptoms

As observed by the physician and confirmed by the attendant, the child was introverted and weeps mostly when alone.

Local Examination of Lesion

Lesions: one on the left side of the neck and many on the left side of the face.

Shape- round on the left side of face and linear on left side of neck with scaling and red discoloration.

Table 2: Analysis of case

Common symptoms of disease	Uncommon symptoms of patient
Itching on eruptions	Eruptions only on left side of face and left side of neck
Scaly patches with peeling	Introvert
Redness of affected part	Weeping when alone
	Desire – salt
	Hot
	Itching < sunlight, perspiration

Clinical Diagnosis – Tinea faciei

Totality of Symptoms

Eruptions only on left side of face and left side of neck

1. Introvert
2. Weeping when alone
3. Desire – salt
4. Thermal -Hot
5. Itching < sunlight, perspiration



Figure 1: Pretreatment



Figure 2: Posttreatment

Table 3: Evaluation of symptoms

Uncommon symptoms	Evaluation
Eruptions only on left side of face and left side of neck	++
Introvert	++
Weeping when alone	++
Desire – salt	++
Thermal -Hot	+
Itching < sunlight, perspiration	++

Post treatment

In the above case Natrum muriaticum is found to cover keynotes and has shown marked improvement and regression of tinea. According to various case reports Natrum mur is found to be highly efficacious in cases of tinea, its symptoms including greasy and oily, particularly in areas with hair. dry eruptions, particularly around joint bends and the border of the hairy scalp. crusty eruptions in the earlobes, scalp margins, and limb bends.

Remedy Selection

Based on the overall severity of the symptoms and important indicators, such as being introverted, crying when by themselves, craving salt, and worsening itching in the sun, Natrum muriaticum was chosen as the remedy.

Different books of Homoeopathic Material Medica, such as Lectures on Homoeopathic Materia Medica, A Dictionary of Practical Materia Medica, Homoeopathic Materia Medica and Repertory by Boericke, Allen Keynotes were used to differentiate the materia medica.

Intervention

Natrum muriaticum 200, 1 dose, 6 globules and placebo twice a day for 1 week was prescribed orally on the basis of keynotes.

Auxiliary measures

1. Keep the affected area clean
2. Do not share towels, clothes, and soaps.
3. Do not scratch the eruptions
4. Apply coconut oil

Discussion

The characteristic or keynote symptoms, according to Dr. Adolph Lippe, are those that are evoked by a comprehensive examination of the case, minus those symptoms that are often

associated with the disease the patient has. Put another way, rather than the symptoms that are typical of the illness, the characteristic symptoms are those that are unique to the patient. Several luminaries, like Allen and Boericke, valued the keynotes.

Table 4: Follow up of case

Date	Change in symptoms of patient	Prescription	Justification (7)
10/02/2020	Itching reduced. All generals were good	Placebo twice a day for 1 week. Relief in all complaints and placebo was given as per Kent's observation.	Condition better than before. As per Dr. Kent's instructions, not to disturb action of medicine.
17/02/2020	No itching, slight peeling present but no new lesions. All Generals are good.	Placebo twice a day for 7 days.	Relief in all symptoms, no new symptoms. As per Kent's instructions, not to disturb action of medicine.
24/02/2020	No peeling or itching. Slight discolouration remaining.	Placebo twice a day for 1 week.	Relief in all complaints and placebo was given as per Kent's observation.

Conclusion

Based on a thorough individual case analysis, homoeopathic medications can be used to treat tinea with success. In addition to eliminating the patient's susceptibility to a tinea infection, homoeopathic medicine can speed up the patient's recovery.

Abbreviation

None.

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Author Contributions

All authors have equally contributed.

Conflict of Interest

The authors declare no conflict of interest.

Ethics Approval

Not applicable

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Reference

- Jartarkar SR, Patil A, Goldust Y, Cockerell CJ, Schwartz RA, Grabbe S, et al. Pathogenesis, Immunology and Management of Dermatophytosis. *Journal of Fungi* [Internet]. 2022 Jan 1;8(1):39. Available from: <https://www.mdpi.com/2309-608X/8/1/39/htm>
- Superficial fungal infections [Internet]. *Australian Journal of General Practice*. 2022. Available from: <https://www1.racgp.org.au/ajgp/2019/october/superficial-fungal-infections>
- Malhotra S, Malhotra S, Aggarwal Y. Tinea faciei caused by *Trichophyton mentagrophytes* in a 20-day-old neonate. *Indian Dermatology Online Journal*. 2015;6(7):43.
- Gupta Y, Tuteja S, Acharya A, Tripathi V. Effectiveness of Homoeopathy in Tinea corporis and Tinea cruris—A Prospective, Longitudinal Observational Study. *International Journal of Advanced Ayurveda, Yoga, Unani, Siddha and Homeopathy*. 2021;10(1):618-627.
- Shukla I. Tinea Faciei treated with constitutional Homoeopathic Medicine using Vithoukas Compass: Two evidence-based case reports. *Indian Journal of Research in Homoeopathy*. 2022;16(2):171-177. 10.53945/2320-7094.1072
- Alam S, Alam S. Tinea a concerned spot: An institutional retrospective study. *International Journal of Homoeopathic Sciences*. 2020;4;2:187-193. <https://www.homoeopathicjournal.com/articles/169/4-2-27-331.pdf>
- Kent JT. *Lectures on Homoeopathic philosophy* (6th ed.). New Delhi, India: B. Jain Publishers, 2005.