Dermatophytosis is an emerging problem and *Trichophyton rubrum* continues to be most common type of dermatophyte and tinea corporis is the common type of dermatophytosis as validated by this study. One important observation of this study is the high rate of extensive dermatophytosis and tinea incognito cases. It, therefore, becomes imperative to insist on accurate laboratory diagnosis before treatment and the education of patients about the hazards of self treatment.

We suggest the use of KOH with DMSO for direct microscopy instead of plain KOH. This enhances rapid clearing and visualization of fungal elements. Another very useful method established in the course of this study is the use of the modified scotch tape preparation for the preparation of LPCB mount from fungal growth in test tube cultures. This method is economical, non-laborious and faster when compared to slide culture techniques. We recommend this as a good method for the LPCB mount of dermatophytes.

If clinical resistance to antifungals is suspected, we also propose that *in vitro* antifungal susceptibility testing be utilized for better antibiotic choice in contrast to a blind misuse of antifungals. In this study, terbinafine proved to exhibit superior *in vitro* activity against common fungal isolates of our study.
FUTURE RECOMMENDATIONS
In vitro antifungal susceptibility testing can be laborious and time consuming, besides being relatively expensive. So the need for an easily available cost effective method like disc diffusion becomes a necessity. The development of such techniques should involve both Private and Government supported research institutions. Research in this area, therefore, has to be more a matter of collaboration rather than competition. Though any such attempt may seem protracted, initially, it will eventually prove to be a boon to the average person affected by dermatophytosis.

All predisposing factors and immunity against dermatophytosis are not clearly understood, especially in the cases of recurrent infection and onychomycosis. It is believed that genetic factors and discrepancies in immunity play a significant role. A detailed study in this regard is essential.

Certain plant extracts (eg. cassia tora plant) have been successfully employed by Ayurvedic physicians for the treatment of dermatophytosis. Hence, a thorough study regarding the effects (in vitro and in vivo) of such plant extracts and their effects will facilitate the development of newer antifungal agents.

Dermatophytosis is considered (either rightly or wrongly) to be an innocuous infection. It is this approach that often undermines efforts to prevent the spread of fungal infections. People should, therefore, be educated about the need to check the dissemination of fungal infections. This endeavor should involve community health workers who visit homes to educate the general public about other diseases.

Future Recommendations