Role Of Individualized Homoeopathic Medicines in the Management of Tinea Cruris A Case Report

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Abstract—**Background: Tinea cruris, also commonly known as jock itch, is a superficial fungal infection caused by dermatophytes such as Trichophyton, Microsporum, and Epidermophyton species. It manifests as ring-shaped erythematous lesions with severe itching, burning, and scaling in groins region. Contributing factors include poor hygiene, hot and humid climate, and immunosuppressive conditions. The 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 the disease. Homoeopathy based on the principle of individualization, offers the holistic approach towards the disease to cure.**

Objective: To evaluate the role of individualized homoeopathic medicines in managing a case of tinea cruris and improving physical and mental health of patient.

Method: A 59-year-old male patient presented with multiple ring-shaped eruptions over the bilateral gluteal region, extending towards the gluteal cleft and back, for six months. The complaints were associated with severe itching, burning after scratching, white scaling and dark pigmentation. The case was evaluated based on mental generals, physical generals and characteristic particulars. Arsenicum album 200C was selected based on totality of symptoms. Clinical improvement was assessed using total symptoms score reduction, lesion resolution, reduction in recurrence, and general well-being. Follow- up assessments were conducted for several months to monitoring symptoms improvement.

Results: Initial symptoms included severe itching, burning, redness, scaling, pigmentation and multiple ring shaped eruption. After administration of Arsenic album 200C followed by placebo. During follow-up, the patient reported progressive reduction in itching, redness, burning, scaling, lesion size and pigmentation. By the final follow-up, no active eruptions or recurrence were reported. Mild residual hyperpigmentation remained over the gluteal region. Patient reported significant symptoms relief.

Conclusion: This case demonstrates the role of individualized homoeopathic medicines particularly Arsenicum album in managing tinea cruris through individualized treatment, guided by Organon principles, not only alleviates local skin manifestations but also improves systemic resistance, thereby reducing recurrence and chronicity.

Index Terms—**Tinea cruris, Dermatophytosis, Individualization, Homoeopathy, Repertorial approach, Case report.**

I. INTRODUCTION

Dermatophyte infections are also called ringworm or tinea. Dermatophytoses refer to superficial fungal infection of keratinized tissues caused by keratinophilic dermatophytes. Dermatophytes are classified in three genera, epidermophyton, microsporum, and Trichophyton. These fungi can infect skin, hair and nails. Tinea cruris, commonly known as jock itch, primarily affects the groin, inner thighs and adjacent skin folds. It generally presents with annular erythematous lesions, raised active margins, scaling and itching.

Dermatophytes are the most common agents of superficial fungal infections worldwide and widespread in the developing countries, especially in the tropical and subtropical countries like India, where the environmental temperature and relative humidity are high. Other factors such as increased urbanization including the use of occlusive footwear and tight fashioned clothes, has been linked to higher prevalence.

Predisposing factors include:

- Excessive sweating.
- Hot and humid climatic conditions.
- Poor personal hygiene.
- Prolonged moisture exposure.
- Diabetes mellitus.
- Corticosteroids.
- Closed and intimate contact with infected persons.
- Wearing tight fashioned clothes.

Based on the anatomical location of infection, it has been classified clinically into tinea capitis (head), tinea faciei (face), tinea barbae (beard), tinea corporis (body), tinea mannum (hand), tinea cruris (groin), tinea pedis (foot) and tinea unguium (nail). The primary symptom of dermatophytosis is the presence of an erythematous (red) patch on the skin that is typically very itchy. It typically presents as a well-demarcated, sharply circumscribed, oval or circular, mildly erythematous, scaly patch or plaque with a raised leading edge. The lesion starts as a flat, scaly spot that spreads centrifugally and clears centrally to form a characteristic annular lesion, giving rise to the term 'ringworm'. The central area becomes hypopigmented or brown and less scaly as the active border progresses outwards. The border is usually annular and irregular. Occasionally, the border can be papular, vesicular or pustular. Lesions may assume other shapes such as circinate and arcuate.

For a definitive diagnosis, a clinical examination is followed by a microscopic examination of the affected skin. During a mycological examination, the presence of hyphae long, branching filamentous structures of the fungus can be observed. The combination of clinical presentation and microscopic examination is crucial for diagnosing and confirming dermatophytosis, leading to appropriate treatment and management of the infection. The conventional treatment for dermatophytosis includes both topical and systemic antifungal therapies, depending on the severity and extent of the infection. For localised lesions, topical treatments recommended. In cases where the infection is multiple, extensive, deep, recurrent, chronic or unresponsive to topical treatments, or if the patient has an immunodeficiency, systemic antifungal treatments are suggested.

