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A CASE REPORT ON THE ROLE OF HOMOEOPATHY IN THE TREATMENT OF TINEA CORPORIS

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ABSTRACT

Introduction

Tinea corporis, also known as "ringworm" is a superficial dermatophyte infection of the skin. Tinea corporis is mostly caused by dermatophytes belonging to one of the three genera, namely, *Trichophyton*, *Microsporum*, *Epidermophyton.* The standard treatment of tinea corporis is with topical antifungals medications.

Aim and objective To study the role of individualized constitutional Homoeopathic medicine in case of Tinea corporis.

Case Presentation This article details a case of 26 year-old male who presented with Eruptions on Arms, axilla and chest since 1 month. There was severe pruritis along with Smarting and burning sensation after scratching. On Examination of the skin eruptions, it was found that they had Erythematous edges with central clearing (Tinea Corporis).

Basis of prescription The final selection for prescription was the Homoeopathic medicine Sepia Officinalis, which is prepared from liquid obtained from the Ink Bag of the Cuttlefish, which was prescribed in 200 CM Potency after reviewing the Materia medica.

Result Significant improvement was observed throughout the follow ups. The patient experienced marked relief in itching. The eruptions got better, scaling reduced. The patient was feeling better in the mental sphere as well. The Dermatology life Quality Index (DLQI) And Depression Anxiety Stress Scale-21 (DASS-21), statistical scales were used to assess the treatment's effectiveness, which also indicated considerable improvement following the treatment.

Conclusion This case demonstrates that a carefully selected constitutional Homoeopathic remedy prescribed on the basis of the indicating totality of symptoms is effective and

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significant in cure of the patient of Tinea corporis.

INTRODUCTION

Tinea corporis, also known as "ringworm" is a superficial dermatophyte infection of the skin. Tinea corporis typically presents as a well-demarcated, sharply circumscribed, oval or circular, mildly erythematous, scaly patch or plaque with a raised leading edge. Mild pruritus is common.[1]

Tinea corporis is mostly caused by dermatophytes belonging to one of the three genera, namely:-

- *Trichophyton* (which causes infections on skin, hair, and nails).
- *Microsporum* (which causes infections on skin and hair)
- *Epidermophyton* (which causes infections on skin and nails).[2]

Epidemiology And Demographics

Tinea corporis is exceedingly common worldwide. Dermatophytes are the most prevalent agents of superficial fungal infections. Excessive heat, high relative humidity, and fitted clothing have correlations to more severe and frequent disease.[2]

- **Prevalence** - Worldwide, the prevalence of dermatophytosis is 20000-25000 per 100,000 persons. The recent prevalence of dermatophytosis in India ranges from 36.6– 78.4%.
- **Case-fatality rate** - Dermatophytosis is a non- fatal, superficial infection of the skin.
- **Gender** - Overall, dermatophytosis is more common in women than in men. Groin infections occur with a higher frequency in males than in females. Nail infections occur more commonly in females than in males.[3]

International classification of diseases (ICD-11) for Tinea Corporis is **SB72 Tinea circinate disorder (TM1)**.[4]

The standard treatment of tinea corporis is with topical antifungals. Systemic antifungal treatment is indicated if the lesion is multiple, extensive, deep, recurrent, chronic, or unresponsive to topical antifungal treatment, or if the patient is immunodeficient.[1]

Anti-fungal creams/ ointments/ treatments may potentially have adverse effects while homoeopathy could help the patient with rapid and gentle mode of improvement through the law of similars.

In the Organon of Medicine, in Aphorism 187, 190 and 225, Dr. Samuel Hahnemann explains that, the external ailments or the local affections has a cause, and it is a part of the

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internal malady, and to treat them with topical applications, as it was done in old-school, gives pernicious results. For judicious and radical cure of the general malady, internal remedies should be prescribed. He explained about Psycho-Somatic disorders that, they originate and are kept up by emotional causes, such as continued anxiety, worry, vexation, wrongs and the frequent occurrence of great fear and fright. This kind of emotional diseases in time destroys the corporeal health, often to a great degree. [5]

CASE PRESENTATION

Patient, Mr. M.A, 26 years, presented with Eruptions on Arms, axilla and chest since 1 month, to the OPD of Government homoeopathic medical college and hospital on 6th June, 2023. He was complaining of pruritic eruptions.Smarting and burning sensation after scratching. His complaints aggravated in cold air, while covering with clothes/ bedsheet and after physical exertion and sweating. Itching aggravates in the evening. Dryness and scaling on eruptions was present.

PAST HISTORY

History of Acne on face during adolescence. History of Jaundice at the age of 6 years.

