

# An Individualized Homoeopathic Approach in The Management of Tinea Corporis: A Case Report

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**Abstract**—Tinea corporis refers to any dermatophytosis of glabrous skin except palm, soles and groin. Although any dermatophytes can cause tinea corporis, but most common causes T. Rubrum, T. Mentagrophytes, M. Canis and T. Tonsurans. The classic presentation is an erythematous annular and scaly with well define edge and central clearing. There may also be pustules at active edge. Lesion are usually asymmetrical and may be single or multiple.

In this case of a 21-year-old female patient presenting with c/o Red, round circumscribed patch on the left arm since 2 ½ months. This case was analysed, evaluated and repertorized according to symptom totality we got. Based on similimum, medicine Phosphorous 200 twice a day for 2 days was given and the case was observed up to getting the positive result without recurrence. The patient shown marked relief in the signs and symptoms which indicated recovery and improvement in the case.

**Index Terms**—Tinea Corporis, Homoeopathy, Phosphorous

## I. INTRODUCTION

Tinea corporis refers to all dermatophytosis of glabrous skin except the palms, soles, and groin.<sup>[1]</sup>

Epidemiology: Tinea corporis may be transmitted directly from infected humans or animals, via fomites or via autoinoculation from reservoirs such as T. rubrum colonization of feet.<sup>[2]</sup> Children are more likely to contact zoophilic pathogens, especially M. Canis from dogs or cats. Occlusive clothing and a warm and humid climate are associated with more frequent and severe eruption.<sup>[3]</sup> The occlusive clothing, frequent skin-to skin contact and minor trauma (mat burns) of competitive co-sleeping create an environment in which dermatophytes flourish. Numerous outbreaks of “Tinea corporis gladiatorum”

have resulted, mostly caused by T. tonsurans.<sup>[3]</sup> Preliminary evidence suggests high prevalence of disease even in the absence of an epidemic.

## II. CLINICAL MANIFESTATION

Tinea corporis should be feature in the differential diagnosis at red, scaly rash.

Typically, lesion is erythematous, annular and scaly, with a well-defined edge and central clearing.

There may be pustules at the active edge.

Lesions are usually asymmetrical and may single or multiple.

The degree of inflammation is dependent on the organism involved and host immune response.

Microsporum canis (from dogs) and trichophyton verrucosum (from cats) are common culprits.<sup>[4]</sup>

Pruritis is common to all types of dermatophytosis.<sup>[5]</sup>

Homoeopathic view towards tinea coroporis:

Homoeopathy is the science of therapeutics which helps to restore the sick to health by administrating medicine based on the principle “similia similibus curenter” let like be cured by likes. Tinea corporis is an external presentation of an internal disorder due to lowered vitality and immunity. Homoeopathy does not believe in treating only skin disease by simply applying ointment or creams<sup>[6]</sup>

## WHY HOMOEOPATHIC MEDICINE FOR TINEA CORPORIS?

Homoeopathic medicines are specially prepared, potentized from which all the toxic effects are removed prescribed in single dose with the minimum potency, due to which there is no any harmful effect on the body.<sup>[7]</sup>

Dr. H. A. Robert says “It is the only method of healing that surely sets the sick individual on the permanent road of recovery.” [8]

**CASE PROFILE**

Name: ABC  
 Age: 21 years  
 Sex: Female  
 Address: HNC  
 Occupation: Student  
 Religion: Hindu  
 Marital status: Unmarried  
 Socio-economic status: Middle-class family  
 OPD No.144441  
 Date: 23/07/2023

**CHIEF / PRESENTING COMPLAINT:** Red Round circumscribed patch on the left arm since 2 ½ month

**HISTORY OF CHIEF COMPLAINTS:**

Location	Sensation	Modality	Conc.
Left Arm	itching when dry burning when contact with sun	<Cloth contact <Morning <Heat of sun >Cold application	-

Onset: Sudden  
 Duration: 2 ½ Month  
 Progress: Initially before 2-month size of patch was small afterward size get increased, itching is there when touch of cloth gets aggravate trouble:

**PAST HISTORY:** NAD  
**FAMILY HISTORY:** NAD  
**PERSONAL HISTORY:**

1. Food habit: Vegetarian
2. Appetite: Normal
3. Desire: ice cream, cold food
4. Aversion: Not specific
5. Thirst: 2/3 Lit/Day
6. Thermal State: Ambi thermal towards chilly
7. Perspiration: On exertion, profuse
8. Micturition: 2/3 times /day
9. Bowel Habit: Once/day
10. Sleep: Sound