The topical treatment like ointments, topical antifungal creams, but it does not get relief in symptoms. Some patients experience symptomatic relief but not cure, it was relapse again. So, the disease tends to reoccur often. Conventional treatments such as topical antifungal treatment are effective in eliminating the fungus from skin. These treatments can sometimes lead to suppression. In homoeopathy, suppressing external symptoms without addressing the underlying imbalance, can drive the disease deeper into the body, leading to recurrence or chronic conditions. So, there is wide scope for treatment and management of dermatophytosis in homoeopathy. As in Homoeopathic system of medicine, we do not treat the disease but we treat the individual who is suffer from disease. Through individualized homoeopathic medicines we treat the individual and prevent further recurrence of dermatophytosis.

The present case report documents the systematic case-taking, repertorial analysis, individualized homoeopathic remedy selection, and clinical outcome in a patient with chronic tinea cruris. The therapeutic response was assessed through regular clinical follow-up up to 8 months, evaluation of signs and symptoms, and changes in the Total Symptom Score (TSS), with the aim of contributing to the documented clinical evidence base for individualized homoeopathic management of dermatophytosis.

II. CASE REPORT

2.1 Patient information

Table 1. Patient details

Parameter	Details
Case number	S93E64
OPD number	6961/25-26
Patient	Mr. R.P.
Age / Sex	59 years / Male
Religion	Hindu
Marital status	Married
Occupation	Farmer
Residence	Ramosana, Mehsana, Gujarat
Date of first visit	08/08/2025

A 59 years old male farmer present with complaint of multiple ring-shaped eruptions over the bilateral gluteal region, extending towards the upper gluteal region, gluteal cleft and back, associated with severe itching and burning sensation since last six months. Written informed consent was obtained from the patient for the clinical details and follow- up data to be used and published for academic purposes.

2.2 Presenting complaints:

- Location: Bilateral gluteal region, both buttocks, gluteal cleft and upper gluteal region.
- Sensation: Severe itching, burning sensation after scratching.
- Character: Multiple annular and irregular erythematous patches, dark pigmentation around the eruptions, white scaling and desquamation. Well-defined, elevated and active margins.
- Modalities: Aggravation at night, after scratching.

History of present illness:

The patient was apparently well six months ago. Initially, a small erythematous patch appeared over the right gluteal region. Gradually, the lesion increased in size and extended towards the left buttock, gluteal cleft and upper gluteal region. Multiple annular and irregular plaques developed with well-defined, raised and active margins, white scaling and post-inflammatory hyperpigmentation. The patient complained of severe itching, particularly at night, with an irresistible desire to scratch. Burning sensation followed scratching, and the itching was aggravated after scratching. The patient had previously experienced a ring-shaped eruption over the abdomen one year ago, which subsided after taking antifungal medication.

2.3 Associated complaints:

No associated complaints were reported.

2.4 Past, Family, Personal history:

Past history: The patient had a history of ringworm infection over the neck two years ago, for which he received oral antifungal tablets and topical ointments for four weeks. The lesions subsided completely during treatment.

Family history:

Father: Deceased due to myocardial infarction.

Mother: Healthy and alive.

Personal History:

Personal history of patient

- Appetite: Good, three meals daily.
- Thirst: Unquenchable.
- Desire: Highly seasoned food, Aversion: Not specific.
- Stool: Once T/D with normal consistency
- Urine: 4–5 times during the day and once at night.
- Perspiration: Generalised, moderate.
- Sleep: Sound, supine position, no specific dreams.
- Thermal reaction: Chilly patient.

Life sketch and mental symptoms:

The patient has a meticulous and orderly nature and is very particular about cleanliness and arrangement. He prefers everything to be kept in its proper place and becomes restless or irritated when things are disorganised. He frequently rearranges objects personally until satisfied and finds it difficult to relax in an untidy environment. The patient is excessively concerned about the well-being of family members and frequently worries about their health, safety and future.

Mental Symptoms: Anxiety about others.

Fastidiousness.

Restlessness when things are not in their proper place.

