

Individualized Homoeopathic Management of Tinea Cruris with *Sepia officinalis*: A Case Series

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Abstract—Background: Tinea cruris is a common superficial dermatophyte infection of the groin characterized by pruritus, erythema and recurrent lesions. Individualized homoeopathic treatment considers the characteristic physical and mental symptoms of the patient rather than diagnosis alone. This case series describes three clinically diagnosed cases of tinea cruris managed with *Sepia officinalis* selected through repertorial analysis.

Case presentation: Three patients—a 33-year-old male security guard, a 22-year-old female washerwoman and a 52-year-old male laboratory technician—presented with recurrent or persistent groin dermatophytosis. In each case, characteristic mental generals, physical generals and local symptoms were elicited and repertorized. *Sepia officinalis* 200 was prescribed individually.

Results: All three cases showed reported clinical relief after individualized treatment. The prescribing totalities included distinctive emotional and general symptoms together with the local manifestations of tinea cruris.

Conclusion: These cases illustrate the application of individualized homoeopathic case-taking and repertorial selection in patients with tinea cruris. However, the small uncontrolled case series and absence of microbiological confirmation and standardized outcome measures preclude conclusions regarding efficacy.

Index Terms—Tinea cruris; dermatophytosis; homoeopathy; *Sepia officinalis*; repertorization; individualized treatment

I. INTRODUCTION

Tinea cruris is a dermatophyte infection involving the groin and adjacent areas and commonly presents with pruritic, erythematous, annular or advancing lesions. Recurrent disease and persistent symptoms may affect quality of life. Conventional management relies on appropriate antifungal therapy and attention to

predisposing factors. In homoeopathy, treatment is individualized according to the totality of characteristic symptoms. This report presents three clinically diagnosed cases in which *Sepia officinalis* was selected after repertorial analysis of the individual symptom picture.

Aim: To describe the clinical presentation, individualized symptom totality, repertorial selection and reported outcome of three cases of tinea cruris treated with *Sepia officinalis*.

II. CASE PRESENTATIONS

Case 1. A 33-year-old male security guard presented with recurrent groin lesions. He had previously experienced similar eruptions over the chest and neck and had diabetes mellitus. The lesions were associated with itching, worse at night and in a warm room, with relief from scratching. Characteristic constitutional symptoms included suppressed anger, dwelling on past disagreeable occurrences, intolerance of contradiction and fear of thunderstorms. He desired cold drinks and sweets, was easily satiated, and symptoms were worse after meat. Repertorial analysis yielded *Sepia* as the leading medicine (27/12). *Sepia officinalis* 200 was prescribed, following which the patient reported relief.

Case 2. A 22-year-old female washerwoman presented with lesions over the groins, thighs and lower abdomen for approximately six months. Her history included hypothyroidism and previous hysterectomy. She was industrious but experienced forsakenness and loneliness, with desire for company and fear of impending death. She desired meat and salt, was averse to cheese and was thirstless. Offensive axillary perspiration and dreams of her deceased husband were noted. Symptoms were worse at night and after meat

and better by scratching and warm applications. Sepia ranked highest on repertorization (20/10), and Sepia officinalis 200 was prescribed. The patient reported relief.

Case 3. A 52-year-old male laboratory technician presented with six-month history of reddish, circular, itchy eruptions involving the groins, thighs and both legs. He had a previous history of similar lesions over the chest and back and renal calculi. He expressed fear of disease and concern about his health, religious

preoccupation, desire for company and censoriousness. Physical generals included profuse perspiration on slight exertion, desire for sweets and meat, and aversion to milk. Symptoms were worse at night, with perspiration, scratching and meat, and better during daytime and after bathing at normal temperature. Repertorization showed Sepia as the leading medicine (26/11). Sepia officinalis 200 was prescribed and relief was reported.

III. COMPARATIVE SUMMARY

Case	Age/Sex	Key characteristic symptoms	Repertory	Medicine
1	33/M	Suppressed anger; dwells on past; fear thunderstorms; worse warmth/night; better scratching	Sepia 27/12	Sepia 200
2	22/F	Forsakenness; desire company; fear death; thirstless; offensive sweat; dreams deceased husband	Sepia 20/10	Sepia 200
3	52/M	Fear of disease; health concern; religious preoccupation; desire company; profuse sweat	Sepia 26/11	Sepia 200

IV. DISCUSSION

The three cases shared the clinical diagnosis of tinea cruris but differed substantially in their individual symptom pictures. The selection of Sepia was based not merely on the local fungal lesions but on the totality of characteristic mental and physical generals, modalities and particulars. The repertorial results consistently placed Sepia among the leading medicines, supporting the final individualized prescription in each case.

The cases demonstrate the importance of detailed case-taking in homoeopathic practice, particularly when characteristic symptoms extend beyond the local complaint. At the same time, improvement reported in a small uncontrolled case series cannot establish

causality. Clinical diagnosis alone may be insufficient to distinguish dermatophytosis from mimicking dermatoses, and microbiological confirmation would strengthen future reports.

V. LIMITATIONS

The principal limitations were the small sample size, absence of KOH examination or fungal culture, lack of a control/comparator, and qualitative outcome assessment based on reported relief. Objective measures such as lesion extent, erythema, scaling and pruritus scores, Dermatology Life Quality Index (DLQI), standardized Total Severity Score (TSS), serial photographs and recurrence assessment should be incorporated in future prospective studies.

VI. CONCLUSION

This three-case series describes individualized homeopathic management of clinically diagnosed tinea cruris in which *Sepia officinalis* was selected through repertorial analysis. The cases highlight the role of characteristic mental and physical symptoms in individualized prescribing. Larger, prospective and methodologically rigorous studies with microbiological confirmation and standardized outcome measures are required before therapeutic efficacy can be inferred.

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