FAMILY HISTORY

Father of the patient is Diabetic since 2 years, he is on allopathic medication. Mother of the patient has Chronic knee pain. She is also diagnosed with Hypothyroidism. The paient has 2 elder sisters who are Apparently healthy. Maternal uncle of the patient has Coronary artery disease.

TREATMENT HISTORY

Patient applied anti- fungal ointment and ring guard ointment before. But, complaints relapsed with more intensity.

PHYSICAL GENERALS

The patient's Thermal Reaction is Towards Chilly. He Bathes regular with luke-warm water in winters. He takes 3 meals a day. He complaints of flatulence in evening. He Desires sweets and warm food. He is Intolerant to Spicy food as it causes heartburn. The tongue is clean and moist. He mostly perspires on the back, face, axilla which is non-offensive and non- staining. He complaints of offensive odour of urine. He is occasionally Constipated. He has refreshing sleep and mostly sleeps on lateral sides. He complaints of Anxious dreams once or twice in 10 days.

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MENTAL GENERALS

Patient was born and brought up in Rewa, Madhya pradesh. He is experiencing difficulty in concentrating on work and other matters since the past few months. He has great anxiety about his health and health of his family members. Initially he was very enthusiastic about work, but now he feels very tired and does not want to work as before. He keeps on postponing his important work and studies. Hobbies- like to travel and likes to watch web series. He gets irritated on the slightest matters. He gets angry when someone lies on any matter. In anger, he directly confronts the person he is angry with. Academically, he is average. Confidence levels are average now, but, in childhood, he was under- confident and shy. He is Preparing for bank exams along with which he is working in a private company. He keeps his belongings in an organized manner. He is specific about Money matters and believes in Savings. He has fear of heights.

EXAMINATION

GENERAL PHYSICAL EXAMINATION-

He has a Mesomorphic build. He is Well nourished. Mild Pallor was present. No signs of jaundice, nails clubbing, cyanosis, oedema, lymphadenopathy. He has normal Gait.

VITALS

He was Afebrile (98.6 degree F) at the time of consultation. His Blood Pressure was 120/84 mm of Hg. Pulse rate was 76 beats per minute and Respiratory rate was18/ min

SENSES

His hearing is acute. His sight, smell and taste senses are normal.

SPECIFIC EXAMINATION- Of skin lesion

Erythematous eruption on Axilla, Upper part of chest. Edges/ periphery of the skin lesion was red with central clearing. Scaling was present. Dry patches of skin on periphery. Scratch marks of nails due to excessive pruritis. On the Left arm the Size of lesion was 14cm x 6 cm.

INVESTIGATION ADVISED

- Serum Hemoglobin
- Blood sugar- Fasting and Post prandial

DIAGNOSIS- TINEA CORPORIS

MIASMATIC DIAGNOSIS - Psoro- Sycosis is the pre-dominant miasm in this case.

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ANALYSIS & EVALUATION/ PRESCRIBING TOTALITY

Table 1: Analysis and evaluation of symptoms according to Dr. J.T. Kent.

S.No.	Symptom	Common (C) / Uncommon (UC)	Gradation
MENTAL GENERALS			
1.	Anxiety about health	UC	2+
2.	Aversion to work	UC	2+
3.	Difficulty in concentration	UC	2+
4.	Anger when someone lies to him	C	1+
PHYSICAL GENERALS			
1.	Thermal reaction- chilly	C	2+
2.	Dersire sweets	UC	2+
3.	Flatulence < evening	UC	3+
4.	Anxious dreams	UC	3+
PARTICULARS			
1.	Eruptions on chest	UC	3+
2.	Eruptions on arm	UC	3+
3.	Itching < after scratching	C	2+
4.	Scaly skin lesions	UC	1+
5.	Burning in fungal infection lesions	UC	2+

REPERTORIAL ANALYSIS

Repertorization with RADAR 10.0 – Synthesis Repertory version 8.1V

1) Mind, anxiety, health; about
2) Mind, business, aversion to
3) Mind, concentration, difficult
4) Face, eruptions, chin
5) Abdomen, flatulence, evening
6) Chest, eruptions, axillae
7) Chest, eruptions, axillae, herpes
8) Extremities, eruptions, upper limbs
9) Dreams; anxious
10) Skin, eruptions, herpetic, circinate

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11) Skin, itching, scratching, agg.

12) Generals, food and drinks, sweets, desire

REPERTORIAL RESULT

• Sepia- 28/12 • Sulph.- 23/11 • Lyc.- 23/10 • Nat.m.- 21/10	• Rhus.t.- 21/10 • Calc.- 18/10 • Graph.- 17/10 • Puls.- 19/9

FINAL SELECTION OF MEDICINE-

On the basis of proper case taking and repertorisation of the case, Sepia officinalis was the medicine which was selected in the 200 potency (on the basis of the susceptibility of the patient). Sepia officinalis covered the totality of symptoms with repertorial result of 28/12.

