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CASE STUDY

OPEN ACCESS

RINGWORMS WITH CASE PRESENTATION

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ABSTRACT

Ringworm (Tinea) is a fungal infection affecting the skin, hair, or nails. It is caused by dermatophytes, a group of fungi that thrive on keratin in the outer layers of the skin.

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INTRODUCTION

Ringworm is primarily caused by dermatophytes such as:

Trichophyton Microsporum Epidermophyton

It is transmitted through: Direct skin-to-skin contact with an infected person or animal.

Indirect contact with contaminated objects (e.g., towels, combs, or clothing). Environmental exposure (e.g., moist areas like locker rooms, swimming pools).

Risk Factors:

- Close contact sports (e.g., wrestling, football).
- Weakened immune system (due to diseases like HIV/AIDS or immunosuppressive therapy).
- Living in humid or warm environments.
- Frequent use of communal showers.
- Having sweaty or wet skin for prolonged periods.
- Contact with infected animals (such as pets, particularly cats or dogs).
- Poor hygiene or not changing clothes frequently.

Pathophysiology: The fungi invade the outer layers of the skin (epidermis) and hair shafts, where they feed on keratin. They release enzymes that break down the keratin, causing the skin to become inflamed. This leads to the characteristic scaling, itching, and red patches associated with the infection.

Signs and Symptoms: Red, ring-shaped rash with raised edges and clear centers (often described as a "ring"). Itching and discomfort in the affected area.

Scaly, cracked, or blistered skin

Hair loss in the area if the scalp is involved. Thickened or discolored nails if nails are affected. Spreading of the rash over time.

Diagnosis

- **Clinical examination:** The appearance of the rash is usually sufficient for diagnosis.
- **Wood's lamp examination:** Certain types of dermatophytes (like Microsporum) fluoresce under UV light.
- **Skin scraping:** The affected area can be scraped, and the sample examined under a microscope for fungal elements (hyphae).
- **Fungal culture:** A more definitive test where the sample is cultured to identify the specific fungus.
- **KOH (potassium hydroxide) test:** The skin scraping is

treated with KOH to dissolve skin cells, leaving only fungal elements visible.

Case presentation Name –xyz

Age -35 yrs Sex-female
Occupation -House wife Presenting complaint - 35 yrs female patients comes with complaint of Itching on buttocks,groin,back ,leg since 2 yrs Aggravation -Night, touch of cloth,warm Amelioration -when busy, cold, scratching.

FIH-mother -asthma P/H -renal calculi
Physical general Appetite -3 time/day

Thirst -2 liter /day Desire -chicken ++
Aversion -sweet +++,meat ++ Stool -constipated
Urine -normal
Sleep -position on back Thermal – chilly
Mental -
-Mild, anxious
-Anxiety about future

Obstetrics and gynaecology history Menses -regular
Bleeding -3 days Children -1son

General examination Pulse -82/min
Blood pressure -140/90 MMHG Weight-70kg
Height -5 feet Constitution -Dark ,obese

Rubric

General -food and drinks Aversion -sweet General -food and drinks
Aversion -meat General -food and drinks Desire –chicken

1 GENERALS - FOOD and DRINKS			
desire			⊗
2 GENERALS - FOOD and DRINKS			
aversion			⊗
3 GENERALS - FOOD and DRINKS			
aversion			⊗
Remedies	ΣSym	ΣDeg	Symptoms
graph.	3	8	1, 2, 3
phos.	3	6	1, 2, 3
sulph.	3	6	1, 2, 3
nux-v.	3	5	1, 2, 3
puls.	3	5	1, 2, 3
caust.	3	4	1, 2, 3
nat-m.	3	4	1, 2, 3
tub.	3	4	1, 2, 3
carc.	3	3	1, 2, 3
nat-sil.	3	3	1, 2, 3
tritic-vg.	3	3	1, 2, 3

Prescription –

Rx, Graphitis 0/1 OD -15 days



Follow up –

Date -19/6/24
-Graphitis 0/2 OD Date -25/7/24
-Graphitis 0/3 OD

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