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Effectiveness Of Homeopathic Medicine In The Management Of Tinea Infection By Using BBCR Repertory

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ABSTRACT

BACKGROUND: Tinea infection is defined as circular, itchy erythematous eruptions on the various parts of body. The different variants of tinea are tinea capitis, tinea corporis, tinea cruris, tinea mannum, tinea unguinum, tinea facie and tinea barbae. The incidence of tinea infection according to WHO is 20%-25% in population. As in the concern of its treatment many antifungal topical and steroid medicines are present in conventional system of medicine but it only showed temporary relief. Homeopathy, on the other hand being the second most popular modeof treatment showed the exponential relief in the patient suffering from varieties of tinea infection. It not only cut down the recurrence of the disease like tinea, but also improves the health of patient as a whole. Due to scarcity in research related to tinea in previous years compel us to do the research on this topic. Homeopathy literature has ample amount of information related to tinea infection and these information will be utilised in this thesis work.

MATERIAL AND METHODS: A prospective observational clinical study on 40 (=n) patients was carried out at the National Institute of Homoeopathy, Kolkata. Medicines were prescribed on the basis of individualization and reportorial totality through BBCR. Outcome was assessed by improvement in patient as a whole or reduction in size of the lesion, pruritus intensity scale using numeric rating scale (NRS) and DLQI (dermatology life quality index).

RESULT: Study showed that out of 40 (=n) patients, moderate improvement showed by 18 patients i.e 45% and complete improvement showed by 14 patients i.e 35%.The difference in the mean value of Lesion size, pruritus intensity scale using numeric rating scale (NRS) and DLQI (dermatology life quality index) score before and after treatment was 4043.07, 5.42 and 13.72 respectively. ANOVA (analysis of variance) test was used and it showed that result is significant at $p \leq 0.05$ which reject the null hypothesis (H_0) in treatment of tinea infection.

CONCLUSION: The response of homoeopathic medicine was encouraging with evidence of improvement in patient condition as a whole which shows the importance of BBCR in making totality of symptoms and selection of homoeopathic similimum during clinical practice.

KEYWORDS: Tinea, BBCR, NRS, DLQI, Repertory

In our day to day clinical practical life, we find various cases where patients suffering from same pathology are different from other patients. While framing homoeopathic totality we came to know that patients disease presentation are same at pathology level, but while considering general symptoms of patient then each and every individual differ from other patients. So by using these characteristic symptoms we can prescribe homoeopathic similimum and get desired result. With the advancement of science happen day by day we came to a conclusion that every person's differ from every other persons in health, so it is also true for diseased condition. But there is lack of detailed literature and research work on this topic. It is the demand of time to explore the role of Homoeopathy in various aspect of modern presentation of disease.

The skin is the largest organ of the body. It receives many external influences in the form of pollution, allergens, fungal infections, bacterial infections. The diseases of skin are an outward reflection of inner deep seated dyscrasia (as per Homoeopathy philosophy). Tinea infections are among the most common diseases worldwide and cause serious chronic morbidity. Increased mass tourism and mobile populations may have contributed to change in epidemiological trends. Although the mortality rate in skin disease is very much low, but distress caused by it is significant. It many a times affects the daily living of a person.

Tinea infections are one the most commonly occurring infections especially in humid wet areas. Tinea is a fungal infection which is directly related to general hygiene and immunity of person. Various Tinea infections are named according to their site of occurrence. As per the law of similia and holistic approach of homoeopathy the skin infection is treated not as single disease but as an individual whole.

Incidence: According to WHO 20%-25% among population.

Aetiology: -

Trichophyton, Microsporums and Epidermophytons species are responsible for this group of infections. Common causative agents are T. Rubrum, T. Tonusurans and epidermophyton T.floccosum and, in the last decade, T. Tonsurans is most common [1]. The organism responsible for tinea invades stratum corneum, possibly aided by warm moist occlusive conditions and resides in it. After 1-3 weeks of incubation it starts spreading centrifugally [2]. Symptomatically presents as itchy circular or irregular lesions

which has well defined borders consisting of scaling, papules with hyperpigmentation,erythema and slight scaling in the centre presenting over trunk, extremities, fingers and scalp. Duration of disease is between 1-6 months. The different types of tinea infections are tinea corporis, T. Cruris, T. Capitis, T. Unguim, and T.faciae, T.mannum and T.corporis. Diagnosis is done by clinical history or is confirmed by microscopic scrapping and treated with 20% KOH for 20 minutes for identification of fungal hyphae. Skin surface biopsy scrapping test is also very accurate and easy [1].

Predisposing factors:-

High environmental temperature and sweating, whether of thermal or emotional origin. Prickly heat is a frequent accompaniment of tinea infections. Those wearing of athlete supporters or shorts which produce binding or chaffing in crotch. Wearing of wet clothes for prolonged time like fisherman, sea divers is one of the surest means of reviving tinea infections. Obesity is also a major factor to provide raw soil for Tinea infections to grow. Dermatophytes are molds that require keratin for nutrition and must live on stratum corneum, hair, or nails to survive. Transmission is person to person, animal to person and rarely soil to person [2].

Complications: -Eczematisation and lichenification [3].

Homoeopathic healing art follows the law of similia, and perceives the natural diseases as a derangement of the whole organism in the form of signs and symptoms. So on the basis of these signs and symptoms; it individualizes every case before prescribing the medicine.

Repertory is very essential in Homoeopathy for repertorization and to find a group of similar remedies in an easy way and one of the greatest pieces of homoeopathic literature left by Dr. C. M Boger is the BBCR. Repertory advocates the prescription on totality basis, through the process of repertorisation. Boenninghausen's Characteristics and Repertory by Dr. C.M. Boger contains direct rubric related to tinea infection and these rubrics contain medicines which are proved,

reproved.

About BBCR [4]

Boger's work boenninghausen's characteristics and repertory based on the following fundamental concepts:

1. Doctrine of complete symptoms and concomitants
2. Doctrine of pathological generals

3. Doctrine of causation and time
4. Clinical rubrics
5. Evaluation of remedies
6. Fever totality

7. Concordance Arrangement of rubrics:

Location rubrics are followed by further sub-division of parts, with each part having rubrics like “side” and “extending to”. After the location, different sensations are arranged in an alphabetic order. The end of location and beginning of sensation is marked by a horizontal line. It is divided into sub- rubrics under which, parts are mentioned. The rubrics for location and sensation are mixed and there are no separate heading given for them, but it is easy to understand because there is an order, i.e., after location, sensation are arranged in an alphabetical order. Time, aggravation, amelioration, concomitant and cross-reference are the arrangement of rubrics.

Most of the section in the book starts with the rubric in General. Clinically, these medicines have affinity towards the organs. It suggest organ remedies, which may be useful for finding out a drug for palliation when only a few prescribing symptoms are available in the case.

RESEARCH QUESTION:

Does individualized homoeopathic treatment, using Boennighausen's Characteristics and repertory by Dr. C.M.Boger effective in Tinea infections?

HYPOTHESIS:

Null Hypothesis:

there is no significant improvement of the patients suffering from Tinea infection, using BBCR by Dr.C.M.Boger.

Alternative Hypothesis:

There is significant improvement of the patient suffering from Tinea infection, usingBBCR by Dr. C.M Boger.

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AIM AND OBJECTIVES

AIM AND OBJECTIVES

AIM:

The aim of the present study is to observe improvement in sign and symptoms of tinea infection by using Boenninghausen's Characteristics and Repertory by Dr. C.M.Boger.

OBJECTIVES:

1) To estimate the importance of different rubrics of Boenninghausen's Characteristicsand Repertory by Dr. C.M. Boger in the treatment of tinea infection.
2) To determine the response of medicines on tinea infection during Homoeopathictreatment.
3) To study the limitations of Boenninghausen's Characteristics and Repertory by Dr.C.M.Boger in treatment of tinea infection.

3

REVIEWOF LITERATURE

REVIEW OF LITERATURE

"Observe, record, tabulate, communicate. Use your five senses. Learn to see, learn to hear, learn to feel learn to smell, &know that by practice alone you can become expert". [5]

-- Sir William Osler

Dr. F.J Ebling quoted that "to understand fully the cause, nature and treatment of skin disease requires a knowledge of the physiology, structure and chemistry of normal, as well as pathological, skin".

STRUCTURE OF SKIN [6, 7]

The integument or skin is the largest organ of the body, making up 16% of body weight, with a surface area of 1.8 m^2. It has several functions, the most important being to form a physical barrier to the environment, allowing and limiting the inward and outward passage of water, electrolytes and various substances while providing protection against micro-organisms, ultraviolet radiation, toxic agents and mechanical insults.

There are three structural layers to the skin: the epidermis, the dermis and subcutis. Hair, nails, sebaceous, sweat and apocrine glands are regarded as derivativesof skin. Skin is a dynamic organ in a constant state of change, as cells of the outer layers are continuously shed and replaced by inner cells moving up to the surface.

LAYERS OF THE SKIN

Skin layer :	Description:
Epidermis	The external layer mainly composed of layers of keratinocytes but also containing melanocytes, Langerhans cells and Merkel cells.
Basement membrane	The multilayered structure forming the dermoepidermal junction.
Dermis	The area of supportive connective tissue between the epidermis and the underlying subcutis: contains sweat glands, hair roots, nervous cells and fibres, blood and

	lymph vessels.
Subcutis	The layer of loose connective tissue and fat beneath the dermis.

ANATOMY OF SKIN [6, 7]

EPIDERMIS

The epidermis is stratified squamous epithelium. The main cells of the epidermis are the keratinocytes, which synthesise the protein keratin. Protein bridges called desmosomes connect the keratinocytes, which are in a constant state of transition from the deeper layers to the superficial. The four separate layers of the epidermis are formed by the differing stages of keratin maturation. The epidermis varies in thickness from 0.05 mm on the eyelids to 0.8±1.5 mm on the soles of the feetand palms of the hand. Moving from the lower layers upwards to the surface, the four layers of the epidermis are:

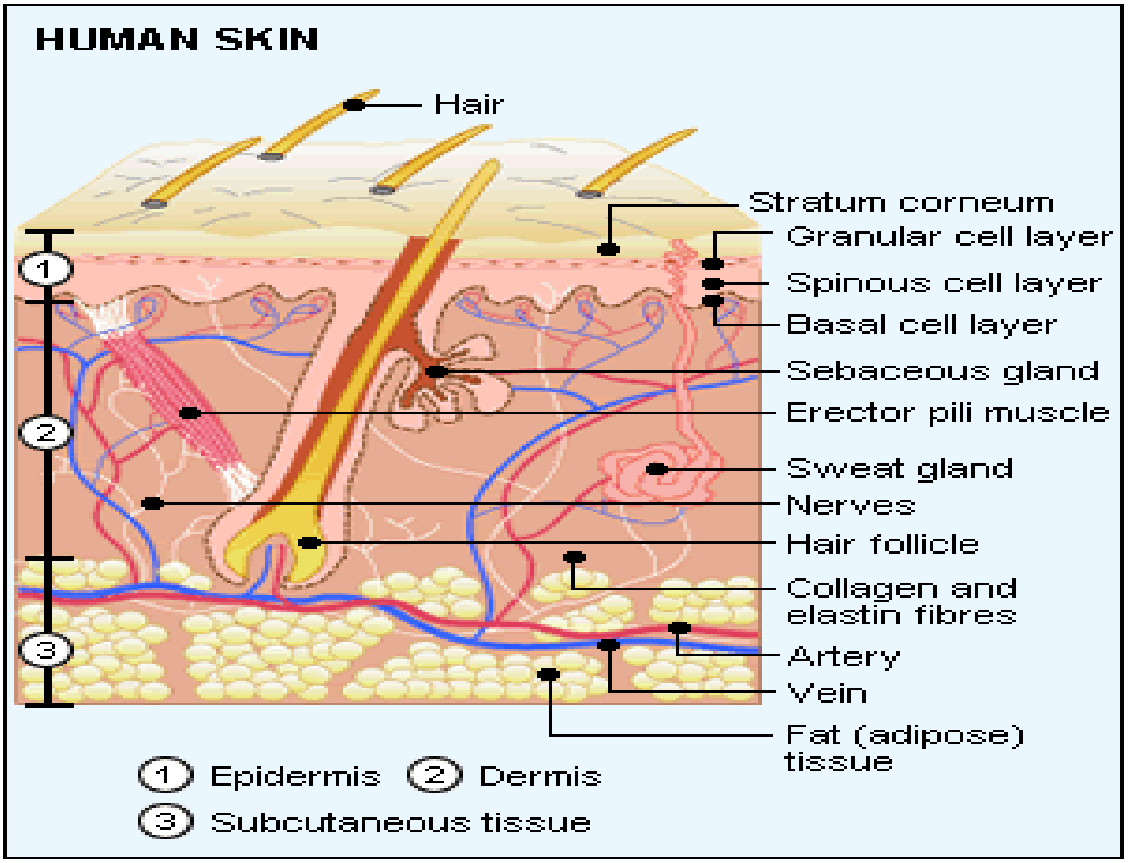


FIGURE-1: BASIC SKIN STRUCTURE [8]

- Stratum basale (basal or germinativum cell layer)
- Stratum spinosum (spinous or prickle cell layer)
- Stratum granulosum (granular cell layer)
- Stratum corneum (horny layer).

In addition, the stratum lucidum is a thin layer of translucent cells seen in thick epidermis. It represents a transition from the stratum granulosum and stratum corneum and is not usually seen in thin epidermis. Together, the stratum spinosum and stratum granulosum are sometimes referred to as the Malphigian layer.

STRATUM BASALE:

The innermost layer of the epidermis which lies adjacent to the dermis comprises mainly dividing and non-dividing keratinocytes, which are attached to the basement membrane by hemidesmosomes. As keratinocytes divide and differentiate, they move from this deeper layer to the surface. Making up a small proportion of the basal cell population is the pigment (melanin) producing melanocytes. These cells are characterised by dendritic processes, which stretch between relatively large numbers of neighbouring keratinocytes. Melanin accumulates in melanosomes that are transferred to the adjacent keratinocytes where they remain as granules. Melanin pigment provides protection against ultraviolet (UV) radiation; chronic exposure to light increases the ratio of melanocytes to keratinocytes, so more are found in facial skin compared to the lower back and a greater number on the outer arm compared to the inner arm.

STRATUM SPINOSUM

As basal cells reproduce and mature, they move towards the outer layer of skin, initially forming the stratum spinosum. Intercellular bridges, the desmosomes, which appear as `prickles' at a microscopic level, connect the cells. Langerhans cells are dendritic, immunologically active cells derived from the bone marrow, and are found on all epidermal surfaces but are mainly located in the middle of this layer. They play a significant role in immune reactions of the skin, acting as antigen- presenting cells.

STRATUM GRANULOSUM

Continuing their transition to the surface the cells continue to flatten, lose theirnuclei and their cytoplasm appears granular at this level.

STRATUM CORNEUM

The final outcome of keratinocytes maturation is found in the stratum corneum, which is made up of layers of hexagonal-shaped, non-viable cornified cells known as corneocytes. In most areas of the skin, there are 10±30 layers of stacked corneocytes with the palms and soles having the most. Each corneocytes is surrounded by a protein envelope and is filled with water-retaining keratin proteins. The cellular shape and orientation of the keratin proteins add strength to the stratum corneum. Surrounding the cells in the extracellular space are stacked layers of lipid bilayers. The resulting structure provides the natural physical and water-retaining barrier of the skin. The corneocyte layer can absorb three times its weight in water butif its water content drops below 10% it no longer remains pliable and cracks. The movement of epidermal cells to this layer usually takes about 28 days and is known as the epidermal transit time.

DERMOEPIDERMAL JUNCTION/BASEMENT MEMBRANE

This is a complex structure composed of two layers. The structure is highly irregular, with dermal papillae from the papillary dermis projecting perpendicular to the skin surface. It is via diffusion at this junction that the epidermis obtains nutrients and disposes of waste. The dermoepidermal junction flattens during ageing which accounts in part for some of the visual signs of ageing.

DERMIS

The dermis varies in thickness, ranging from 0.6 mm on the eyelids to 3 mm on the back, palms and soles. It is found below the epidermis and is composed of a tough, supportive cell matrix. Two layers comprise the dermis:

- A thin papillary layer
- A thicker reticular layer.

The papillary dermis lies below and connects with the epidermis. It contains thin loosely arranged collagen fibres. Thicker bundles of collagen run parallel to the skin

surface in the deeper reticular layer, which extends from the base of the papillary layer to the subcutis tissue. The dermis is made up of fibroblasts, which produce collagen, elastin and structural proteoglycans, together with immunocompetent mast cells and macrophages. Collagen fibres make up 70% of the dermis, giving it strength and toughness. Elastin maintains normal elasticity and flexibility while proteoglycans provide viscosity and hydration. Embedded within the fibrous tissue of the dermis are the dermal vasculature, lymphatics, nervous cells and fibres, sweat glands, hair roots and small quantities of striated muscle.

SUBCUTIS

This is made up of loose connective tissue and fat, which can be up to 3 cmthick on the abdomen.

BLOOD AND LYMPHATIC VESSELS

The dermis receives a rich blood supply. A superficial artery plexus is formed at the papillary and reticular dermal boundary by branches of the subcutis artery. Branches from this plexus form capillary loops in the papillae of the dermis, each witha single loop of capillary vessels, one arterial and one venous. The veins drain into mid-dermal and subcutaneous venous networks. Dilatation or constriction of these capillary loops plays a direct role in thermoregulation of the skin. Lymphatic drainage of the skin occurs through abundant lymphatic meshes that originate in the papillae and feed into larger lymphatic vessels that drain into regional lymph nodes.

NERVE SUPPLY

The skin has a rich innervation with the hands, face and genitalia having the highest density of nerves. All cutaneous nerves have their cell bodies in the dorsal root ganglia and both myelinated and non-myelinated fibres are found. Free sensory nerve endings lie in the dermis where they detect pain, itch and temperature. Specialised corpuscular receptors also lie in the dermis allowing sensations of touch to be received by Meissner's corpuscles and pressure and vibration by pacinian corpuscles. The autonomic nervous system supplies the motor innervation of the skin: adrenergic fibres innervate blood vessels, hair erector muscles and apocrine glands while cholinergic fibres innervate eccrine sweat glands. The endocrine system regulates the sebaceous glands, which are not innervated by autonomic fibres.

DERIVATIVE STRUCTURES OF THE SKIN

Hair can be found in varying densities of growth over the entire surface of the body, exceptions being on the palms, soles and glans penis. The root sheath, which surrounds the hair bulb, is composed of an outer and inner layer. An erector pili muscle is associated with the hair shaft and contracts with cold, fear and emotion to pull the hair erect, giving the skin `goose bumps'.

NAILS

Nails consist of a dense plate of hardened keratin between 0.3 and 0.5 mm thick. Finger nails function to protect the tip of the fingers and to aid grasping. The nail is made up of a nail bed, nail matrix and a nail plate. The thickened epidermis which underlies the free margin of the nail at the proximal end is called the hyponychium.

SEBACEOUS GLANDS

These glands are derived from epidermal cells and are closely associated with hair follicles especially those of the scalp, face, chest and back; they are not found in hairless areas. They are small in children, enlarging and becoming active at puberty, being sensitive to androgens. They produce an oily sebum by holocrine secretion in which the cells break down and release their lipid cytoplasm. The full function of sebum is unknown at present but it does play a role in the following:

- Maintaining the epidermal permeability barrier, structure and differentiation
- Skin-specific hormonal signalling
- Transporting antioxidants to the skin surface
- Protection from UV radiation.

SWEAT GLANDS

There are thought to be over 2.5 million on the skin surface and they are present over the majority of the body. They are located within the dermis and are composed of coiled tubes, which secrete a watery substance. They are classified into two different types: eccrine and apocrine.

- Eccrine glands are found all over the skin especially on the palms, soles, axillae and forehead. They are under psychological and thermal control.

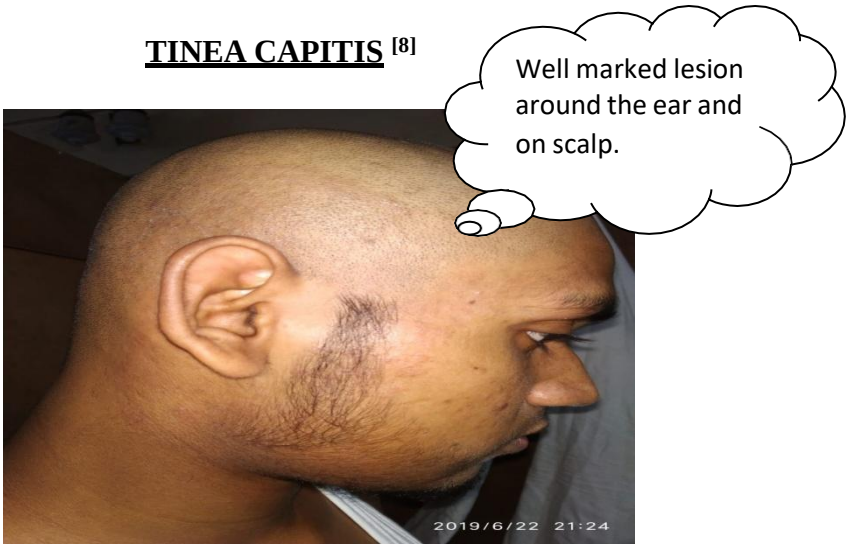
Sympathetic (cholinergic) nerve fibres innervate eccrine glands. The watery fluid they secrete contains chloride, lactic acid, fatty acids, urea, glycoprotein and mucopolysaccharides.

- Apocrine glands are larger, the ducts of which empty out into the hair follicles. They are present in the axillae, anogenital region and areolae and are under thermal control. They become active at puberty, producing an odourless protein-rich secretion which when acted upon by skin bacteria gives out a characteristic odour. These glands are under the control of sympathetic (adrenergic) nerve fibres.

INTRODUCTION

Infection of the skin is very common in our country due to favourable climate for the growth of the different varieties of fungal infection in different sites of body. It manifest through the symptoms like itch, circular rash with central clearing, redness.It not only affects the daily activities of normal routine of the patient, but also draws the attention of the patient towards cosmetic reasons. Although immunity and personal hygiene plays a significant role in prevention, but some co-morbidity like diabetes mellitus, obesity, hypothyroidism etc are said to maintain it for a very long period of time. Tinea infection and its various forms are the commonest form of fungal infection that occurs in India especially in coastal areas like west Bengal, Orissa etc. The following varieties of tinea have been explained for easy diagnosis of tinea infection. Tinea nomenclature is done according to the site which it affects for example tinea capitis (head), tinea mannum (hand) and so on. The modern concept of dermatology has classified the tinea into many varieties that has been discussed below:

TINEA CAPITIS [8]



SYNONYMS: RINGWORM OF SCALP; TINEA TONSURANS

DEFINITION: Tinea Capitis is an infection of the scalp and scalp hair follicles.

SPECIES CONCERNED: Most often produced by the species Microsporum audouini, T.schoenleinii, and T. violaceum have distinct predilection for hair shaft. It is of interest that in tinea Capitis, anthropophilic species predominates.

PATHOGENESIS

It is likely highly that hair acts as trapping device and it is known that contamination of hair without demonstrable clinical findings may occur among class mates of children with tinea capitis. Actually it invades into stratum corneum of the scalp at first develops. Hair shaft is invaded on mid- follicle. The intra-pilary hyphae continue to grow inwards towards the bulb of hair. Secondary extra-pilary hyphae burst out and grow in a tortuous manner over the surface of the hair shaft which is of course growing outwards continually, each one of these which becomes rounded off and eventually spherical.

Clinical Presentations:-

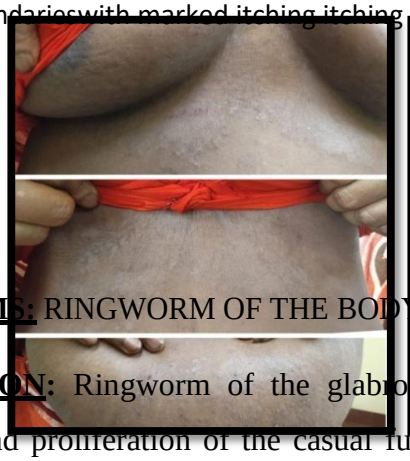
"Gray patch syndrome" produced microsporum species is characterized by the appearance of a small papule at the base of a hair follicle. Scalp surfaces become scaly and erythematous, and the hair becomes brittle and broken. Confluent areas of alopecia developed. Trichosporum tonsurans produce a syndrome referred as "black dot ringworm". It tends to produce chronic more diffuse alopecia.

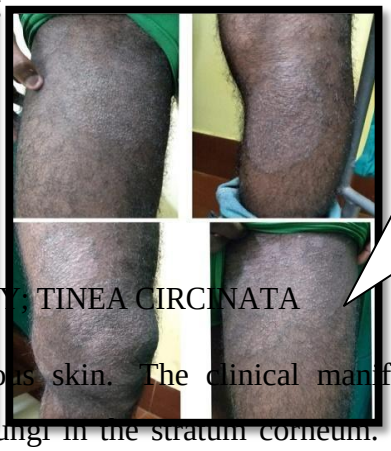
DIFFERNTIAL DIAGNOSIS:

Alopecia aerate with erythematous lesion or with pityriasis capitis. Exclamation mark hair should be differentiated by broken hair of tinea capitis. Seborrhoeic dermatitis is usually more diffuse than tinea capitis. Impetigo of scalp. Discoid lupus, lichen planus should be differentiated from this.

TINEA CORPORIS [9]

Well
defined boundarieswith marked itching itching





SYNONYMS: RINGWORM OF THE BODY; TINEA CIRCINATA

DEFINITION: Ringworm of the glabrous skin. The clinical manifestation result from invasion and proliferation of the casual fungi in the stratum corneum. Terminal hair in the affected parts may be invaded. It includes lesions of the trunk and limbs excluding ringworm of the specialised sites such as scalp, feet and groin etc.

SPECIES CONCERNED: All known dermatophyte can cause this type of skin infection.

PATHOGENESIS:

The source of the infection is usually an active lesion on an animal, or on another human although fomite transmission is known to occur, and infection from soil is a well established if unusual occurrences. In young children infected with T.rubrum and E.floccosum half of the infection in one series came from their parent. Invasion of the skin at the site of infection is followed by centrifugal spread through the horny layer of the epidermis. After this period of incubation which lasts for 1-3 weeks, the tissue response to infection becomes evident. This area usually becomes

resistant to reinfection although a second wave of centrifugal spread from the originalsite may occur with the formation of concentric erythematous inflammatory rings.

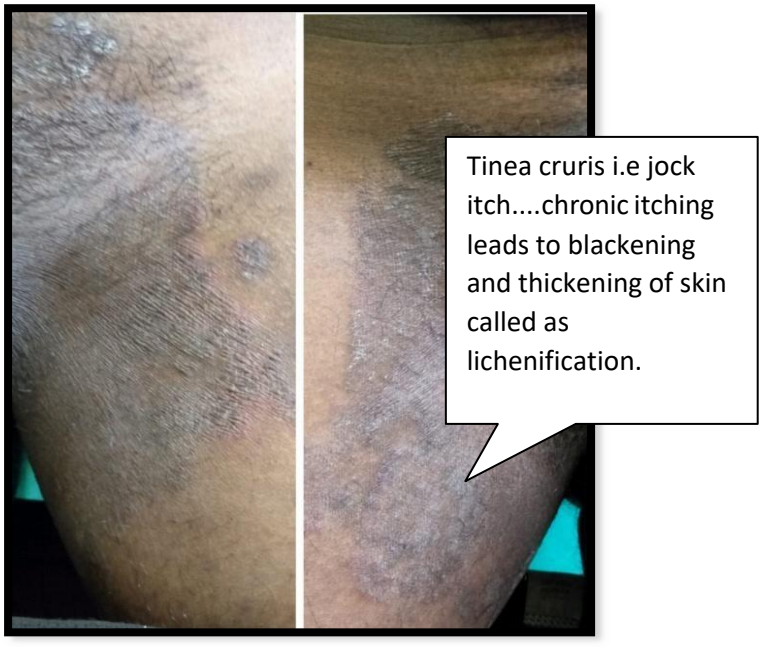
CLINICAL PRESENTATION:

Clinically presented as dry, mildly erythematous , elevated, scaling patch that spreads centrifugally as it clears centrally, so that it forms the characteristics annular lesion that have given the name. At times, gyrate or figurate plaques with advancing borders may spread over large areas.

DIFFRENTIAL DIAGNOSIS:

Seborrhoeic dermatitis often causes difficulty but the condition is symmetrical and there is probably associated Seborrhoeic dermatitis of the scalp and perhaps Intertrigo of skin folds. Psoriasis can also lead to confusion. Patches of impetigo are often confused. Nummular eczema is a common sourceof error.

TINEA CRURIS [9]



SYNONYMS: RINGWORM OF THE GROIN; DHOBIS ITCH; ECZEMA MARGINATUM

DEFINITION: Infection of the groin by a species of Dermatophytes.

SPECIES CONCERNED: *E. Floccousum* followed by T. Rubrum.

PATHOGENESIS:

The warm humid condition in this site seems important. This condition is more important in men than in women due to some mentioned reasons like there is greater prevalence of tinea pedis among them, higher level of perspiration of the male, anatomical difference. It is also called as "jock itch".

CLINICAL PRESENTATION:

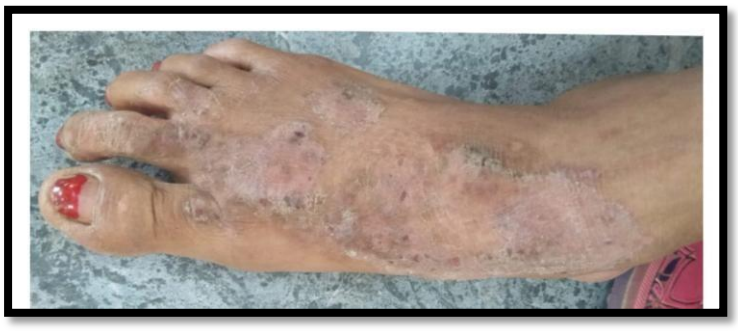
The lesion is a small, raised, scaly, erythematous patch on the inner aspect of the thigh, which spreads peripherally, often developing multiple tiny vesicles at the advancing margin. Irregular sharply bordered patches with hyper pigmented scaly centres evolve. Lesions are usually bilateral and initiated at the point of contact between the scrotum and the thigh. If infection is due to trichophyton mentagrophytes, the inflammatory reaction is more severe, and the infection may spread to skin beyond the crural region. It is more prevalent in obese persons and in those who perspire excessively and wear tight fitting clothing.

DIFFERENTIAL DIAGNOSIS:

Candidiasis which is more common in females does not have raised margins.

Intertrigo with heavy bacterial colonization is common in obese subjects of either sex. The central skin often macerated and inframammory, periumbilical and axillary skin may also be affected, resembling flexural Seborrhoeic dermatitis. Psoriasis may occasionally mimic tinea cruris. Lichenification of atopic dermatitis. Contact dermatitis from clothing or deodorants may confuse and Hailey-Hailey disease and flexural Darier"s disease require consideration.

TINEA PEDIS [9]



SYNONYMS: FOOT RINGWORM; ATHELETE FOOT

DEFINITION: Infection of the feet or toes with a dermatophyte fungus. **SPECIES CONCERNED:** T. Rubrum, T. Interdigitate and E. floccousm.**PATHOGENESIS:**

The wearing of shoes and the resultant maceration of the toe cleft skin predisposes to this condition which is in most cases initially a web space infection, usually involving the lateral toe clefts. This condition is more common in adults than in children.

CLINICAL PRESENTATION:

The most common expression of the diseases is the appearance of the moist intertriginous fissures accompanied by maceration and peeling of the surrounding skin. It mainly occurs in third and fourth interdigital space and sub digital spaces. Patient complains of severe itching, foul foot smell and tenderness. This type of chronic infection is more resistant to treatment.

An inflammatory vesicular type of reaction may be seen in response infection with T.mentagrophytes. The lesion may involve area of foot including dorsal surfaces but are usually patchy distribution. Occasionally, a very severe form of athlete‟s foot occurs as a result of secondary bacterial infection, which may exacerbated by topical antifungal therapy.

DIFFRENTIAL DIAGNOSIS:

Psoriasis Vulgaris, pityriasis rubra pilaris, Reiter‟s syndrome, contactdermatitis from nylon shoe material and tylosis may all need to be excluded.

TINEA MANNUM [9]

SYNONYMS: RINGWORM OF THE HAND

DEFINITION: Infection of the dorsal surface presents no specific features and is considered as ringworm of the glabrous. This section is therefore concerned with ringworm of palmar skin and with infection beginning under rings.

SPECIES CONCERNED: T.rubrum, T.violaceum.

PATHOGENESIS:

In most of the cases apart from the animal infections, there is pre-existing foot infection with or without toe-nail involvement. Poor peripheral circulation and tylosis are other possible predisposing factor.

CLINICAL PRESENTATION:

It is featured by a diffuse hyperkeratosis involving both the fingers and palms to a less common patchy, inflammatory, vesicular type of reaction.

DIFFERENTIAL DIAGNOSIS:

Contact dermatitis, especially primary irritant variety, psoriasis, pityriasis rubra pilaris, post streptococcal peeling must be considered.

TINEA UNGUIUM [9]

SYNONYMS: RINGWORM OF THE NAIL

DEFINITION: Invasion of nail plates by species of dermatophyte.

SPECIES CONCERNED: T.rubrum, T.interdigitale, E.floccosum associated with foot and hand infections. T.tonsurans, T.violaceum, T.schoenleinii associated with scalp infection. T.concentricum and Tinea imbricata.

PATHOGENESIS:

Concerned species invade into nail plate with relative ease. Invasion of the nail plate usually occurs either from the lateral nail fold or from the free edge. It shows elaborate network of channel and lacunae are formed leading to opacity and eventually destruction and crumbling of the nail plate. A poor peripheral circulation is responsible for this condition of nail.

