

# A Clinical Study to Determine the Effectiveness of Chrysarobinum in 200C Potency in the Treatment of “Tinea Versicolor” Using MYMOP2 Questionnaire

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## ABSTRACT

Pityriasis Versicolor, also called Tinea Versicolor is a mild, non-contagious, chronic, superficial fungal skin infection caused by lipid-dependent yeast-like fungus *Malassezia*. Despite being found all across the world, the disease is most common in warm, humid tropical climates. However, even following effective treatment, the disease can frequently recur, which impacts the quality of life of the patient. Homeopathy is highly effective in treating such stubborn and recurrent skin diseases. Chrysarobinum is a remedy that has potential to treat various fungal infections of skin. This study aimed to determine the effectiveness of Chrysarobinum 200 potency in the treatment of Tinea Versicolor, which, according to the statistical result of this study, has been found to be effective.

**KEY WORDS:** Pityriasis Versicolor, Chrysarobinum, MYMOP2 Questionnaire.

## INTRODUCTION

Tinea Versicolor is a condition characterized by scaly hypopigmented or hyperpigmented patches, primarily affecting the upper trunk, neck, and upper arms, caused by the fungus *Malassezia globosa*, although *Malassezia*

furfur is responsible for a small number of cases. Although the precise circumstances that trigger the onset of the illness process are not well understood, these yeasts are typically present on human skin and only become problematic in specific situations, such as a warm and humid atmosphere.

## RISK FACTORS

Tinea versicolor is not caused by poor hygiene, but by environmental factors like heat, humidity, pregnancy, oily skin, and oily lotions. Genetic predisposition and a hereditary component may also contribute. Factors causing the yeast to convert to a parasitic form include genetic predisposition, immunosuppression, warm environments, pregnancy & Cushing disease. Malnutrition and the use of oral contraceptives may also act as risk factors.



Fig: Tinea Versicolor

## CLINICAL FEATURES

It is characterized by multiple, oval, finely scaling patches or plaques, often found in

areas rich in sebum production such as the trunk, neck, shoulders, and upper arms. It can be mildly scaly, with hyperpigmented areas appearing as light brown in fair complexions or dark brown to grayish black in darkly pigmented patients. These skin lesions are usually asymptomatic or slightly pruritic. However, severe pruritus can be present in hot and humid conditions.

Tinea Versicolor can manifest in four distinct variants, plus a rare atrophic form. Form 1 is a condition characterized by multiple oval-to-round macules with distinct borders, primarily found on the upper trunk. Over time, these macules blend, creating irregular patches with altered pigmentation, particularly noticeable in summer. Form 2 of Tinea Versicolor is an inverse variation affecting skin folds, face, or isolated extremities, often in compromised immune systems. It can be mistaken for other skin conditions like candidiasis, seborrheic dermatitis, psoriasis, and dermatophyte infections. Located primarily on the back, torso, and extremities, form 3 of Tinea Versicolor affects the hair follicles. This variation may result in lighter or darker skin around the hair follicles. It is difficult to differentiate from bacterial folliculitis, which appears as red bumps or pustules. Risk factors include high humidity, Diabetes, steroids, antibiotics, & immunosuppressive therapy. Form 4 of Tinea Versicolor is characterized by small, reddish-brown, uniform inflammatory bumps measuring 2 to 3 mm in diameter, usually painless and found on the torso. Microscopic examination reveals fungal hyphae and spores in the outermost layer and an interface dermatitis in the top layer of deeper skin tissue.

## DIAGNOSIS

The diagnosis of Tinea Versicolor can be made based on its characteristic clinical presentation of hyperpigmented or hypopigmented, finely scaling patches or plaques.

## HOMOEOPATHIC MANAGEMENT

Treatment is based on Individualisation. There are many remedies like Sepia, Tellurium, Bacillinum, Sulphur, Psorinum, Natrum Mur, etc which has prominent action on these kind of skin diseases. Chrysarobinum is less explored remedy but has very good action especially on this disease.



## CHRYSAROBINUM

This medicine is prepared from Goa powder, a substance found deposited in cavity of the trunk of the tree "Andira Araroba". It contains chrysarobin and other anthracene derivatives. It has been used successfully in skin diseases especially in Ringworm, Psoriasis, Herpes & Acne Rosacea. Vesicular or squamous lesions which are associated with foul smelling discharge and crust formation, tending to become confluent and to give the appearance of a single crust covering the entire area. Violent itching in thighs, legs and ears. Dry, scaly eruption especially around eyes and ears, scales with pus underneath.

## AIMS AND OBJECTIVES OF THE STUDY:

1. To study various presentations of Tinea Versicolor in different age group individuals, in different sexes, and to determine the effectiveness of Chrysarobinum 200 in Tinea versicolor.
2. To assess the prognosis through MYMOP2 scale.

## HYPOTHESIS:

[NULL HYPOTHESIS] H0: There is no significant action of Chrysarobinum in treating Tinea Versicolor.

