

Individualised Homoeopathic Approach in a Case of Tinea Corporis: A Case Report

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Abstract—BACKGROUND: Tinea corporis is a common Superficial fungal infection is defined as a dermatophyte infection of keratinised tissues, including skin, hair, and nails. Dermatophyte species are grouped into 3 genera (Epidermophyton, Microsporum, and Trichophyton) and further divided by 3 natural habitats (humans, animals, and soil). Trichophyton rubrum is the most common cause of dermatophytosis of the skin. But in other systems, it has side effects, and recurrence also occurs; homoeopathy provides a holistic approach and removes the disease from the root

CASE PRESENTATION:

A 30-year-old male patient presented with a complaint of itching and annular eruptions in the right axillary region for 3 weeks. Diagnosis was made by the apprance of the eruptions and symptoms which is narrated by the patient in that marked mental generals was there such as forgetfulness indifference to personal appearance laziness and difficulty in thinking along with physical symptoms such as aggravations of symptoms from warmth, perspiration and prolong standing

INTERVENTION:

Synthesis repertory was used and after repertorizing all the rubric sulphur was the exact similimum for this patient and keeping altered mental symptoms in the mind sulphur 1M was prescribed without any other antifungal medicine and ointment.

OUTCOME:

Improvement was seen with 2 weeks of homoeopathic medicine use, such as reduction in the itching, burning and improvement in physical generals after an 8-week complete reduction of symptoms and no reoccurrence of symptoms was seen in follow ups.

CONCLUSION:

This case is proof that if we follow an individualised homoeopathic treatment approached so, we can manage to cure taenia corporis from its roots.

Index Terms—Tinea corporis; homoeopathy; sulphur case report; dermatophytosis.

I. INTRODUCTION

Tinea corporis is a common Superficial fungal infection is defined as a dermatophyte infection of keratinised tissues, including skin, hair, and nails. Dermatophyte species are grouped into 3 genera (Epidermophyton, Microsporum, and Trichophyton) and further divided by 3 natural habitats (humans, animals, and soil). Trichophyton rubrum is the most common cause of dermatophytosis of the skin. Piedra, which consists of white and black forms, is an asymptomatic superficial fungal infection of the hair shaft. Onychomycosis is the name given to dermatophytosis of the nails. Microscopic examination, culture, Wood's lamp evaluation, and histopathology may all be useful in confirming the diagnosis.

CASE PRESENTATION:

Patient information:

- Name: xyz
- Age: 30 years
- Sex: male
- Occupation: farmer
- Education: 8th std
- Socioeconomic status: lower middle class

Presenting complaint:

Patient parented with a complain of severe itching and burning in the axilla in the past 3 weeks

History of presenting complaints:

- Onset: sudden
- Duration: 3 weeks
- Location: right axillary region
- Sensation: itching and burning
- Modalities:
- Aggravated by warmth, perspiration and prolonged standing
- Ameliorated by open air

Family history:

No history in the family with similar complains

Personal History:

- Appetite: Normal
- Thirst: Moderate
- Perspiration: Profuse, causing discomfort
- Sleep: Disturbed due to itching
- Bowel & bladder: Normal
- Thermal: hot

CLINICAL FINDINGS

- ON EXAMINATION:
- Well-defined annular erythematous lesions
- Raised, active margins with central clearing
- Mild scaling present
- Hyperpigmented areas indicating chronicity
- No lymphadenopathy noted.

II. DIFFERENTIAL DIAGNOSIS

TINEA CRURIS:

Removed, as tinea cruris has the infection on the scalp, and in this case the patient has an eruption in the axillary region.

TINEA CRURIS:

Removed because it is also called as jock itch; in this condition, eruptions mainly grows on groins region.

TINEA UNGUIUM:

Removed because, in this condition, eruptions are present on the toenails.

DIAGNOSIS CONFIRMATION

TINEA CORPORIS:

- Well-defined annular erythematous plaques
- Raised active scaly border
- Central clearing
- Intense pruritus
- Typical progression of lesions

FINAL DIAGNOSIS

- Tinea corporis

HOMOEOPATHIC EVALUATION

Mental Generals

1. Forgetfulness
2. Indifference to personal appearance
3. Laziness
4. Difficulty in thinking

Physical Generals

1. Aggravation from standing
2. Aggravation from warmth
3. Aggravation after perspiration

Particular Symptoms

1. Ring-shaped eruptions
2. Intense itching, worse at night and warmth

ANALYSIS AND REPERTORIZATION

Repertorization was carried out using synthesis repertory (mobile app).