**MENSTRUAL HISTORY:**

Menarche: 13 year  
 Menses: Regular  
 Duration of flow: 3 / 4 days  
 Character: Bright red

**MIND/MENTAL GENERALS:**

1. Desire for company
2. Irritable because of complaint
3. Very sympathetic for person who care most
4. Extrovert
5. Fear of dark

**PHYSICAL EXAMINATION:**

Built: Avg  
 Weight: 56 kg  
 Height: 5'3"  
 Pulse : 76 /min Regular  
 B.P.: 120/80 MMHG  
 Temp: 98.6 F  
 RR: 18/Min

**SYSTEMIC EXAMINATION:**

RS: AEBE  
 CVS: S1 & S2 N  
 CNS: Conscious & well oriented  
 GIT: Soft & Non-tender

**LOCAL EXAMINATION OF SKIN:**

**INSPECTION**  
 Site of lesion: Left arm  
 Morphology of lesion: red, erythematous circular (round shaped) patch Dryness  
 No. of patch: 1  
 Shape: Circular, Round  
 Probable Diagnosis: Tinea Corporis Eczema  
 Final Diagnosis: Tinea Corporis

**Totality of Symptoms:**

1. Desire for company
2. Irritable because of complaint
3. Very sympathetic for person who care most contact
4. Extrovert
5. Fear of dark
6. Desire for ice cream
7. Profuse perspiration
8. Ambithermal towards chilly
9. Red round circumscribed patch on left arm
10. Itching with burning

- 11. <Morning, Cloth contact, Heat of sun
- 12. >cold

III. REPERTORIZATION [9]

Remedy Name	Phos	Puls	Calc	Ars	Nat-m	Lyc	Sulph	Carc	Caust	Sep	N
<b>Totally</b>	25	18	17	17	16	15	15	14	14	14	
<b>Symptoms Covered</b>	8	7	7	6	6	7	7	7	6	6	
<b>Kingdom</b>											
[Murphy ] [Mind]Company, general:Desire, for: (88)	4	4	2	4		3	1		1	2	
[Murphy ] [Mind]Irritability, general: (367)	3	3	3	3	3	3	4	2	3	3	
[Murphy ] [Mind]Sympathetic, empathy: (63)	4	3	1		3	1		4	3	1	
[Murphy ] [Mind]Extroverted: (25)	3	3				1	2	2			
[Murphy ] [Mind]Fears, phobias, general:Dark: (73)	4	2	2	2	2	2	1	3	2	1	
[Murphy ] [Food]Ice cream, general:Desires: (25)	3	1	2	2	1		2	1			
[Murphy ] [Perspiration]PROFUSE: (222)	2	2	3	3	3	3	2	1	2	3	
[Complete ] [Skin]Eruptions:Herpetic:Circinate, ringworm: (155)	2		4	3	4	2	3	1	3	4	

PROBABLE MEDICINE:

- 1. Phosphorous
- 2. Pulsatilla
- 3. Calcarea Carb

FINAL MEDICINE:

Phosphorous

PRESCRIPTION:

Rx  
 Phosphorous 200 BD x 2 days  
 Phytum BD x 15 days

FOLLOW UP:

Date	Complaint	Treatment
8/08/2023	Itching and burning reduced Size of patch as it is Generals are improved	Phos 200 BD x 2 days Phytum BD x 15 days
20/08/2023	Itching and burning reduced 80% Size of patch reduced Redness decreased Generals are improved	Phytum BD x 15 days
08/09/2023	Eruption disappears completely No itching and burning Generally patient feel Better	Phytum BD x 15 days



IV. DISCUSSION

Tinea corporis is a common dermatophytic infection, frequently seen in warm and humid climates. Conventional treatment often provides temporary relief and may be associated with recurrence. Homoeopathy offers an individualised and holistic approach by addressing the underlying susceptibility of the patient.

In this case, a 21-year-old female presented with a chronic erythematous, annular lesion on the left arm with itching and burning, aggravated by heat and sunlight and relieved by cold applications. Mental generals such as desire for company, sympathetic

nature, fear of dark, and irritability were considered along with physical symptoms to form the totality. After repertorization, Phosphorus was selected as the similimum. The patient showed marked improvement with complete resolution of the lesion and no recurrence during follow-up, indicating effective homoeopathic management.

#### V. CONCLUSION

This case report highlights the efficiency of individualized homoeopathic dealing in managing tinea corporis. Phosphorus, selected based on totality of symptoms, led to complete recovery without recurrence. Homoeopathy thus provides a safe, holistic, and effective therapeutic option for dermatophytic infections.

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