[ALTERNATIVE HYPOTHESIS] H1: There is significant action of Chrysarobinum in treating Tinea Versicolor.

## MATERIALS AND METHODS:

**Source of data-**The subjects are selected from OPD, IPD and peripheral camps of MNR Homoeopathic Medical College and Hospital, Sangareddy.

**Sample size-** 20 patients.

**Duration of the study-** 1 year.

**Type of the study-** Clinical study.

**Study Design-**Prospective study

### Inclusion criteria-

1. Patients with symptoms of Pityriasis Versicolor.
2. Both male and female irrespective of socio-economic status.
3. Diagnosed cases of Tinea Versicolor seeking Homoeopathic treatment & cases taking treatment from other systems of medicine with no relief.

### Exclusion criteria-

1. Cases with complication like lichenification and eczema.

2. Patient having Tinea infection secondary to other auto-immune disorders, systemic diseases or patients on immune-suppressive therapy.
3. Long standing cases of Tinea Versicolor more than 1 year.

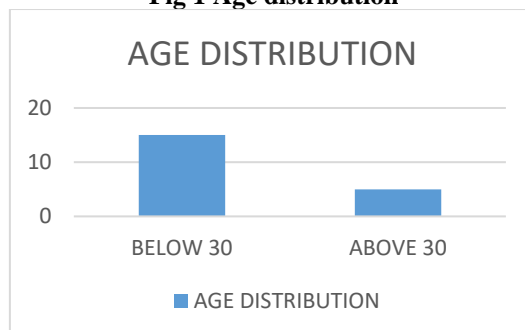
**Statistical tool-** Paired T test.

### Method of collection of data-

A sample of a minimum of 20 cases was selected based on inclusion and exclusion criteria, and it was ensured the patients were aware of the study in their own language. An informed consent letter was taken from every individual. The data was collected and processed in clinical case sheet format. All the details of the patients are kept confidential. The subjects were intervened with Chrysarobinum. Finally, prognosis was assessed through the MYMOP2 questionnaire.

## OBSERVATION AND RESULTS

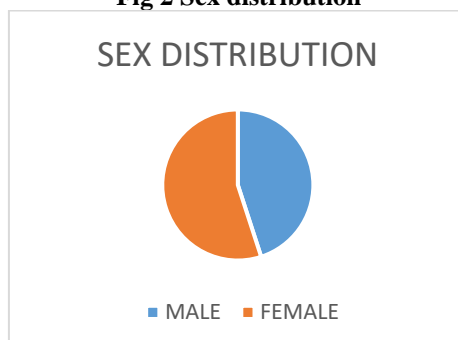
**Fig 1 Age distribution**



**Table 1: Age distribution**

s.no	Age	No. of participants	Percentage
1.	BELOW 30 YEARS	15	75%
2.	ABOVE 30 YEARS	5	15%

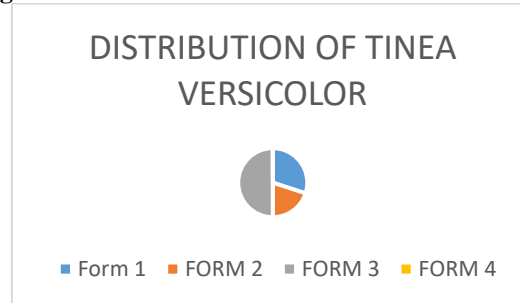
**Fig 2 Sex distribution**



**Table 2: Sex distribution**

s.no	Gender	No. of patients	Percentage
1.	Male	8	40%
2.	Female	12	60%

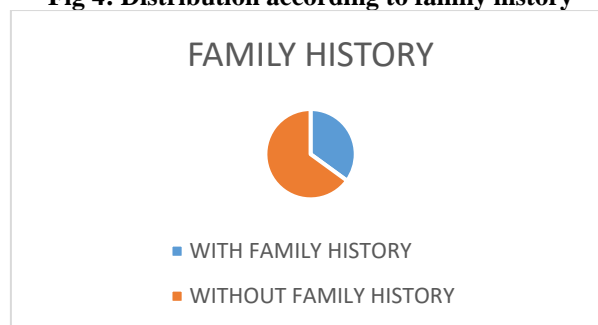
**Fig no 3: Distribution and forms of Tinea Versicolor**



**Table no 3: Distribution and forms of Tinea Versicolor**

S. No	Forms	No of Patients	Percentage
1	FORM 1	6	30%
2	FORM 2	4	20%
3	FORM 3	10	50%
4	FORM 4	0	0%

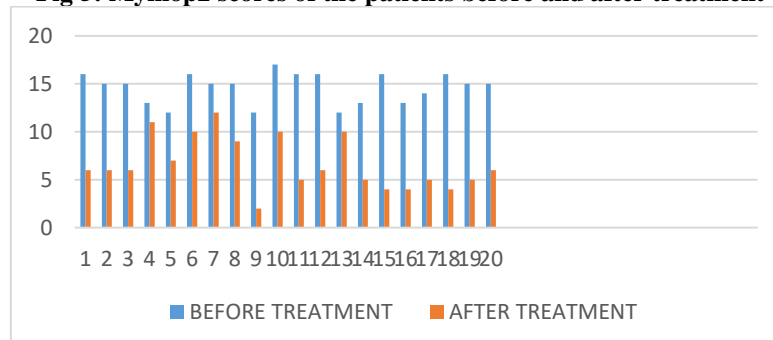
**Fig 4: Distribution according to family history**