CLINICAL PRESENTATION:

The ventral and middle layer of nail plate and perhaps the nail bed are the sites of infection. The nail first develops a yellowish discoloration and slowly becomes thickened, brittle, and loosened from the nail bed because of the accumulation of subungual keratin. It is a painless condition.

DIFFERNTIAL DIAGNOSIS:

Subungual hyperkeratosis of nail, psoriasis associated with nail pitting, irregularly buckled nail of eczema and the ridged or dysplastic nail of lichen planus must be distinguished. Paronychia affects the nail plate proximally and laterally due bacterial infection.

TINEA FACIAE [9]

SYNONYMS: RINGWORM OF THE FACE.

DEFINITION: It is infection of glabrous skin of the face with a Dermatophytesfungus (the moustache and beard area of adult male are excluded).

SPECIES CONCERNED

T.mentagrophytes and T.rubrum predominant but M. Audouini and M.canisalso common.

PATHOGENESIS

Facial skin may be infected either by direct inoculation of a dermatophytefungus from an external source.

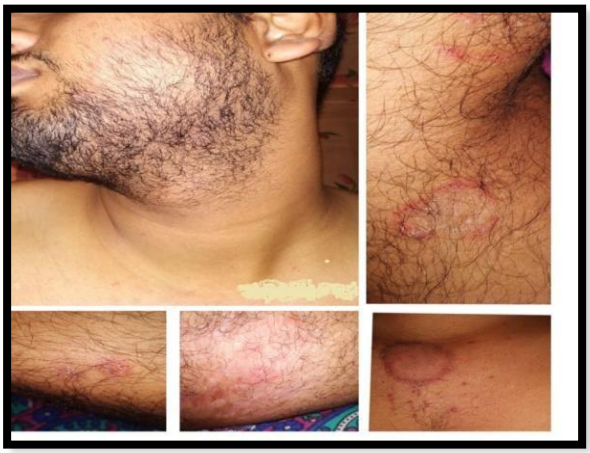
CLINICAL FEATURE:

Itching, burning and exacerbation after sun exposure are common. There will be often history of animals. Erythema is usual but scaling is present in fewer than two third of cases. A substantial proportion does not show annular or circinate lesions, andinduration with a raised margin is present in about half. Simple papular lesion and in some cases completely flat lesion of erythema, also occur.

DIFFERENTIAL DIAGNOSIS:

Because of light sensitivity the frequent absence of scaling, and the somewhat nondescript appearance this condition is frequently confused with discoid lupus erythematosus and polymorphic light eruption. Bowenoid solar keratosis, psoriasis, impetigo, Rosacea and benign lymphocytic infiltrates must also be considered.

TINEA BARBAE [9]



SYONYNMS: RINGWORM OF THE BEARD

DEFINITION: It is the infection of the beard and moustache area of the face with invasion of coarse hairs. It is thus disease of adult male. Tinea of the chin and upper lip in female and children are considered as tinea facie i.e. ringworm of the glabrous skin of the face.

SPECIES CONCERNED: T.mentagrophytes and T. verrucosum.

PATHOGENESIS:

Infection with certain species leads to large spored ectothrix invasion with the spores in chain.

CLINICAL PRESENTATION:

The affected men are farm worker cases caused by the two main species. The clinical picture in these is highly inflammatory pustular folliculitis often showing all the features of a kerion. Hairs of the bread or moustache regions are surrounded by red inflammatory papules or pustules usually with exudation or crusting. Many hairs within the affected area are loose and easily removed with the forceps without causingpain.

DIFFERENTIAL DIAGNOSIS:

The highly inflammatory lesion is distinguished with carbuncles by their relative lack of pain.

Loosened hairs, though present in some bacterial infection, are rarely obvious as they are in tinea barbae.

INVESTIGATION [10]

Microscopic examination of a potassium hydroxide (KOH) wet mount of scales is diagnostic in tinea cruris.

The procedure for KOH wet mount is as follows:

- Clean the area with 70% alcohol.
- Collect scales from the margin of the lesion; use a scalpel or the edge of a glass slide for this purpose. Cover the collected scales with a cover slip; allowa drop of KOH (10-15% wt/vol) to run under the cover slip.
- The keratin and debris should dissolve after a few minutes.
- Negative results on KOH preparation do not exclude fungal infection.

MANAGEMENT

General management

1) Clothes, towel should be boiled under hot water for at least 10 minutes.
2) As the major co morbidity of fungal infection is obesity, so try to lose weightto prevent sweating logging and chaffing of skin.
3) Footwear should be open type for proper aeration.

4) Patient who sweat a lot should change their clothes more frequently and avoid synthetic material.
5) Keep your own towel when you have fungal infection so as to avoid the passing of fungal infection to other family members.
6) Dry the groin area after bathing gently and apply dusting powder to make it perfectly dry.
7) Apply coconut oil in case of dry erythematous eruptions. It not only provides the lubrication to the skin but also prevent it from secondary bacterial infections.

HOMOEOPATHIC APPROACH FOR MANAGEMENT OF TINEAINFECTION:

"The good physician treats the disease; the great physician treats the patient who hasthe disease," .....**Sir William Osler**

Homoeopathic Concept of Disease in General:

In homoeopathy disease is defined as dynamic derangement of the vital principles by the dynamic influences of the disease producing agents manifested externally as altered sensation and function viz. the symptoms. As disease signifies the presence of symptoms and health their absence, Hahnemann conceives of cure as the process of removal of symptoms, not their suppression. [11]

To define disease Master Hahnemann says in **§11** of his "Organon of Medicine" When a person falls ill, it is the only this spiritual, self-acting (automatic) vital force, everywhere presents in his organism, that is primarily deranged by the dynamic influence upon it of a morbific agent inimical to life; it is only the vital force, deranged to such an abnormal state, that can furnish the organism with its disagreeable sensation, and incline it to the irregular processes which we call disease; for, as a power invisible in itself, and only cognizable by its effects on the organism, its morbid derangement only makes itself known by the manifestation of disease in the sensation and functions of those parts of the organism exposed to the senses of the observer and physician, that is, by morbid symptoms, and in no other way can it make itself known. [11]

Regarding case taking **Master Hahnemann** says in **§3** " ..... what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient…"" [11]

Homoeopathy treats the patient and not the disease. Every patient with same nosological disease differs from each other. Individualizing features of a patient differentiate him from other patients. [12] Homoeopathy is a holistic system of medicine and considers the human being as a single unit, as an individual who consists of body, mind and soul.

So, the gross, tangible lesions and products in which the disease ultimate is not the primary object of the homoeopathic prescription. The prescription is guided by the symptoms which represent the morbid, vital process which proceeded, accompanied and ultimate in the development of the disease. In the evolution of disease in a living organism, functional changes precede organic or structural changes. [12]

REPERTORIAL ASPECT OF TINEA INFECTION THROUGH BBCR:

WHY REPERTORY IS NECESSARY?

The repertory is an outcome of the logical human mind. Homoeopathic healing art follows the law of „Similia Similibus Curantur" and perceives the natural disease as the derangement of the whole organism in the form of signs and symptoms, so on the basis of these signs and symptoms, it individualize every case before prescribing the medicine.

In homoeopathic Materia Medica symptoms of drugs are given, certainly one cannot afford to refer to all similar drugs in Materia Medica corresponding to the disease picture. It would be time consuming and at the time confusing. Therefore, a need was felt for working manual to ease the task of finding out a specific drug. Such a need was felt as early as in Hahnemann"s era. Thus, a new subject was pursued. In fact, most of the stalwarts had felt the need of a repertory and found it difficult to practice without it. Repertory advocates the prescription on totality basis, through the process of repertorisation.

BOGER'S LIFE HISTORY [13]

H.A Robert quoted that "probably there has never been a more thorough student of Boenninghausen than late Dr. Cyrus M. Boger".

Dr. Cyrus Maxwell Boger, M.D. was a leading and prominent homoeopathic physician of United States of America. He was born on 13 may 1861 in Annville, western Pennsylvania. He was the son of Professor Cyrus and Isabelle Maxwell Boger.He received his early education in the public school of Lebanon, Pa. He graduated in pharmacy from the Philadelphia college of pharmacy. Later graduated from Philadelphia College of medicine. He studied at Hahnemann homoeopathic medical college. Philadelphia and qualified himself as a Homoeopath. His depth of knowledge in materia medica, philosophy, case taking, repertory and prescribing was inimitable and exemplary.

Dr.Boger was in correspondence with Dr.L.D.Dhawale who incorporated his views about pathological generals and advocates their use in treating patients. Dr.Boger passed away in September 2, 1935 at the age of 74.he seems to have been an extraordinary man, a seer and a sage, extremely industrious and ingenious.

Boger‟s contribution to the homoeopathy are a systematic alphabetic repertory of homeopathic remedies- Boenninghausen (translation) in 1900, Boenninghausen‟s characteristics and repertory in 1905, synoptic key in 1915, card index repertory and general analysis in 1924 , times of remedies and moon phases in 1931 and studies in philosophy of healing and several other articles in 1931 onwards.

BOGER CONCEPT OF TOTALITY [14]

The spirit of the clinical symptom picture is best obtained by asking the patient to tell his own story, whenever this is possible. This account is then amplified and more accurately defined by the questioner, who should,

1) First try to elicit the evident *cause and course of the sickness* down to the latest symptom, to which he will especially add all the things which now seem to interfere with the sufferer's comfort. Especially should the natural modifiers of sickness -the modalities- be very definitely ascertained. The following are the most vitally important of such influences, Time, Temperature, Open air,

Posture, Being Alone, Motion, Sleep, Eating and Drinking, Touch, Pressure, Discharges, etc.

2) A consideration of the *mental state* comes next in order of importance. Here the presence of Irritability, Sadness or Fear is the ruling factor.
3) The third step concerns the estimate to be put upon the patient's own *description of his sensations*. This is a very vital point and in order not to be misled it is always well to ascertain whether any of the following primary sensations are present. Burning, Cramping, Cutting, Bursting, Soreness, Throbbing, and Thirst. There may be many others, but the presence of any of these often overshadows them, especially such as may be due to the play of the imagination; which feature is in itself often of more importance than the particular thing imagined.
4) Next in order comes the *entire objective aspect or expression of the sickness*: This should especially include the Facial expression, Demeanor, Nervous excitability, Sensibility, Restlessness, or Torpor, State of the Secretions and any abnormal coloring that may be present.
5) Lastly the *part affected* must be determined; which also brings the investigation in touch with diagnosis.

BOGER CONCEPT OF REPERTORIZATION [4]

BOGER in the PREFACE of the Boenninghausen‟s characteristics materia medica and repertory under the topic "**choosing the remedy**" gives the idea of regarding the selection of medicines, adopting the plan of Boenninghausen i.e. the seven rubrics-QUIS, QUID, UBI, QUIBUS AUXILUS, CUR, QUANDO and QUAMODO.

He says- "Hahnemann in **§** 152, of organon of medicine, gives explicit directions for the selection of medicine; he tell us how the choice should be made from among the drugs which exhibit effects stimulating those of the world disease picture at hand and shows how the final differentiation depends upon the individualistic or peculiar symptoms. A truly scientific procedures."

The interpretation of what constitutes striking or singular symptoms, except as pointed out in § 186 and the following is left to the judgement of the physician, but is elucidated in the following seven points [4]:

1. Change in personality and temperaments are particular to be noted, especially when striking alteration, even if rare, occur; the latter often supplant or by theirprominence may obscure the physical manifestation and consequently correspond to but few remedies.
2. It is self evident that the **nature and peculiarities of disease**, as well as the virtue of drugs, must be thoroughly known before we can hope to give practicalaid on sickness.

   The most accurate and indubitable diagnosis of a disease from a depicted in pathological (allopathic) treatise can seldom or never suffice for the sure selection of the similar (homoeopathic) remedy in a concrete case. It can, at most, but not invariably serve to exclude for the comparison all medicines which on the contrary seem to expand themselves upon other parts of the livingorganisms.
3. **The seat of the disease** frequently points to the decisive indications , or almost every drug acts more definitely upon certain parts of the organisms, the whole body seldom being affected equally, even in kind, differences occur in so called local disease, as well as in the affection designated as general; such are gout rheumatism. At times the right, then left side suffers more, the pains may occur diagonally, etc.etc. The amount of attention to be given to the affected part is necessarily proportioned to the magnitude of general illness of which itis a portion.
4. In finding the similimum for the whole case the **concomitants**, above all, demand the most thorough examination. While carefully elucidated characteristics strikingly portrays the leading features of a case they are always modified by peculiarities of the relief before the picture can be said to be accurate. Common place of well known accompaniment unless they are presentin an extraordinary degree or appear in a singular manner.

   We must therefore, examine carefully all those accessory symptoms which are:

   = Rarely found combined with the main affection, hence also infrequent under the same conditions in the proving.

= All those belonging to another sphere of disease than that of the main one.

= Finally those which bear the distinctive marks of some drugs, even if they have never before been noted in the preceding relation.

A concomitant may so distinctly and decidedly depict the nature of drug and subsequently indicate it, as to acquire an importance for outranking the symptom of the main disease.

5. **The cause**. Pathological explanations and speculations are too far removed from our entirely practical method to have any great value in a therapy and cure. Diseases are logically divided into internal and external. The former arise from the natural disposition, which is sometimes highly susceptible (idiosyncrasy). The latter can excite disease principally by means of external impressions, when there is natural predisposition.

   The modified natural tendency to the disease depends, according to Hahnemann, upon the uneradicated miasms of Psora, syphilis and sycosis. So much depends upon knowledge of the cause (anamnesis) of disease, that without it the chronic of the homoeopathic remedy cannot be made with safety.

6. **The modalities** are the proper and most decisive modifiers of the characteristics, not one of which is utterly worthless, not even the negative ones. They have developed in importance with the growth of homoeopathy. A superficial examination of any completely proven drug will reveal the common symptoms of the disease, such as headache, bellyache, diarrhoea, eruptions.etc. A little closer inspection of, the modality. All experienced homoeopaths pay great attention to this point. It is self evident that the modality must be specialised, it is not sufficient, for instance, to note the general effect of motion in a given case, but the various kinds of motion, and whether they arise during continued or at the start of the movement must be known.

7. **The time** is hardly less important than the aggravation and amelioration itself and could be of great use were the different stages of disease left undisfigured by the drug influences , for the constantly produce the most devious effects upon the natural course of the disease. This homoeopathic objective concerns two points which have a direct bearing upon the choice of the remedy.

a) The periodical return of the symptoms after a longer or a shorter period of quiescence.

b) The hour of the day when they are better or the worse.

In general tyro in homoeopathy cannot too earnestly take to heart the caution to avoid the great error of regarding a numerically large mass of symptoms that the general in their character, but do not individualised the case, as sufficient guide in choosing the remedy. The keen perceptions and appreciation of those symptoms, which at the same time, corresponds to the nature of the disease and also designate the remedy which is exclusively or at least most decidedly indicated this alone betokens the master mind. For it is easier- very much easier-to select the right remedy after a picture of the disease, complete in every aspect and fully meeting all requirements, has been drawn up, than to obtain the material for such a picture and construct it for oneself.

PATHOLOGICAL GENERAL [4]

This is one of the most important contributions of the Boger in his repertory. Pathological generals are the expression of the person, which are known by a study of the changes at the tissue level. Certain types of constitution are prone to certain pathological changes to different level of system and organs. When a pathological symptom exists in more than two parts of the body, then they can be considered asa general tendency of the organism. These symptoms are called as pathological general symptoms. Boger emphasised the importance of pathological generals bothin the repertory and his book GENERAL ANALYSIS.

Dr. Dario Spinedi who wrote a foreword to "complete repertory" writes, "I discovered that Boger‟s Boenninghausen's repertory is a real gold mine for all kinds of symptoms"

A CASE BY STALWART [15]

Dr. J.C BURNETT in his book diseases of the skin-their constitutional nature and cure presented a case of ringworm as herpes tinea tonsurans. The full article was given in "ringworm: its constitutional nature and cure" (London 1892). That article also published in America by Messrs. Boericke‟s & Tafel. The case was of asmall girl with a lesion on scalp,

Dr. Burnett prescribed her Bacillinum. As the day progresses her appetite, sleep, temper and appearance getting better, but inspite of that the lesion on the head remain persists. After this Dr. Burnett concluded that it is inconceivable that you can better the health of a child by cleaning the ringworm mould off the surfaceof the body.

BAD EFFECTS OF SUPPRESSION OF RINGWORM [16]

According to Dr. J.H Allen it is an expression of Psora- sycosis miasms. When the infections suppressed, they develop further sycotic difficulties. The suppression of which, leads to respiratory complaints. [16]

Suppression of ringworm and there follow tubercular disease (Burnett). Brittle nails, nails with various strains, fissured, waxy, asymmetrical nails that come out easily. Formation of pus at the junction of nail and flesh.

HOMOEOPATHIC THERAPEUTICS

In homoeopathic materia medica, many medicines are given for skin condition ringworm. Among these medicines some shown wonderful results like Merc sol, Sepia and Nat Mur and etc. etc. Here only few effective medicines are mentioned for easy reference of students. Some of the most affective remedies required for the treatment of the ringworm are discussed below:

- **ARSENIC ALBUM**:

  It is indicated in the skin diseases in which there is thickening of the skin structure with copious scaling especially of bran colored scales on head, coming down over the forehead. Skin as though as parchment, cold and bluish desquamation of the skin of the body. The main locations are scalp, nails, groin, all over the body. Vesicular eruption of lesion is seen with violent burning esp. at night, or with covering like fish scales. Scalp perfectly dry and rough, covered with dry scales and scabs, extending sometimes even to forehead, face and ear, burning- itching eruption, pats painful after scratching; falling off in patches. Modalities itching < undressing, in bed, <lasting during the whole night.

- **BACILLINUM**:[15]

This remedy first brought into prominence in the treatment of ringworm by Dr. J. C Burnett, of England. It is mainly indicated in light complexioned person with blue eyes, suffering from tubercular diathesis. Burnett says "The fungus is only the guest of the disease host". The main locations covered by this drug are face, scalp and beard. Lesions are typically appeared as many fine scales. Ringworm, pityriasis, with a family or past history of tuberculosis.

❖ **DULCAMARA**[17]

Ringworm of the scalp. Thick brown crusts which are bleed on scratching.
Ringworm on the face, genitals and hands. Eruption appears red.

❖ **GRAPHITES**:

It is indicated in patient who is rather stout, of fair complexion with tendency to skin affections and constipation. Unhealthy skin, every little injury suppurates. The main locations of the lesions are scalp, face, groin, between toes and nail beds. Lesions are moist, crusty eruptions, or discoloured skin with thick borders. Eruption, oozing out a sticky exudation. Excoriation of skin in the bends of the limb, groin, neck and behind the ears especially in children. Large area of brownish raised skin more dark at the margin parts of falling hairs especially toe nails, crumbling nails. Modalities < heat, warmth, at night and perspiration. Worsein the bend of limbs, groin, neck and behind the ears. [17]

❖ **HEPAR SULPH**:

Suits especially the scrofulous and lymphatic constitution that is inclined to eruptions and glandular swelling. Great sensitiveness to all impressions; after abuse of mercury; herpes circinatus. Location; herpes of groin, scalp, face and limbs. Lesions: humid eruption on scalp. Feeling sore, of foetid odour, itching violently on raising in the morning, burning and feeling sore on scratching. Inflammation and suppuration of the gland; scabs easily torn off, leaving a raw and bleeding surface. Smarting, excoriation and oozing between the thigh and scrotum. Suppurations esp. After previous inflammation. Modalities < dry cold wind, slightest draught, > damp weather, from warmth.

❖ **HYDROCOTYLE**[17]**:**

Dry eruptions. Great thickening of the skin with scales.

❖ **LYCOPODIUM**:

Suited to mild temperament of lymphatic constitution with an earthy complexion, uric acid diathesis, skin shows yellowish spots, also precocious, weak children. Viscid offensive perspiration especially of feet and axillae. Locations involved are brown spots freckles on left side of face, nose and scalp. Lesions: tendency of the skin to become chapped, painful eruption. Eruption beginning on the back of head: crust thick, easily bleeding, and oozing fetid moisture, worse after scratching and from warmth. Glandular swellings. Modalities itching <from warm application.

❖ **MERCURIUS**[18]

Lesion produced by mercury is very similar to those with syphilis. Skin is almost constantly moist. Persistent dryness of the skin is contradictory to the Mercurius. General tendency to free perspiration, but the patient is not relieved there by. All complaints are associated with great deal of weariness, prostration and trembling. Location: hair follicles, groin. Lesions are mainly pustular, foetid eruption on head with yellow crusts, worse when scratching and at forehead: itching all over head. Excoriation between parts and thigh; sloughing of scrotum. Tettery, excoriated and oozing spots or dry itching. Modalities < at night, warmth of bed, damp, cold rainy weather and during perspiration.

❖ **MEZERIUM**

Dry eruptions on the head with intolerable itching as if head were in on ants nest. Patient is very sensitive to cold air and touch. General desquamation of skin of body. Lesion are mainly on head covered with thick leathery crusts, under which pus collects. Elevated, white, chalk like scabs with itch or beneath, breeding vermin. White scaly, peeling of eruption over scalp, extending over forehead, temple, ears and neck. Modalities; violent itching, < in bed, from touch, damp weather.

❖ **NATRUM MURIATICUM**

Greasy oily especially on hairy parts; on the nape of the neck, on margins of the hairy scalp and bends of joints. In the bends of limbs, behind ears. Lesions are mainly dry and crusty eruptions. Skin of the hands, about nails, dry, cracked; hang- nails.

❖ **PSORINUM**[19]

It is suited to Psora manifestation of skin affections. Scrofulous patients, filthy secretions have a filthy smell. Extreme sensitiveness to cold, wants warm clothing even in summers. The location of lesions are on scalp, bends of joints, behind the ears that of herpetic variety. Lesions are moist suppurating, fetid eruption on head; averse to having head uncovered; hair dry lustreless, tangles easily, skin dirty, greasy looking, with yellow blotches here and there. Sebaceous glands secrete excessively; oily skin, Pustules near finger nails. The whole body has a filthy smell even after bath. Modalities: itching < warmth of bed, change of weather, cold.

❖ **RADIUM BROMATUM :**[17]

It is better in open air and worse in bed and while undressing. Circular patches itching in bed and burning. Ringworm where the lesions are very red, burn perfectly round patches, on the scalp or skin.

❖ **RHUS TOX** [20]

Especially indicated in the begnining and in the malignant form during the inflammatory period, cellulites and infection in the early stages, eruption is wet and bad smelling with nightly itching. Locations are mainly on chin, face, limbs and groin mainly of vesicular type. Lesions are vesicular, burning with a tendency to scale formation, appearing especially spring and autumn. Vesicular suppurating forms, skin become red, swollen, itching intense. Blister circular, in the form spreading with a red edge in advance. Profuse eruption on genital organs, swellingand thickening of scrotum, with intolerable itching.

❖ **SEPIA**[21]

Face, about the mouth, in the flexure of the body head, bends of elbows and knees, scalp and anterior surfaces of the body. Ringworm like eruptions every spring. Lesions; tinea circinata; brownish or fawn colored vesiculo- papular rings; the affected skin is dry, mildly itchy and whitish. Also, yellowish patches on the face; saddle like brownish distribution on nose and cheeks. Herpes circinatus in isolated or small patches, itchy not > by scratching. Herpetic eruption on lips, around the mouth and nose. Location; face, about the mouth esp. Lower lip, head, bends of elbows and knees, scalp. Modalities: < open air, cold washings, and every spring >by warmth. Foot sweat, worse on toes.

❖ **SILICEA**[22]

Sickly children with pale faces and dark rings vaccinations. Delicate, pale waxy skin. Location; between toes, nail bed. Lesions: a constantly sweaty foot leads to tinea pedis moist cracks between toes. Offensive foot sweat. Soreness in the feet from instep, crippled nails. Itching eruptions, popular, vesicular upon the chest, thigh and back.

❖ **SULPHUR** [23]

Adapted to dirty, filthy people, prone to skin affections. General offensive character of discharge and exhalations. Complaints that relapse. When carefully selected remedies fail to act. Often of great use in beginning the treatment of chronic cases. Location; face, feet, toenails and groin lesion; when the eruption becomes dry and begins to peel off thick dark scabs. Terrible itchy tinea cruris, red and irritated at folds of scrotum and thigh. Dry, scaly, unhealthy; every little injurysuppurates; excoriation, especially in folds, between thigh and in groin, chiefly when walking; skin affections after local medication. Fungal nails, burning athlete‟s foot- must excoriation, especially in folds, between thigh and in groin, chiefly when walking, skin affections after local medication fungal nails, burning athlete‟s foot- must leave them uncovered. Modalities are pruritus esp.<warmth, in the evening, < often recur in springtime, < in dam weather; itching burning < after scratching and washing.

❖ **TELLURIUM METALLICUM**

Tinea lesion may cover the whole body or single parts especially in lower limbs. Location; ringworm of face, beard, head, scalp, ears, scrotum, perineum. Lesion; herpetic spots, circular patches, sometime, intersecting circles, barber‟s itch. Hair falling in spots. Offensive, garlic or fish brine odour from skin. Fetid exhalations. Offensive foot sweat. Body thickly covered with elevated rings of herpes circinatus; they began first on calves, then on inside of forearms above wrist and spread from that part causes severe itching day and night. Modalities; < at night, after going to bed; itching < in cool air. The odour of the body and sweat is like garlic.

❖ **THUJA OCCIDENTALIS**

The main action of this drug is on the skin and genital organs producing condition that corresponds with Hahnemann‟s sycotic dyscrasia. Hydrogenoid constitution whose blood is morbidly hydroscopic so that damp air and water are inimical. Bleeding fungus growth. Location; herpes of ano- genital, nails, limbs. Lesion; dry skin brown spots; herpes eruptions on genitals with sweetish and strong perspiration. Eruptions only on covered parts worse after scratching. Moist corroding eruption on occiput and temples, worse from touch, better from rubbing;white scaly dandruff, hair dry and falling off, extending to eyebrows; want head and face warmly wrapped. Modalities; itching worse after scratching, at night, from heat of bed, after vaccination.

❖ **VIOLA TRICOLOR**

Eruption, particularly over the face [except eyelids] and head with burning, itching< at night. Thick scabs, with cracks, exude tenacious yellow pus. Sycosis. Tinea capitis with frequent involuntary urination, urine cat like odour.

❖ **ARTICUM LAPPA**

Head completely covered with a greyish – white crust and most of the hairgone; eruption extends to face; moist, bad smelling eruption on heads of children; crusta lacteal, swelling and suppuration of axillary glands.

❖ **CHYSAROBINUM**[24]

Acts as a powerful irritant of the skin and is used successfully in skin disease, especially in ringworm, herpes. Dry, scaly eruption especially around the eyes and ears, scabs with pus underneath. Vesicular or squamous lesions, associated with a foul smelling discharge and crusts formation with a tendency to become confluent giving the appearance of a single crust covering the entire area. Violent itching in the thighs, legs and ears.

❖ **COMOCLADIA DENTATE**

Itchy, red with pimples, redness all over like scarlatina. Red strips on the skin. Eczema of trunk and extremities, also of the pustular type< touch, warmth > open air scratching.

❖ **HYDRASTIS**

Eczema on margin of hair in front, worse coming from cold into warm room, oozing after washing; all secretion tenacious, ropy, increased.

❖ **NATRUM ARSENICUM**

Squamous eruption and excessive accumulation of thin, white, dry scales which, when removed the skin looks red and angry. As the scales increased the itching increases; itch < by warmth and by exercise. Dark complexioned people with black hair.

❖ **PHOSPHROUS**

Dandruff copious, falls out in clods; roots of hair get grey, and hair comes out in bunches; burning and itching worse after scratching; the denuded scalp appears clear, white and smooth.

❖ **SANICULA AQUA** [25]

Dry brownish flabby < neck. Fissured hands and finger. Skin about neck wrinkled and hangs in folds. Tendency to small boils which do not mature.

RUBRICS FROM BBCR [4]

SKIN AND EXTERIOR BODY - Tetters (including herpes and eczema) –ringworm

Calc. clem. graph. iod. mag-c. **NAT-C.** *Nat-m.* **SEP.** *Sulph. Tell.* ter. thuj.

MIASMATIC APPROACH [26]

PSORIC SKIN	SYCOTIC SKIN	SYPHILITIC SKIN	TUBERCULAR SKIN
Ringworm (more Tuberculoid-psoric or tuberculo-sycosis, according to the cause and manifestation), itch and eczema are not of Psora but the result or Psora.	Here, we find disturbed pigment metabolism, resulting in hyper pigmentation in patches or diffused in different parts.	Ulcerative and degenerative skin conditions are syphilitic.	The tubercular miasm skin has skin disease of threatening or destructive nature.
Tendency to recurrent skin disease is Psoric in origin but Psora-tubercular in manifestation (as recurrence is tubercular).	Hypertrophied skin conditions are sycotic in origin.	It has ulcerous tendency. Particularly towards virulent type of open ulcers.	The area affected tends to be those which are subjected to much use. Eruptions therefore are evident around the fingers and lips and in or around the mouth.
Here scratching eruption are followed by dry scales.	Circumscribed or circular patches of hyper pigmentation in different areas of skin.	Eruption are slow to heal, are syphilo-psoric.	It encompasses the state where there is a presence of ringworm or where there has been a past history of the

			suppression of

			ringworm.
Eruptions are papular with associated itching.	and Fish scale eruptions can be syco-psoric or trimiasmatic, combining the dryness of Psora. The thickened skin of sycosis and the	Ulcerated skin with pus and blood represents syphilis.	Recurrent and obstinate boils with profuse pus.
Voluptuous itching and itching which is only temporarily relieved by rubbing and scratching.	Painful skin eruptions which are localized and/or in circumscribed spots.		Associated with glandular involvement is tubercular.
Psoric skin diseases are devoid of suppuration and apt to be dry.	Vesicular eruptions which do not heal quickly and urine colored patches are sycotic.		
Sensation of burning		It is not itchy but there can be sensation of rawness and soreness.	A sensation of is exhaustion skin present with disease.
MODALITIES			
<late in evening before midnight and is most unbearable, cold, in winter and from undressing. >Natural discharges such as	< Consumption of meat; in humid and rainy weather, and from changes in weather generally. >Dry weather	< At night, in summer, from the warmth of the bed and from warmth in general. >any abnormal discharge.	< By touch, pressure generally. While thinking of complaints after undressing, from milk, greasy oily foods, from the warmth of the

sweat.			bed(syphilitic component) and after itching. >open air and dry weather.
CONCOMITANT			
When skin eruption are suppressed the mind, is directly affected resulting in anxiety apprehension ad fear of incurable diseases.	Suppression of sycotic disease affects the nerve centre of the body and then heart, liver and reproductive system. Hyperesthesia Cardiac Incoordinations Including dropsy; hepatomegaly and various PID (endometriosis). Suppression of ringworm can result in rheumatism, chronic headaches, stomach complaints and chronic bronchitis.	Suppression of syphilitic eruptions, intellect is affected, causing dullness depression and lack of enthusiasm.	When tubercular eruptions are suppressed, it affects the inner tissues causing destructive and ulcerative tendency. And the deeper tissues causing debilitated tubercular state such as fatigue syndrome.
APPEARANCE			
It appears dirty, dry, and harsh and becomes drier with	Small reddish, flat vesicular eruptions which are slow to	Threatening (ulcerative and destructive)	Angry looking and often accompanied by oozing of blood.

washing. The skin	heal (in slow	appearance.	

cannot endure water and often has an unwashed, unhealthy, dingylook.	healing syphilitic miasmatic taint must also be present) and recur during menstrual period.		
Cracks on the hands and feet with extreme dryness.	Looks only and the tip of the nose appear red. There may be stubby, dead, broken hair in the beard, which falls out due to skin eruptions. Red pinheaded type of moles and other warts, wine colored patches (multi miasmatic with underlying sycosis) urine colored and other manifestation of unnaturally thickened skin.	Found around joints and the flexure of the body and are arranged in circular groupings (in all circular and circumscribed manifestations, sycosis also present) rings or segments of circles. Copper or raw ham colored eruptions.	Skin lesions are red and haemorrhage in appearance.
ERUPTIONS			
Itching without pus or discharge is characteristic of Psora.	Herpes (including herpes zoster and genitals). Erysipelas, all sorts of warts and excrescences, barbers itch and	Ulcer and putrefaction of all tissue devoid of pain and itching.	Eczema and ringworm, a history of ringworm and suppression of ringworm are tubercular.

	other scaly and		

	patchy skin eruptions, which occurred in circumscribedspots.		
SWEAT			
Scanty, sour smelling sweat, especially on forehead and during sleep is Psoric.	Sweat appears on the forehead during sleep. The skin has an only appearance and perspiration is thick and copious.	Sweat is offensive and aggravates all complaints.	Offensive foot sweat or axillary sweat which when suppressed may induce lung trouble or some other severe disease.
PARASITES			
Animal parasites with ticking are Psora.	Parasitic infestation with thickening of the skin is sycotic.	Parasitic infestation with ulceration of the skin is syphilitic.	Animal parasitic infestation with tickling and bleeding are tubercular.

