

## An Evidence Based Homoeopathy Management in Tinea Corporis- A Case Report

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### Abstract:

Tinea is a superficial fungal infection of the skin, caused by *T. rubrum*. It usually affects the trunk, legs, back and arms and is spread through direct contact with affected individual. Non medicinal management along with individualized homoeopathic treatment has a great scope in treating and combating such conditions. A 28-year-old female presented with itchy eruption on back, diagnosed as Tinea corporis. The condition aggravated at night, after perspiration and intense desire to scratch was felt from mere touch. This case shows the usefulness of Tellurium 30C in Tinea corporis, by improving the skin condition as well the overall well-being of the patient, administered on the basis of totality of symptoms.

**Keywords:** Individualized Homoeopathy, Non-medicinal management, Ringworm, Tinea corporis.

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**Introduction:**

Tinea corporis is a superficial skin infection caused by the dermatophyte group of fungi. It is found worldwide and affects especially the trunk, neck, arms and legs. Alternative names are used when it involves the other parts of body. These includes the scalp (Tinea capitis), the face (Tinea faciei), the hands (Tinea manuum), the groins (Tinea cruri) and feet (Tinea pedis).<sup>[1-2]</sup> Tinea rubrum is the most common species to cause the infection and accounts for about 80-90% of the cases.<sup>[3]</sup> Infection typically occurs from direct contact of the healthy individual with an infected person. Excessive heat, high relative humidity and usage of tightly fitting clothes as well as synthetic garments have high correlations to more severe and frequent disease.<sup>[4]</sup> Tinea corporis is most common in prepubertal children. Another vulnerable population includes patients with immune-compromised health status. Some of the predisposing factors include diabetes mellitus, lymphomas, Cushing syndrome and senility.<sup>[5-6]</sup> Patients commonly presents with an itchy, red rash either singly or multiple in numbers, usually circular or ovoid, having central clearance with raised indurated periphery, with mild residual scaling.

It gives appearance of “ring” shape, hence also known as “ringworm”. The diagnosis is usually clinical, based on history and physical examination of the affected individual. Skin scrapings examined under a microscope with potassium hydroxide (KOH) preparation and fungal culture confirms the diagnosis. The conventional method of treatment involves the use of topical preparations. Non-medicinal management includes educating the patient and family members, adapting hygienic measures by keeping the part clean and dry, to wear light and loose-fitting cotton garments and to avoid scratching the parts. The differential diagnosis includes nummular eczema, erythema annulare centrifugum, tinea versicolor, cutaneous candidiasis, subacute cutaneous lupus erythematosus, contact

dermatitis, seborrheic dermatitis and psoriasis. Prognosis is usually good with proper treatment and management but complications are uncommon.

**Case Report:**

A 28-year-old female visited the Out Patient Department (OPD) on 24<sup>th</sup> June 2021, complaining of severe itchy eruptions on back of neck with mild scaling for past 3months. The condition aggravated at night, after perspiration and intense desire to scratch was felt from mere touch. Topical preparation was used for sometimes but provided temporary relief only. Past history revealed she had spontaneous abortion twice. Family history revealed mother suffered from hypothyroidism and renal calculus. She is a housewife and have no addictions. Mind symptoms include marked weakness of memory. Physical generals revealed her appetite was less, thirst was moderate. She has marked craving for sour and apples. Stool habits were regular, urine was clear. Sweating was moderate with slight staining of the linen. Sleep was sound. Thermal reaction was ambi-thermal. The symptoms observed were marked weakness of memory, craving for sour, craving for apples, reddish intersecting eruptions on back of neck, aggravation at night and worse from mere touch.

General survey: Patient was conscious, alert and cooperative. She was well built. Mild pallor was observed. Cyanosis, jaundice, clubbing or oedema not detected.

On examination: Reddish intersecting eruptions on back of neck seen with central clearing and indurate periphery. (Fig-1)

Remedy selection and administration:

On consulting with Materia Medica,<sup>[7-8]</sup> Tellurium 30C, one medicated globule number 20 was dispensed in 10 ml of distilled water, the whole quantity to be taken fractionally in two days, one dose each in early morning empty stomach (Table-1). She was also advised to maintain proper hygiene and diet.

**Table-1: Timeline and follow up:**

Date	Follow-Up	Prescription
01.07.2021	Patient was slightly better with medication. (Fig-2) Eruptions reduced with decrease in number as well as redness. Itching aggravated at night remained same as before. No new complaints. Appetite slightly improved. Rest generals same as before.	Rx Nihilinum 30
09.07.2021	Patient was feeling much better. (Fig-3) Eruptions considerably reduced. No marked redness. Itching much reduced. No new complaints. All generalities improved.	Rx Nihilinum 30
15.07.2021	Patient was doing good. Eruptions no more visible. No redness or itching in the affected part for last 6 days. (Fig- 4) No new complaints. Forgetfulness also reduced slightly i.e., improved memory. All generalities good and improved.	Rx Nihilinum 30

**Clinical images:**

**Fig-1: Before treatment on 24.06.2021**

**Fig-2: During treatment on 01.07.2021**

**Fig-3: During treatment on 09.07.2021**

**Fig-4: After treatment on 15.07.2021**

**Discussion:**

Tinea is a superficial fungal infection of the skin, caused by *T. rubrum*. It usually affects the trunk, legs, back and arms and is spread through direct contact. Non medicinal management plays a major role in controlling as well as treating this condition. Homoeopathic medicines can control the pace at which the disease spreads. It also helps in treating the condition as well as improving the overall well-being of the individual by not only acting on the physical plane but also by influencing the psyche of patient as patient reported slight improvement in memory.<sup>[9]</sup>

According to H.C.Allen 'Herpes circinatus in isolated spots on upper part of body is Sepia (in intersecting rings over whole body, Tellurium. According to J. C. Burnett Sulphur is used when severe itching is present on the affected part.<sup>[10]</sup> Apart from this case report few studies and case reports also suggests the effectiveness of Individualized homoeopathic medicine in treatment and control of tinea corporis. Effectiveness of Homoeopathy in tinea corporis and tinea cruris- a prospective, longitudinal Observational Study by Yogeshwari Gupta et al shows that homoeopathic medicines were effective in treating tinea corporis and tinea cruris.<sup>[11]</sup> Role of homoeopathic medicines in tinea corporis: A case study by Seema Gupta et al also showed the effect of homoeopathic medicine in treatment of tinea corporis.<sup>[12]</sup> Another case report, Tinea Corporis Resolution by Homoeopathy: A Case Report by Zeba Waheed et al has shown Sepia and Sulphur have marked improvement in the reduction of the lesion.<sup>[13]</sup> Due to the minuteness of dose and prescribing individualized homoeopathic medicine, we can help reducing the distressing side effects or aggravation. This case report thus shows the positive effect of Individualized Homoeopathic treatment in managing the case of Tinea Corporis.

**Conclusion:**

This case report thus shows the positive effect of Individualized Homoeopathic treatment in managing the case of Tinea Corporis.

**Limitations of the study:**

This is a single case report. In future, case series can be recorded and published to establish the effectiveness of Individualized Homoeopathic medicine in cases of Tinea corporis.

**Consent of Patient:**

The authors certify that they have obtained appropriate patient consent form. The patient has agreed that her images and other clinical information is to be reported in the journal. The patient understood her name and initials will not be included in the manuscript and due efforts will be taken to conceal her identity.

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