**Table no 4: Distribution according to family history**

S.no	Family history	No of patients	Percentages
1	With family history	7	35%
2	Without family history	13	65%

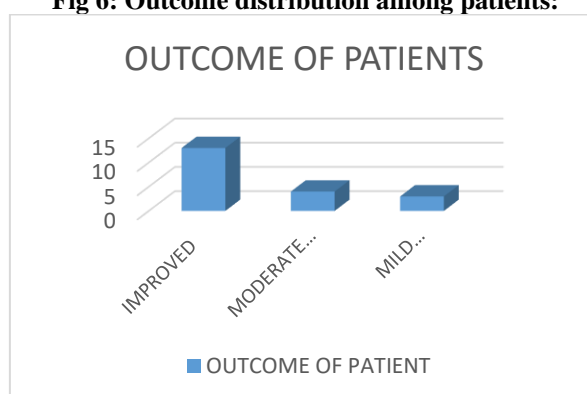
**Fig 5: Mymop2 scores of the patients before and after treatment**



**Table 5: Mymop2 scores of the patients before and after treatment:**

s.no	Name	Age	Sex	MYMOP2 BEFORE TREATMENT	MYMOP2 AFTER TREATMENT	DIFFERENCE
1	Mrs. N	37	F	16	4	12
2	Ms. V	25	F	15	6	9
3	Mr. P	25	M	15	6	9
4	Ms. R	22	F	13	11	2
5	Mr. V	27	M	12	7	5
6	Mr. S	30	M	16	10	6
7	Mrs. R	30	F	15	12	3
8	Ms. S	20	F	15	9	6
9	Ms. K	25	F	12	2	10
10	Ms. S	18	F	17	10	7
11	Mr. S	41	M	16	5	11
12	Ms. A	28	F	16	6	10
13	Mrs. B	40	F	12	10	2
14	Mr. B	30	M	13	5	8
15	Ms. M	28	F	16	4	12
16	Ms. S	25	F	13	4	9
17	Ms. S	22	F	14	5	9
18	Mr. S	35	M	16	4	12
19	Mrs. P	24	F	15	5	10
20	Mr. K	25	M	15	6	9

**Fig 6: Outcome distribution among patients:**



**Table 6: Outcome of patients after completion of study**

s.no	Outcome	No. of patients	percentage
1.	Improved	13	65%
2.	Moderate improvement	4	20%
3.	Mild improvement	3	15%

## STATISTICAL ANALYSIS:

### Paired T-Test Result:

### P value and statistical significance:

- The p value is less than 0.0003
- By conventional criteria, this difference is considered to be extremely statistically significant.

### Confidence interval:

- The mean of group one minus group two equals 2.093

### Intermediate values used in calculations:

- $t = 4.23$
- $df = 19$
- standard error of difference = 0.20

Group	Before	After
Mean	11.27	7.63
SD	2.83	3.80
SEM	0.63	0.85
N	20	20

Summary of paired t – test result: The critical ratio, paired-t follows a distribution on with

n-1 (i.e. 19) degrees of freedom. The 5% level is 2.093 1% level is 2.861 and 0.1 level is 3.883 for 19 degrees of freedom. Since the calculated value is 3.44 which is greater than the table at 5% ( $p < 0.05$ ). Hence null hypothesis ( $H_0$ ) is rejected and the alternative hypothesis ( $H_1$ ) is accepted. So, it is concluded from the above statistical result that, Chrysarobinum has a significant role in the treatment of Pityriasis Versicolor.

## DISCUSSION AND CONCLUSION

The aim of this study is to determine the Effectiveness of Chrysarobinum 200C in the treatment Pityriasis Versicolor. The patients were selected from various locations, including O.P.D., camps, and peripheral clinics of MNR Homoeopathic Medical College and Hospital. A sample of 20 patients was chosen followed for 3-6 follow-ups. MYMOP2 score was used to evaluate the prognosis. Statistical analysis was conducted using a paired t-test, which showed that the administration of Chrysarobinum produced significant improvement in majority cases (13 patients experienced improvement, 4 showed moderate improvement, and 3 showed mild improvement). The p-value for the study was significant, indicating that the administration of Chrysarobinum is highly effective in treating Pityriasis Versicolor. Therefore, the null hypothesis is rejected, and the research hypothesis is accepted, indicating that Chrysarobinum is significant in treating Tinea Versicolor.

### Declaration by Authors

**Ethical Approval:** Approved

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**Conflict of Interest:** No conflicts of interest declared.

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