RESEARCH WORK

1. According to the article “Homoeopathy in sports” the advantages of homoeopathic medication has been shown in sports medicine. The conclusion showed that homoeopathy can be used as successfully to complement, or in some cases to replace other therapy. [27]

2. The article on “Homoeopathy on alternative therapy for dermatophyte infection” that is a case studies, homoeopathic medicines Rhus tox (30 C, 200 C), Arsenic album 30C and Apis mellifica (30 C, 200C) had shown the antifungal activity against the dermatophyte infection. The results confirmed in this case report study needs to be extrapolated. On phase, clinical trial with more considerable evidence and understanding the mechanism of action of ultra diluted medicines. [28]

3. The article "topical naturopathic complex Allium Cepa ϕ (Mother Tincture), Hydrastis Canadensis MT, Apis mellifica D3, Urtica urens D3 in the tinea pedis" concluded that in this placebo controlled study, the topical naturopathic complex, comprising of Allium sativum ϕ, Hydrastis canadensis ϕ, Apis mellifica D3 and Urtica urens D3 (in an aqueous cream base) was in this study, when compared with placebo, found to be ineffective in the treatment of Tinea pedis. [29]

4. A report of university of Johannesburg "the effect of Bacillinum 200 on tinea Capitis, tinea corporis and tinea versicolor" showed positive effect in the treatment of tinea Capitis tinea corporis and tinea versicolor. The effect considered as beneficial because of the decrease is the size of infection or complete clearing up the infection. The patient in this study had some tubercular symptoms, which was determined by questionnaire that patient completed on their initial consultation. [30]

5. According to research work on the title "The study of homoeopathic remedy profileon tinea corporis" showed out of 30 cases 26 cases were improved i.e 87%, 03 cases were dropped out and 10%cases were not improved during the treatment of tinea corporis .[31]

4

MATERIALSAND METHODS

MATERIALS AND METHODS

Definition of study subject:

Patients are considered on the basis of clinical presentation, a systematic history taking, complete clinical examination and requisite investigations.

Study setting:

The present study was conducted at National Institute of Homoeopathy, Kolkata. Samples were collected from amongst the patients attending the OPD of National Institute of Homoeopathy (NIH).

Selection of samples:

40 (=*n*) patients fulfilling the inclusion criteria was included in the study.

Inclusion Criteria:

- Cases suffering from tinea infection.
- Both males and female patients.
- Patient of 16-80 years will be included.
- Patient using topical agents for tinea local lesion will be included after awashout period of one week.
- Patient given informed consent to participate.

Exclusion Criteria:

- Patients suffering from lichenification and eczematisation.
- Patients Allergic to drug reactions/ Contact dermatitis.
- Seborrhic dermatitis, pityriasis rosea and some types of psoriasis.
- Patient suffering from any type of grievous hurt due to which patient is unableto participate in outcome measures.
- Persons who are too sick for consultation.
- Not giving consent to take part.
- Cases with substance abuse or any severe psychiatric illness.

Study sampling design:

Sample size will be 40 cases, since it is a time bound study; all OPD patients thatfulfil inclusion criteria are included in this study.

Study design:

An open observational, prospective clinical trial in OPD of National Institute of homoeopathy, Kolkata to be followed.

Intervention:

All patients are to be prescribed those homoeopathic medicines which are mentioned in BBCR and relevant pathological investigations should only to be done as per need. All medicines will be procured from a Good Manufacturing Practise (GMP) - certified company.

Selection of tools:

The following research tools were used for smooth conduction of interview process.

- Standardized case taking pro-format.
- Repertorisation sheet/homoeopathic software [RADAR].
- Follow up sheet.
- A standard measuring (millimetric measuring scale) to measure the size of the lesion.
- Pruritus intensity scale using numeric rating scales (NRS) showing severity of itching of tinea lesion.
- Translated Bengali version of the DLQI (Dermatology Life Quality Index) for assessment effect of tinea on patient.
- Relevant literature review (books, journals, open source intranet, internet and other non-book materials). [Done from primary sources (articles from indexed and non-indexed journals), secondary sources (abstracting database services like Pubmed, Google Scholar and IndMed) and tertiary sources (text books)].

Brief of procedures:

Various information has been taken from authentic textbooks of dermatology given by different authors so as to justify the topic. A Tinea infection is a disease that is associated with chronic morbidity and accidental in nature, so this contains more number of pathological symptoms then generals, that is why BBCR is being used for the repertorization of the cases.

The whole process include following steps-

Step 1- Proper case taking of patient as per strict homoeopathic principle.

Step 2- Analysis and evaluation of symptoms.

Step 3- Requisite investigation done as per need.

Step 4- Measurement of size of the lesion, pruritus intensity scale using numeric rating scale (NRS) and DLQI (dermatology life quality index) score at baseline.

Step 5- Remedy will be selected on the basis of totality of symptoms and miasmatic background.

Step 6- Potency, dose and repetition done after following strict homoeopathic principle.

Step 7- General non-medicinal management which include appropriate diet, regimen and proper lifestyle modification is given according to the need and demand of each case.

Step 8- Follow up of the cases as per standard method in homoeopathy along with measurement of size of the lesion, pruritus intensity scale using numeric rating scale (NRS) and DLQI (Dermatology Life Quality Index) score after completion of period of study.

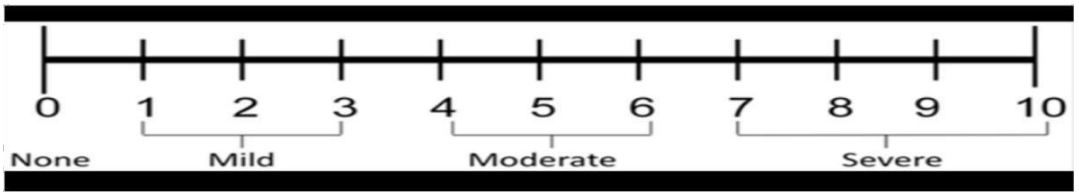
Follow up:

Patient is screened from daily OPD, and routine follow up is taken after every one month. The scale to improvement was assessed on baseline, 3rd month and 6th month.

Parameters used are:

In the study three parameters are used to assess the improvement in tinea patients. Lesion size in standard measuring scale (millimetric scale), Pruritusintensity score using numeric rating scales (NRS) and Dermatology Life Quality Index(DLQI). Outcome assessment of the treatment was done by considering the improvement of the patient in general and analysing the changes in size of lesion, pruritus intensity scale using numeric rating scale (NRS), and DLQI (Dermatology life quality index) **(appendix).** The improvement in the patient condition and clinical findings during regular follow up was also assessed in the following categorical nomenclatures:

- Minimal improvement- Upto 35%
- Moderate improvement- 36%-67%
- Much improvement- 68%-70%
- Complete improvement- 71%- 94%[32]



[33]

Study period

From March 2017 to June 2018.

Statistical techniques & data analysis:

Statistical analysis of patient's data during the study was done. The data collected through lesion size in millimetre, pruritus intensity scale using numeric rating scale (NRS) and DLQI (Dermatology Life Quality Index) scale was quantitative in nature, sample size was 40 and same sample was evaluated at baseline, 3rd month and 6th month of the study, ANOVA test was used for analysing the changes that occurred in of size of lesion, pruritus intensity scale using numeric rating scale (NRS) and DLQI (Dermatology Life Quality Index) score in each patient as a result of the intervention. Apart from the basic statistical methods of tabulation, graphical representations of the above data were done. After completion of study the result was represented by using different statistical methods after proper analysis of result.

The methodology for ANOVA [(34)]**:**

It is applied to paired data of dependent observations from one sample only when each individual gives observations (in this study lesion size in millimetric scale, NRS (numeric rating scale) and DLQI score at baseline, 3rd month and 6th month treatment). It is used to study the role of a factor or cause when the observations aremade at baseline,3rd month and 6th month of treatment. Following steps are taken totest the significance of difference. It starts with Null hypothesis. It is assumed that there is no real difference between the means of data before and after observations.

Step-1 Making of hypothesis

- **Null Hypothesis (H_0):** There will be no significant improvement in symptom severity of patients suffering from tinea infection by individualized homoeopathic medicines selected using BBCR; i.e. data will be analysed at baseline, 3rd month and 6th month for lesion size, pruritus intensity scale using numeric rating scale (NRS) and for DLQI(Dermatology life quality index) score.

- **Alternative Hypothesis (H_A):** There will be significant improvement in symptom severity of patients suffering from tinea infection by individualized homoeopathic medicines selected using BBCR; i.e. data will be analysed at baseline, 3rd month and 6th month for lesion size, pruritus intensity scale using numeric rating scale (NRS) score and for DLQI (Dermatology Life Quality Index) score.

Step 2- Fixing the level of significance – the p value is set at 0.05 i.e. 5%.Step 3- Choosing the test.

Step 4 - Calculation is done by MS excel 2007.Step 5 – Result.

Ethical Issues:

Patient participated in the study only after giving their informed consent form. No invasive methodology was involved and there was no therapeutic experimentation. All patients received appropriate homoeopathic treatment and if patient not respond well to treatment then referal to expert of conventional system of medicine done. No investigation was done against the will of the patient. The synopsis was duly placed for clearance by Institutional Ethical Committee and such clearance was granted. [Copy of 'Informed Patient Consent Form' **(Appendix – 'F')** and copy of 'clearance' from Institutional Ethical committee are enclosed. It was obtained from the appropriate authority of the Institute for its submission to The West Bengal Universityof Health Sciences, Kolkata.

5

OBSERVATIONAND RESULTS

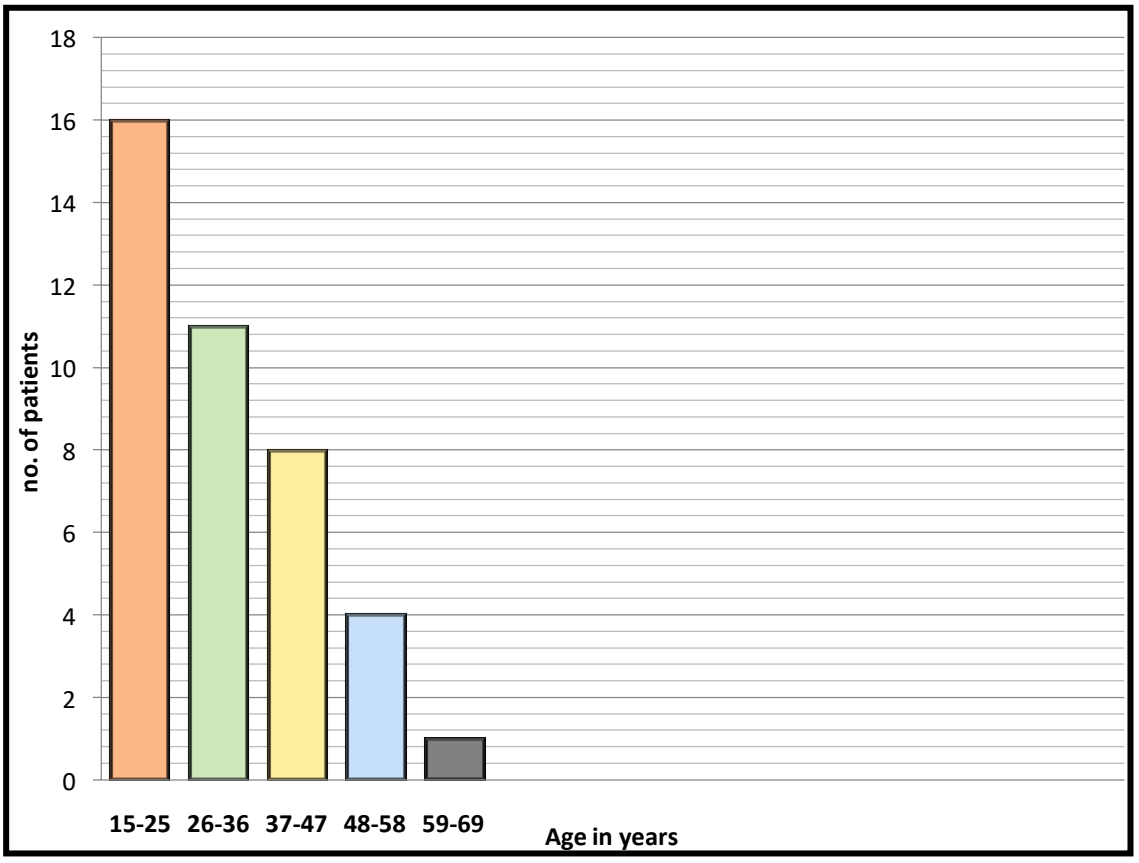
DESCRIPTIVE SOCIO-DEMOGRAPHIC STATISTICS

OBSERVATIONS -1

TABLE 1: DISTRIBUTION OF SAMPLE ACCORDING TO AGE

AGE GROUP (in year)	FREQUENCY	PERCENTAGE
15-25	16	40%
26-36	11	27.5%
37-47	8	20%
48-58	4	10%
59-69	1	2.5%

FIGURE 1: DISTRIBUTION OF SAMPLE ACCORDING TO AGE



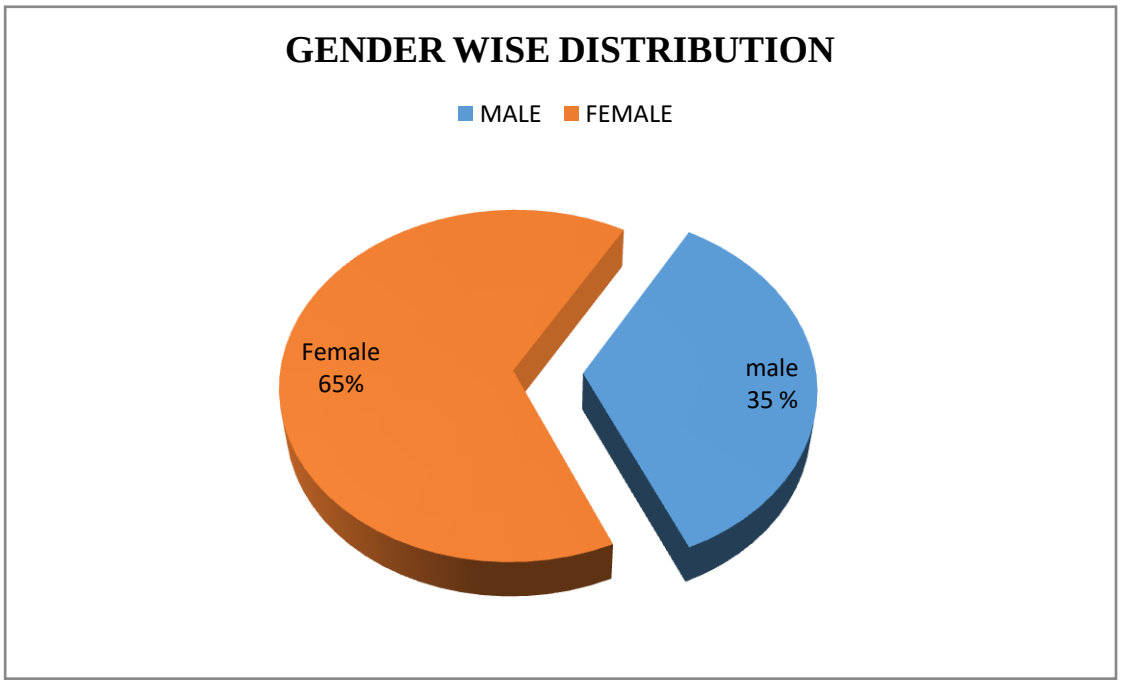
COMMENT: In the study sample, maximum no. of patient was in the age group of15-25yr (40%) and minimum no. of patient was in 59-69yrs.

OBSERVATIONS -2

TABLE 2: DISTRIBUTION OF SAMPLE ACCORDING TO GENDER

SEX	FREQUENCY	PERCENTAGE
MALE	14	35%
FEMALE	26	65%
TOTAL	40	100%

FIGURE 2: SHOWING GENDER WISE DISTRIBUTION OF PATIENTS



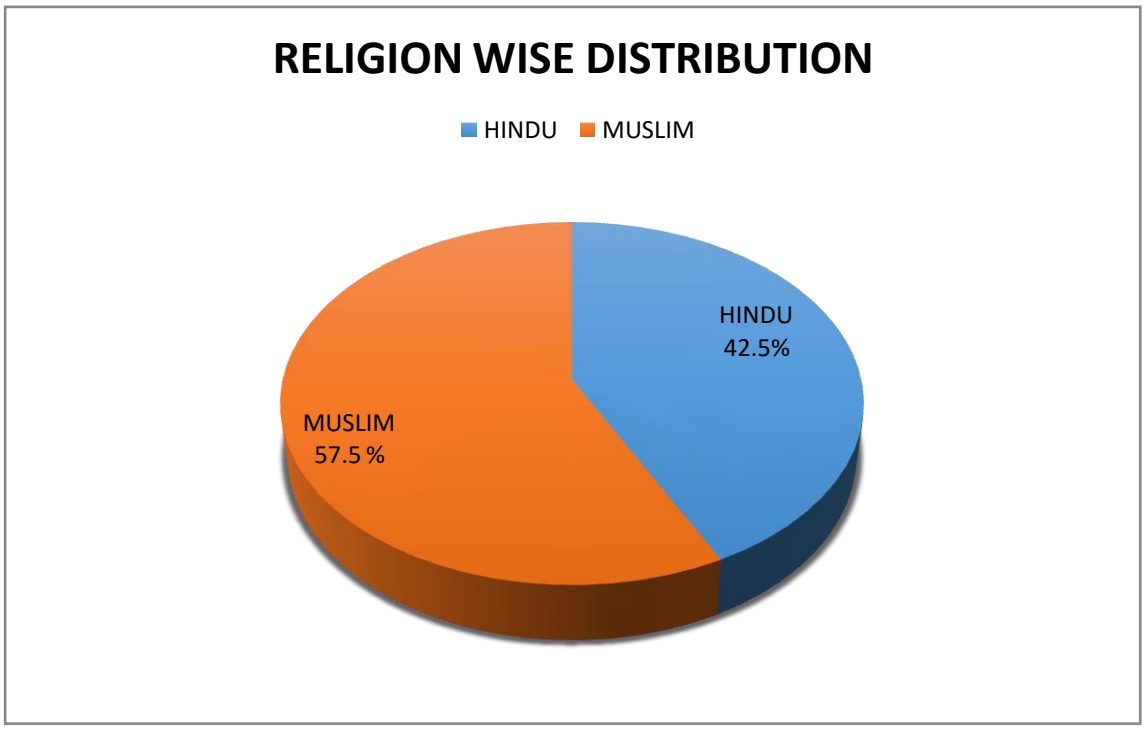
COMMENT: In the study, number of female patients (65%) was more than male(35%) patients.

OBSERVATIONS -3

TABLE 3: DISTRIBUTION OF SAMPLE ACCORDING TO RELIGION:

RELIGION	FREQUENCY	PERCENTAGE
HINDU	17	42.5%
ISLAM	23	57.5%
TOTAL	40	100%

FIGURE 3: SHOWING RELIGION WISE DISTRIBUTION OF THE SAMPLE



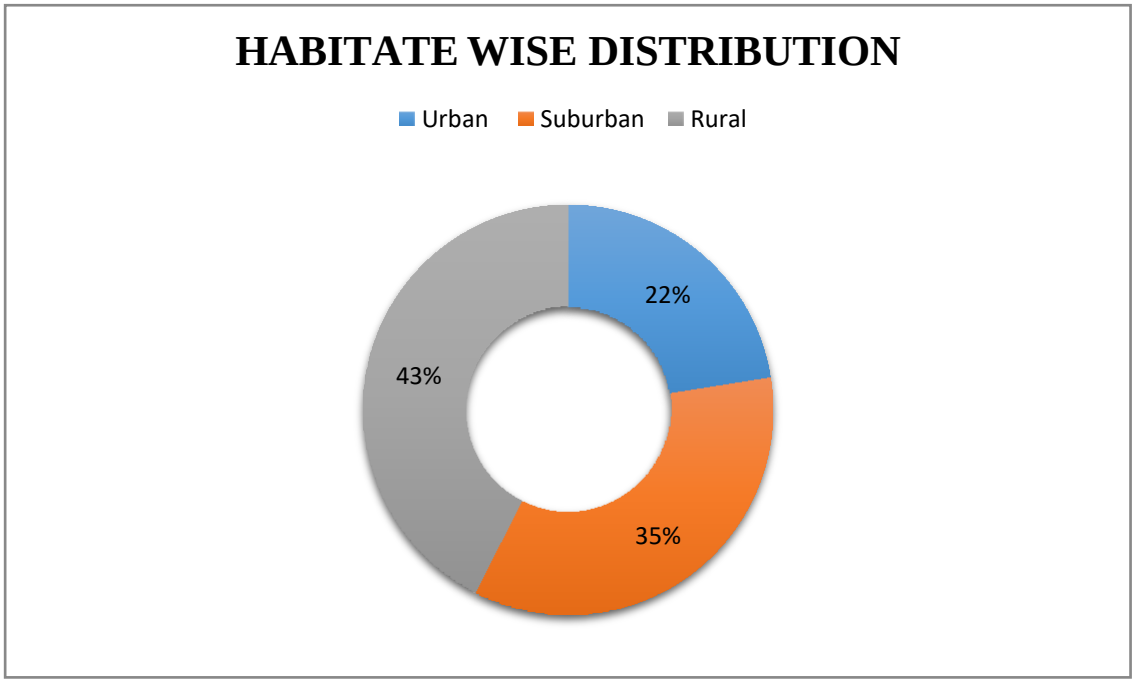
COMMENTS:-In the study, No. of Islamic patients (57.5%) were more than Hindu(42.5%).

OBSERVATIONS -4

TABLE 4 : DISTRIBUTION ACCORDING TO HABITAT

HABITAT	FREQUENCY	PERCENTAGE
Urban	9	22.5%
Suburban	14	35%
Rural	17	42.5%
Total	40	100%

FIGURE 4: SHOWING HABITAT WISE DISTRIBUTION OF SAMPLE



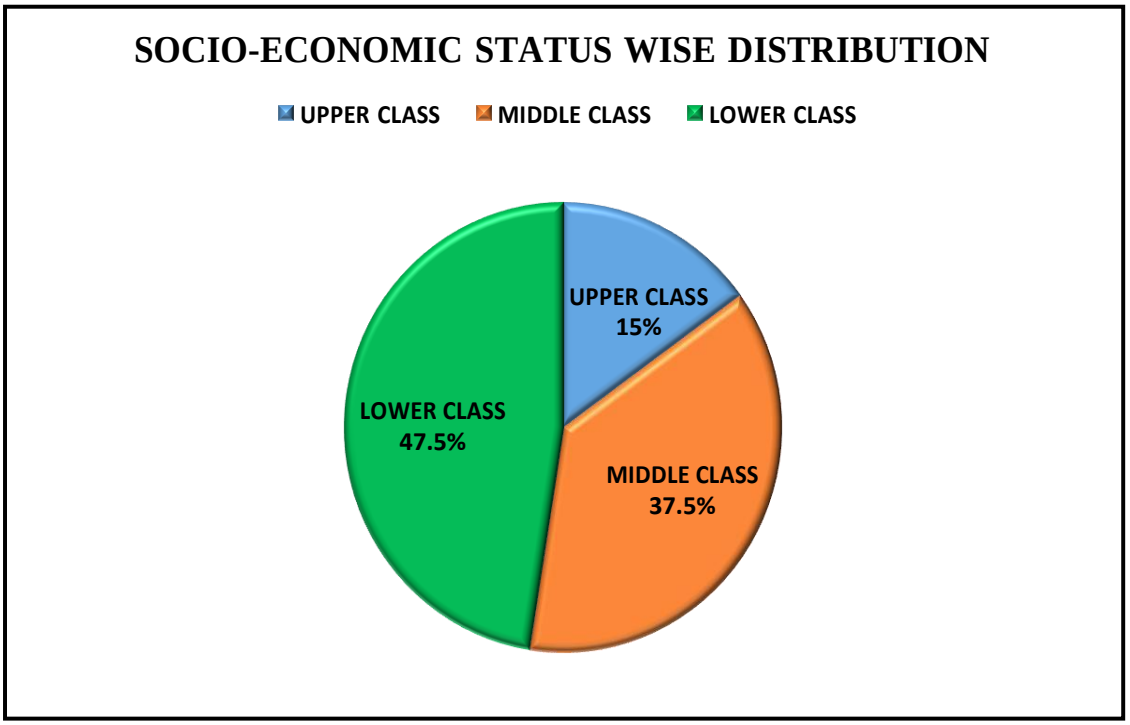
COMMENT: In the study, majority of patients belongs to RURAL (42.5%) area.

OBSERVATIONS -5

TABLE 5: DISTRIBUTION ACCORDING TO SOCIOECONOMIC STATUS

SOCIO-ECONOMIC-STATUS	FREQUENCY	PERCENTAGE
UPPER CLASS	6	15%
MIDDLE CLASS	15	37.5%
LOWER CLASS	19	47.5%
TOTAL	40	100%

FIGURE 5: SOCIO-ECONOMIC STATUS WISE DISTRIBUTION OF THESAMPLE



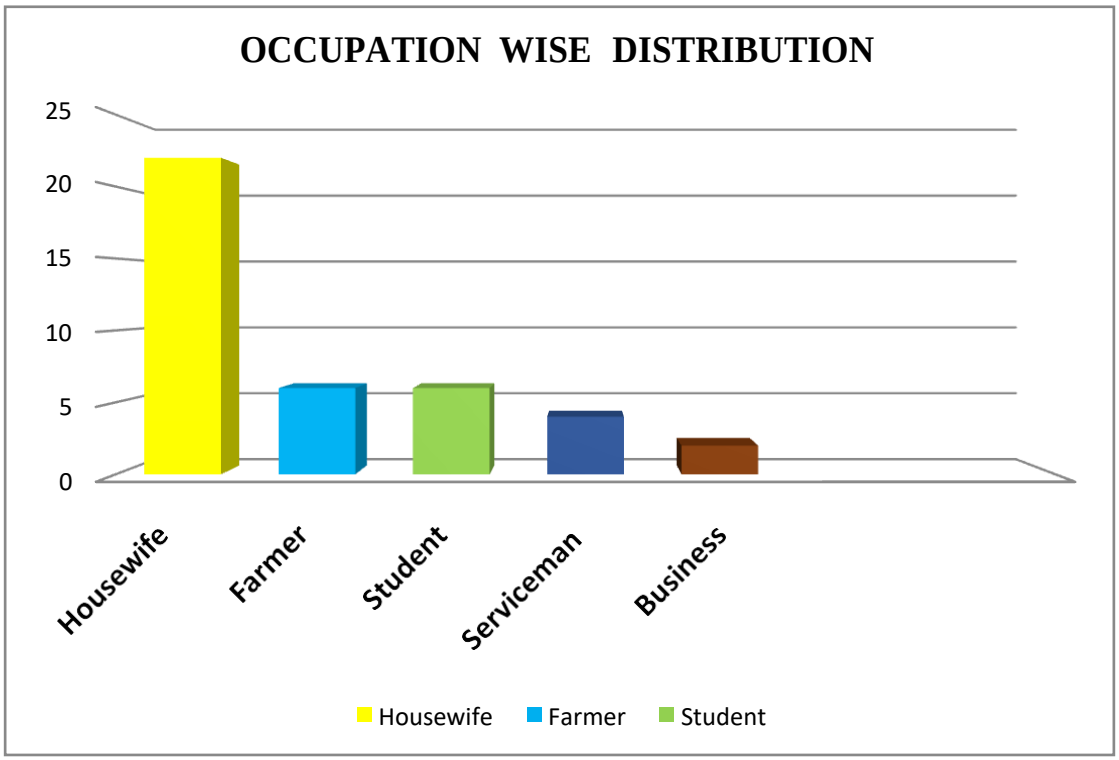
COMMENT: In the study, majority of patients belongs to lower class (47.5%) ofSocio-economic status.

OBSERVATIONS -6

TABLE 6: DISTRIBUTION ACCORDING TO THE OCCUPATION OFPATIENTS

OCCUPATION	FREQUENCY	PERCENTAGE
Housewife	22	55%
Farmer	6	15%
Student	6	15%
Serviceman	4	10%
Others	2	5%
TOTAL	40	100%

FIGURE 6: SHOWING OCCUPATION WISE DISTRIBUTION



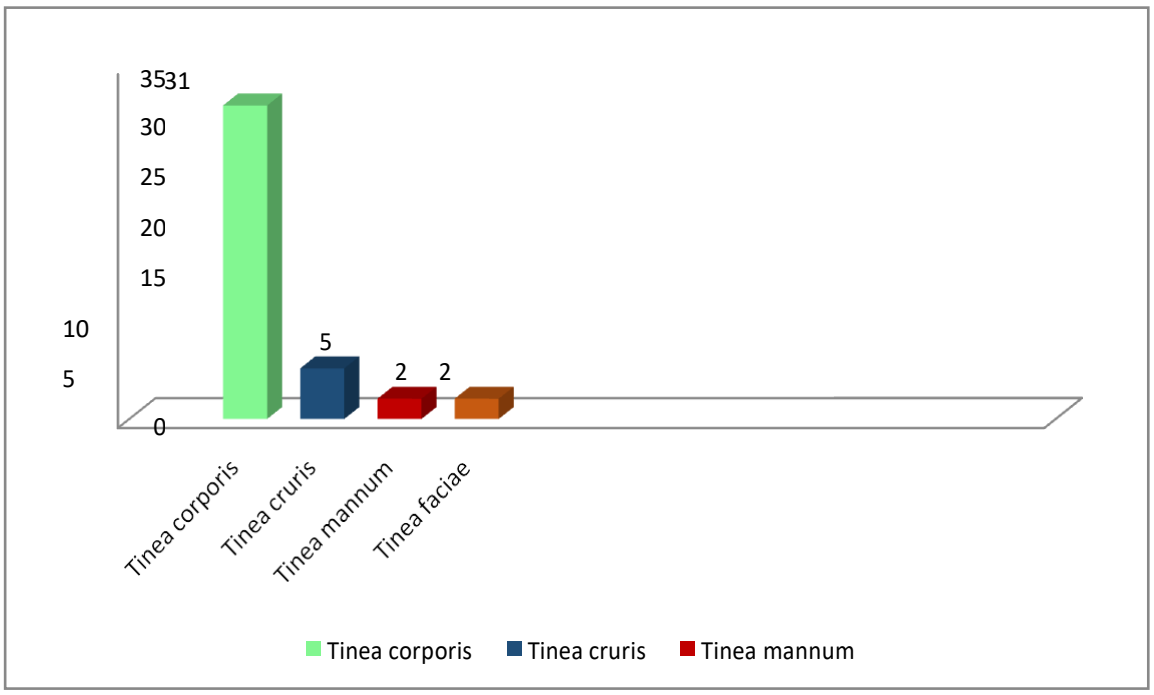
COMMENT: In the study, majority of patients were Housewife (55%) byoccupation.

OBSERVATIONS -7

TABLE 7: FREQUENCY OF DIFFERENT CLINICAL PRESENTATION OFTINEA INFECTION FOUND IN THE SAMPLE

VARIETY OF TINEA INFECTIONS	NO. OF CASES	PERCENTAGE
Tinea capitis	0	0%
Tinea corporis	31	77.5%
Tinea cruris	5	12.5%
Tinea mannum	2	5%
Tinea pedis	0	0%
Tinea faciae	2	5%
Tinea barbae	0	0%
Tinea unguinum	0	0%
Total	40	100%

FIGURE 7: DIAGRAMMATIC REPRESENTATION OF DIFFERENTVARIETIES OF TINEA



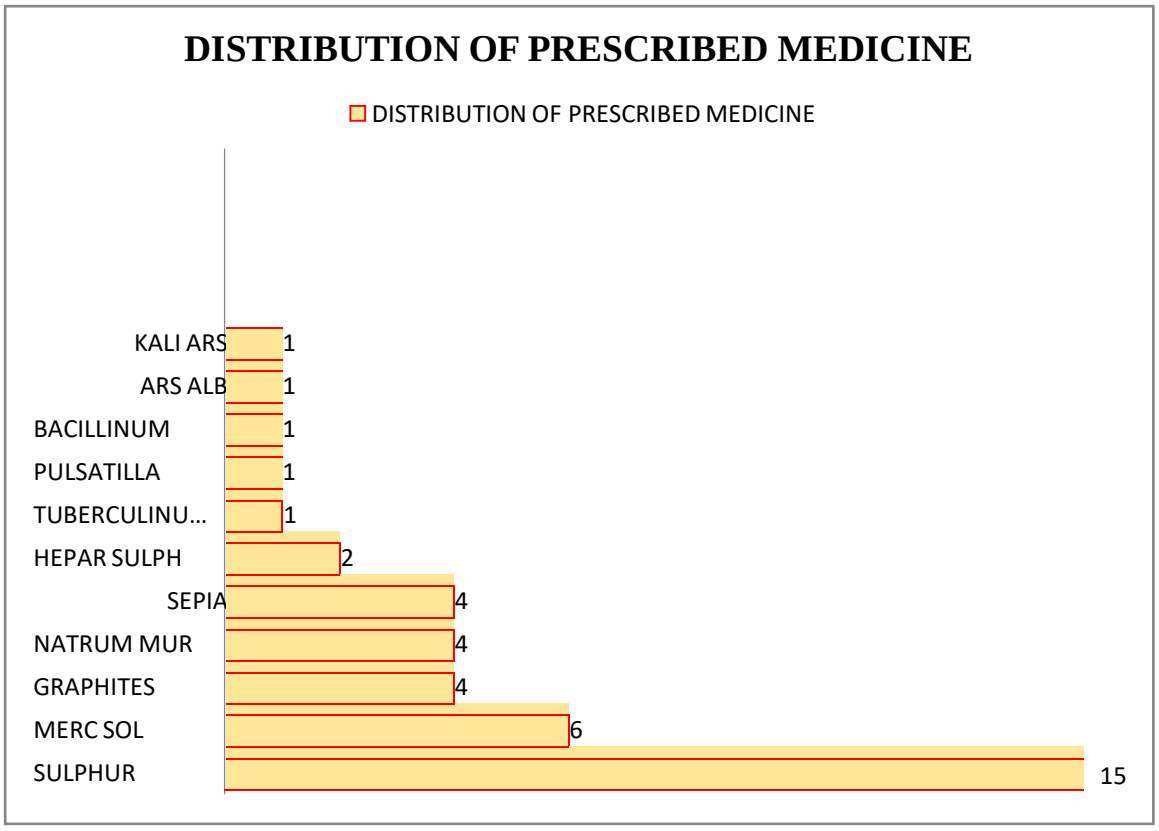
COMMENT: In the study, most frequently noted variety of TINEA INFECTION isTINEA CORPORIS (77.5%) and TINEA CRURIS (12.5%).

