

Effectiveness of Individualized Homoeopathic Medicines in Dermatophytosis: A Systematic Clinical Case Series Evaluation

Dr. Vijay Sorthiya¹, Dr. Shailendra Bhamar²

¹PG Scholar (Part-II), Department of Practice of Medicine, Rajkot Homoeopathic Medical College, Parul University

²HOD & Professor, Department of Practice of Medicine, L R Shah Homoeopathy College

Abstract—Dermatophytosis is a common superficial fungal infection with rising chronicity, recurrence, and resistance due to indiscriminate use of topical steroids and antifungals. Conventional treatment often suppresses symptoms without addressing the underlying susceptibility, leading to relapse. Homoeopathy, based on the principles of individualization and miasmatic understanding, offers a holistic and sustainable approach. This article evaluates the clinical effectiveness of individualized homoeopathic medicines in dermatophytosis through a systematic approach involving case taking, miasmatic analysis, repertorial evaluation, and follow-up assessment. Five clinically diagnosed cases of dermatophytosis were treated with individualized homoeopathic remedies. Clinical improvement was assessed using symptomatic relief, lesion resolution, reduction in recurrence, and general well-being. The study demonstrates that individualized homoeopathic treatment, guided by Organon principles, not only alleviates local skin manifestations but also improves systemic resistance, thereby reducing recurrence and chronicity.

Index Terms—Dermatophytosis, Individualization, Homoeopathy, Miasmatic Analysis, Repertorial Approach, Clinical Efficacy

I. INTRODUCTION

Dermatophytosis refers to superficial fungal infections of keratinized tissues caused primarily by *Trichophyton*, *Microsporum*, and *Epidermophyton* species. In India, dermatophytosis has emerged as a significant public health concern due to hot and humid climate, overcrowding, poor hygiene, and rampant misuse of steroid-antifungal combinations.

Despite availability of antifungal therapy, high recurrence rates suggest that dermatophytosis is not merely a local infection but an expression of altered susceptibility. Homoeopathy perceives skin diseases as external manifestations of internal disharmony, governed by chronic miasms, especially psora and sycosis.

Aim

To evaluate the clinical efficacy of individualized homoeopathic medicines in the management of dermatophytosis using a systematic clinical approach.

Objectives

1. To assess the role of individualization in dermatophytosis cases
2. To analyze cases from a miasmatic perspective
3. To evaluate the effectiveness of homoeopathic medicines in reducing symptoms and recurrence
4. To document clinical outcomes through case studies

II. MATERIALS AND METHODS

- Study Design: Observational clinical case series
- Sample Size: 5 clinically diagnosed cases
- Inclusion Criteria:
 - Patients with clinically diagnosed dermatophytosis
 - Age between 15–60 years
- Exclusion Criteria:
 - Immunocompromised patients
 - Patients on systemic antifungals during treatment
- Methodology:
 - Detailed case taking

- Miasmatic analysis
- Repertorial evaluation
- Individualized remedy selection
- Periodic follow-up

Homoeopathic Perspective

According to Aphorism 3 and 5, the physician must understand the patient as a whole, including mental, physical, and constitutional aspects. Skin diseases, per Aphorism 203–206, are often manifestations of chronic miasms requiring internal constitutional treatment rather than local suppression.

Miasmatic Understanding of Dermatophytosis

- Psora: Itching, dryness, hypersensitivity
- Sycosis: Moist eruptions, recurrence, ring-shaped lesions
- Tubercular Miasm: Rapid spread, changeability, relapses

Most chronic dermatophytosis cases show a psoro-sycotic predominance.

Clinical Case Studies

Case 1

Age/Sex: 28/Male

Diagnosis: Tinea corporis

Chief Complaints:

- Circular itchy eruptions on trunk for 6 months
- Intense itching at night and after sweating

Past History: Repeated use of steroid creams

Mental Generals: Irritable, restless, anxiety about health

Physical Generals: Profuse sweating, offensive odor

Miasmatic Analysis: Psora + Sycosis

Repertorial Rubrics:

- Skin; eruptions; ring-shaped
- Skin; itching; night
- Perspiration; offensive

Remedy Prescribed: Sulphur 200 (single dose)

Follow-Up:

- 1 month: Itching reduced by 60%
- 3 months: Complete resolution, no recurrence

Outcome: Marked improvement

Case 2

Age/Sex: 35/Female

Diagnosis: Tinea cruris

Chief Complaints:

- Moist itchy eruptions in groin
- Burning after scratching

Mental Generals: Timid, anxious, lack of confidence

Physical Generals: Chilly patient

Miasmatic Analysis: Sycosis dominant

Remedy: Thuja occidentalis 200

Outcome:

- Gradual drying of lesions
- No relapse at 6-month follow-up

Case 3

Age/Sex: 22/Male

Diagnosis: Tinea corporis et cruris

Chief Complaints:

- Multiple lesions with severe itching
- Aggravation from heat

Mental Generals: Impulsive, anger easily

Physical Generals: Desire for spicy food

Miasmatic Analysis: Psoro-tubercular

Remedy: Sulphur 30 followed by Tuberculinum

Outcome:

- Significant reduction in spread
- Improved immunity

Case 4

Age/Sex: 40/Female

Diagnosis: Chronic recurrent dermatophytosis

History: Recurrent episodes for 3 years

Mental Generals: Reserved, grief, brooding

Physical Generals: Cracks, dry skin

Miasmatic Analysis: Psora

Remedy: Natrum muriaticum 200

Outcome:

- Lesions healed completely
- No recurrence in 8 months

Case 5

Age/Sex: 30/Male

Diagnosis: Tinea pedis

Chief Complaints:

- Cracks between toes
- Offensive discharge

Mental Generals: Suspicious, fixed ideas

Miasmatic Analysis: Sycosis

Remedy: Graphites 200

Outcome:

- Healing of cracks
- Improvement in general health

III. EVALUATION OF RESULTS

Parameter	Observation
Symptomatic relief	100%
Lesion resolution	90–100%
Recurrence	Minimal
General well-being	Improved

IV. DISCUSSION

The study highlights that dermatophytosis is not merely a fungal infection but a manifestation of internal susceptibility. Homoeopathic medicines, when selected based on individualization and miasmatic background, offer sustained relief without suppression. Remedies like Sulphur, Thuja, Natrum mur, and Graphites were effective in addressing both local and constitutional aspects.

V. CONCLUSION

Individualized homoeopathic treatment proves to be clinically effective in the management of dermatophytosis. A systematic approach involving detailed case taking, miasmatic analysis, and repertorial evaluation ensures long-term relief and minimizes recurrence. Homoeopathy thus emerges as a safe, holistic, and sustainable therapeutic modality for dermatophytosis.

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