2.5 Clinical findings

Table 3. General & Systemic examination

Parameter	Finding	Parameter	Finding
Built and nourishment	Well, built &nourished	Blood pressure	136/86
Weight	72 Kg	Pulse rate	66/min
Height	5.9 Ft	R. R.	14/min
Nails	Normal	Temperature	98.2 0F
Hair	Grey	CVS	S1 S2 normal heard
Eyes	Normal	CNS	Reflexes normal
Tongue	Clean	RS	Bilateral airway clear

2.6 Local examination of skin:

Inspection

- Location: Bilateral gluteal region, both buttocks, gluteal cleft and upper gluteal region.
- Number of lesions: Multiple patches.
- Shape: Large annular and irregular patches.
- Colour: Reddish with dark pigmentation.
- Margins: Well-defined, active and elevated borders.
- Surface changes: White scaling, especially at the margins.
- Vesicles and pustules: Absent.

2.7 Outcomes measures

The Total symptoms score (TSS) was an observer clinical assessment score designed to indicate the severity of Dermatophytosis and was used to evaluate treatment outcomes in patients with Dermatophytosis. Number of Symptoms/ Sign: 1. Erythema, 2. Scaling/ Crusting, 3. Pruritus/ Itching, 4.Extension of lesion in the form of body surface area (BSA) involvement.
Each symptoms covered 3 score, according to severity, mild, moderate, severe symptoms.
The TSS score was recorded at first visit was 12.

2.8 Provisional diagnosis:

Tinea cruris

2.9 Analysis and Evaluation of symptoms

Analysis of symptoms:

Mental Generals

- Anxiety about others.
- Fastidiousness.
- Restlessness when things are not in their proper place.

Physical Generals

- Desire for highly seasoned food.
- Unquenchable thirst.
- Chilly thermal reaction.

Physical Particulars

- Ring-shaped eruptions over the bilateral gluteal region.
- White scaly desquamation.
- Erythematous annular eruptions.
- Dark pigmentation around eruptions.
- Severe itching.
- Burning sensation after scratching.
- Itching aggravated at night, after scratching.
- Cracked feet and soles.

Evaluation of symptoms

- Anxiety about others +++
- Fastidious +++
- Rest cannot when things are not at proper place ++
- Severe itching eruption +++
- Burning eruption after scratching ++
- Dark pigmentation around eruption ++
- Erythematous ring-shaped eruption +
- Cracked feet and soles +
- Itching aggravated at night ++
- Itching aggravated after scratching +

2.10 Totality of symptoms and Repertorization

Totality of symptoms

- Anxiety about others.
- Restlessness when things are not in their proper place.
- Fastidiousness.
- Desire for highly seasoned food.
- Unquenchable thirst.
- Ring-shaped eruptions over bilateral gluteal region and upper gluteal region.
- White scaly desquamation from eruptions.
- Erythematous ring-shaped eruptions.
- Dark pigmentation around eruptions.
- Severe itching.
- Burning sensation after scratching.
- Itching aggravated at night.
- Itching aggravated after scratching.
- Cracked feet and soles.

Table 4. Repertorial totality/ rubrics:

Sr. No.	Rubrics
1.	(Mind) Anxiety: others, for.
2.	(Mind) Rest, cannot, when things are not in proper place.
3.	(Mind) Fastidious.
4.	(Stomach) Desires: highly seasoned food.
5.	(Stomach) Thirst: unquenchable.
6.	(Skin) Itching: night.
7.	(Skin) Eruption: herpetic circinate, ringworm.
8.	(Skin) Itching: scratching: Agg.
9.	(Skin) Dryness: burning.
10.	(Extremities) Eruption: Nates
11.	(Extremities) Cracked skin: feet: soles.
12.	(Skin) Eruption: desquamating scales, white.



Figure 1. Reperforation chart of case report

Table 5. Repertorial analysis (sum of degree /Total rubrics covered)

Remedy	Score
Arsenic album	22/9
Sulphur	20/7
Phosphorus	16/6
Merc sol	12/6

Final remedy selected: Arsenic album

The choice of arsenic album was based on the principle of individualization & totality of symptoms, where both mental, physical general & particulars symptoms pointed towards this remedy.

2.11 Prescription:

Rx- Arsenic album- 200 BD for 2 days.

Followed by Sac Lac BD for 20 days.