OBSERVATIONS -8

TABLE 8: FREQUENCY OF PRESCRIBED MEDICINES IN SAMPLE

MEDICINE	NUMBER OF CASES	PERCENTAGE
SULPHUR	15	37.5%
MERC SOL	6	15%
GRAPHITES	4	10%
NATRUM MUR	4	10%
SEPIA	4	10%
HEPAR SULPH	2	5%
TUBERCULINUM	1	2.5%
PULSATILLA	1	2.5%
BACILLINUM	1	2.5%
ARS ALB	1	2.5%
KALI ARS	1	2.5%

FIGURE8: SHOWING THE FREQUENCY OF PRESCRIBED MEDICINES



COMMENT: - In the study, SULPHUR (37.50%) and MERC SOL (15%) was themost frequently as indicated medicine.

OBSERVATION-9

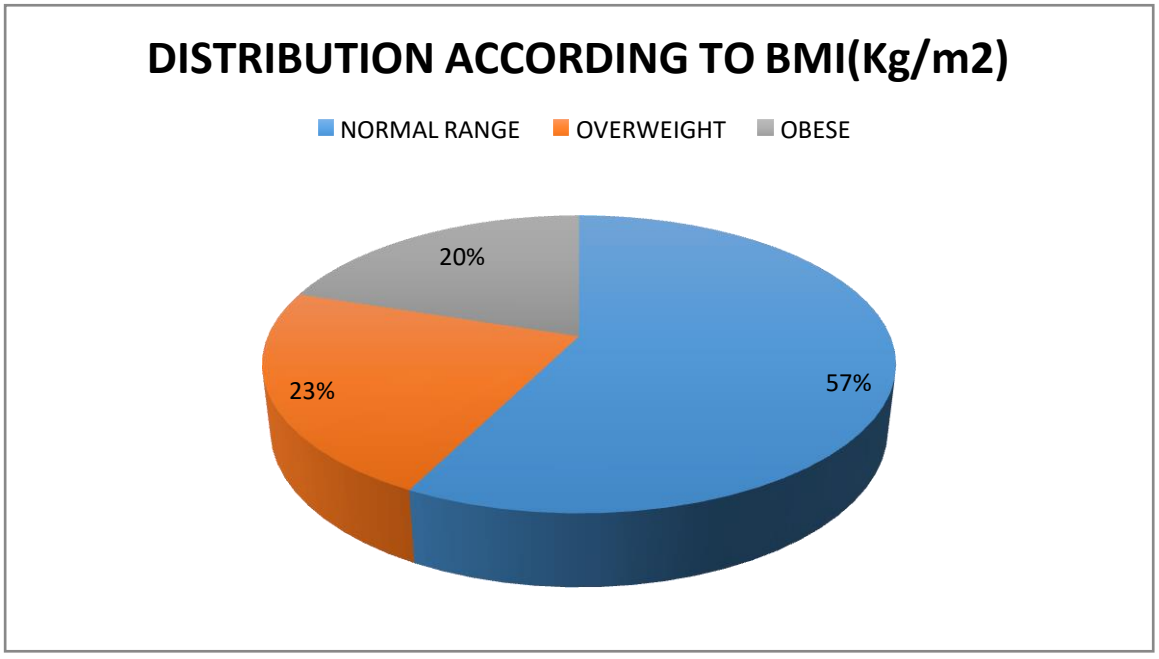
TABLE 9: DISTRIBUTION ACCORDING TO THE BMI OF THE PATIENT

[Davidson pg118]

BMI (Kg/m^2) [35]	**Classification**
18.5-24.9	Normal range
25.0-29.9	Overweight
>30	Obese

BMI CLASSIFICATION	**FREQUENCY**	**PERCENTAGE (%)**
NORMAL RANGE	23	57.5%
OVERWEIGHT	9	22.5%
OBESE	8	20%
TOTAL	40	100%

FIGURE 9: DIAGRAMMATIC REPRESENTATION OF BASALMETABOLIC RATE OF THE PATIENT



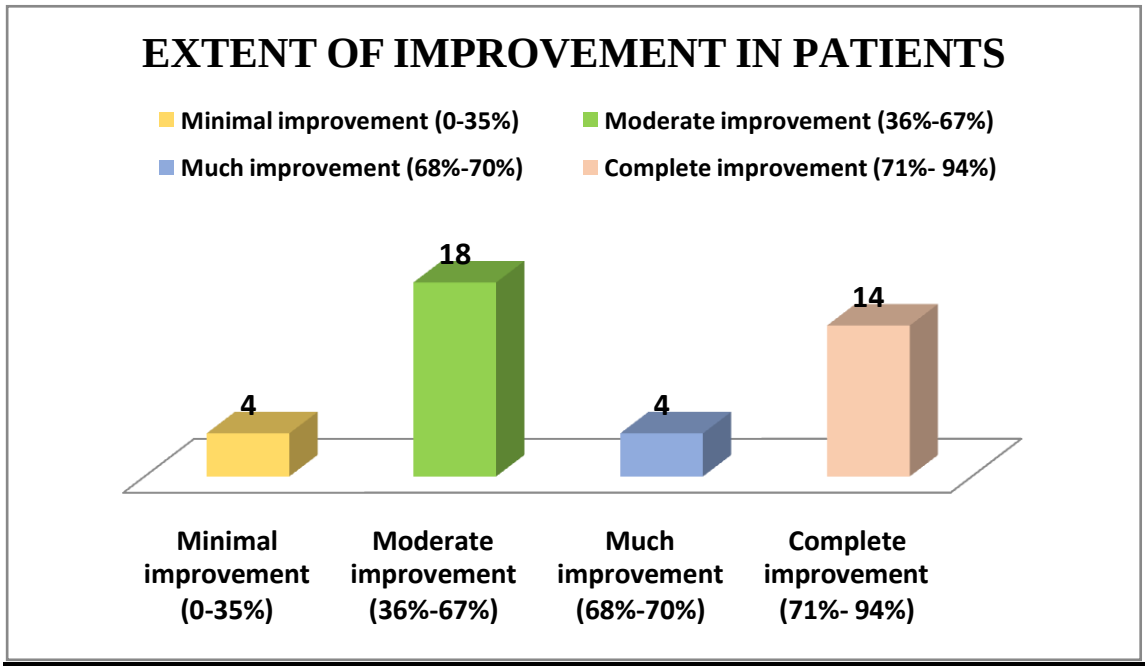
COMMENT: There were 23(57%) patients with normal body mass index, 9 (22.5)patients who were overweight and 8 (20%) patients were found to be obese as per their body mass index.

OBSERVATION-10

TABLE 10: ANALYSIS OF EXTENT OF IMPROVEMENT IN THE SAMPLEAFTER TREATMENT

PERCENTAGE OF IMPROVEMENT	EXTENT OF IMPROVEMENT	PERCENTAGE OF PATIENT IMPROVED BY MEDICINE
Minimal improvement (0-35%)	4	10%
Moderate improvement (36%-67%)	18	45%
Much improvement (68%-70%)	4	10%
Complete improvement (71%- 94%)	14	35%

FIGURE 10: DIAGRAMMATIC REPRESENTATION OF EXTENT OFRELIEF TO THE PATIENT



COMMENT: In the study, moderate improvement seen in 45% patients, complete improvement seen in 35% patients.

INFERENTIAL STATISTICS

OBSERVATIONS -11

TABLE 11: CHANGES IN VALUE OF LEISON SIZE AT BASELINE, 3rd MONTH and 6th MONTH

S. No.	ENROLMENTNO.	SIZE OF LESION AT BASELINE TREATMENT (LENGTH IN MM x BREADTHIN MM= SIZE IN MM2)	SIZE OF LESION AT 3RD MONTH OF TREATMENT (LENGTH IN MM x BREADTH IN MM= SIZE INMM2)	SIZE OF LESION AT6TH MONTH OF TREATMENT (LENGTH IN MM x BREADTH IN MM= SIZE IN MM2)
1	1	180	59	37
2	2	670	470	670
3	3	15250	15250	15250
4	4	300	120	300
5	5	100	100	100
6	9	6400	95	53
7	10	60	56	44
8	11	125	125	125
9	12	500	315	180
10	13	1400	2000	2000
11	14	3400	1600	600
12	15	1800	900	700
13	16	1900	1300	1250
14	17	700	1150	275
15	18	300	300	200
16	19	1000	1700	900
17	20	10000	5300	1000
18	21	15400	9400	5400
19	22	1600	800	300
20	23	11900	4725	1020
21	24	1984	1600	1400
22	25	1500	3700	900
23	26	4100	4500	3800
24	27	1400	940	200
25	28	3500	4300	1345
26	29	56	12	6
27	30	10500	5500	800
28	31	7400	1500	1100
29	32	240	800	100
30	33	7500	7500	800
31	34	7800	3400	1300
32	35	13300	8400	3700

S.No.	ENROLMENT NO.	SIZE OF LESION AT BASELINE TREATMENT (LENGTH IN MM x BREADTH IN MM= SIZEIN MM^2)	SIZE OF LESION AT3RD MONTH OF TREATMENT (LENGTH IN MM x BREADTH IN MM= SIZE IN MM^2)	SIZE OF LESION AT 6TH MONTH OF TREATMENT (LENGTH IN MM x BREADTH IN MM= SIZE INMM^2)
33	36	3600	3000	1350
34	37	23000	18400	6400
35	38	13600	9700	2800
36	39	83	200	20
37	40	23400	9500	2600
38	41	11000	5200	2600
39	42	14200	6400	1800
40	43	5000	2800	1000
	Mean=	**5653.7**	**3577.93**	**1610.63**

OBSERVATIONS -12

TABLE 12: CHANGES IN VALUE OF PRURITUS INTENSITY SCORE USING NUMERIC RATING SCALE (NRS) AT BASELINE, AT 3RD MONTHAND AT 6TH MONTH

S.No.	ENROLMENT NO.	PRURITUS SCORE AT BASELINE	PRURITUS SCORE AT 3RD MONTH	PRURITUS SCORE AT 6TH MONTH	IMPROVEMENT QUOTIENT (%)
1.	1	10	8	3	70
2.	2	9	6	6	0
3.	3	9	9	9	0
4.	4	6	4	4	66.6
5.	5	8	8	8	0
6.	9	10	6	3	70
7.	10	10	7	4	60
8.	11	10	10	10	0
9.	12	10	6	2	80
10.	13	8	6	2	60
11.	14	7	5	3	57.14
12.	15	9	5	3	66.6
13.	16	9	4	1	88.88
14.	17	8	3	2	75
15.	18	8	6	2	75
16.	19	10	7	4	60
17.	20	9	5	2	77
18.	21	9	6	2	77
19.	22	8	6	3	62.5
20.	23	9	5	2	77.7
21.	24	10	6	3	70
22.	25	9	5	3	66.6
23.	26	9	7	4	55.5
24.	27	10	7	4	60
25.	28	9	6	3	66.6
26.	29	10	7	5	50
27.	30	9	4	2	77.7
28.	31	9	6	4	55.5
29.	32	8	3	2	75
30.	33	8	4	3	62.5

S.No.	ENROLMENT No.	PRURITUS SCORE AT BASELINE	PRURITUS SCORE AT 3RD MONTH	PRURITUS SCORE AT 6TH MONTH	IMPROVEMENT QUOTIENT (%)
31.	34	9	7	4	55.55
32.	35	9	5	2	77.7
33.	36	10	6	3	70
34.	37	9	5	2	77.7
35.	38	9	4	3	66.6
36.	39	8	5	2	75
37.	40	8	3	1	87.5
38.	41	9	6	3	66.6
39.	42	9	4	4	55.5
40.	43	9	6	2	77.7
	Mean =	8.9	5.7	3.35	

OBSERVATIONS -13

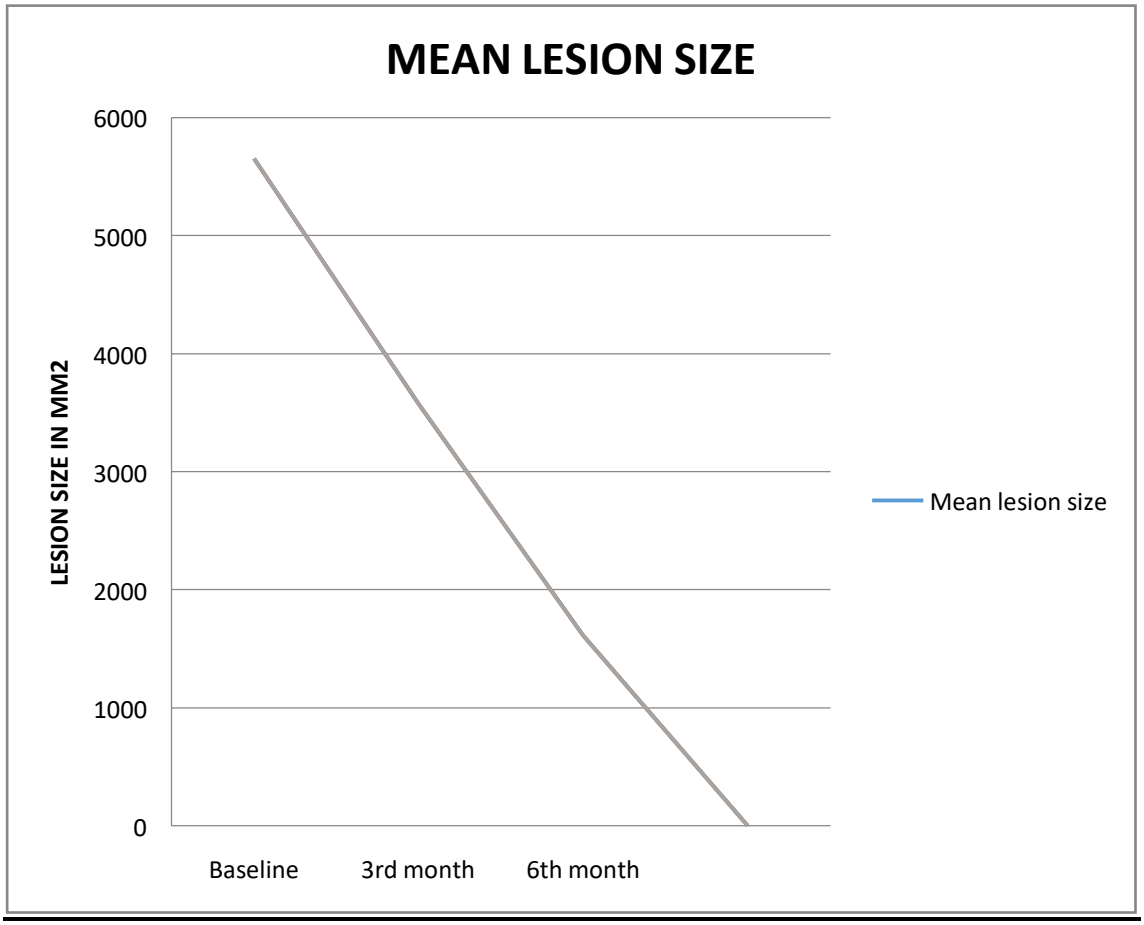
TABLE 13: CHANGES IN VALUE OF DLQI (Dermatology Life Quality Index)SCORE AT BASELINE, AT 3RD MONTH AND AT 6TH MONTH

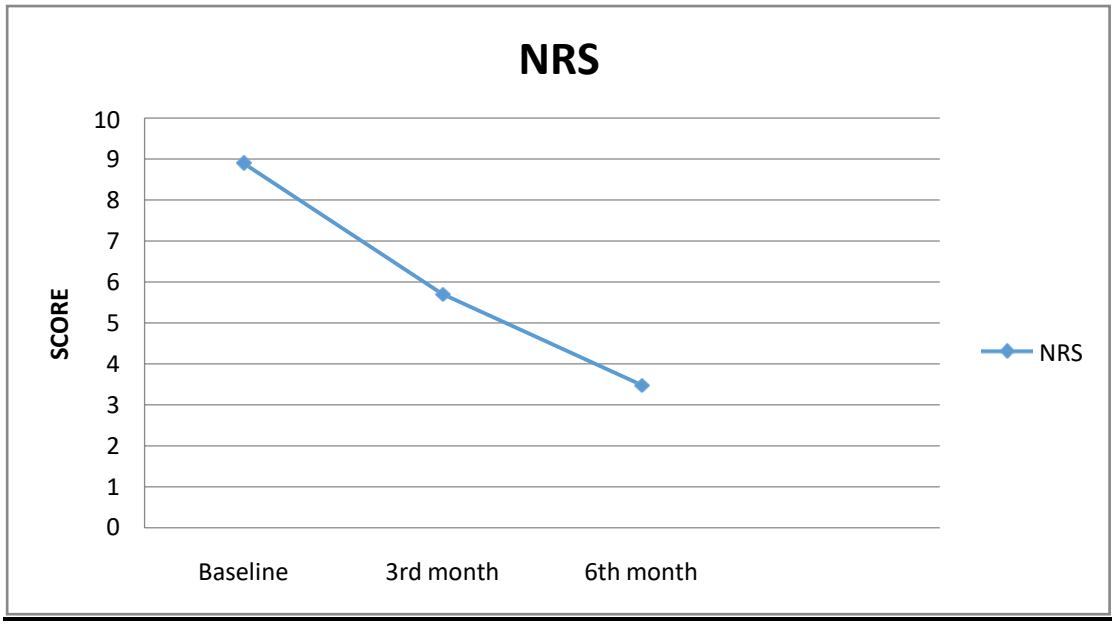
S.No.	ENROLLMENT No.	DLQIAT BASELINE	DLQIAT 3RD MONTH	DLQIAT 6TH MONTH
1.	1	29	23	8
2.	2	27	22	27
3.	3	9	9	9
4.	4	10	10	10
5.	5	26	26	26
6.	9	33	22	2
7.	10	26	17	4
8.	11	19	17	19
9.	12	25	14	0
10.	13	2	5	2
11.	14	7	5	1
12.	15	23	20	8
13.	16	26	18	4
14.	17	26	19	7
15.	18	17	13	5
16.	19	14	8	15
17.	20	11	18	1
18.	21	22	25	2
19.	22	30	19	9
20.	23	23	19	5
21.	24	24	16	6
22.	25	23	17	7
23.	26	32	20	5
24.	27	14	14	3
25.	28	13	11	4
26.	29	14	12	6
27.	30	28	22	8
28.	31	19	16	4
29.	32	14	4	0
30.	33	27	20	5
31.	34	29	21	8
32.	35	12	14	3
33.	36	22	16	5
34.	37	4	6	0
35.	38	20	17	2
36.	39	20	13	3
37.	40	22	18	3
38.	41	21	17	2
39.	42	19	15	1
40.	43	6	5	0
Mean=		19.7	15.58	5.98

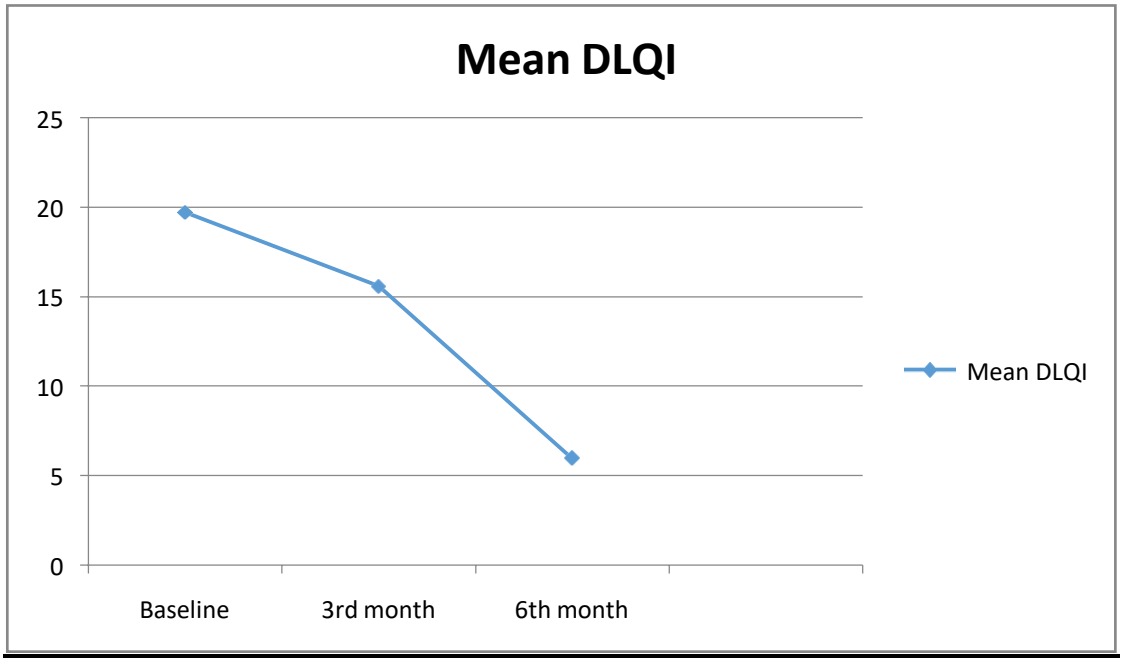
OBSERVATION-14

TABLE 14: CHANGES IN MEAN VALUE OF LEISON SIZE, PRURITUS SCORE AND DLQI (Dermatology Life Quality Index) SCORE BEFORE ANDAFTER TREATMENT

	AT BASELINE	AT 3RD MONTH	AT 6TH MONTH
MEAN LEISON SIZE	5653.7	3577.93	1610.63
MEAN PRURITUS SCALE(NRS)	8.9	5.7	3.48
MEAN DLQI	19.7	15.58	5.98







COMMENT: Difference in the mean value of mean lesion size is 4043.7; mean pruritus intensity scales using numeric rating scale (NRS) is 5.42 & mean DLQI (Dermatology life quality index) score is 13.72. All values are deducted after the difference between before and aftertreatment. The slope of the graph indicates that patients were improved after the treatment.

STATISTICAL ANALYSIS AND INTERPRETATION OF STUDY

Data from each patient was obtained by measuring the mean lesion size; mean pruritus index using numeric rating scale (NRS) & mean DLQI score at baseline, at 3rd month and 6th month of the treatment and these data were analyzed to test the statistical significance of effectiveness of individualized homoeopathic medicine by using BBCR repertory in treatment of tinea infection.

The following steps are discussed for three outcomes of the study below with relevant calculations:

LESION SIZE

STEP-1 The study was started with the following hypothesis:

- **NULL HYPOTHESIS (H_0):-** There will be no significant improvement in symptom severity of patients suffering from tinea infection by individualized homoeopathic medicines selected using BBCR Repertory; i.e. pre –treatment at baseline, 3rd month and 6th month of lesion size score = post –treatment at baseline, 3rd month and 6th month of lesion size score.
- **ALTERNATIVE HYPOTHESIS *(*H_A*):-*** There will be significant improvement in symptom severity of patients suffering from tinea infection by individualized homoeopathic medicines selected using BBCR Repertory; i.e. Pre –treatment at baseline, 3rd month and 6th month of lesion size score = post –treatment at baseline, 3rd month and 6th month of lesion size score.

STEP 2- The level of significance was fixed at 0.05 ($p<0.05$), i.e., at 5% level of significance.

STEP 3- Choosing the test: Because the data is quantitative in nature and compared at different points of time i.e, baseline, 3rd month, 6th month. So, ANOVA (analysis of variance) test is applied to analysis of the data.

STEP- 4- Calculation: The data from the table 11 is analyzed with the help of MS EXCEL 2007 and the following results were found.

LESION SIZE						
ANOVA: Single Factor						
SUMMARY						
Groups	*Count*	*Sum*	*Average*	*Variance*		
Baseline	40	226148	5653.7	41473435		
3rd month	40	143117	3577.925	18174827		
6th month	40	64425	1610.625	7009013		
ANOVA						
Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	327007554.6	2	1.64+08	7.358707	<0.05	3.073763
WithinGroups	2599633737	117	22219092			
Total	2926641291	119				

STEP-5: **Result**: Calculated F critical value (3.07) is less than the F value (7.35) for lesion size, the data is highly significant, H_0 is rejected. The selection of drug from BBCR for tinea infection is effective.

MEAN PRURITUS INDEX

STEP-1The study was started with the following hypothesis:

- **NULL HYPOTHESIS (H_0):-** There will be no significant improvement in symptom severity of patients suffering from tinea infection by individualized homoeopathic medicines selected using BBCR Repertory; i.e. pre –treatment at baseline, 3rd month and 6th month of MEAN PRURITUS INDEX score = post –treatment at baseline, 3rd month and 6th month of MEAN PRURITUS INDEX score.
- **ALTERNATIVE HYPOTHESIS (H_A):-** There will be significant improvement in symptom severity of patients suffering from tinea infection by individualized homoeopathic medicines selected using BBCR Repertory; i.e. pre –treatment at baseline, 3rd month and 6th month of MEAN PRURITUS INDEX score = post – treatment at baseline, 3rd month and 6th month of MEAN PRURITUS INDEX score.

STEP-2: The level of significance was fixed at 0.05 (p=0.05), i.e., at 5% level of significance.

STEP-3: Choosing the test: Because the data is quantitative in nature and compared at different points of time i.e, baseline, 3rd month, 6th month. So, ANOVA test is applied to analysis of the data.

STEP-4: Calculation: The data from the table 12 is analyzed with the help of MSEXCEL 2007 and the following results were found.

Pruritus intensity score(NRS)						
ANOVA: Single Factor						
SUMMARY						
Groups	*Count*	*Sum*	*Average*	*Variance*		
Baseline	40	354.9	8.8725	0.778455128		
3rd month	40	225.7	5.6425	2.281480769		
6th month	40	134.35	3.35875	3.768575321		
ANOVA						
Source of Variation	*SS*	*Df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	613.9980417	2	306.9990208	134.8752361	<0.05	3.073763
Within Groups	266.3119375	117	2.276170406			
Total	880.3099792	119				

Result: Calculated F critical value (3.03) is less than the F value (134.87) for pruritus intensity scoring (NRS), the data is highly significant, H_0 is rejected. The selection of drug from BBCR for tinea infection is effective.

MEAN DLQI (Dermatology Life Quality Index)

STEP-1 The study was started with the following hypothesis:

- **NULL HYPOTHESIS (H_0):-** There will be no significant improvement in symptom severity of patients suffering from tinea infection by individualized homoeopathic medicines selected using BBCR Repertory; i.e. pre –treatment at baseline, 3rd month and 6th month of MEAN DLQI score = post –treatment at baseline, 3rd month and 6th month of MEAN DLQI score.
- **ALTERNATIVE HYPOTHESIS (H_A):-** There will be significant improvement in symptom severity of patients suffering from tinea infection by individualized homoeopathic medicines selected using BBCR Repertory; i.e. pre –treatment at baseline, 3rd month and 6th month of MEAN DLQI score = post –treatment at baseline, 3rd month and 6th month of MEAN DLQI score.

STEP 2-The level of significance was fixed at 0.05 (p=0.05), i.e., at 5% level of significance.

STEP 3-Choosing the test- Because the data is quantitative in nature and compared at different points of time i.e, baseline, 3rd month, 6th month. So, ANOVA test isapplied to analysis of the data.

4- Calculation: The data from the table 13 is analyzed with the help of MS EXCEL 2007 and the following results were found.

DLQI (Dermatology Life Quality Index)						
ANOVA: Single Factor						
SUMMARY						
Groups	*Count*	*Sum*	*Average*	*Variance*		
Baseline	40	788	19.7	63.44615		
3rd month	40	623	15.575	32.71218		
6th month	40	239	5.975	38.43526		
ANOVA						
Source of Variation	*SS*	*Df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	3967.35	2	1983.675	44.21477	<0.05	3.073763
WithinGroups	5249.15	117	44.86453			
Total	9216.5	119				

Result: Calculated F critical value (3.07) is less than the F value (44.21) for DLQI (Dermatology Life Quality Index), the data is highly significant, H_0 is rejected. The selection of drug from BBCR for tinea infection is effective.

INFERENCE:

Calculated values of F critical (7.35) for lesion size, pruritus intensity score using numeric rating scale (NRS) and DLQI (Dermatology Life Quality Index) 3.07 for all three variables are less than F values 7.35, 134.87 and 44.21 respectively. Hence, the data is highly significant. Therefore, Null hypothesis (H_0) is rejected which suggests that there is no significant improvement in symptom severity of patients suffering from tinea infection by individualized homoeopathic medicines selected using BBCR.Hence alternative hypothesis (H_A) is accepted.

6

DISCUSSION

DISCUSSION

The present study titled *"*EFFECTIVENESS OF HOMOEOPATHIC MEDICINE IN THE MANAGEMENT OF TINEA INFECTION USING BOENNIGHAUSEN'S CHARACTERISTICS AND REPERTORY BY Dr. C.M. BOGER*"* was conducted at National Institute of Homoeopathy, Kolkata. The aim of this study was to study the utility of BBCR in making the totality of symptoms and selection of homoeopathic similimum during clinical practice in the treatment of tinea infection.

A Prospective, clinical study observational design was adopted to know the effectiveness of individualized homoeopathic medicines selected on the basis of totality of symptoms by using BBCR in clinical practice in the treatment of tinea infection. This study has included 40(=n) patients fulfilling the inclusion and exclusion criteria. The study was included patients of different sexes, religion, ageand socioeconomic condition. The patients were selected from OPD of National Institute of Homoeopathy, Kolkata.

The case taking of each patient was carried out as per the standard case taking guidelines in the case taking Performa being followed in National Institute of Homoeopathy. A written informed patient consent was obtained from every enrolled patient as per the Informed Patient Consent Form. All the selected patients were properly examined and diagnosis was done clinically. Proper analysis and evaluation of each case was done by using Boger's method and then the totality of symptoms of each case was framed out and cases were repertorised with the help of "BBCR" using RADAR software. Final selection of similimum was done after consulting source books of Materia Medica. The medicines were given in different scale and potency. The dose and repetition was strictly maintained as per the cardinal homoeopathic principles. The medicines were dispensed from the dispensary of National Institute of Homoeopathy. Proper counselling was done as per the requirement after case perceiving. Hygienic and general measures were advised to every patient. Each patient was followed up at an interval of more or less one month. Each case was followed up for at least six visits before the assessment of the outcome. Outcome measures were assessed by categorizing them into four classes namely, "mild improved, moderately improved, much improved and completely improved". A scoring system is essential for practical purpose in any scientific study to assess the

outcome of the treatment given to a patient with the help of such scoring system, the results can be analysed from statistical point of view and suitable inferences can be drawn. Therefore, for the purpose of the present study Size of lesion, Pruritus intensity scale (NRS) and DLQI (dermatology life quality index) is assessed at baseline, at 3rd month and at 6th month of the study to find out the statistical significance.

Keeping all these aspects in mind this study was conducted on 40 patients (=n).Regarding sex distribution of the patient, out of 40 patients, 26 patients were female and 14 were male which constitutes 65% and 35% respectively.

The age distribution shows that age group between 15-25 yrs is 40%, 26-36 yrs is 27.5%, 37-47 yrs is 20%, 48-58 yrs is 10%, and 59-69 yrs is 2.5%. The majorityof the cases were observed in the age group between 15-25 years is (40%).

Among 40 patients included in this study, 42.5% (17) patients belong to Hindu community and 57.5% (23) patients belong to Muslim community. Majority of patients were from rural area i.e. 17 (42.5%).

Regarding socio-economic status, among 40 patients, 6 (15%) patient belongs to upper class, 15 (37.5%) patients belong to middle class and 19 (47.5%) from lower class. Majority of patients were housewife (55%).

In this study, medicines were prescribed on the basis of totality of symptoms. Frequently prescribed medicines were Merc Sol, Sulphur, Graphites, Natrum Mur, Sepia, Hepar Sulph, Tuberculinum, Pulsatilla, Bacillinum, Ars Alb, and Kali Ars. It was observed that Sulphur (15 out of 40 cases, 37.5%) and Merc sol (6 out of 40 cases, 15%) was indicated for maximum cases. In this study, most frequently noted clinical presentation of tinea corporis (77.5%) and tinea cruris (12.5%).

Analysis of statistical findings after treatment showed that making totality using Boger's repertory is effective in dealing with Tinea infection. Outcome assessment was analysed as defined. Out of 40 (=n) patients, minimal improvement seen in 4 patients (10%), moderate improvement seen in 18 patients (45%), much improvement seen in 4 patients (10%) and complete improvement seen in 14 patients (35%). Overall, Moderate improvement was seen in 18 patient (45%) patients.

Patient outcome assessment done using Lesion size and Pruritus scale (NRS) and DLQI(dermatology life quality index).In maximum no. of patients, there was significant decrease in the values of lesion size , pruritus intensity scoring (NRS) and

DLQI (dermatology life quality index) Score after the treatment in comparison to as it was before the treatment. The difference in the mean value of Lesion size, Pruritus scale and DLQI (dermatology life quality index) score before and after treatment was 4043.07, 5.42 and 13.72 respectively. ANOVA test was used and it showed that result is significant at $p \leq 0.05$ which reject the null hypothesis.

On the basis of result of outcome assessment and statistical analysis, study revealed that making totality of symptom using BBCR repertory are useful in dealing with cases of tinea infection.

SCOPES AND CONSTRAINTS OF THE PRESENT STUDY:

This study should consider as a small effort to contribute in the field of most miraculous science. It was my attempt to produce some clinical evidence for showing role of homoeopathy and utility of BBCR repertory in the treatment of tinea infections. The limitations of the present study were that the sample size was small and the period of treatment was short. The limitations of time and other aspects could not unravel the study in its all aspects.

So further works on this aspect may be conducted such as: -

- A study with large sample size and longer time period is needed.
- This study would have been better if comparative arm is also used in this study (Study with control groups).
- Better research model should use to make study more authentic and meaningful.
- More extensive and repeated research study in similar setup is needed to generalize the results and to find out the more rational conclusion about the significance of this topic.
- More studies need to be conducted in this field by using some lab parameter along with lesion size, pruritus scale and DLQI (Dermatology Life Quality Index) score, so some strong evidence can produce for showing the affectivity of homoeopathy in the treatment of tinea infection which is now a day big challenge to conventional system, because of high cost of anti-fungal medicine and occurrence drug resistant tinea infection.