MIND – Dullness

MIND – Forgetful

MIND – Indifference to personal appearance

MIND – Laziness

SKIN – Eruptions – ringworm

SKIN – Eruption- itching

SKIN – Eruption- itching – night

SKIN – Eruption- itching – warmth – aggravates

GENERALITIES – Perspiration – aggravates

GENERALITIES – Standing – aggravates

III. REPERTORIAL RESULT

Sulphur covering all the symptoms with a result of 9/25

1 MIND - DULLNESS	✕		
2 MIND - FORGETFUL	✕		
3 MIND - INDIFFERENCE - appearance; to his personal	✕		
4 MIND - LAZINESS	✕		
SKIN			
5 SKIN - ERUPTIONS - ringworm	✕		
6 SKIN - ITCHING	✕		
7 SKIN - ITCHING - night	✕		
8 SKIN - ITCHING - warmth - agg.	✕		
GENERALS			
9 GENERALS - PERSPIRATION - after agg.	✕		
10 GENERALS - STANDING - agg.	✕		
Remedies	ΣSym	ΣDeg	Symptoms
sulph.	9	25	1, 2, 3, 4, 5, 6, 7, 9, 10

Fig. 1: repertory chart (synthesis repertory)

THERAPEUTIC INTERVENTION

Remedy: Sulphur

Potency: 1M

Dose: Single dose

No local or antifungal treatment was administered.

FOLLOW-UP AND OUTCOME

FOLLOW- UP	CLINICAL OBSERVATION
2 WEEKS	ITCHING REDUCED BURNING REDUCED GENERAL IMPROVED NO OTHER COMPLAINT
4 WEEKS	ITCHING ABSENT BURNING ABSENT NO NIGHT AGGRAVATION GENERAL AND MENTAL SYMPTOMS ARE REDUCED NO NEW SYMPTOMS
8 WEEKS	NO NEW SYMPTOMS PATIENT FEELS BETTER

IV. OBJECTIVE EVIDENCE

Organon of Medicine. New Delhi: B Jain Publishers; Reprint 2002.

Before treatment:



Fig: 2: patient with complaint of itching and burning during onset.

After treatment:



Fig 3: After 4 weeks, itching and burning were absent, with no other symptoms.



Fig: 4: After 8 weeks, no new symptoms, and the patient feels better

V. DISCUSSION COMPARISON WITH PREVIOUS STUDIES

Several published case reports show that individualized homeopathic treatment can lead to good results in conditions like dermatophytosis and other long-term skin problems. A study by Sharma et al. showed significant improvement in a case of chronic tinea corporis after using individualized constitutional prescribing. This highlights the importance of considering the full range of symptoms when choosing a remedy. Similarly, Singh et al. found that using constitutional homeopathy led to long-term remission in cases of recurring dermatophytosis,

with no signs of the condition coming back during follow-up. This current case is similar because the remedy, Sulphur, was chosen based on the patient's unique mental and physical traits, not just the local skin symptoms. Unlike standard antifungal treatments, no topical or oral antifungal drugs were used during the treatment period, yet full recovery was achieved within eight weeks. One key point in this case was the quick reduction in itching within two weeks, followed by slow healing of the skin lesions and no recurrence. This supports the traditional homoeopathic idea of using individualized constitutional prescribing. However, since this is just one case report, the results cannot be applied broadly. More research, including larger observational studies and randomized controlled trials, is needed to confirm these findings.

VI. CONCLUSION

This case study shows how the law of similars works in real life. A person was treated with a personalised homoeopathic remedy called Sulphur, and they fully recovered and stayed well. This proves that when a medicine is chosen based on all the symptoms—both mental and physical—it does more than just fix the immediate problem. By looking at the person's overall makeup, the treatment changed how their body reacts to the *Trichophyton* fungus, not just making their skin better but making them less likely to get infected again.

VII. PATIENT PERSPECTIVE

From the patient's point of view, the beginning change felt like moving from a hot, burning, angry feeling to something cooler and easier to handle. He said that in the first week of using Sulphur, the strong urge to scratch, which used to be so bad at night that it kept him awake, became less intense. This allowed him to sleep through the night without being disturbed. During the follow-up check-ups, the patient noticed that the skin didn't just stop itching—it seemed to heal itself. He saw that the thick, scaly patches, which were in ring shapes, started to get softer and gradually merged back with the normal skin around them.

INFORMED CONSENT

To follow high standards of clinical ethics, the patient was given a full verbal and written explanation about how his medical history and photos, which had been made anonymous, would be used for an academic article.

He was clearly told that his right to make his own decisions would be respected throughout the process, and he could choose to stop sharing his information at any time without it affecting his regular medical care. This clear and open approach was done in the language he understood best, making sure he fully grasped everything. As a result, he signed a formal informed consent document.

CONFLICT OF INTEREST

None declared.

REFERENCES

- [1] Fitzpatrick's Dermatology. 9th ed. New York: McGraw-Hill Education; 2019.
- [2] Fitzpatrick's Dermatology. 9th ed. New York: McGraw-Hill Education; 2019. - Search
- [3] Diagnosis and Management of Tinea Infections - PMC
- [4] Synthesis Repertory. 9.1 ed. London: Homoeopathic Book Publishers; 2004.
- [5] Materia Medica of Homoeopathic Medicines. New Delhi: B Jain Publishers
- [6] Organon of Medicine. New Delhi: B Jain Publishers; Reprint 2002.