2.12 Auxillary management:

1. Maintain personal hygiene at all times.
2. Wear clean cotton clothes, socks and underwear daily.
3. Avoid tight-fitting clothes and jeans.
4. Don't share clothes, towels or other personal items.
5. Avoid scratching the affected areas to prevent further irritation and spread.
6. Avoid excessive sweating.
7. Take a shower after returning from farming activities and dry the affected areas thoroughly.

2.13 Follow- up & Progress report:

The patient was follow- up over 7 visits across 8 months and prescription was given according to clinical observation, totality of symptoms and TSS assessment, as described below.

Table 6. Follow- up & Progress of report

Date	Symptoms & Observation	Prescription
30/08/2025	Itching reduced moderately, burning intensity will be reduced to minor extent, Scaling was still present. Existing eruption slightly reduced in size; pigmentation still remain as it is.	Ars. alb 200C BD for 2 days. Followed by S.L BD x 20 days
22/09/2025	Mild improvement of previous symptoms, otherwise as it all symptoms except scaling intensity reduced as compared from last time follow up.	Ars. alb 200C BD for 2 days. S.L BD x 15 days
10/10/2025	Marked improvement in itching and burning. Scaling minimal. Patches flatten and reduced in size. Margin less elevated. Patient sleep comfortably at night.	Sac Lac Bd for 20 days
02/12/2025	Occasional mild itching only after scratching. Burning absent. Lesion markedly reduced. Mild pigmentation and few dark discolorations at gluteal and back region present.	Sac Lac BD for 30 days
10/01/2026	No new symptoms are appeared. No new lesion is appeared.	Sac Lac BD for 30 days
14/2/2026	No new symptoms were appeared. No recurrence of eruption on gluteal region.	Sac Lac BD for 30 days
15/03/2026	No recurrence of ringworm on any area on body. Patient feel completely better only mild red discoloration remain on gluteal region.	Sac Lac BD for 30 days

Table 7. Outcome assessment at baseline and after 8 months- Total symptoms score (TSS)

Assessment	Date	TSS score	Severity
Baseline	30/08/2025	12/12	Severe
End of treatment/ Final follow- up	15/03/2026	01/12	Mild

Clinical photographs of dermatophytosis before & after treatment:





Fig. 2.1 (A) Before treatment (B) After treatment



Fig. 3.1 Before Tx



Fig. 3.2 In between Tx



Fig. 3.3 After Treatment.

III. DISCUSSION

Homoeopathy is based on the principle of "like cures like," where a substance causing symptoms in a healthy person is used to treat similar symptoms in a sick person. The selection of remedies is highly individualised and based on a comprehensive understanding of the patient's constitution, mental, emotional and physical characteristics. Conventional treatments such as topical creams and oral medications are effective in eliminating the fungus from skin. These treatments can sometimes lead to suppression. In Homoeopathy, suppressing external symptoms, without addressing the underlying imbalance, can drive the disease deeper into the body, leading to recurrence or chronic conditions. The cases in this series were treated with a single individualized homoeopathic medicine.[11,12]

The present case illustrates the individualized homoeopathic approach to the management of tinea cruris through comprehensive case-taking, repertorial analysis and miasmatic assessment. The patient presented with itchy eruptions involving the bilateral buttock region and the area above the gluteal region, indicating a clinical presentation consistent with dermatophytid infection. The selection of the individualized homoeopathic medicine was based on the totality of symptoms, including the characteristic location of eruptions, itching, associated sensations, modalities, concomitant symptoms and individual constitutional characteristics.[13-16]

The prescription was determined through systematic evaluation of the patient's mental generals, physical generals and particular symptoms, followed by reperforation and miasmatic analysis arsenic album was given. The subsequent clinical follow-ups documented the progression of the skin condition through changes in itching, erythema, scaling, extent of lesions and the appearance of new eruptions. The serial assessment of clinical symptoms and Total Symptom Score (TSS) provided a structured approach to monitoring the patient's clinical progress. [13-16]

IV. CONCLUSION

This case documents the clinical course of a patient presenting with chronic dermatophytic infection involving the gluteal region. A systematic approach to case-taking, symptom evaluation, repertorial analysis and follow-up helped document the patient's clinical progress. The patient's symptoms improved progressively during the observation period. At the final assessment no active eruption or recurrence were reported, although mild residual pigmentation remained, with no reported recurrence at the final follow-up.

PATIENT CONSENT AND ETHICS

Written informed consent was obtained from the patient for publication of this case. Personal identifiers have been removed. Author to confirm before submission.

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