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CONCLUSION

CONCLUSION

The present work is a result of my experience with the study of the writings of different revolutionary stalwarts in medical science as well as my own effort to understand from National Institute of Homoeopathy, about the **"**EFFECTIVENESS OF HOMOEOPATHIC MEDICINE IN THE MANAGEMENT OF TINEA INFECTION USING BOENNIGHAUSEN'S CHARACTERISTICS AND REPERTORY BY Dr. C.M. BOGER".

The study included 40 (=n) patients of OPD from National Institute of Homoeopathy. The study population was of both sexes; all religions and different age groups. The selected patients were properly clinically examined and case taking was done. Patient written consent was also taken. Analysis and evaluation of the cases was done by Boger's method. The medicine was selected after repertorization through the BBCR and finally selection of homoeopathic medicine done after consulting the different source books of Material Medica. Outcome assessment of the treatment was done by considering the improvement of the patient as a whole and through analysing the scorings of Lesion size, Pruritus intensity scale using numeric rating scale (NRS) and DLQI (dermatology life quality index) at baseline, 3rd month and 6th month.

This study showed that Out of 40 (=n) patients, minimal improvement seen in 4 patients (10%), moderate improvement seen in 18 patients (45%), much improvement seen in 4 patients (10%) and complete improvement seen in 14 patients (35%). Overall, Moderate improvement was seen in 18 patient (45%) patients of tinea infection.

This type of result in observational study encourages us to replicate higher study with a large number of sample sizes and with some better research design. In maximum no. of patients, there was a significant decrease in the values of lesion size, pruritus intensity scoring (NRS) and DLQI (dermatology life quality index) score after the treatment.

The difference in the mean value of Lesion size, Pruritus intensity scoring using numeric rating scale (NRS) and DLQI (dermatology life quality index) score before and after treatment was 4043.07, 5.42 and 13.72 respectively. ANOVA (analysis of variance) test was used and it showed that result is significant at $p \leq 0.05$ which reject the null hypothesis. The overall response of patients after homoeopathic

treatment was promising which shows BBCR can be used in making totality of symptoms and selection of Homoeopathic similimum during clinical practice in treatment of tinea infection.

8

SUMMARY

SUMMARY

The study titled "EFFECTIVENESS OF HOMOEOPATHIC MEDICINE IN THE MANAGEMENT OF TINEA INFECTION USING BOENNIGHAUSEN'S CHARACTERISTICS AND REPERTORY BY Dr. C.M. BOGER" was conducted at National Institute of Homoeopathy, Kolkata. The aim of this study was to study the utility of BBCR in the treatment of Tinea infection. A Prospective clinical observational study design was adopted.

This study has included 40 patients of different sexes, religion, age and socioeconomic condition. Patients were selected from OPD of National Institute of Homoeopathy, Kolkata. Result was assessed by overall improvement of the patient and analysing a scoring scale Lesion size, Pruritus intensity scale using numeric rating score (NRS) and DLQI (Dermatology Life Quality Index).

In this study, it was observed that majority of the patients were female. The age distributions showed that majority of the cases were belong to 15-25 years of age. Patients belonging to religion Muslim (Islam) were more in number than the Hindu. Majority of patients were from lower socio-economic status. Most frequently noted clinical infection of Tinea corporis and Tinea cruris. Among the prescribed homoeopathic medicines, sulphur and Merc sol were most frequently indicated medicines in tinea corporis. While in case of tinea cruris, Merc sol were the most frequently indicated.

The study further showed that BBCR are important and significantly effective tool for selection of homoeopathic similimum. The effectiveness was demonstrated by the results of the statistical analysis. Out of 40 patients, minimal improvement seen in 4 patients (10%), moderate improvement seen in 18 patients (45%), much improvement seen in 4 patients (10%) and complete improvement seen in 14 patients (35%). Patient symptoms evaluation done by using baseline, 3rd month and 6th month pre and post treatment Lesion size, Pruritus intensity scale (NRS) and DLQI (Dermatology Life Quality Index) score. The difference in the mean value of Lesion size, Pruritus scale and DLQI (Dermatology Life Quality Index) score before and after treatment was 4043.07, 5.42 and 13.72 respectively. ANOVA test was used and it showed that result is significant at $p \leq 0.05$ which reject the null hypothesis. This study showed that BBCR are of great use for making totality of symptoms and selection of homoeopathic similimum during clinical practice in the treatment of Tinea infection. This

type of promising result encourage us to do some better study in future with more number of sample size and along with more better research design so that efficacy of homoeopathy can further evaluated.

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APPENDIX

APPENDIX –AGLOSSARY

CLINICAL STUDY: A clinical study involves research using human volunteers(also called participants) that is intended to add to medical knowledge. There are twomain types of clinical studies: clinical trials (also called interventional studies) and observational studies.

PATHOLOGICAL GENERALS: This is one of the most important contributions of the Boger in his repertory. Pathological generals are the expression of the person, which are known by a study of the changes at the tissue level. Certain types of constitution are prone to certain pathological changes to different level of system and organs. When a pathological symptom exists in more than two parts of the body, then they can be considered as a general tendency of the organism. These symptoms are called as pathological general symptoms. Boger emphasised the importance of pathological generals both in the repertory and his book GENERAL ANALYSIS.

TINEA CAPITIS

SYNONYMS: RINGWORM OF SCALP; TINEA TONSURANS

DEFINITION: Tinea Capitis is a infection of the scalp and scalp hair follicles.

SPECIES CONCERNED: Most often produced by the species Microsporum audouini, T.schoenleinii, and T. violaceum have distinct predilection for hair shaft. It is of interest that in tinea Capitis, anthropophilic species predominates.

"Gray patch syndrome" produced microsporum species is characterized by the appearance of a small papule at the base of a hair follicle.

TINEA CORPORIS

SYNONYMS: RINGWORM OF THE BODY; TINEA CIRCINATA

DEFINITION: Ringworm of the glabrous skin. The clinical manifestation result from invasion and proliferation of the casual fungi in the stratum corneum. Terminal hair in the affected parts may be invaded. It includes lesions of the trunk and limbs excluding ringworm of the specialised sites such as scalp, feet and groin etc.

SPECIES CONCERNED: All known dermatophyte can cause this type of skin infection.

TINEA CRURIS

SYNONYMS: RINGWORM OF THE GROIN; DHOBIS ITCH; ECZEMA MARGINATUM

DEFINITION: Infection of the groin by a species of dermatophytes.**SPECIES CONCERNED:**

E. Floccousum followed by T. Rubrum. **TINEA PEDIS**

SYNONYMS: FOOT RINGWORM; ATHELETE FOOT

DEFINITION: Infection of the feet or toes with a dermatophyte fungus. **SPECIES**

CONCERNED: T. Rubrum, T. Interdigitate and E. floccousm.**TINEA MANNUM**

SYNONYMS: RINGWORM OF THE HAND

DEFINITION: Infection of the dorsal surface presents no specific features and is considered as ringworm of the glabrous. This section is therefore concerned with ringworm of palmar skin and with infection beginning under rings.

SPECIES CONCERNED: T.rubrum, T.violaceum.

TINEA UNGUIUM

SYNONYMS: RINGWORM OF THE NAIL

DEFINITION: Invasion of nail plates by species of dermatophyte.

SPECIES CONCERNED: T.rubrum, T.interdigitale, E.floccosum associated with foot and hand infections. T.tonsurans, T.violaceum, T.schoenleinii associated with scalp infection. T.concentricum in case of tinea imbricata.

TINEA FACIAE

SYNONYMS: RINGWORM OF THE FACE

DEFINITION: It is infection of glabrous skin of the face with a Dermatophytesfungus (the moustache and beard area of adult male are excluded).

SPECIES CONCERNED

T.mentagrophytes and T.rubrum predominant but M. Audouini and M.canis alsocommon.

TINEA BARBAE

SYONYNMS: RINGWORM OF THE BEARD

DEFINITION: It is the infection of the beard and moustache area of the face with invasion of coarse hairs. It is thus disease of adult male. Tinea of the chin and upper lip in female and children are considered as tinea facie i.e. ringworm of the glabrous skin of the face.

SPECIES CONCERNED: T.mentagrophytes and T. verrucosum.

REPERTORY: Repertory is a systematically and logically arranged index to the Homoeopathic materia medica, which is full of information collected from toxicology, drug proving and clinical experience. The repertory helps us to find out the required symptoms, together with the medicine or a group of similar medicines having different grades.

BOGER BOENNINGHAUSEN'S CHRACTERISTICS AND REPERTORY (BBCR) [4]**:-** Boger has made a bridge type study between Kent's and Boenninghausen's philosophy and discovered a new repertory i.e. BBCR in 1905 published by Boericke and Tafel. The second edition proved to be useful. Dr. Dario Spinedi who wrote a foreword to "complete repertory" writes, "I discovered that Boger's Boenninghausen's repertory is a real gold mine for all kinds of symptoms". Author has given seven fundamental concepts that are doctrine of complete symptoms and concomitants, doctrine of pathological generals, doctrine of causation and time, clinical rubrics, evaluation of remedies, fever totality and concordance.

PATHOLOGICAL GENERALS

Pathological generals are the expression of the person, which are known by a study of the changes at the tissue level. An individual may respond to constant unfavourable stimuli through pathological changes in different tissues, but a common propensity might still persist. This common change in different tissues shows the behaviour of the whole constitution, which is important to understand the individual. Boger emphasizedthe importance of pathological generals both in his repertory and his book General Analysis.

INDIVIDUALIZATION- Individualization is the process of differentiating an objector a person from a class or group of similar objects or persons. It is a character of homeopathy that all its practical processes are governed by the process of individualization. In its drug-proving, its study of the materia medica compiled from those proving; its examination of the patient and study of the case; its selection of the remedy and its conduct of whatever auxiliary treatment is required, it always seeks to individualize.

PRESCRIPTION: Prescription is a written direction given by a physician to his own compounder or any pharmacist for the preparation of medicine as well as instruction to the patient about mode of intake.

LESION SIZE: A millimetric numeric scale will be used to measure the size of lesion.

NUMERIC RATING SCALE: Ranging from 0-10 shows intensity of itching (0- none, 1-3 shows mild, 4-6 shows moderate, 7-10 shows severe itching. It shows pruritus intensity score.

DLQI: Dermatology life quality index validated questionnaire, validated Bengali version. DLQI (Dermatology Life Quality Index).

APPENDIX – B

CASE RECORDING FORMAT

IDENTIFICATION OF THE PATIENT:

- OPD/ IPD Registration No:
- Name:
- Age:
- Sex:
- Religion:
- Occupation:
- Address:
- Date of Examination / Casetaking:

A) PRESENT COMPLAINTS:

B) HISTORY OF PRESENT COMPLAINTS:

C) PAST HISTORY:

D) FAMILY HISTORY (Any notable disease in the family)**:**

- Paternal side:
- Maternal side:
- Own side:

E) PERSONAL HISTORY:

- Addictions (Present / Past - Duration):
- Occupation:
- Diet:
- Accommodation:
- Socio-economic condition:
- Habits and Hobbies:
- Marital status:
- No. Of children and their ages:
- Sexual history:
- Obstetrical history:
- Sterilization / Contraceptive:

- Relation with family members and in the field of occupation:
- Any medicine taken regularly (with duration):
- History of vaccination (what type of vaccination with effect):
- H/O taking Mantoux test and its effects:
- Developmental milestones:
- Place born and brought up:

F) GENERALITIES:

a) Physical Generals:

- General sensations and complaints
- General tendencies
- General modalities
- Thermal reaction (Hot, Chilly, Ambithermal and not affected by heat& cold)
- State of appetite
- Desire
- Aversion
- Intolerance
- Thirst
- Taste
- Salivation
- Stool
- Urine
- Perspiration
- Sleep & dreams
- Discharge if any
- Menstrual history

b) Mental Generals

G) PHYSICAL EXAMINATION:

a) General Survey:

- Appearance
- Decubitus

- Built
- Nutrition
- Facies
- Anaemia
- Cyanosis
- Jaundice
- Clubbing
- Oedema
- Pigmentation
- Pulse
- B.P.
- Respiration
- Temperature
- Neck artery & veins
- Lymph nodes – Cervical /Axillary / Inguinal

b) Systemic Examination:

1) **Respiratory System** (Inspection, Palpation, Percussion, Auscultation):

2) Gastrointestinal System:

- Oral Cavity and tongue
- Abdomen (Inspection, Palpation, Percussion, Auscultation)

3) Cardio-Vascular System:

Peripheral pulsation & inspection, Palpation, Percussion, Auscultation:

4) Nervous System:

- Higher functions
- Cranial nerves
- Motor systemReflexes
- Sensory system
- Others

5) **Urogenital System** (Inspection, Palpation, Percussion, Auscultation):

6) Locomotors System:

- Joints
- Gait

7) Skin and mucous membrane:

H) PROVISIONAL DIAGNOSIS:

I) INVESTIGATIONS:

- Blood:
- Urine:
- Stool:
- X-ray:
- E.C.G.
- Ultrasound Screening:
- Others:

J) FINAL DIAGNOSIS:

K) MIASMATIC DIAGNOSIS:

L) ANALYSIS OF SYMPTOMS:

M) EVALUATION OF SYMPTOMS:

N) TOTALITY OF SYMPTOMS:

O) REPERTORISATION:

P) CONVERSION OF SYMPTOMS INTO RUBRICS WITH PAGE NUMBER:

Q) REPERTORIAL ANALYSIS:

R) FINAL SELECTION OF MEDICINE (in consultation with materia medica):

S) PRESCRIPTION:

T) FOLLOW UP:

U) COMMENT:

APPENDIX – C

DATA COLLECTION FORMAT

SCREENING FORM

An observational trial of individualized Homoeopathic medicine in the management of tinea infection using Boenninghausen's Characteristics and repertory by Dr. C.M. Boger.

Name: Regd No: Screening No:

Screening date: Age: Sex:Residence and contact no.:

Table no. 1- Preliminary screening (please put tick mark in appropriate boxes)

1. Sign and symptoms of tinea infection	**YES**	**NO**
2. Age -16-80 years	YES	NO
3. Topical agents or standard therapy discontinued for morethan 1 week.	YES	NO

Table No. 2-Detailed screening

1.Lichenification and eczematisation	**YES**	**NO**
2.Allergic drug history/contact dermatitis	YES	NO
3.Sebborhic dermatitis, pityriasis rosea and some type of psoriasis	YES	NO
4.Substance abuse and/or dependence	YES	NO
5.Psychiatric illness	YES	NO

If yes to any of the above, exclude the patient; otherwise include and proceed to next table.

Table No. 3- Baseline socio demographic data

Duration	**Food habit– Veg/Nonveg**	**Risk factor**
Treatment taken	Co-morbidity	Weight
Height(feet/inches)	BMI	Marital status
Education	Employment status	Income status

OUTCOME MEASURES

A data collection format was prepared in which all collected data throughout the workwere entered. It has three major parts:

1. Identification of the patient.
2. Data based on SIZE OF LESION, NRS and DLQI score of patient.
3. Data based on improvement (patient as a whole) of patient.

DATA BASED ON FIRST VISIT AND FOLLOW - UP AS PER SIZE OF LESION, NRS AND DLQI SCORE			
	AT BASELINE	3RD MONTH	6TH MONTH
SIZE OF LESION (in mm)			
NRS score (1-10)			
DLQI score			

FOLLOW UP SHEET

Serial No.	**Date**	**Brief notes**	**Prescription**

RECORDS OF INTERCURRENT ILLNESS

Serial No.	**Date**	**Complaints**	**Prescription**	**Advices**

APPENDIX –D

QUESTIONNAIRE

All relevant information and replies to questions needed for patient evaluation during the course of the study was collected by 'Direct Interview' and was suitably recorded in the appropriate place of the 'Case Recording Format' (Appendix - B). All information collected during follow-up was suitably recorded in the appropriate place of the 'Data Collection Format' (Appendix - C). No separate Questionnaire was required.

Dermatology Life Quality Index [36]

It may be used for routine clinical assessment of the impact of any skin disease in quality of life of a patient. It is used by clinician consultation, evaluation and clinical decision making process. It is designed for the use of adults, i.e. patient over the ageof 16 years. It is a self explanatory and can be simply handed to the patient to fill. It iscalculated by summing the score of each question.

- 0-1= No effect at all on patient life
- 2-5= Small effect on patient life
- 6-10= Moderate effect on patient life
- 11-20=Very large effect on patient life
- 21-30=Extremely large effect on patient life

This questionnaire is validated in 64 languages. Here, questionnaire of threelanguages are given below:-

- English
- Bengali
- Hindi

DQLI (Dermatology Life Quality Index) can be analysed under six headings:

- Symptoms and feelings- question 1 and 2- score maximum 6
- Daily activities- questions 3 and 4- score maximum 6
- Leisure –questions 5 and 6- score maximum 6-
- Work and school- question 7- score maximum 3
- Personal relationships- questions 8 and 9- score maximum 6
- Treatment – question 10- score maximum 3

DERMATOLOGY LIFE QUALITY INDEX

The aim of this questionnaire is to measure how much your skin problem has affected your life OVER THE LAST WEEK. Please tick ☑ one box for each question.

1. Over the last week, how **itchy**, **sore**, **painful** or **stinging** has your skin been?
- Very much ☐
- A lot ☐
- A little ☐
- Not at all ☐

2. Over the last week, how **embarrassed** or **self conscious** have you been because of your skin?
- Very much ☐
- A lot ☐
- A little ☐
- Not at all ☐

3. Over the last week, how much has your skin interfered with you going **shopping** or looking after your **home** or **garden**?
- Very much ☐
- A lot ☐
- A little ☐
- Not at all ☐
- Not relevant ☐

4. Over the last week, how much has your skin influenced the **clothes** you wear?
- Very much ☐
- A lot ☐
- A little ☐
- Not at all ☐
- Not relevant ☐

5. Over the last week, how much has your skin affected any **social** or **leisure** activities?
- Very much ☐
- A lot ☐
- A little ☐
- Not at all ☐
- Not relevant ☐

6. Over the last week, how much has your skin made it difficult for you to do any **sport**?
- Very much ☐
- A lot ☐
- A little ☐
- Not at all ☐
- Not relevant ☐

7. Over the last week, has your skin prevented you from **working** or **studying**?
- Yes ☐
- No ☐
- Not relevant ☐

If "No", over the last week how much has your skin been a problem at **work** or **studying**?
- A lot ☐
- A little ☐
- Not at all ☐

8. Over the last week, how much has your skin created problems with your **partner** or any of your **close friends** or **relatives**?
- Very much ☐
- A lot ☐
- A little ☐
- Not at all ☐
- Not relevant ☐

9. Over the last week, how much has your skin caused any **sexual difficulties**?
- Very much ☐
- A lot ☐
- A little ☐
- Not at all ☐
- Not relevant ☐

10. Over the last week, how much of a problem has the **treatment** for your skin been, for example by making your home messy, or by taking up time?
- Very much ☐
- A lot ☐
- A little ☐
- Not at all ☐
- Not relevant ☐

Please check you have answered EVERY question. Thank you.

চর্মরোগে সুস্থতার গুনমান সূচক

হাসপাতাল নং (Hospital No):
নাম (Name):
ঠিকানা (Address):
তারিখ (Date):
অসুখের নাম (Diagnosis):
গণনার মান (Score):

এই প্রশ্ন সমুহের উদ্দেশ্য হল চর্ম সমস্যা বিগত সপ্তাহে আপনার জীবনকে কতখানি প্রভাবিত করেছে। প্রত্যেক প্রশ্নের জন্য একটি করে বক্সে দাগ দিন

১	বিগত সপ্তাহে আপনার ত্বকে কতটা **চুলকানি, প্রদাহ, ব্যাথা বা জ্বালা** করেছে?	খুব বেশি বেশি অল্প একদম নয়	☐ ☐ ☐ ☐	
২	বিগত সপ্তাহে আপনি আপনার ত্বকের জন্য কতটা **বিব্রত বা আত্মসচেতন** হয়েছেন?	খুব বেশি বেশি অল্প একদম নয়	☐ ☐ ☐ ☐	
৩	বিগত সপ্তাহে ত্বকের কারনে **দোকানে যাওয়া, বাড়ী অথবা বাগানের দেখাশোনা** করতে কতটা বাধার সম্মুখীন হয়েছেন?	খুব বেশি বেশি অল্প একদম নয়	☐ ☐ ☐ ☐	অপ্রাসঙ্গিক ☐
৪	বিগত সপ্তাহে আপনার ত্বক আপনার **পরিধেয় পোষাককে** কতটা প্রভাবিত করেছে?	খুব বেশি বেশি অল্প একদম নয়	☐ ☐ ☐ ☐	অপ্রাসঙ্গিক ☐
৫	বিগত সপ্তাহে আপনার ত্বক আপনার **সামাজিক বা অবসরকালীন** ক্রিয়াকলাপকে কতটা প্রভাবিত করেছে?	খুব বেশি বেশি অল্প একদম নয়	☐ ☐ ☐ ☐	অপ্রাসঙ্গিক ☐
৬	বিগত সপ্তাহে ত্বকের জন্যে **খেলাধুলার** ক্ষেত্রে আপনার কতটা অসুবিধা হয়েছে?	খুব বেশি বেশি অল্প একদম নয়	☐ ☐ ☐ ☐	অপ্রাসঙ্গিক ☐
৭	বিগত সপ্তাহে আপনার ত্বক কি আপনার **কাজকর্ম** বা **পড়াশোনা** করা থেকে আপনাকে কোনোভাবে বিরত করেছে?	খুব বেশি বেশি অল্প একদম নয়	☐ ☐ ☐ ☐	অপ্রাসঙ্গিক ☐
	যদি "না" হয় তা হলে ত্বকের জন্য আপনার **কাজকর্ম** বা পড়াশোনায় কতটা অসুবিধা হয়েছে?	খুব বেশি বেশি অল্প একদম নয়	☐ ☐ ☐ ☐	
৮	বিগত সপ্তাহে ত্বকের জন্য আপনার **সঙ্গী/সঙ্গীনী, নিকট বন্ধু-বান্ধব** অথবা **আত্মীয়-স্বজনের** কাছে কতটা অসুবিধা সৃষ্টি হয়েছে?	খুব বেশি বেশি অল্প একদম নয়	☐ ☐ ☐ ☐	অপ্রাসঙ্গিক ☐
৯	বিগত সপ্তাহে ত্বকের জন্যে আপনার **যৌনক্রিয়ায়** কতটা অসুবিধা হয়েছে?	খুব বেশি বেশি অল্প একদম নয়	☐ ☐ ☐ ☐	অপ্রাসঙ্গিক ☐
১০	বিগত সপ্তাহে ত্বকের **চিকিৎসার** কারণে আপনার কতটা অসুবিধা হয়েছে, যেমন বাড়ী নোংরা হয়েছে বা সময় নষ্ট হয়েছে?	খুব বেশি বেশি অল্প একদম নয়	☐ ☐ ☐ ☐	অপ্রাসঙ্গিক ☐

আপনার উত্তর করা প্রত্যেকটি প্রশ্ন পুনরায় পরীক্ষা করুণ। ধন্যবাদ।

त्वचारोग जीवन गुणवत्ता सूची

अस्पताल क्रमांक :

नाम :

पता :

दिनांक :

रोग निदान :

डीएलक्यूआई

स्कोर :

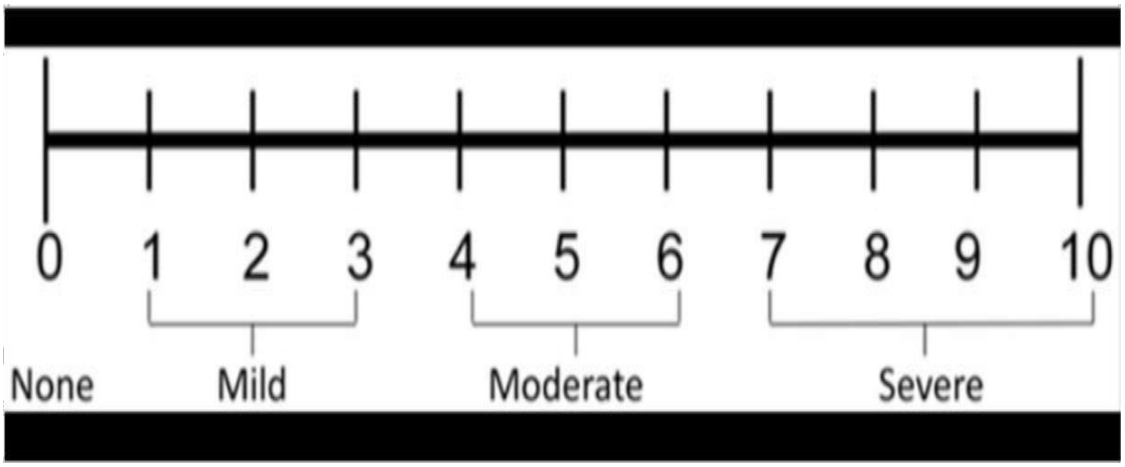
इस प्रश्नोत्तरी का उद्देश्य यह नापना है कि आपकी त्वचा की परेशानी ने गत सप्ताह में आपके जीवन पर कितना प्रभाव डाला है. कृपया हर प्रश्न के लिए एक बाक्स में टिक करें.

१.	गत् सप्ताह, आपकी त्वचा में कितनी खुजली, पीड़ा, दर्द या चुभन लग रहा था?	बहुत ज्यादा बहुत थोड़ा बिलकुल नहीं	☐ ☐ ☐ ☐	
२.	गत् सप्ताह, अपनी त्वचा के कारण आप कितने शर्मसार या स्व चैतन्य हुए?	बहुत ज्यादा बहुत थोड़ा बिलकुल नहीं	☐ ☐ ☐ ☐	
३.	गत् सप्ताह, आपकी त्वचा ने आपकी खरीदारी, घर या गार्डन की देखभाल के काम पर कितना प्रभाव डाला?	बहुत ज्यादा बहुत थोड़ा बिलकुल नहीं	☐ ☐ ☐ ☐	लागू नहीं ☐
४.	गत् सप्ताह, आपकी त्वचा ने आपके कपड़े पहनने पर कितना प्रभाव डाला?	बहुत ज्यादा बहुत थोड़ा बिलकुल नहीं	☐ ☐ ☐ ☐	लागू नहीं ☐
५.	गत् सप्ताह, आपकी त्वचा ने आपके सामाजिक जीवन या फुर्सत के समय की गतिविधियों पर कितना प्रभाव डाला?	बहुत ज्यादा बहुत थोड़ा बिलकुल नहीं	☐ ☐ ☐ ☐	लागू नहीं ☐
६.	गत् सप्ताह, आपकी त्वचा ने आपके खेलकूद के लिए कितनी मुश्किलें खड़ी कीं?	बहुत ज्यादा बहुत थोड़ा बिलकुल नहीं	☐ ☐ ☐ ☐	लागू नहीं ☐
७.	गत् सप्ताह, आपकी त्वचा ने आपके काम या पढ़ाई में कोई रुकावट डाली?	हां नहीं	☐ ☐	लागू नहीं ☐
	इसका उत्तर अगर नहीं है, तो गत् सप्ताह आपकी त्वचा ने आपके काम या पढ़ाई में कितनी परेशानी खड़ी की ?	बहुत थोड़ा बिलकुल नहीं	☐ ☐ ☐	
८.	गत सप्ताह, आपकी त्वचा ने आपके पार्टनर या किसी भी करीबी मित्र या रिश्तेदार के लिए कितनी परेशानी खड़ी की	बहुत ज्यादा बहुत थोड़ा बिलकुल नहीं	☐ ☐ ☐ ☐	लागू नहीं ☐
९.	गत् सप्ताह, आपकी त्वचा के कारण कितनी सेक्सुअल मुश्किलें आईं?	बहुत ज्यादा बहुत थोड़ा बिलकुल नहीं	☐ ☐ ☐ ☐	लागू नहीं ☐
१०.	गत सप्ताह, आपकी त्वचा के उपचार ने आपके लिए कितनी मुश्किलें बढ़ाई, उदाहरण के लिए घर को अस्त-व्यस्त बनाना, या समय का नुकसान करना.	बहुत ज्यादा बहुत थोड़ा बिलकुल नहीं	☐ ☐ ☐ ☐	लागू नहीं ☐

कृपया देख लें कि आपने हर प्रश्न का उत्तर दे दिया है. धन्यवाद.

ENGLISH TO HINDI
18 JANUARY 2008

NUMERIC RATING SCALE FOR PRURITUS INTENSITY



Improvement In Percentage

- Minimal improvement- Upto 35%
- Moderate improvement- 36%-67%
- Much improvement- 68%-70%
- Complete improvement- 71%- 94%[31]

APPENDIX –E ASSESSMENT CRITERIA

Outcome assessment of the treatment was done by considering the overall improvement of the patient condition and analysing a Lesion size, Pruritus intensity scale (NRS) and DLQI (dermatology life quality index, developed by AY Finlay, GK Khan, April 1992) (appendix- E). The improvement in the patient condition and clinical findings during regular follow up was assessed in the following categorical nomenclatures:

Percentage of improvement: [31]

- Upto 35% reduction in symptoms- Minimal Relief
- 36%-67% reduction of symptoms- Moderate Relief
- 68-70% reduction in symptoms - Much Relief
- 71%- 94% reduction in symptoms - Complete Relief

(It is assessed by calculation =score before prescription- score after prescription /score before prescription whole multiplied by 100)

APPENDIX –F

NATIONAL INSTITUTE OF HOMOEOPATHY

BLOCK-GE, SECTOR-III, SALT LAKE, KOLKATA-700106

Patient Information Sheet

Effectiveness of Homoeopathic medicine on Tinea infection by using BogerBoenninghausen's Characteristics and Repertory through a research

Purpose of research: Ringworm is a fungal infection which is highly contagious. According to previous research it has been found that worldwide prevalence of disease is 20%-25%. This disease presents with round eruption and intense itching. Limited research has been done on this skin disease. The efficacy of homoeopathic medicine needs to be checked and evaluated. This research is being conducted for above condition.

Research methodology: If you have been suffering from ringworm in any part of body that may relate to it, you are invited to participate in this study. If you register your name with us, then with the aid of Boger Boenninghausen's characteristics and repertory, we would help you to recover. Your co-operation will be highly solicited during the study. Your physician will be responsible to regulating your current allopathic medications. If, any adverse events (like fever, cold and cough, injury) occur during treatment, then will be treated appropriately. You have to enroll yourself for at least 3 months.

Risks during research: There will be no major risk during the treatment. We believe that you will be benefitted by this research.

Benefits of research: Treatment is to be evaluated through above research. No charges will be taken during entire consultation.

Problems during research: There is minimal possibility of adverse effects arising during the research. If it arises it is due to disease progression. No monetary refund will be provided for the above.

Privacy: All information obtained from the research will be kept confidential. More over if result is published then your identity will not be disclosed.

Rights of participants: It is entirely your wish to participate in this research .You will be provided other normal treatment, even if you are not going to participate in research. You can withdraw your name anytime. For more details you can contact your guide.

Dr. PRIYANKA KAUSHIK
18th batch PGT, Session 2016-2019,
National Institute of Homeopathy.Phone no. 9818507199 drpknih@gmail.com

Patient Information Sheet: রোগীর প্রয়োজনীয় তথ্যাদি

দাদের হোমিওপ্যাথি চিকিৎসায় বোগার বোনিংহোসেন ক্যারেক্টারিস্টিক্স ও রেপার্টরীর উপযোগীতা সংক্রান্ত একটি গবেষণা

গবেষণার উদ্দেশ্য : দাদ একটি ছত্রাকঘটিত অত্যন্ত পরিচিত ছোঁয়াচে রোগ। একটি গবেষণাপত্রে দেখা গেছে যে পৃথিবীব্যাপী প্রায় ২০-২৫% মানুষ এই রোগে আক্রান্ত। এই রোগে ত্বকের প্রদাহ, গোল দাগ, চুলকানি প্রভৃতি উপসর্গ দেখা যায় । এই রোগে হোমিওপ্যাথি বহুল প্রচলিত চিকিৎসাপদ্ধতি হলেও বৃহৎ পরিসরে গবেষণার উদাহরণ সীমিত । এই অবস্থায় উক্ত রোগে হোমিওপ্যাথি ওষুধের কার্যকারিতা নির্ধারণের প্রয়োজনীয়তা অনুভূত হয় এবং মূল্যায়ণের উদ্দেশ্যে উক্ত গবেষণাটি করার সিদ্ধান্ত গৃহীত হয়।

গবেষণার পদ্ধতি : আমরা আপনাকে আমাদের গবেষণার অংশগ্রহণের আমন্ত্রণ জানাচ্ছি । আপনি যদি নাম নথিভুক্তকরণে ইচ্ছুক হন, তাহলে আপনার উপসর্গগুলি হোমিওপ্যাথি ওষুধের মাধ্যমে চিকিৎসা করা হবে এবং এই চিকিৎসায় বোগার বোনিংহোসেন ক্যারেক্টারিস্টিক্স ও রেপার্টরীর সাহায্য নেওয়া হবে। প্রয়োজনীয় স্বাস্থ্য পরীক্ষার জন্য আপনাকে প্রতি মাসে বা উপদেশমত প্রয়োজন অনুযায়ী হাজির হতে হবে । যদি আপনি নিয়মিতভাবে কোন অ্যালোপ্যাথিক ওষুধ সেবন করেন, তার মাত্রা নিয়ন্ত্রণ বা বন্ধ রাখার দায়িত্ব থাকবে এই গবেষণাতে নিযুক্ত চিকিৎসকদের উপর । চিকিৎসা চলাকালীন যদি কোন জটিল পরিস্থিতি (যেমন – জ্বর, সর্দি-কাশি, গলা ব্যথা, সামান্য আঘাত ইত্যাদি) উপস্থিত হয়, তাহলে প্রয়োজন অনুযায়ী যথোপযুক্ত চিকিৎসা করা হবে । আপনাকে এই গবেষণাকার্যে ন্যূনতম ৩ মাস নিযুক্ত থাকতে হবে ।

গবেষণার ঝুঁকি : এই গবেষণায় কোন গুরুতর ঝুঁকির সম্ভাবনা প্রায় নেই । আমরা আশা করছি, এই গবেষণায় আপনি সম্পূর্ণ সুস্থ হয়ে উঠবেন এবং আপনাকে অত্যন্ত গুরুত্বের সঙ্গে পরীক্ষা করা হবে ।

গবেষণার সুবিধা : এই গবেষণায় প্রাপ্ত ফলাফল থেকে বহু মানুষ এই তথ্য জেনে উপকৃত হতে পারবে যে, হোমিওপ্যাথি ওষুধের মাধ্যমে দাদের চিকিৎসা করা সম্ভব কিনা । আপনি সম্পূর্ণ নিখরচায় ডাক্তারি পরামর্শ এবং প্রয়োজনীয় ওষুধ পাবেন ।

গবেষণার সমস্যা : আমাদের মনে হয় না গবেষণা চলাকালীন কোন গুরুতর সমস্যার উদ্ভব হবে, আর যদি হয়, তা রোগের স্বাভাবিক নিয়মেই হতে পারে । এই সমস্যাজনিত কোনো আর্থিক ক্ষতিপূরণ আপনি পাবেন না ।

গোপনীয়তা : গবেষণায় প্রাপ্ত সকল তথ্য গোপনীয়তার সঙ্গে সংরক্ষিত হবে এবং শিক্ষার কাজে ব্যবহৃত হবে । এই গবেষণার ফলাফল প্রকাশ করা হলেও নাম দ্বারা কোনোভাবেই আপনাকে সনাক্ত করা যাবে না ।

অংশগ্রহণকারীর অধিকার সমূহ : এই গবেষণায় অংশগ্রহণ সম্পূর্ণরূপে আপনার ইচ্ছাধীন । আপনি যদি অংশগ্রহণে অনিচ্ছুক হন, তাহলেও এই প্রতিষ্ঠানে আপনার চিকিৎসায় এর কোনো প্রভাব পড়বে না । গবেষণাটি থেকে যেকোন সময়ে নাম প্রত্যাহারের সম্পূর্ণ স্বাধীনতা আপনার আছে । আরও বিশদে জানতে আপনি নিম্নলিখিত চিকিৎসকের সঙ্গে যোগাযোগ করুন:

ডা: প্রিয়াঙ্কা কৌশিক; পি.জি.টি; ১৮ তম ব্যাচ (২০১৬-১৯); বিভাগ কেস টেকিং ও রেপার্টরী; ন্যাশনাল ইনস্টিটিউট অফ হোমিওপ্যাথি; **দূরভাষ** : ৮০৭৬১৩৭৩৪৭; ই-মেল: nihdrpriyanka@gmail.com

Patient Consent Form: অংশগ্রহণকারীরসম্মতিপত্র

দাদের হোমিওপ্যাথি চিকিৎসায় বোগার বোনিংহোসেন ক্যারেক্টারিস্টিক্স ও রেপার্টরীর উপযোগীতা সংক্রান্ত একটি গবেষণা

আমি উপরোল্লিখিত গবেষণাটিতে অংশগ্রহণ করার জন্য আমন্ত্রিত হয়েছি । আমি জানি যে গবেষণাটি সম্পূর্ণরূপে অধ্যয়ন বিষয়ক এবং এটিতে অংশগ্রহণে কোনোরকম ঝুঁকির সম্ভাবনা নেই । আমাকে একজন চিকিৎসকের নাম ও ঠিকানা জানানো হয়েছে, যাকে প্রয়োজনে সহজেই যোগাযোগ করতে পারব । আমাকে দেওয়া তথ্যপত্রটি আমি যত্ন সহকারে পড়েছি । প্রদত্ত গবেষণা সংক্রান্ত যাবতীয় দ্বিধা, সংশয়, প্রশ্ন বা সমস্যা সমাধানের সুযোগ আমার কাছে ছিল এবং এই সমাধানে আমি সন্তুষ্ট । আমি স্বেচ্ছায় এই গবেষণাটিতে অংশগ্রহণে সম্মতি জানাচ্ছি এবং আমি জানি, যে কোন মুহূর্তে এই গবেষণাটি থেকে আমার নিজেকে সরিয়ে নেওয়ার অধিকার আছে ।

অংশগ্রহণকারীর নাম –

ঠিকানা –

তারিখ –

দূরভাষ –

স্বাক্ষর –

অভিভাবকের নাম:

অভিভাবকের স্বাক্ষর:

আমি অংশগ্রহণকারীকে অনুমতিপত্রটি পড়তে বা পড়ে শোনাতে দেখেছি । এতে অংশগ্রহণকারীর প্রশ্ন জিজ্ঞাসা করার সুযোগ ছিল । আমি নিশ্চিত করছি যে এই অংশগ্রহণকারী স্বেচ্ছায় অংশগ্রহণে সম্মতি দিয়েছে ।

অনুসন্ধানকারীর স্বাক্ষর –

তারিখ –

INFORMED PATIENT CONSENT FORMFOR PARTICIPATION

IN CLINICAL STUDY

NATIONAL INSTITUTE OF HOMOEOPATHY
Block- GE, Sector- III, Salt Lake, Kolkata- 700106 INFORMED CONSENT

FORM FOR PARTICIPATION IN CLINICAL STUDY

Study Title: Effectiveness of homoeopathic medicine in the management of tinea infection using Boenninghausen's Characteristics and Repertory by Dr. C.M. Boger

Patient's initials/Legal guardian:

_____

Age: _____

Sex_____Date of birth:_____/_____/_____

1. I confirm that I have read and understood the information sheet for the above study.I have had the opportunity to ask questions and all my questions and doubts have been answered to my complete satisfaction.
2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving reasons, without my relationship with the attending physicians being compromised or my legal rights being affected.
3. I understand that my identity will not be reveled in any information released to third parties or published, unless as required by law. I agree not to restrict the use of any data or results that arise from the study.
4. I agree not to withhold any information about my health from the investigator and will convey the same truthfully.
5. I agree to my taking part in the above study and to comply with the instructions given during the study and to cooperate with the study team.
6. I give my consent to my undergoing a complete physical examination as specified in the study protocol and explained to me.
7. I do here by declare that I am not participating as a volunteer of any other clinical study of such nature.

Signature/ Thumb impression of the patient:_____ Name and address of patient:

_____

_____

_____

_____

_____

_____

Signature of witness:_____ Name and address of witness:_____

_____

Investigator's name and address:

_____

_____

Place: _____

Date:_____/_____/_____

CASE RECORDS

APPENDIX –G

CASE RECORD OF THE PATIENT

Case no.1 (screening no. 42)

IDENTIFICATION OF THE PATIENT:

- OPD/ IPD Registration No: 542887
- Name: S.A.S
- Age: 21 years
- Sex: Male
- Religion: Islam
- Occupation: Student
- Address: Doulatabad
- Date of Examination / Case taking: 04/09/18

A) PRESENT COMPLAINT(S):

Red, circular and itchy eruptions on body since one and a half year.Location- Face, abdomen, lower limbs

Sensation-Burning

Modalities- Aggravation- hot weather, perspiration, Scratching leads to bleedingAmelioration-

cold application

Concomitant-Nothing specific

B) HISTORY OF PRESENT COMPLAINTS:

Duration- one year six monthsMode of onset – Gradual
Probable cause – unhygienic living habitsTreatment taken- Not taken

C) PAST HISTORY:-History of recurrent fungal infections ?pityriasis alba

D) FAMILY HISTORY (Any notable disease in the family)**:**Paternal side: Nothing significant

Maternal side: Nothing significantOwn side: Nothing significant

E) PERSONAL HISTORY:

- Addictions (Present / Past - Duration): Nil
- Occupation: Student
- Diet: Non-veg

- Accommodation: House with tin shelter
- Socio-economic condition: poor
- Habits and Hobbies: Nothing significant
- Marital status: Unmarried
- No. of children and their ages: N/A
    - Sexual history: Not active Obstetrical history: Not applicable Sterilization /

Contraceptive: Not done yet.

Relation with family members and in the field of occupation: CongenialAny medicine taken regularly (with duration): Nil

History of vaccination (what type of vaccination with effect): PresentH/O taking Monteux test and its effects: Nothing as such Developmental milestones: On time

Place born and brought up: Murshidabad, West Bengal

F) GENERALITIES:

1. Physical Generals:

a) General sensations and complaints:- Nothing significant
b) General tendencies- Sensitive to hot
c) General modalities –Worse in summer
d) Thermal reaction (Hot, Chilly, Ambithermal and not affected by heat & cold)-Hot Patient
e) State of appetite:- 2 meals/day, easy satiety with distention of abdomen.
f) Desire:- Spicy++, meat+, sweets +
g) Aversion:-Egg and fried food
h) Intolerance:- Meat causes itching of whole body
i) Thirst:- 1 L/day, decreased
j) Taste:- Nothing significant
k) Salivation:- Nothing significant
l) Stool:- d-1,n-0, nothing associated complaint
m) Urine:- D/N 4-5/0-1/24 hrs, clear
n) Perspiration:- scanty
o) Sleep:- Disturbed , use to sleep only for 4hours.
p) Dreams:-Nothing significant

2. Mental Generals:-

- Memory active.
- Congenial in behavior.
- Extroverted.

G)PHYSICAL EXAMINATION:

1. General Survey:

a) Appearance:- Normal
b) Decubitus:- Of choice
c) Built:- Average
d) Nutrition:- Average
e) Facies:- Distressed
f) Anaemia:- Absent
g) Cyanosis:- Absent
h) Jaundice:- Absent
i) Clubbing:- Absent
j) Oedema:- Absent
k) Pigmentation:- No abnormal pigmentation
l) Pulse:- 78 b/min , Regular
m)B.P:- 120/80 mm of Hg
n) Respiration:- 22breaths/min
o) Temperature:- 98° F
p) Neck artery & veins:- Veins are not engorged and not pulsatile.
q) Lymph nodes – Cervical / Axillary / Inguinal:- Not palpable

2. <u>Systemic Examination</u>:

a) Locomotors System: Nothing abnormal detected.

b) Respiratory System (Inspection, Palpation, Percussion, Auscultation):

Inspection:- Shape of chest- Normal, Abdomino-thoracic type respiration, No swelling,No scar mark, No visible veins, No intercostal suction, No visible pulsation.

Palpation: - Movement of chest equal on sides, No swelling, No tenderness, Vocal fremitus equal on both sides.

Percussion:- No dullness, Normal Resonance, Cardiac and liver dullness Normal.

Auscultation:-Chest clear**,** bi-lateral air entry normal, Vocal Resonance equal on bothsides.

c) Gastrointestinal System:

Oral Cavity and tongue:- No ulcers, No pigmentation, No dental caries, Tongue- moist,clean Abdomen (Inspection, Palpation, Percussion, Auscultation):- No visible veins, No scarmarks, No organomegaly, No ascites, No tenderness.

d) Cardio-Vascular System:

Peripheral pulsation- Normal

Auscultation:- Apical impulse- Normal, S1, S2 heard, No murmurs.

e) Nervous System:

- Higher functions:- Patient conscious, oriented, cooperative, with good memory.

- Cranial nerves:- Nothing abnormality detected
- Motor system:- Muscle tone and power normal, no involuntary movements and atrophy.
- Reflexes:- All superficial and deep reflexes are normal.
- Sensory system:- All sensation intact, no sensory loss.
- Others:- Nothing Abnormality Detected (NAD)

f) Urogenital System (Inspection, Palpation, Percussion, and Auscultation):- Nothing Abnormality Detected.

g) Skin and mucous membrane:-

Multiple circular lesion on face, abdomen, legs with raised margins, active lesion, red incolor, scaling not prominent, central clearing.

Lesions measuring about:

Before treatment

100mm x 30mm-face
70mm x 80mm-abdomen
80mm x70mm-legs(b/l)

H)PROVISIONAL DIAGNOSIS: Tinea corporis

I) INVESTIGATION: complete blood count- WNL with 13.2 gm% Hb, diagnosisdone through symptomatically.

J) FINAL DIAGNOSIS: Tinea corporis K)MIASMATIC ANALYSIS AND

DIAGNOSIS:[37]

SYMPTOMS	MIASM
Congenial (calmness)	Psora
Thirstlessness	Psora
Desire for spicy	Psora
Desire sweets	Psora Syphilis
Aversion to egg	Psora Syphilis
Aversion to fried food	Psora
Intolerant to meat	Psora

	Syphilis Latent Psora
Eruption<summers >cold application	Psora Latent Psora

MIASMATIC DIAGNOSIS:- Psora Predominance.

L) ANALYSIS OF SYMPTOMS

LOCATION	SENSATION	MODALITY	CONCOMITANT
Circular eruption on face, abdomen, legs.	Burning	<hot weather <perspiration >cold application	Thirstlessness
			desire for spices and sweets
			Aversion to egg, fried food.
			Sleep disturbed
			Intolerance to meat

M) EVALUATION OF SYMPTOMS:

Modalities	<hot weather^{+++} <perspiration^{+++} >cold application^{+++}
Sensation	Burning^{++}
Locations	Face^{+}, abdomen^{+}, legs^{+}

TOTALITY OF SYMPTOMS:

1. Circular eruption on face, abdomen and legs<summers,<perspiration,>cold application.
2. Burning sensation of skin.

3. Itching leads to bleeding

4. Thirstlessness

5. Desire for spice, sweet

6. Aversion to egg and fried food

7. Intolerance to meat

8. Sleep disturbed due to itching.

N) REPERTORISATION:

Repertory: - BBCR (As the present case contains maximum no. of particularsymptoms with deficiency of generals)

Working method: Computer method.

Software used: RADAR

Repertorization method: BOGER'S METHOD

Process: Total addition process.

O)CONVERSION OF SYMPTOMS INTO RUBRICS WITH PAGE NUMBER:

S.No	Symptoms	Chapter	Rubrics	ageNo.
1.	Circular eruptions on whole body	Skin and exterior body	Tetters - ringworm	969
2.	Burning after scratching	Skin and exterior body	Itching- after scratching,agg-burning	958
3	Bleeding after scratching	Skin and exterior body	Itching- after scratching,agg-blood,bleeding	958
4.	g ameliorated bycold application	Aggravation and amelioration in general	Bathing and washing amel(affected part,etc)-in cold water,amel	1107
5.	Itching agg in hot weather	Aggravation and amelioration in general	Weather,hot,agg	1152
6.	hing agg byperspiration	Sweat	Sweat-aggravation-itching of skin, after	1086

7.	Thirstless	Thirst	thirstlessness	481
8.	Desire-spicy	Appetite	Desires-condiments, piquant, appetizing things	476
9.	Desire-sweet	Appetite	Desires-sweets, dainties, etc	477
10.	Aversion-fried food	Appetite	Aversion to fat food	474
11.	Intolerance to meat	Aggravation and amelioration in general	Food and drinks, meat agg	1121

Repertory sheet:

1. SKIN AND EXTERIOR BODY - Tetters (including herpes and eczema) - ringworm
2. SKIN AND EXTERIOR BODY - Itching - after scratching - burning
3. SKIN AND EXTERIOR BODY - Itching - after scratching - blood, bleeding with
4. CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Weather - hot, agg.
5. SWEAT - Aggravation - itching of skin, after
6. THIRST - Thirstlessness
7. APPETITE - Desire - condiments, piquant, appetizing things
8. APPETITE - Desire - sweets, dainties, etc.
9. APPETITE - Aversion - fat food
10. CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Food - meat - agg.
11. CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Bathing and washing - in cold water - amel.

sulph.	puls.	calc.	sep.	hep.	merc.	lyc.	rhus-t.	carbv.	bry.	chin.	cycl.	ars.	lach.	staph.	caust.	kali-c.	nat-c.	nat-m.	phos.	petr.	coc
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
8/21	7/20	7/13	6/14	5/11	5/11	5/10	5/10	5/9	4/10	4/10	4/10	4/9	4/9	4/9	4/7	4/7	4/7	4/7	4/7	4/6	4/5
2	-	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	3	2	-	-	-
4	2	2	3	3	3	2	4	1	3	-	2	3	4	3	4	2	-	-	3	-	2
4	-	2	-	2	4	2	-	-	-	2	2	-	3	-	-	1	-	-	-	1	1
-	3	-	-	-	-	-	-	3	3	-	-	-	1	-	-	-	-	-	1	-	1
-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	4	1	4	1	1	1	2	1	1	3	2	3	1	3	1	1	1	-	2	1	1
2	1	-	-	3	-	-	-	-	-	-	-	1	-	1	-	-	-	1	1	-	-
2	-	1	1	-	-	4	2	1	-	3	-	-	-	-	-	3	2	1	-	1	-
3	4	2	1	2	1	-	1	3	3	2	4	2	-	-	-	-	1	3	-	3	-
2	3	3	1	-	2	-	-	-	-	-	-	-	-	2	1	-	-	-	-	-	-
-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-

REPERTORIAL ANALYSIS-

MEDICINE	SCORE
Sulphur	8/21
Pulsatilla	7/20
Calcarea carb	7/13
Sepia	6/14
Hepar sulph	5/11

R. FINAL SELECTION OF THE MEDICINE (AFTER COSULTATION THE MATERIA MEDICA): Sulphur

S. PRESCRIPTION:

For,
S.A.S
21 yrs/ M
Doulatabad , West Bengal.

Rx

1) Sulphur 200/2doses1 globules No. 20
Sac. lac., gr i
M. Ft. Pulv.
Make two packet
To be taken in empty stomach in the early morning for two daysFollowed by
2) Rubrum 30/ 1drGlobules No. 20
2 globules O.D. for 30 days

Date- 04/09/2018Regd No: 542887
Lesion size (in mm) at baseline:

Site of lesion	Size of lesion (in mm^2)
Face	100 x 30
Abdomen	70 x 80
Lower limbs	80 x 70
Total	14200mm^2

Pruritus intensity at baseline: 9DLQI at baseline: 19

T. FOLLOW UP

DATE	OBSERVATION	PRESCRIPTION
6-10-18	Itchy eruption- better (25%) Size of eruption – slightly decreased	Sulphur 200/1dose Rubrum met 30/1dr
10/11/18	Itchy eruption-better Eruption size same as before	Rubrum met 30/1dr
17/12/18	Itchy eruption on face, abdomen, lower limbs- reappeared	Sulphur 200/1 dose Rubrum met 30/1dr
4/1/19	Itchy erythematous eruption eruption on face, abdomen, and lower limbs- better than before	Rubrum met 30/ 1dr
12/2/19	Itchy erythematous eruption on face and abdomen- slightly better	Sulphur 200/1 dose Rubrum met 30/1dr
19/3/19	Itchy circular eruption on face, abdomen, lower limbs-better than before	Rubrum met 30/1dr

COMMENT-lesion size, pruritus intensity scale and DLQI before treatment which reduced to1800 mm^2,4 and 1 after the treatment and patient was better throughout period of clinical study so the case is considered as improved one.

Patient Consent Form: অংশগ্রহণকারীরসম্মতিপত্র

দাদের হোমিওপ্যাথি চিকিৎসায় রোগার বোনিংহোসেন ক্যারেক্টারিস্টিক্স ও রেপার্টরীর উপযোগীতা সংক্রান্ত একটি গবেষণা

আমি উপরোল্লিখিত গবেষণাটিতে অংশগ্রহণ করার জন্য আমন্ত্রিত হয়েছি । আমি জানি যে গবেষণাটি সম্পূর্ণরূপে অধ্যয়ন বিষয়ক এবং এটিতে অংশগ্রহণে কোনোরকম ঝুঁকির সম্ভাবনা নেই । আমাকে একজন চিকিৎসকের নাম ও ঠিকানা জানানো হয়েছে, যাকে প্রয়োজনে সহজেই যোগাযোগ করতে পারব । আমাকে দেওয়া তথ্যপত্রটি আমি যত্ন সহকারে পড়েছি । প্রদত্ত গবেষণা সংক্রান্ত যাবতীয় দ্বিধা, সংশয়, প্রশ্ন বা সমস্যা সমাধানের সুযোগ আমার কাছে ছিল এবং এই সমাধানে আমি সন্তুষ্ট । আমি স্বেচ্ছায় এই গবেষণাটিতে অংশগ্রহণে সম্মতি জানাচ্ছি এবং আমি জানি, যে কোন মুহূর্তে এই গবেষণাটি থেকে আমার নিজেকে সরিয়ে নেওয়ার অধিকার আছে ।

অংশগ্রহণকারীর নাম – Sadikul Alam Sorkar
ঠিকানা - Chhaighori, Daulatabad, Murshidabad.
তারিখ - 04/09/2018
দূরভাষ - 9563126488
স্বাক্ষর - Sadikul Alam Sorkar
অভিভাবকের নাম: Abu Tahir Sorkar
অভিভাবকের স্বাক্ষর: Abu Tahir Sorkar

আমি অংশগ্রহণকারীকে অনুমতিপত্রটি পড়তে বা পড়ে শোনাতে দেখেছি । এতে অংশগ্রহণকারীর প্রশ্ন জিজ্ঞাসা করার সুযোগ ছিল । আমি নিশ্চিত করছি যে এই অংশগ্রহণকারী স্বেচ্ছায় অংশগ্রহণে সম্মতি দিয়েছে ।

অনুসন্ধানকারীর স্বাক্ষর – Priyanka.n
তারিখ - 4/9/18.

4/9/18

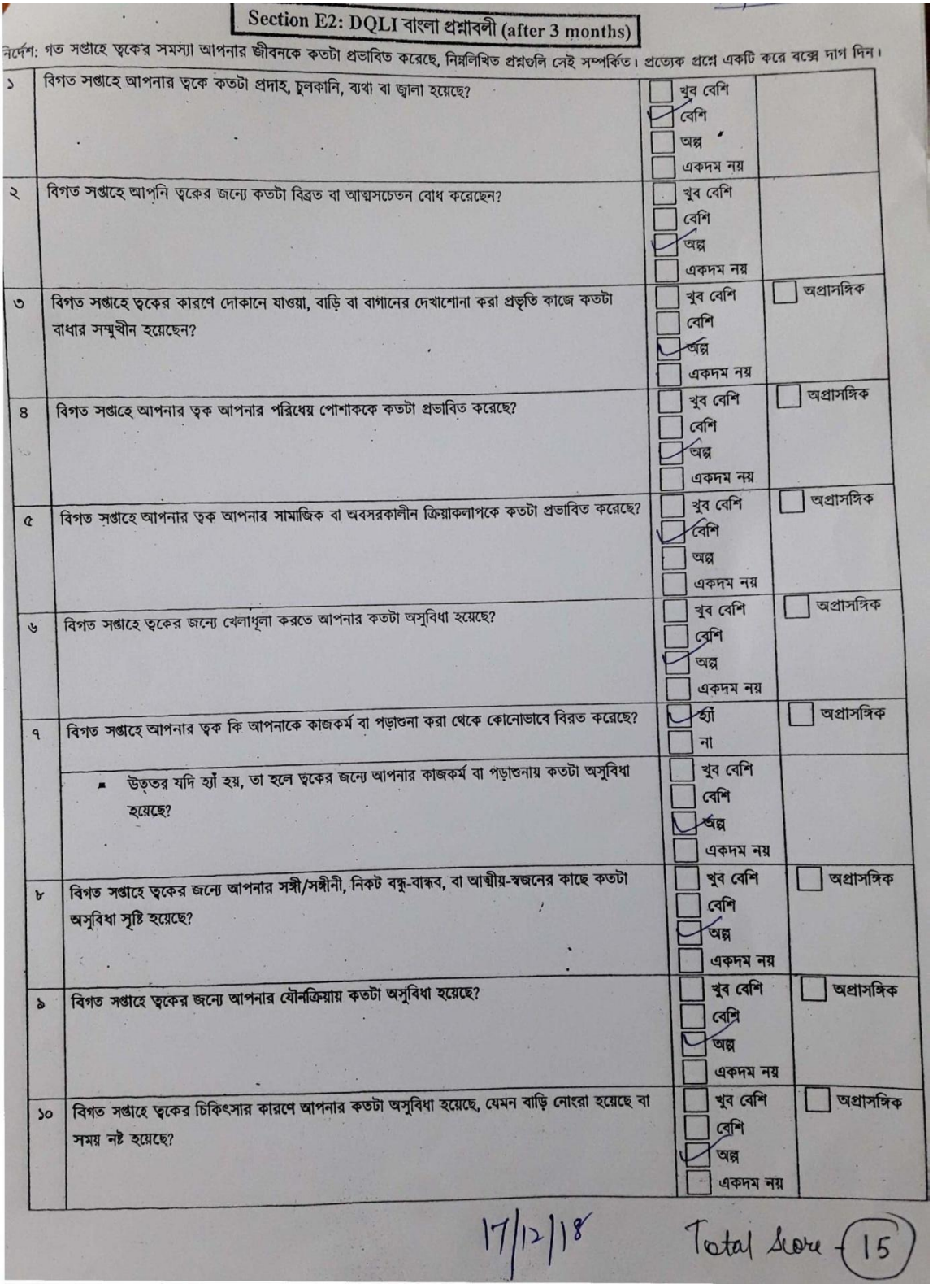
Section E1: DQLI বাংলা প্রশ্নাবলী (Baseline)

নির্দেশ: গত সপ্তাহে ত্বকের সমস্যা আপনার জীবনকে কতটা প্রভাবিত করেছে, নিম্নলিখিত প্রশ্নগুলি সেই সম্পর্কিত। প্রত্যেক প্রশ্নে একটি করে বক্সে দাগ দিন।

১	বিগত সপ্তাহে আপনার ত্বকে কতটা প্রদাহ, চুলকানি, ব্যথা বা জ্বালা হয়েছে?	☑ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	
২	বিগত সপ্তাহে আপনি ত্বকের জন্যে কতটা বিব্রত বা আত্মসচেতন বোধ করেছেন?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	
৩	বিগত সপ্তাহে ত্বকের কারণে দোকানে যাওয়া, বাড়ি বা বাগানের দেখাশোনা করা প্রভৃতি কাজে কতটা বাধার সম্মুখীন হয়েছেন?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৪	বিগত সপ্তাহে আপনার ত্বক আপনার পরিধেয় পোশাককে কতটা প্রভাবিত করেছে?	☐ খুব বেশি ☑ বেশি ☐ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৫	বিগত সপ্তাহে আপনার ত্বক আপনার সামাজিক বা অবসরকালীন ক্রিয়াকলাপকে কতটা প্রভাবিত করেছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৬	বিগত সপ্তাহে ত্বকের জন্যে খেলাধূলা করতে আপনার কতটা অসুবিধা হয়েছে?	☑ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৭	বিগত সপ্তাহে আপনার ত্বক কি আপনাকে কাজকর্ম বা পড়াশুনা করা থেকে কোনোভাবে বিরত করেছে?	☑ হ্যাঁ ☐ না	☐ অপ্রাসঙ্গিক
	▪ উত্তর যদি হ্যাঁ হয়, তা হলে ত্বকের জন্যে আপনার কাজকর্ম বা পড়াশুনায় কতটা অসুবিধা হয়েছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	
৮	বিগত সপ্তাহে ত্বকের জন্যে আপনার সঙ্গী/সঙ্গীনী, নিকট বন্ধু-বান্ধব, বা আত্মীয়-স্বজনের কাছে কতটা অসুবিধা সৃষ্টি হয়েছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৯	বিগত সপ্তাহে ত্বকের জন্যে আপনার যৌনক্রিয়ায় কতটা অসুবিধা হয়েছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
১০	বিগত সপ্তাহে ত্বকের চিকিৎসার কারণে আপনার কতটা অসুবিধা হয়েছে, যেমন বাড়ি নোংরা হয়েছে বা সময় নষ্ট হয়েছে?	☐ খুব বেশি ☑ বেশি ☐ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক

- Not relevant - 0
- Not at all - 0
- A little - 1
- A lot - 2
- Very much - 3

Total Score - 19

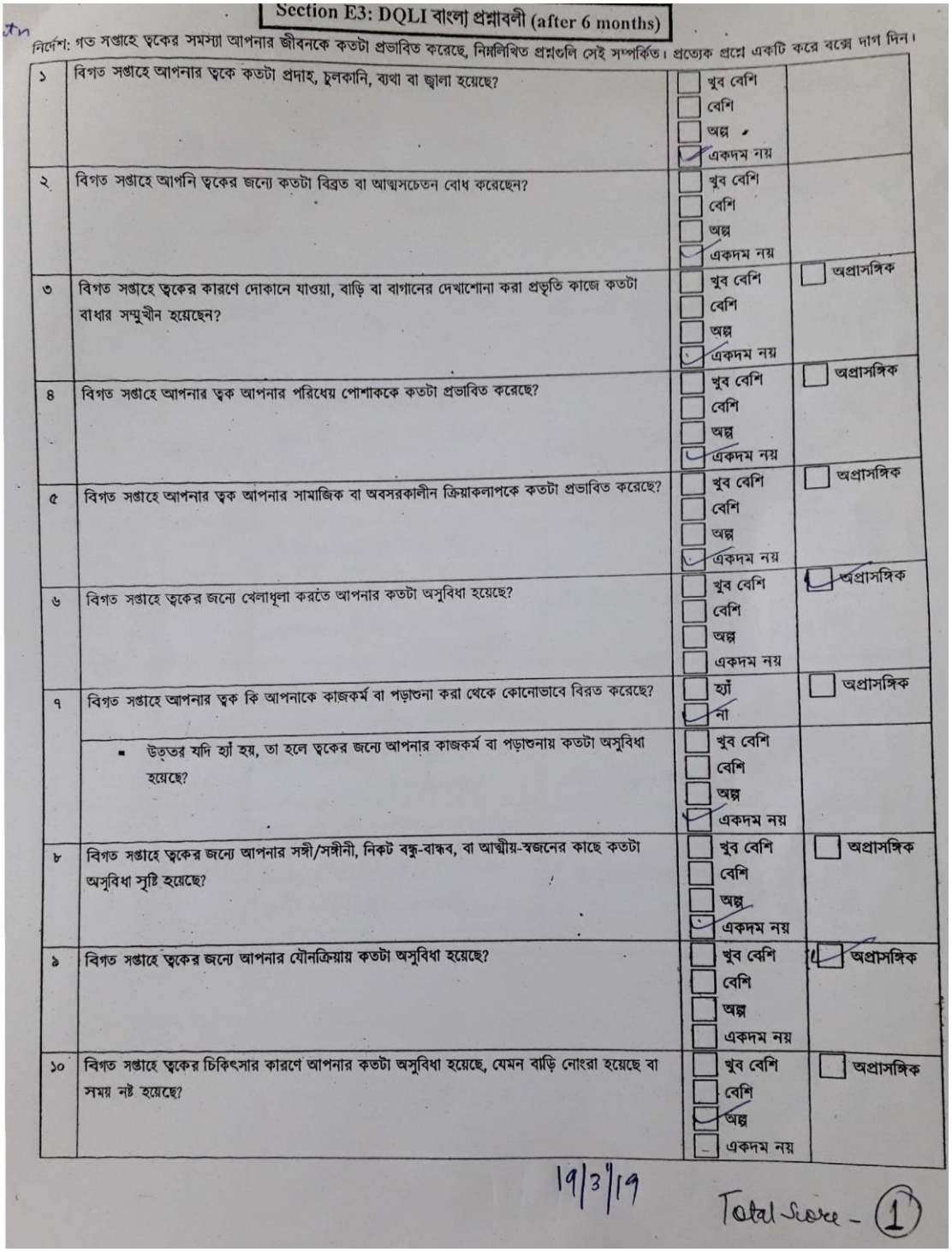


Section E2: DQLI বাংলা প্রশ্নাবলী (after 3 months)

নির্দেশ: গত সপ্তাহে ত্বকের সমস্যা আপনার জীবনকে কতটা প্রভাবিত করেছে, নিম্নলিখিত প্রশ্নগুলি সেই সম্পর্কিত। প্রত্যেক প্রশ্নে একটি করে বক্সে দাগ দিন।

১	বিগত সপ্তাহে আপনার ত্বকে কতটা প্রদাহ, চুলকানি, ব্যথা বা জ্বালা হয়েছে?	☐ খুব বেশি ☑ বেশি ☐ অল্প ☐ একদম নয়	
২	বিগত সপ্তাহে আপনি ত্বকের জন্যে কতটা বিব্রত বা আত্মসচেতন বোধ করেছেন?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	
৩	বিগত সপ্তাহে ত্বকের কারণে দোকানে যাওয়া, বাড়ি বা বাগানের দেখাশোনা করা প্রভৃতি কাজে কতটা বাধার সম্মুখীন হয়েছেন?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৪	বিগত সপ্তাহে আপনার ত্বক আপনার পরিধেয় পোশাককে কতটা প্রভাবিত করেছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৫	বিগত সপ্তাহে আপনার ত্বক আপনার সামাজিক বা অবসরকালীন ক্রিয়াকলাপকে কতটা প্রভাবিত করেছে?	☐ খুব বেশি ☑ বেশি ☐ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৬	বিগত সপ্তাহে ত্বকের জন্যে খেলাধূলা করতে আপনার কতটা অসুবিধা হয়েছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৭	বিগত সপ্তাহে আপনার ত্বক কি আপনাকে কাজকর্ম বা পড়াশুনা করা থেকে কোনোভাবে বিরত করেছে?	☑ হ্যাঁ ☐ না	☐ অপ্রাসঙ্গিক
	▪ উত্তর যদি হ্যাঁ হয়, তা হলে ত্বকের জন্যে আপনার কাজকর্ম বা পড়াশুনায় কতটা অসুবিধা হয়েছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	
৮	বিগত সপ্তাহে ত্বকের জন্যে আপনার সঙ্গী/সঙ্গীনী, নিকট বন্ধু-বান্ধব, বা আত্মীয়-স্বজনের কাছে কতটা অসুবিধা সৃষ্টি হয়েছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৯	বিগত সপ্তাহে ত্বকের জন্যে আপনার যৌনক্রিয়ায় কতটা অসুবিধা হয়েছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
১০	বিগত সপ্তাহে ত্বকের চিকিৎসার কারণে আপনার কতটা অসুবিধা হয়েছে, যেমন বাড়ি নোংরা হয়েছে বা সময় নষ্ট হয়েছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক

17/12/18 Total Score - 15



Section E3: DQLI বাংলা প্রশ্নাবলী (after 6 months)

নির্দেশ: গত সপ্তাহে ত্বকের সমস্যা আপনার জীবনকে কতটা প্রভাবিত করেছে, নিম্নলিখিত প্রশ্নগুলি সেই সম্পর্কিত। প্রত্যেক প্রশ্নে একটি করে বক্সে দাগ দিন।

১	বিগত সপ্তাহে আপনার ত্বকে কতটা প্রদাহ, চুলকানি, ব্যথা বা জ্বালা হয়েছে?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☑ একদম নয়	
২	বিগত সপ্তাহে আপনি ত্বকের জন্যে কতটা বিব্রত বা আত্মসচেতন বোধ করেছেন?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☑ একদম নয়	
৩	বিগত সপ্তাহে ত্বকের কারণে দোকানে যাওয়া, বাড়ি বা বাগানের দেখাশোনা করা প্রভৃতি কাজে কতটা বাধার সম্মুখীন হয়েছেন?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☑ একদম নয়	☐ অপ্রাসঙ্গিক
৪	বিগত সপ্তাহে আপনার ত্বক আপনার পরিধেয় পোশাককে কতটা প্রভাবিত করেছে?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☑ একদম নয়	☐ অপ্রাসঙ্গিক
৫	বিগত সপ্তাহে আপনার ত্বক আপনার সামাজিক বা অবসরকালীন ক্রিয়াকলাপকে কতটা প্রভাবিত করেছে?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☑ একদম নয়	☐ অপ্রাসঙ্গিক
৬	বিগত সপ্তাহে ত্বকের জন্যে খেলাধূলা করতে আপনার কতটা অসুবিধা হয়েছে?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	☑ অপ্রাসঙ্গিক
৭	বিগত সপ্তাহে আপনার ত্বক কি আপনাকে কাজকর্ম বা পড়াশুনা করা থেকে কোনোভাবে বিরত করেছে?	☐ হ্যাঁ ☑ না	☐ অপ্রাসঙ্গিক
	▪ উত্তর যদি হ্যাঁ হয়, তা হলে ত্বকের জন্যে আপনার কাজকর্ম বা পড়াশুনায় কতটা অসুবিধা হয়েছে?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☑ একদম নয়	
৮	বিগত সপ্তাহে ত্বকের জন্যে আপনার সঙ্গী/সঙ্গীনী, নিকট বন্ধু-বান্ধব, বা আত্মীয়-স্বজনের কাছে কতটা অসুবিধা সৃষ্টি হয়েছে?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☑ একদম নয়	☐ অপ্রাসঙ্গিক
৯	বিগত সপ্তাহে ত্বকের জন্যে আপনার যৌনক্রিয়ায় কতটা অসুবিধা হয়েছে?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	☑ অপ্রাসঙ্গিক
১০	বিগত সপ্তাহে ত্বকের চিকিৎসার কারণে আপনার কতটা অসুবিধা হয়েছে, যেমন বাড়ি নোংরা হয়েছে বা সময় নষ্ট হয়েছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক

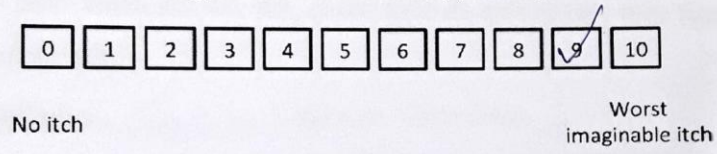
19/3/19

Total Score - (1)

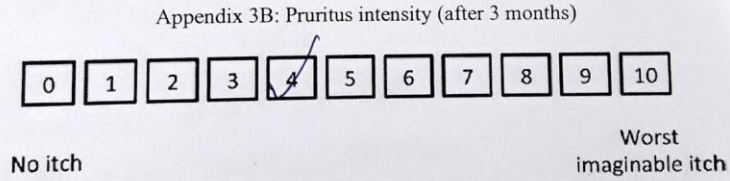
Appendix 2: Lesion sizes (length * breadth)

No.	Sites	Baseline	Month 3	Month 6
1.	Face	100mm x 30mm	70mm x 40mm	40mm x 30mm
2.	Abdomen	70mm x 80mm	40mm x 40mm	20mm x 20mm
3.	Lower limb	80mm x 70mm	40mm x 50mm.	20 mm x 10mm

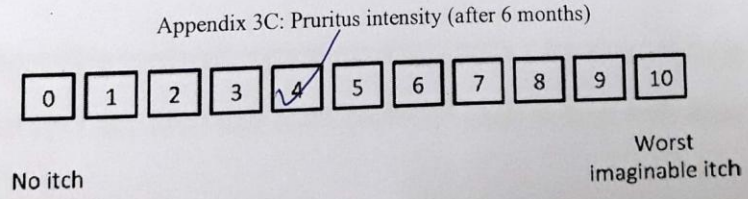
Appendix 3A: Pruritus intensity (Baseline)



Appendix 3B: Pruritus intensity (after 3 months)



Appendix 3C: Pruritus intensity (after 6 months)



APPENDIX-H

CASE RECORD OF THE PATIENT

CASE No.-2 (screening no 17) IDENTIFICATION OF THE PATIENT:

- OPD Regd No- 532794
- Name- M.M
- Age- 26 years
- Gender- Female.
- Religion- Hindu.
- Address- Habra, West Bengal
- Date of casetaking- 16/5/18

A. PRESENT COMPLAINTS:

- Circular itchy eruption on whole body since 9 years.Location: inguinal area, hands, forearm, lower limbs. Sensation: itching leads to burning with despair. Concomitant: pain in head while itching of head. Modalities: <undressing, < hot weather, < night >scratching.

B. HISTORY OF PRESENT COMPLAINTS-

i) Patient was apparently well 9 years back when she gradually starts developing itching in inguinal area with small annular lesion in bilateral side of vulva more toward night. After wards due severe itching patient had taken allopathic topical treatment for this. Patient got temporarily relief but after wars it appears in aggravated form in multiple parts of the body. Patient usually do pond bathing that acts as a maintaining cause.

C. PAST HISTORY-

She had whooping cough during 24 years of age. For which she is alreadytaking allopathic medicine.

D. FAMILY HISTORY :- Paternal side- tinea corporis Maternal side- - tinea corporis

Own side- Positive family history for recurrent tinea infection.

E. PERSONAL HISTORY

- Addiction- Nil
- Occupation- Student.
- Diet – Non-vegetarian.
- Habit and hobbies- Nothing significant
- Marital status- Unmarried.
- Number of children- No issue.
- Socio-economic status - Middle class.
- Accommodation- Well ventilated house.
- Any medicine taken regularly- nil

F.GENERALITIES

Physical general:

- General sensations and complaints- burning sensation in general.
- General tendencies: Nothing significant.
- General modalities: Aggravation by night and hot weather.
- Thermal reaction: Hot patient.
- State of appetite: increased, after every 3 hours, if not get the food on timethen burning occurs in stomach.
- Desire: Sweets.
- Aversion: Nothing significant
- Intolerance: Nothing significant.
- Thirst: 2-3 L/day.
- Tongue: clean and moist.
- Taste: nothing significant.
- Salivation: nothing significant.
- Stool- D_1 N_0, Mucoid stool < eating green leafy vegetables satisfactory.
- Urine: $D_{11\text{-}12}$, $N_{0\text{-}1}$
- Perspiration: Nothing significant.
- Sleep: Sound and refreshing.
- Dreams: Nothing significant.

- Menstrual history: Menarche-at the age of 13 years,

  Scanty menses with dysmenorrhoea, 3 days/28+2days Sometime discharge per vagina present but this complainsoccasionally seen.

  Mental general: Calm and composed personality.

G. PHYSICAL EXAMINATION

a. General survey

- Appearance: Lean thin.
- Built: endomorphic
- Pallor: absent.
- Cyanosis: absent.
- Jaundice: absent.
- Clubbing- not found.
- Oedema: absent.
- Neck artery and veins- notengorged.
- Lymph nodes – not enlarged.
- Respiration rate- 18 / min
- Height: 5’2”
- Weight: 72 kg
- Pulse: 88b/m.
- B.P: 134/88 mm of Hg

b. Systemic examination-

1. **Respiratory System**: Trachea centrally placed. Thoraco abdominal movement. Vesicular breath sound. No added Sound.
2. **Cardio-vascular system:** Apex normally placed. S1, S_2 normal, no added sound.
3. **Gastrointestinal System:** Liver, spleen not palpable. No free fluid in abdomen. Normal peristaltic sounds.
4. **Locomotor system:** No joint swelling. Joint movements normal. Gait: nothing abnormal detected.
5. **Genitourinary system:** Renal angles non tender, genitalia appeared to be normal.
6. **Skin and Mucous Membrane:** multiple annular lesions with much erythema with burning on scratching. Involved sites are forearm, inguinal area and lower limbs.

Measurement of skin lesion:

Site of lesion	**Size in mm**
Inguinal region	20 X 10
Forearm	20 X 20
Lower leg	10 X 10
Total	700mm^2

H. PROVISIONAL DIAGNOSIS- Tinea corporis

I. INVESTIGATION- Blood sugar- fasting and post prandial- Normal report.

CBC with ESR- showed 12.5gm% of Hb and other parametersare WNL.

J. FINAL DIAGNOSIS- Tinea corporis

K. MIASMATIC ANALYSIS-[37]

Symptoms	**Miasm**
Circular itchy eruption on skin	Psora
Itching <hot weather	Psora
Itching < night	Psora
Mucoid stool	Psora, syphilis, sycosis
Burning in stomach < fasting while	Psora
Desire sweets	Psora

MIASMATIC DIAGNOSIS- Psora miasm is predominant.

L. ANALYSIS OF SYMPTOMS-

Location	**Sensation**	**Modalities**	**Concomitant**
Circular itchy eruption on	Burning	<undressing <hot weather	Headache itching while

inguinal region, forearm and lower limbs		< night	
Mucoid stool			
Burning in stomach		<empty stomach	

During case taking we have find that patient was suffering from tinea corporis along with obesity. Since this case have strong particular symptoms so it is better to use Boger's method of repertorization in treatment of this case.

M. EVALUATION OF SYMPTOMS:-

Concomitant	Headache with itching of skin lesion^{+++}
Modalities	< hot weather^{+++} <night^{++} <undressing^{++}
Sensation	Burning^{++}
Location	Inguinal area^{++}Forearm^{++} Lower limbs^{+}

N. TOTALITY OF SYMPTOMS-

Circular itchy eruption on skin
Itching <hot weather
Itching < night
Mucoid stool
Burning in stomach < fasting while
Headache with itching on skin
Desire sweets

O. CONVERSON OF SYMPTOMS IN TO RUBRICS-

Name of the repertory: BBCR

S/N	SYMPTOMS/SIGNS	CHAPTER	RUBRIC	PAGE
1.	Circular itchy eruptions on skin	Skin and exterior body	Skin and exterior body-Tetter-ringworm	969
2.	Itching <undressing	Skin and exterior body	Skin and exterior body-itching, undressing on	961
3.	Itching< hot weather	Aggravation and amelioration in general	Aggravation and amelioration in general- weather, hot, agg	1152
4.	Itching <night	Conditions in general	Condition in general, night	1104
5.	Itching of whole body with great desire for scratching	Skin and exterior body	Skin and exterior body,itching, voluptuous, pleasurable, etc.	961
6.	Mucoid stool	Stool	Stool, mucus of	589
7.	Desire sweets	Appetite	Appetite, desire, sweets, dainties, etc	477

P. REPERTORISATION:

Repertory:-BBCR

Working method: Computer method.

Software used: RADAR

Repertorisation method: Boger's method.

Process: Total addition process.

Repertory sheet

1. SKIN AND EXTERIOR BODY - Tetters (including herpes and eczema) - ringworm
2. SKIN AND EXTERIOR BODY - Itching - undressing, on
3. CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Weather - hot, agg.
4. CONDITIONS IN GENERAL - Time - night
5. SKIN AND EXTERIOR BODY - Itching - voluptuous, pleasurable, etc.
6. STOOL - Mucus, of - yellow
7. APPETITE - Desire - sweets, dainties, etc.

sulph.	puls.	sep.	carb-v.	sabad.	nat-c.	calc	nat-m.	spig.	cocc.	chin.	lyc	merc	sil.	bry.	ferr.	kali-c.	sul-ac.	graph.	iod
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
5	4	4	4	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2
12	8	8	7	8	7	6	6	5	3	7	7	7	7	6	6	6	6	5	5
2	-	4	-	-	3	2	2	-	-	-	-	-	-	-	-	-	-	1	1
-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
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3	3	2	2	3	2	3	3	3	1	4	3	4	4	3	4	3	3	4	4
4	1	1	-	2	-	-	-	1	-	-	-	3	3	-	-	-	-	-	-
1	1	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	3	-	-
2	-	1	1	3	2	1	1	-	-	3	4	-	-	-	2	3	-	-	-

Q. REPERTORIAL ANALYSIS-

MEDICINE	SCORE
Sulphur	5/12
Pulsatilla	4/8
Sepia	4/8
Carbo veg	4/7
Sabadilla	3/8

R. FINAL SELECTION OF THE MEDICINE (AFTER CONSULTATIONWITH BOGER'S MATERIA MEDICA)-

Sulphur seems most indicated after considering the whole case and consultation with materia medica. It also covers the pathological generals rubric with higher grade so Sulphur was prescribed.

S. PRESCRIPTION:

For,

M.M.

26 yrs/F;

Habra; West Bengal.

Rx

1) Kali ars 200

1 globules No. 20Sac Lac., gr i

M. Ft. Pulv

Make three packets.

to be taken in empty stomach in early morning for three consecutive days .Followed by

2) Rubrum 200/ 1drGlobules No. 20

2 globules O.D. for 30 daysDate:-16/5/18

At baseline scoring:

Size of lesion= 700mm^2

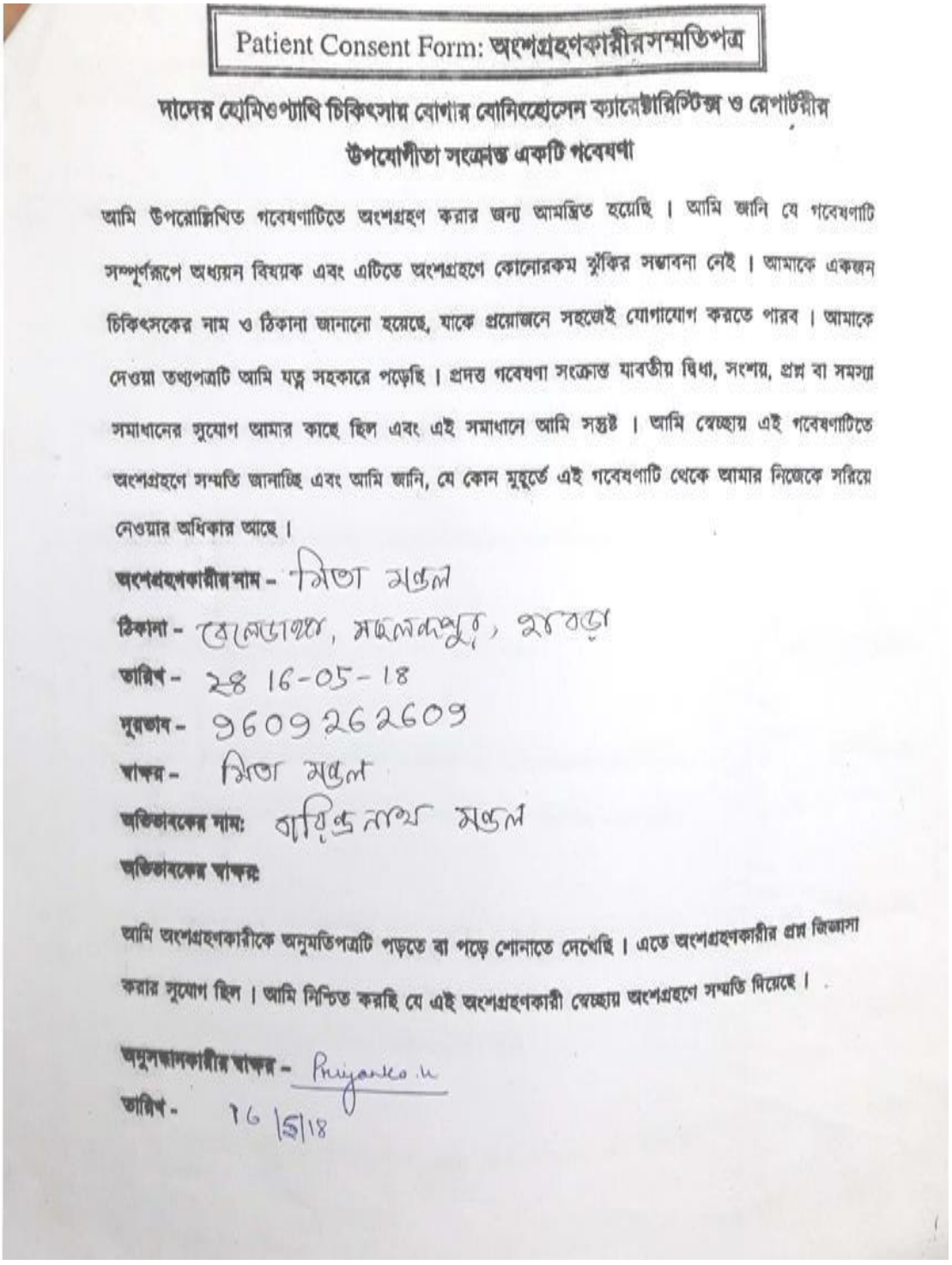
Pruritus intensity scale (NRS) Score = 8DLQI = 26

T. FOLLOW UP

DATE	OBSERVATION	PRESCRIPTION
13/6/18	Circular itchy eruption on inguinal area-clearing of lesions but itching persists	Rubrum 30/OD/1month
13/7/18	Circular itchy eruption –itching increased. Eruptions reappeared with greater intensity. Strong desire for sweets	Sulphur 200/1 dose Rubrum 30/OD/1month

9/8/18	Itching with eruption on forearm, inguinal region- better	Rubrum 30/OD/1month
8/9/18	Eruption on hand, inguinal and lower limbs getting better, is clearing off up to 50%.	Sulphur 200/1 dose Rubrum 30/OD/1month
3/10/18	Itching eruption on inguinal region, forearm- clearing off	Rubrum 30/OD/1month
14/11/18	Itchy eruption on inguinal, forearm completely cleared off with no exfoliation of skin. Advice to apply coconut oil for daily basis on lesion site.	Rubrum 30/OD/1month

U. Comment-There is overall improvement in the patient. Lesion size changes from 700 mm^2 to 275 mm^2, pruritus intensity scale showed decreased number from 8 to 2. DLQI (dermatology life quality index) Score is also reduced from 26 and 7 after six month of the treatment. The case is better throughout. The case is considered as improved.



Patient Consent Form: অংশগ্রহণকারীরসম্মতিপত্র

দাদের হোমিওপ্যাথি চিকিৎসায় বোথার বোমিহোসেন ক্যারোঞ্জারিস্টিক্স ও রেপার্টরীর উপযোগীতা সংক্রান্ত একটি গবেষণা

আমি উপরোল্লিখিত গবেষণাটিতে অংশগ্রহণ করার জন্য আমন্ত্রিত হয়েছি। আমি জানি যে গবেষণাটি সম্পূর্ণরূপে অধ্যয়ন বিষয়ক এবং এটিতে অংশগ্রহণে কোনোরকম ঝুঁকির সম্ভাবনা নেই। আমাকে একজন চিকিৎসকের নাম ও ঠিকানা জানানো হয়েছে, যাকে প্রয়োজনে সহজেই যোগাযোগ করতে পারব। আমাকে দেওয়া তথ্যপত্রটি আমি যত্ন সহকারে পড়েছি। প্রদত্ত গবেষণা সংক্রান্ত যাবতীয় দ্বিধা, সংশয়, প্রশ্ন বা সমস্যা সমাধানের সুযোগ আমার কাছে ছিল এবং এই সমাধানে আমি সন্তুষ্ট। আমি স্বেচ্ছায় এই গবেষণাটিতে অংশগ্রহণে সম্মতি জানাচ্ছি এবং আমি জানি, যে কোন মুহূর্তে এই গবেষণাটি থেকে আমার নিজেকে সরিয়ে নেওয়ার অধিকার আছে।

অংশগ্রহণকারীর নাম - মিতা মন্ডল

ঠিকানা - বেলেডাঙ্গা, মহিলাকুড়ি, হাওড়া

তারিখ - 28 16-05-18

দূরভাষ - 9609262609

স্বাক্ষর - মিতা মন্ডল

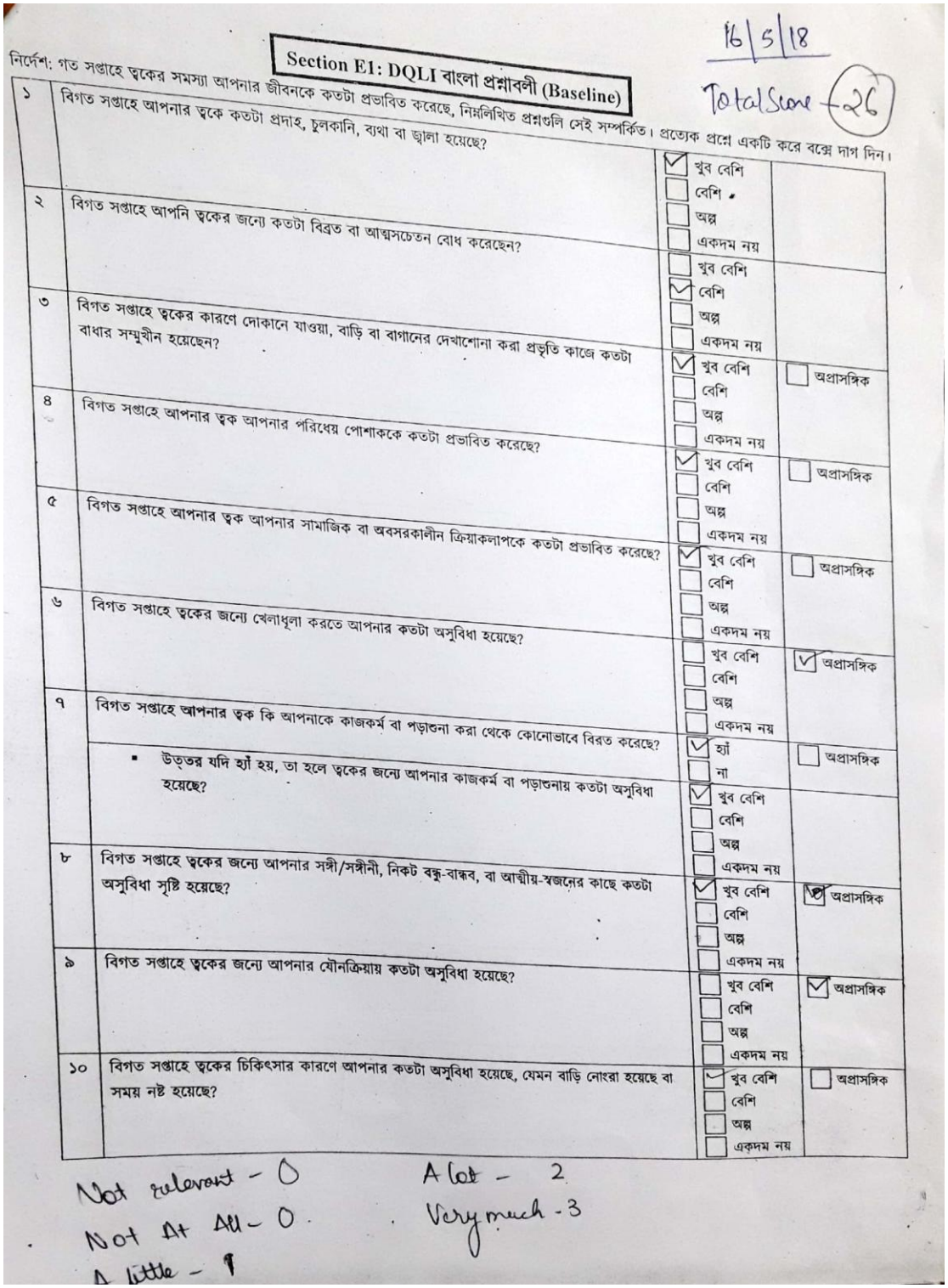
অভিভাবকের নাম: রবিন্দ্রনাথ মন্ডল

অভিভাবকের স্বাক্ষর:

আমি অংশগ্রহণকারীকে অনুমতিপত্রটি পড়তে বা পড়ে শোনাতে দেখেছি। এতে অংশগ্রহণকারীর প্রশ্ন জিজ্ঞাসা করার সুযোগ ছিল। আমি নিশ্চিত করছি যে এই অংশগ্রহণকারী স্বেচ্ছায় অংশগ্রহণে সম্মতি দিয়েছে।

অনুসন্ধানকারীর স্বাক্ষর - Priyanka.M

তারিখ - 16/5/18



16/5/18

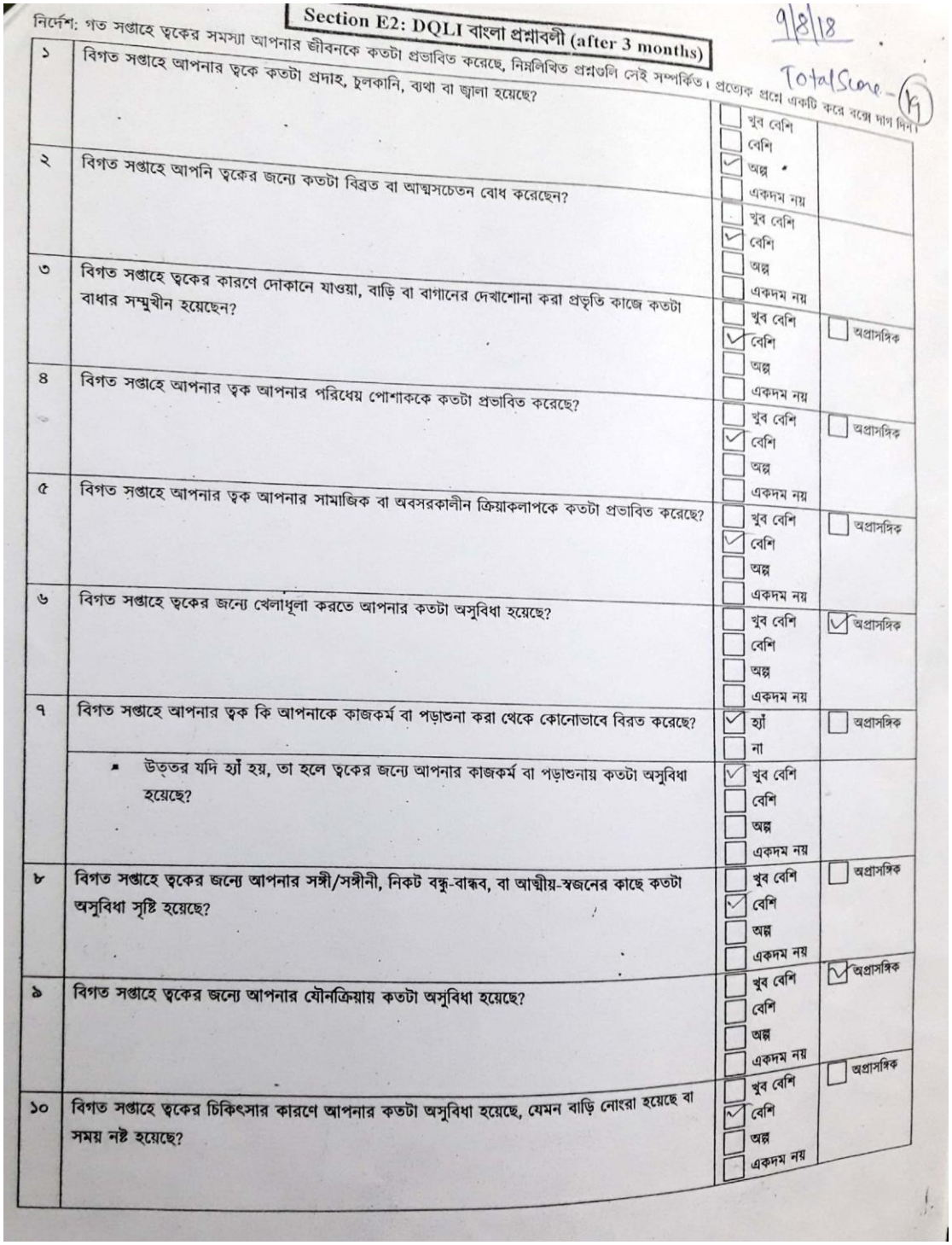
Total Score - 26

Section E1: DQLI বাংলা প্রশ্নাবলী (Baseline)

নির্দেশ: গত সপ্তাহে ত্বকের সমস্যা আপনার জীবনকে কতটা প্রভাবিত করেছে, নিম্নলিখিত প্রশ্নগুলি সেই সম্পর্কিত। প্রত্যেক প্রশ্নে একটি করে বক্সে দাগ দিন।

১	বিগত সপ্তাহে আপনার ত্বকে কতটা প্রদাহ, চুলকানি, ব্যথা বা জ্বালা হয়েছে?	☑ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	
২	বিগত সপ্তাহে আপনি ত্বকের জন্যে কতটা বিব্রত বা আত্মসচেতন বোধ করেছেন?	☐ খুব বেশি ☑ বেশি ☐ অল্প ☐ একদম নয়	
৩	বিগত সপ্তাহে ত্বকের কারণে দোকানে যাওয়া, বাড়ি বা বাগানের দেখাশোনা করা প্রভৃতি কাজে কতটা বাধার সম্মুখীন হয়েছেন?	☑ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৪	বিগত সপ্তাহে আপনার ত্বক আপনার পরিধেয় পোশাককে কতটা প্রভাবিত করেছে?	☑ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৫	বিগত সপ্তাহে আপনার ত্বক আপনার সামাজিক বা অবসরকালীন ক্রিয়াকলাপকে কতটা প্রভাবিত করেছে?	☑ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৬	বিগত সপ্তাহে ত্বকের জন্যে খেলাধূলা করতে আপনার কতটা অসুবিধা হয়েছে?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	☑ অপ্রাসঙ্গিক
৭	বিগত সপ্তাহে আপনার ত্বক কি আপনাকে কাজকর্ম বা পড়াশুনা করা থেকে কোনোভাবে বিরত করেছে?	☑ হ্যাঁ ☐ না	☐ অপ্রাসঙ্গিক
	▪ উত্তর যদি হ্যাঁ হয়, তা হলে ত্বকের জন্যে আপনার কাজকর্ম বা পড়াশুনায় কতটা অসুবিধা হয়েছে?	☑ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	
৮	বিগত সপ্তাহে ত্বকের জন্যে আপনার সঙ্গী/সঙ্গীনী, নিকট বন্ধু-বান্ধব, বা আত্মীয়-স্বজনের কাছে কতটা অসুবিধা সৃষ্টি হয়েছে?	☑ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	☑ অপ্রাসঙ্গিক
৯	বিগত সপ্তাহে ত্বকের জন্যে আপনার যৌনক্রিয়ায় কতটা অসুবিধা হয়েছে?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	☑ অপ্রাসঙ্গিক
১০	বিগত সপ্তাহে ত্বকের চিকিৎসার কারণে আপনার কতটা অসুবিধা হয়েছে, যেমন বাড়ি নোংরা হয়েছে বা সময় নষ্ট হয়েছে?	☑ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক

Not relevant - 0
Not At All - 0
A little - 1
A lot - 2
Very much - 3



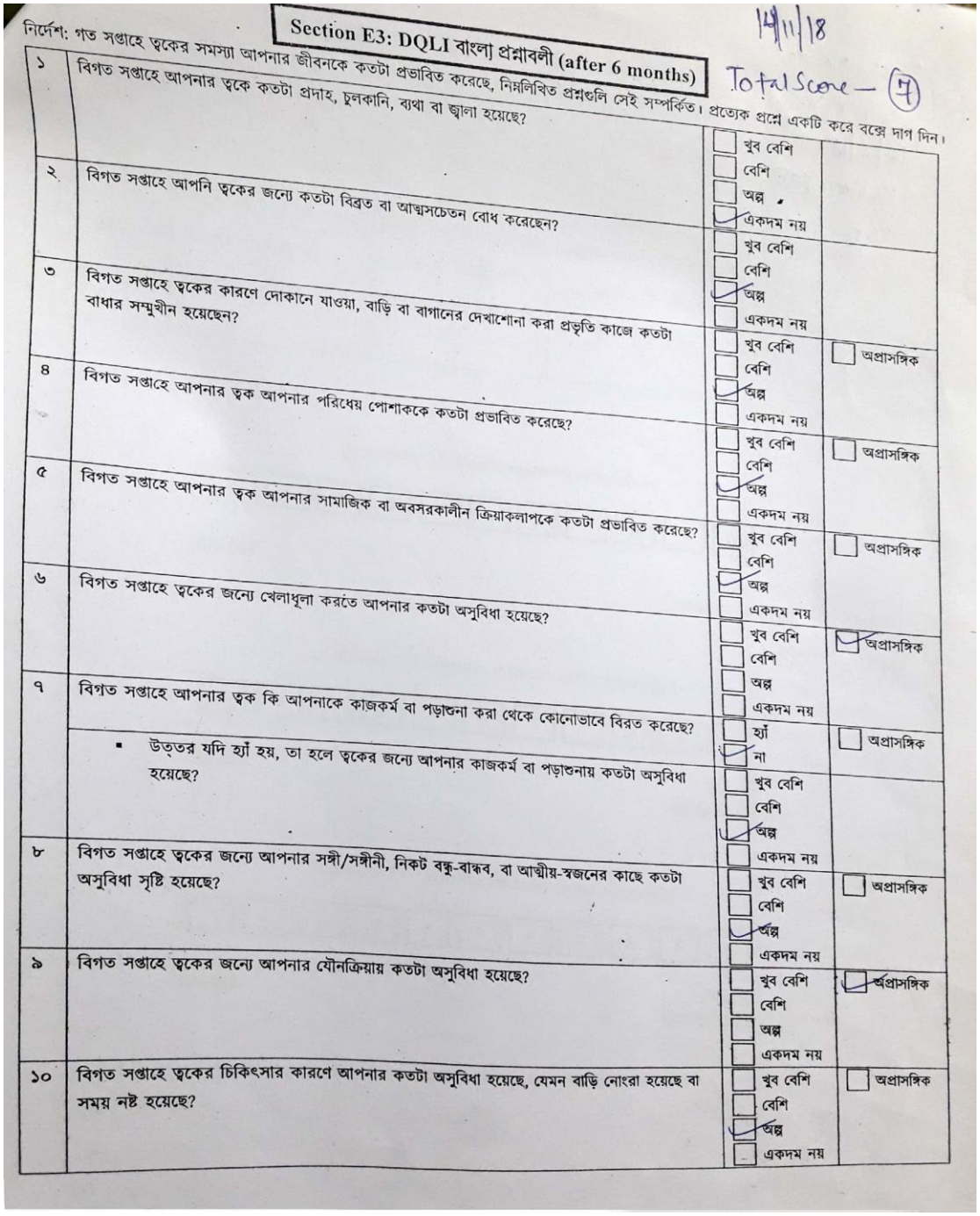
Section E2: DQLI বাংলা প্রশ্নাবলী (after 3 months)

9/8/18

Total Score - (৭)

নির্দেশ: গত সপ্তাহে ত্বকের সমস্যা আপনার জীবনকে কতটা প্রভাবিত করেছে, নিম্নলিখিত প্রশ্নগুলি সেই সম্পর্কিত। প্রত্যেক প্রশ্নে একটি করে বক্সে দাগ দিন।

১	বিগত সপ্তাহে আপনার ত্বকে কতটা প্রদাহ, চুলকানি, ব্যথা বা জ্বালা হয়েছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	
২	বিগত সপ্তাহে আপনি ত্বকের জন্যে কতটা বিব্রত বা আত্মসচেতন বোধ করেছেন?	☐ খুব বেশি ☑ বেশি ☐ অল্প ☐ একদম নয়	
৩	বিগত সপ্তাহে ত্বকের কারণে দোকানে যাওয়া, বাড়ি বা বাগানের দেখাশোনা করা প্রভৃতি কাজে কতটা বাধার সম্মুখীন হয়েছেন?	☐ খুব বেশি ☑ বেশি ☐ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৪	বিগত সপ্তাহে আপনার ত্বক আপনার পরিধেয় পোশাককে কতটা প্রভাবিত করেছে?	☐ খুব বেশি ☑ বেশি ☐ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৫	বিগত সপ্তাহে আপনার ত্বক আপনার সামাজিক বা অবসরকালীন ক্রিয়াকলাপকে কতটা প্রভাবিত করেছে?	☐ খুব বেশি ☑ বেশি ☐ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৬	বিগত সপ্তাহে ত্বকের জন্যে খেলাধূলা করতে আপনার কতটা অসুবিধা হয়েছে?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	☑ অপ্রাসঙ্গিক
৭	বিগত সপ্তাহে আপনার ত্বক কি আপনাকে কাজকর্ম বা পড়াশুনা করা থেকে কোনোভাবে বিরত করেছে?	☑ হ্যাঁ ☐ না	☐ অপ্রাসঙ্গিক
	▪ উত্তর যদি হ্যাঁ হয়, তা হলে ত্বকের জন্যে আপনার কাজকর্ম বা পড়াশুনায় কতটা অসুবিধা হয়েছে?	☑ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	
৮	বিগত সপ্তাহে ত্বকের জন্যে আপনার সঙ্গী/সঙ্গীনী, নিকট বন্ধু-বান্ধব, বা আত্মীয়-স্বজনের কাছে কতটা অসুবিধা সৃষ্টি হয়েছে?	☐ খুব বেশি ☑ বেশি ☐ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৯	বিগত সপ্তাহে ত্বকের জন্যে আপনার যৌনক্রিয়ায় কতটা অসুবিধা হয়েছে?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	☑ অপ্রাসঙ্গিক
১০	বিগত সপ্তাহে ত্বকের চিকিৎসার কারণে আপনার কতটা অসুবিধা হয়েছে, যেমন বাড়ি নোংরা হয়েছে বা সময় নষ্ট হয়েছে?	☐ খুব বেশি ☑ বেশি ☐ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক



Section E3: DQLI বাংলা প্রশ্নাবলী (after 6 months)

14/11/18

Total Score – (7)

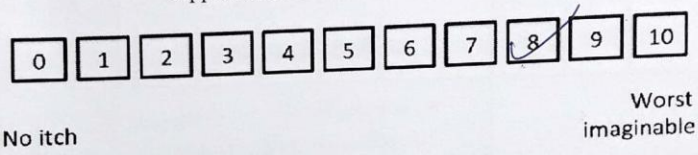
নির্দেশ: গত সপ্তাহে ত্বকের সমস্যা আপনার জীবনকে কতটা প্রভাবিত করেছে, নিম্নলিখিত প্রশ্নগুলি সেই সম্পর্কিত। প্রত্যেক প্রশ্নে একটি করে বক্সে দাগ দিন।

১	বিগত সপ্তাহে আপনার ত্বকে কতটা প্রদাহ, চুলকানি, ব্যথা বা জ্বালা হয়েছে?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☑ একদম নয়	
২	বিগত সপ্তাহে আপনি ত্বকের জন্যে কতটা বিব্রত বা আত্মসচেতন বোধ করেছেন?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	
৩	বিগত সপ্তাহে ত্বকের কারণে দোকানে যাওয়া, বাড়ি বা বাগানের দেখাশোনা করা প্রভৃতি কাজে কতটা বাধার সম্মুখীন হয়েছেন?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৪	বিগত সপ্তাহে আপনার ত্বক আপনার পরিধেয় পোশাককে কতটা প্রভাবিত করেছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৫	বিগত সপ্তাহে আপনার ত্বক আপনার সামাজিক বা অবসরকালীন ক্রিয়াকলাপকে কতটা প্রভাবিত করেছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৬	বিগত সপ্তাহে ত্বকের জন্যে খেলাধূলা করতে আপনার কতটা অসুবিধা হয়েছে?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	☑ অপ্রাসঙ্গিক
৭	বিগত সপ্তাহে আপনার ত্বক কি আপনাকে কাজকর্ম বা পড়াশুনা করা থেকে কোনোভাবে বিরত করেছে?	☐ হ্যাঁ ☑ না	☐ অপ্রাসঙ্গিক
	▪ উত্তর যদি হ্যাঁ হয়, তা হলে ত্বকের জন্যে আপনার কাজকর্ম বা পড়াশুনায় কতটা অসুবিধা হয়েছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	
৮	বিগত সপ্তাহে ত্বকের জন্যে আপনার সঙ্গী/সঙ্গীনী, নিকট বন্ধু-বান্ধব, বা আত্মীয়-স্বজনের কাছে কতটা অসুবিধা সৃষ্টি হয়েছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক
৯	বিগত সপ্তাহে ত্বকের জন্যে আপনার যৌনক্রিয়ায় কতটা অসুবিধা হয়েছে?	☐ খুব বেশি ☐ বেশি ☐ অল্প ☐ একদম নয়	☑ অপ্রাসঙ্গিক
১০	বিগত সপ্তাহে ত্বকের চিকিৎসার কারণে আপনার কতটা অসুবিধা হয়েছে, যেমন বাড়ি নোংরা হয়েছে বা সময় নষ্ট হয়েছে?	☐ খুব বেশি ☐ বেশি ☑ অল্প ☐ একদম নয়	☐ অপ্রাসঙ্গিক

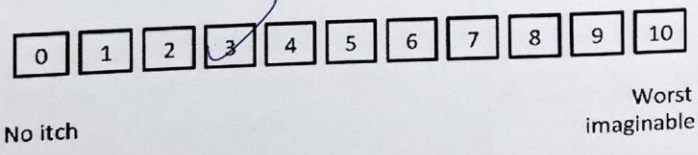
Appendix 2: Lesion sizes (length * breadth)

No.	Sites	Baseline	Month 3	Month 6
1.	Inguinal region	20mm x 10mm	100MM x 70MM	5MM x 5MM
2.	hand, forearm	20MM x 80MM	20MM x 20MM	10MM x 20MM
3.	lower leg.	10MMX 10MM	10MM x 7MM	10MM X 5MM

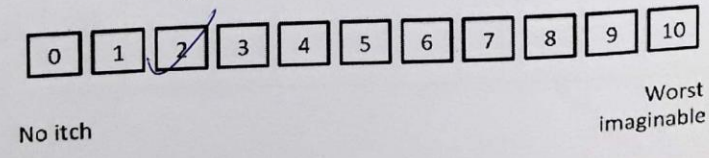
Appendix 3A: Pruritus intensity (Baseline)



Appendix 3B: Pruritus intensity (after 3 months)



Appendix 3C: Pruritus intensity (after 6 months)



SUMMARY OF FEW CASES

CASE 1 (SCREENING NO. 23)

NAME	AGE\SEX	ADDRESS	REGN. NO	D.F.V
MONOWARA BIBI	38/F	BADURIA	536429	29/5/18

Patient complaint of itchy circular lesion on arms, back, thigh and inguinal region since 2 years with burning sensation aggravates at night and during perspiration. Physical generals showed that he desires for pungent and spicy things with aversion to sour. Stool was unsatisfactory with leucorrhoea before menses. On totality basis Merc sol 200/2 doses were prescribed with Rubrum met 30/OD/I MONTH.

ASSESSEMENT SCALES	BASELINE	3RD MONTH	6TH MONTH
LESION SIZE (IN mm^2)	11900	4725	1020
PRURITUS INTENSITY SCALE (NRS)	9	5	2
DLQI	23	19	5

REMARKS: Since there is marked reduction in the scores of the assessment scale at three levels of study. The patient showed moderate improvement.

CASE 2 (SCREENING NO. 26)

NAME	AGE\SEX	ADDRESS	REGN. NO	D.F.V
NAZAM BIBI	30/F	SANDESH KHALI	538145	4/6/18

Patient complaint of itchy eruptions on armpit, left leg, abdomen and arm region 6 months amelioration scratching and aggravation in night, morning, water application. Physical generals showed thirst for large quantity of water, desire for fried food and fish. Intolerant to eggs. Dreams of death were marked. So, on the basis of totality Nat Mur 200/2 dose was prescribed with rubrum met 30.

ASSESSEMENT SCALES	**BASELINE**	**3RD MONTH**	**6TH MONTH**
LESION SIZE (IN mm^2)	4100	4500	3800
PRURITUS INTENSITY SCALE (NRS)	9	7	4
DLQI	32	20	5

REMARKS: Since there is marked reduction in the scores of the assessment scale at three levels of study. The patient showed moderate improvement.

MASTER CHARTS

MASTER CHART-1: BASIC SOCIO-DEMOGRAPHIC FEATURES

S No.	NAME	REGN.	DATE OF FIRSTVISIT	AGE	SEX	OCC	HABITAT U/SU/R	RELIGION	SES	DIAGNOSIS
	1	2	3	4	5	6	7	8	9	10
1.	S.K	515906	28/3/18	23	F	Housewife	R	I	LC	T. CORPORIS
2.	T.K	521461	13/4/18	20	F	Housewife	SU	H	LC	T.CORPORIS
3.	A.A	501075	17/4/18	40	M	Serviceman (engineer)	U	I	UC	T.CORPORIS
4.	A.K	511775	21/4/18	22	F	Student	U	I	LC	T. CORPORIS
5.	T.S	503312	24/4/18	48	F	Housewife	SU	I	LC	T. CRURIS
6.	P.S	527286	2/5/18	30	F	Housewife	U	H	LC	T.CORPORIS
7.	N.B	527558	3/5/18	35	F	Housewife	R	I	MC	T.CRURIS
8.	G.M	502090	7/5/18	34	M	Farmer	U	H	MC	T. CORPORIS
9.	M.M	529264	7/5/18	23	F	Housewife	SU	H	LC	T.CRURIS
10.	A.S	529725	8/5/18	34	M	Farmer	R	I	LC	T.CORPORIS
11.	O.K	592692	8/5/18	21	F	Housewife	SU	I	LC	T.CORPORIS
12.	K.P	529880	8/5/18	30	M	Electrician SERVICEMAN	R	H	MC	T. CORPORIS
13.	N.M	531253	11/5/18	18	M	Farmer	U	H	MC	T. CORPORIS
14.	M.M	532794	16/5/18	26	F	Student	R	H	LC	T. CORPORIS
15.	K.K	533178	18/5/18	20	F	Housewife	SU	I	LC	T.FACIE
16.	S.P	534959	24/5/18	27	M	Student	U	H	UC	T.CORPORIS
17.	P.S	534886	24/5/18	18	M	Farmer	R	I	LC	T.CORPORIS
18.	R.A	535561	26/5/18	25	M	(AC technician) Servicemen	R	I	UC	T.CORPORIS
19.	Y.S	541229	27/5/18	18	M	Student	SU	I	UC	T.CRURIS
20.	M.B	536429	29/5/18	38	F	Housewife	R	I	MC	T.CORPORIS
21.	J.B	536266	29/5/18	61	F	Housewife	R	I	MC	T.CORPORIS
22.	S.M	536430	29/5/18	19	F	Student	U	H	MC	T.CORPORIS
23.	N.B	538145	4/6/18	30	F	Housewife	SU	I	LC	T. CORPORIS
24.	S.B	538691	6/6/18	45	F	(ANM worker) Serviceman	SU	I	UC	T.MANNUM
25.	S.D	540595	15/6/18	32	M	Business	U	H	MC	T.CORPORIS
26.	T.D	542520	23/6/18	37	F	Housewife	R	H	UC	T.CORPORIS
27.	D.R	120721/14	26/6/18	43	F	Housewife	R	H	MC	T.CORPORIS
28.	A.G	546713	3/7/18	18	M	Farmer	SU	H	LC	T.CORPORIS
29.	B.M	546790	3/7/18	29	M	Housewife	R	H	MC	T. FACIE
30.	E.B	546811	3/7/18	25	F	Housewife	SU	I	LC	T.CORPORIS
31.	S.P	546805	3/7/18	18	F	Housewife	R	I	LC	T. CORPORIS
32.	J.B	546837	3/7/18	53	F	Housewife	U	I	LC	T.CORPORIS
33.	M.M	546845	3/7/18	58	F	Housewife	R	H	LC	T.CORPORIS
34.	A.B	546793	3/7/18	52	F	Housewife	SU	I	MC	T.CORPORIS
35.	G.M	552999	17/7/18	40	F	Housewife	R	H	LC	T. MANNUM
36.	M.M	555236	24/7/18	32	M	Farmer	SU	H	MC	T.CORPORIS
37.	F.B	555672	24/7/18	45	F	Business	SU	I	MC	T.CORPORIS
38.	S.N.B	555670	24/7/18	24	F	Housewife	R	I	MC	T.CORPORIS
39.	S.A.S	542887	4/9/18	21	M	Student	SU	I	MC	T.CORPORIS
40.	S.M	577194	18/9/18	47	F	Housewife	R	H	LC	T. CRURIS

Legends in master chart- R=RURAL, SU=SUB URBAN, U=URBAN, T=TINEA, M=MALE, F=FEMALE, I=Islamic, H= Hindu, LC=Lower Class, MC=Middle class, UC=Upper Class, SES=socio economic-status, OCC= occupation.

MASTER CHART-2: CHANGES IN OUTCOME MEASURES

S.No.	NAME OF PATIENT	REGD. No.	LESION SIZE IN SQUARE MM (0,III,VI months)			PRURITUS INTENSITY SCORE(0,III, VI months)			DLQI (In 0,III,VI months)			PRESCRIBED MEDICINE AT BASELINE	IMPROVEMENT QUOTIENT
	1	2	3			4			5			6	7
			0	III	VI	0	III	VI	0	III	VI		
1.	S.K	515906	180	59	37	10	8	3	29	23	8	Sulphur 30/2 doses	Much improvement
2.	T.K	521461	670	470	470	9	6	6	27	22	22	Sulphur 200/ 2 doses	Minimal improvement
3.	A.A	501075	15250	15250	15250	9	9	9	9	9	9	Sulphur 200/3 doses	Minimal improvement
4.	A.K	511775	300	120	120	6	4	4	10	0	0	Sepia 200/ 2 doses	Moderate improvement
5.	T.S	503312	100	100	100	8	8	8	26	26	26	Sepia 0/1/OD/16 doses	Minimal improvement
6.	P.S	527286	6400	95	53	10	6	3	33	22	2	Merc sol 200/2 doses	Much improvement
7.	N.B	527558	60	56	44	10	7	4	26	17	4	Sepia 0/1/OD/16 doses	Moderate improvement
8.	G.M	502090	125	125	125	10	10	10	19	19	19	Ars alb 1M/1 dose	Minimal improvement
9.	M.M	529264	500	315	180	10	6	2	25	14	0	Graphites 200/2 doses	Complete improvement
10.	A.S	529725	1400	2000	2000	8	6	2	2	5	2	Merc sol 200/2 doses	Moderate improvement
11.	O.K	592692	3400	1600	600	7	5	3	7	5	1	Merc sol 200/2 doses	Moderate improvement
12.	K.P	529880	1800	900	700	9	5	3	23	20	8	Merc sol 200/2 doses	Moderate improvement
13.	N.M	531253	1900	1300	1250	9	4	1	26	18	4	Hep sulp 200/3 doses	Complete improvement
14.	M.M	532794	700	1150	275	8	3	2	26	19	7	Kali Ars 200/1 dose	Complete improvement
15.	K.K	533178	300	300	200	8	6	2	17	13	5	Nat mur 200/2 doses	Complete improvement
16.	S.P	534959	1000	1700	900	10	7	4	14	8	15	Sulphur 200/ 2 doses	Moderate improvement
17.	P.S	534886	10000	5300	1000	9	5	2	11	18	1	Graphites 200/2 doses	Complete improvement
18.	R.A	535561	15400	9400	5400	9	6	2	22	25	2	Graphites 200/2 doses	Complete improvement
19.	Y.S	541229	1600	800	300	8	6	3	30	19	9	Sulphur 200/ 2 doses	Moderate improvement
20.	M.B	536429	11900	4725	1020	9	5	2	23	19	5	Merc sol 200/2 doses	Complete improvement
21.	J.B	536266	1984	1600	1400	10	6	3	24	16	6	Merc sol 200/2 doses	Much improvement
22.	S.M	536430	1500	3700	900	9	5	3	23	17	7	Tub 200/2 doses	Moderate improvement
23.	N.B	538145	4100	4500	3800	9	7	4	32	20	5	Nat mur 200/2 doses	Moderate improvement
24.	S.B	538691	1400	940	200	10	7	4	14	14	3	Sulphur 200/ 2 doses	Moderate improvement
25.	S.D	540595	3500	4300	1345	9	6	3	13	11	4	Bacillinum 200/2 doses	Moderate improvement
26.	T.D	542520	56	12	6	10	7	5	14	12	6	Sulphur 200/ 2 doses	Moderate improvement
27.	D.R	120721	10500	5500	800	9	4	2	28	22	8	Sulphur 200/ 2 doses	Complete improvement
28.	A.G	546713	7400	1500	1100	9	6	4	19	16	4	Merc sol 200/2 doses	Moderate improvement
29	B.M	546790	240	800	100	8	3	2	14	4	0	Hep sulp 200/2 doses	Complete improvement
30.	E.B	546811	7500	7500	800	8	4	3	27	20	5	Puls 200/ 2 doses	Moderate improvement
31	S.P	546805	7800	3400	1300	9	7	4	29	21	8	Sulphur 200/ 2 doses	Moderate improvement
32	J.B	546837	13300	8400	3700	9	5	2	12	14	3	Sulphur 200/ 2 doses	Complete improvement
33	M.M	546845	3600	3000	1350	10	6	3	22	16	5	Sepia 200/ 2 doses	Much improvement
34	A.B	546793	23000	18400	6400	9	5	2	4	6	0	Sulphur 200/ 2 doses	Complete improvement
35	G.M	552999	13600	9700	2800	9	4	3	20	17	2	Sulph 30/BD/5 days	Moderate improvement
36	M.M	555236	83	200	20	8	5	2	20	13	3	Nat mur 200/2 doses	Complete improvement
37	F.B	555672	23400	9500	2600	8	3	1	22	18	3	Graph0/1/16 doses/OD	Complete improvement
38	S.N.B	555670	11000	5200	2600	9	6	3	21	17	2	Sulphur 200/ 2 doses	Moderate improvement
39	S.A.S	542887	14200	6400	1800	9	4	4	19	15	1	Sulphur 200/ 2 doses	Moderate improvement
40	S.M	577194	5000	2800	1000	9	6	2	6	5	0	Nat mur 200/2 doses	Complete improvement

MASTER CHART 3- TREATMENT RECORD

S.No.	TOS	1-FU	2-FU	3-FU	4-FU	5-FU	6-FU
1	Circular eruption on back, on abdomen, on waist line, itching agg at night, agg sweat during, hot weather during, desire sweets, hot pt	Pl30/OD/30 days	Sulphur200/2 doses	Pl 30/30 doses	Pl 30/30doses	Pl 30/30doses	Brimstone 1M/1dose
2	Circular eruption on infra mammary region agg night, agg perspiration, amel scratching ,hot pt, desire sweets, aversion spices	Pl30/OD/30 days	Sulphur200/1doses	Pl 30/30 doses			
3	Circular eruption on inguinal region, upper thigh, agg sun heat, agg in hot weather, sweatagg, desire sweet, tongue coated white, happiness during morning	Pl30/OD/30 days					
4	Circular eruption on inguinal region, itching in pubic and inguinal region, itching leads to burning, agg in hot weather, sleep disturbed, desire -sour, aversion-sweets	Pl30/OD/30 days	Sepia 200/ 1dose	Pl30/OD/30 days			
5	Circular eruption on inguinal region, itching agg at night, agg sweat during, scratching during agg, desire sweets, hot pt, aversion-bitter, stool - unsatisfactory, burning after scratching	Pl30/OD/30 days					
6	Circular eruption on back and inguinal area, itching agg at night, agg sweat during, undressing during, desire spicy, aversion to sour, tongue coated white and indented, hot pt	Pl30/OD/30 days	Pl30/OD/30 days	Merc sol 200/1 dose	Pl30/OD/30 days	Pl30/OD/30 days	Merc sol 200/1 dose

7	Circular eruption on inguinal region, itching agg at night, agg sweat during, hot weather during agg, desire sour, hot pt, aversion- sweet, stool - unsatisfactory, dreams of exertion	Pl30/OD/30 days	Pl30/OD/30 days	Sepia0/2/OD/ 16 doses/16 days	Pl30/OD/30 days	Pl30/OD/30 days	Sepia 0/3/OD / 16 doses/16 days
8	Circular eruption on back, on face, on inguinal region, itching agg at night, agg sweat during, cold application amel , desire cold food and refreshing things, offensive sweat	Pl30/OD/30 days	Ars alb1M/1 dose				
9	Circular eruption on waist, on abdomen, on inguinal region, itching agg at night, agg sweat during, open air amel, eruption oozing fluid desire salty food, aversion sweets, stool unsatisfactory	Pl30/OD/30 days	Pl30/OD/30 days	Graph 200/2 doses	Pl30/OD/30 days	Pl30/OD/30 days	Graph 200/2 doses
10	Circular eruption on elbow, on face, on calf area, on armpit, itching agg at night, agg sweat during, desire spicy, aversion to sweets, tongue furrowed,urticaria agg night	Pl30/OD/30 days	Merc sol 1M/1 dose	Pl30/OD/30 days	Pl30/OD/30 days	Merc sol1M/1 dose	Pl30/OD/30 days
11	Circular eruption on elbow, inguinal area, itching agg at night, desire spicy, thirsty, burning sensation after itching, sweat more on face and lip	Pl30/OD/30 days	Merc sol 200/1 dose	Pl30/OD/30 days	Pl30/OD/30 days	Merc sol1M/1 dose	Pl30/OD/30 days

12	Circular eruption on back, on neck, on inguinal region, itching agg at night, agg sweat during , desire spicy and sweets and ,allergic, easily catches cold ,dreams of daily routine	Pl30/OD/30 days	Pl30/OD/30 days	Merc sol 200/1 dose	Pl30/OD/30 days	Merc sol1M/1 dose	Pl30/OD/30 days
13	Circular eruption on face and lower leg, trunk, itching agg at night, agg chicken, desire beef rice sweets, chilly pt	Pl30/OD/30 days	Hep sulph1M/1 dose	Pl30/OD/30 days	Pl30/OD/30 days	Pl30/OD/30 days	Hep sulph 1M/1 dose
14	Circular eruption on hands, forearm,lower limb, itching agg at night, agg sweat during, undressing during, desire sweet,mucoid stool, burning in stomach,headche with itching of hands	Pl30/OD/30 days	Sulph 200/1 dose	Pl30/OD/30 days	Sulph 200/1 dose	Pl30/OD/30 days	Pl30/OD/30 days
15	Circular eruption on back, on face, agg on eating fish and egg after, thirst decreased, tongue indented, sleep right side on,desire salty diet, perspiration on face and forehead	Pl30/OD/30 days	Pl30/OD/30 days	Nat mur 200/1 dose	Pl30/OD/30 days	Nat mur 200/1 dose	Pl30/OD/30 days
16	Circular eruption on arms,forearm,groin ,face,agg undressing during, thirst decreased, desire fried food, aversion o spicy, pungent food, intolerance to milk,	Sulphur200/1 doses	Sulphur200/ 1doses	Pl30/OD/30 days	Pl30/OD/30 days	Sulph 1M/1 dose	Pl30/OD/30 days
17	Circular eruption on hand, on inguinal region, itching agg at evening, agg after washing, eruption oozing fluid, desire salty food, aversion sweets, stool unsatisfactory, thirst for cold drink	Pl30/OD/30 days	Graphites 200/2 doses	Pl30/OD/30 days	Pl30/OD/30 days	Graphites 1M/1 doses	Pl30/OD/30 days

18	Circular eruption on face and groin, upper thigh, itching agg at night, agg sweat after, desire chicken and spices, aversion toegg and brinjal, dreams of relative	Pl30/OD/30 days	Graph 200/1 dose	Pl30/OD/30 days	Pl30/OD/30 days	Graphites1M/1 doses	Pl30/OD/30 days
19	Circular eruption on inguinal region, agg sun heat, agg in hot weather, sweat agg, desire sweet, aversion to sour, dreams of daily routine	Pl30/OD/30 days	Sulphur200/ 1doses	Pl30/OD/30 days	Sulphur200/ 1doses	Pl30/OD/30 days	Pl30/OD/30 days
20	Circular eruptionon arms, back ,thigh ,Inguinal area, agg night during ,agg sweat, desire spices and pungent, aversion to sour, stool unsatisfactory	Pl30/OD/30 days	Merc sol 200/1 dose	Pl30/OD/30 days	Pl30/OD/30 days	Merc sol 200/1 dose	Pl30/OD/30 days
21	Circular eruption on back, on abdomen, on waist, itching agg at night, agg sweat during, desire spicy food, stool loose, tongue thick and indented	Pl30/OD/30 days	Merc sol 200/1 dose	Merc sol 1M/1 dose	Pl30/OD/30 days	Pl30/OD/30 days	Merc sol 1M/ 1 dose
22	Circular eruption on face and armpits, hands, itching agg at night, agg sweat during, desire sweets, aversion to salty, dreams of daily routine, offensive sweat	Pl30/OD/30 days	Sulphur 200/1 dose	Pl30/OD/30 days	Sepia 200/1 dose	Pl30/OD/30 days	Sepia 200/1 dose
23	Circular eruption on left leg and armpits, arms, itching agg at night, agg sweat during,<bathing,>cold application, desire fish rice fried, dreams of snake	Pl30/OD/30 days	Nat mur 200/1 dose	Pl30/OD/30 days	Nat mur 1M/ 1 dose	Pl30/OD/30 days	Pl30/OD/30 days

24	Circular eruptionon face and foot,itching agg while thinking of it, <bathing,>scratching,>cold ice, stool-not cleared,desire salty and sweets,appetite decreased	Pl30/OD/30 days	Sulph 200/1 dose	Pl30/OD/30 days	Sulph 200/1 dose	Pl30/OD/30 days	Pl30/OD/30 days
25	Circular eruption on face and lower leg,trunk,back,upper limb, itching agg heat, agg scratching,>perspiration, desire sweets, aversion to pungent things	Pl30/OD/30 days	Sulphur 200/1 dose	Pl30/OD/30 days	Bac200/1dose	Pl30/OD/30 days	Pl30/OD/30 days
26	Circular eruption on chest and back, itching agg at night,<washing, sleep disturbed, appetite decreased, stool uncleared,tongue yellow dirty, desire sweets	Pl30/OD/30 days	Pl30/OD/30 days	Sulph 200/2 doses	Pl30/OD/30 days	Mag phos6x/2 days	Pl30/OD/30 days
27	Circular eruption on abdomen,trunk,scaling of skin, itching agg heat, <perspiration, desire fish ,sweets, appetite decreased ,sleep disturbed	Pl30/OD/30 days	Sulph 200/2 doses	Pl30/OD/30 days	Pl30/OD/30 days	Sulph 200/1 doses	Pl30/OD/30 days
28	Circular eruption on face and armpits ,back, buttock, itching agg at night, agg sweat during,>scratching , desire spicy, burning sensation	Pl30/OD/30 days	Merc sol 200/1 dose	Pl30/OD/30 days	Merc sol 200/1 dose	Merc sol 200/1 dose	Pl30/OD/30 days
29	Circular eruption on face ,itching agg touch, agg sweat during,>scratching , desire meat and fish,thirstlessness,tongue coated white	Pl30/OD/30 days	Pl30/OD/30 days	Hepsulph200/1 dose	Pl30/OD/30 days	Hepsulp200/1 dose	Pl30/OD/30 days

30	Circular eruption on groin,abdomen,armpit, itching agg at night, agg sweat after, >scratching, desire fried and fish, intolerance to meat,thirstlessness	Pl30/OD/30 days	Puls 200/1 dose	Pl30/OD/30 days	Pl30/OD/30 days	Puls 200/1 dose	Pl30/OD/30 days

31	Circular eruptionon back, on neck,on abdomen, itching agg at night, agg sweat during ,>scratching, desire fried food, aversion to vegetable and meat, tongue white coated, intolerance to meat	Pl30/OD/30 days	Sulph 200/1 doses	Pl30/OD/30 days	Pl30/OD/30 days	Sulph 200/1 doses	Pl30/OD/30 days
32	Circular eruption on inframammory region,breast,chest , agg night, agg hot, amel cold and scratching ,tongue dry, desire sweets, stool unsatisfactory	Pl30/OD/30 days	Sulph 200/1 doses	Pl30/OD/30 days	Sulph 200/1 doses	Pl30/OD/30 days	Pl30/OD/30 days
33	Circular eruption on elbow, thigh, itching agg at night, desire spicy, thirst only at night, offensive sweat ,dryness of mouth	Pl30/OD/30 days	Sepia 200/1 doses	Pl30/OD/30 days	Sepia 200/1 doses	Pl30/OD/30 days	Pl30/OD/30 days
34	Circular eruption on abdomen,trunk,legs, itching agg night, <evening,>scratching, desire salty,meat,aversion to egg,thirstless	Sulph 200/1 doses	Pl30/OD/30 days	Pl30/OD/30 days	Sulph 200/1 doses	Pl30/OD/30 days	Sulph 200/1 doses
35	Circular eruption on thigh, on abdomen, itching agg hot, agg sweat during, desire sweets, sleep disturbed	Pl30/OD/30 days	Merc sol 200/1 dose	Pl30/OD/30 days	Merc sol 200/1 dose	Pl30/OD/30 days	Pl30/OD/30 days
36	Circular eruption on finger, extensor of foot, >scratching,<night , thirstless,tongue thick coated white, desire meat fish roti,aversion to rice	Nat m 200/2 doses	Pl30/OD/30 days	Pl30/OD/30 days	Graph 200/1 dose	Pl30/OD/30 days	Graph 1M/1 doses
37	Circular eruption on waist, on armpit, inguinal region, itching agg at night, agg hot,>scratching,thirstless,scratching leads to bleeding, desire green leafy, aversion to sour and fish	Pl30/OD/30 days	Graph0/2,0/3/ 16 doses of each/32 days/OD	Pl30/OD/30 days	Pl30/OD/30 days	Graph0/4/ 16 doses/16 days/OD	Pl30/OD/30 days

38	Circular eruption abdomen,armpit,inguinal region, itching agg at night, agg sweat after, desire for sweet, chilly, scratch leads to burning	Pl30/OD/30 days	Pl30/OD/30 days	Sulphur200/ 1doses	Pl30/OD/30 days	Sulphur200/ 1doses	Pl30/OD/30 days
39	Circular eruption on abdomen, legs, itching agg sweat, <hot,>cold ,thirstless,desire sweet,spicy,aversion to fried food and egg, sleep disturbed	Sulphur200/1 doses	Pl30/OD/30 days	Sulphur200/ 1doses	Pl30/OD/30 days	Sulphur200/ 1doses	Pl30/OD/30 days
40	Circular eruption on face and groin, itching agg at night, agg sweat after, desire sour and salty, intolerant to spices, sweat on face, tongue thick and flabby	Pl30/OD/30 days	Nat mur 200/1 dose	Nat mur 200/1 dose	Pl30/OD/30 days	Nat mur 200/1 dose	Sepia 200/2 doses

Legends used in table: TOS=totality of symptoms, FU-follow up.