PRESCRIPTION

Rx-

1. Sepia Officinalis 200/ 4 Globules/ OD X 2 days. (in evening)
2. Sac. Lac. 30/ BD x 10 days

PRECAUTIONS/ ADVISE:

Patient was advised to keep the affected area clean, dry and to avoid scratching the area. He was advised to wear clean, dry clothes which are exposed to sunlight for some time. He was advised not to apply any allopathic anti-fungal creams rather to apply cold- pressed, coconut oil on the area of skin lesion.

FOLLOW-UP

Table 2: Follow up of the case after first prescription

S.No.	Date	Observation And Interpretation	Prescription
1.	15/06/23	Erythematous border- present, itching- better. Scaling of skin- present.	Sac. Lac. 30/ BD x 10 days

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2.	26/06/23	Erythematous border- present, itching better than before. Burning after scratching- decreased intensity.	Sepia Officinalis 200 (4 globules) / OD x 2 days
3.	03/07/23	Erythematous border- absent. Dryness and scaling of skin present.	Sac. Lac. 200/ BD x 10 days
4.	18/07/23	Patient much better. Itching- not present. Scaling of skin- not present. Dryness of skin- +. He feels much better.	Sac. Lac. 200/ BD x 10 days

Table 3: DLQI score of the patient before and after treatment

The Dermatology life Quality Index (DLQI)			
S.no.	**Question**	**DLQI Score Before T/T**	**DLQI Score After T/T**
1	Over the last week, how itchy, sore, painful or stinging has your skin been?	**2**	**1**
2	Over the last week, how embarrassed or self-conscious have you been because of your skin?	**3**	**1**
3	Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden?	**1**	**1**
4	Over the last week, how much has your skin influenced the clothes you wear?	**1**	**0**
5	Over the last week, how much has your skin affected any social or leisure activities?	**1**	**0**
6	Over the last week, how much has your skin made it difficult for you to do any sport?	**1**	**0**
7	Over the last we1ek, has your skin prevented you from working or studying? If "No", over the last week how much has your skin been a problem at work or studying?	**0**	**0**

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8	Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives?	**0**	**0**
9	Over the last week, how much has your skin caused any sexual difficulties?	**0**	**0**
10	Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time?	**1**	**0**
TOTAL		**10**	**3**

Improvement assessment:

$$= \frac{Score\ before\ treatment - Score\ after\ treatment}{\text{Score before treatment}} \text{ X } 100$$

$= 10 - 3 \text{ X } 100 = 70.00\%$

10

COMMENT-

Marked improvement of 70%.

There is marked reduction of DLQI score from 10 to 3.

Table 4: DASS-21 score of the patient before and after treatment

DEPRESSION ANXIETY STRESS SCALES -21			
S.No.	**QUESTION**	**SCORE BEFORE T/T**	**SCORE AFTER T/T**
1	I found it hard to wind down	0	0
2	I was aware of dryness of my mouth	1	1
3	I couldn't seem to experience any positive feeling at all	2	1
4	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	0
5	I found it difficult to work up the initiative to do things	2	1
6	I tended to over-react to situations	1	0
7	I experienced trembling (e.g. in the hands)	0	0

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8	I felt that I was using a lot of nervous energy	1	0
9	I was worried about situations in which I might panic and make a fool of myself	1	1
10	I felt that I had nothing to look forward to	2	1
11	I found myself getting agitated	2	1
12	I found it difficult to relax	1	0
13	I felt down-hearted and blue	2	1
14	I was intolerant of anything that kept me from getting on with what I was doing	2	1
15	I felt I was close to panic	1	0
16	I was unable to become enthusiastic about anything	2	1
17	I felt I wasn't worth much as a person	2	1
18	I felt that I was rather touchy	0	0
19	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	0
20	I felt scared without any good reason	1	0
21	I felt that life was meaningless	2	1
TOTAL		25	11

Improvement assessment:

$$= \frac{Score\ before\ treatment - Score\ after\ treatment}{Score\ before\ treatment} \times 100 = 56.00\%$$

COMMENT-

Moderate improvement in DASS-21 Scale of 56%.

There is marked reduction of DASS-21 score from 25 to 11.

Before Treatment- DASS-21 Analysis:-

Depression- Severe Anxiety- Extremely Severe Stress- Moderate

After Treatment- DASS-21 Analysis:-Depression- Mild Anxiety- Moderate Stress- Normal

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Patient's Tinea Corporis skin lesion- Before and After Treatment pictures

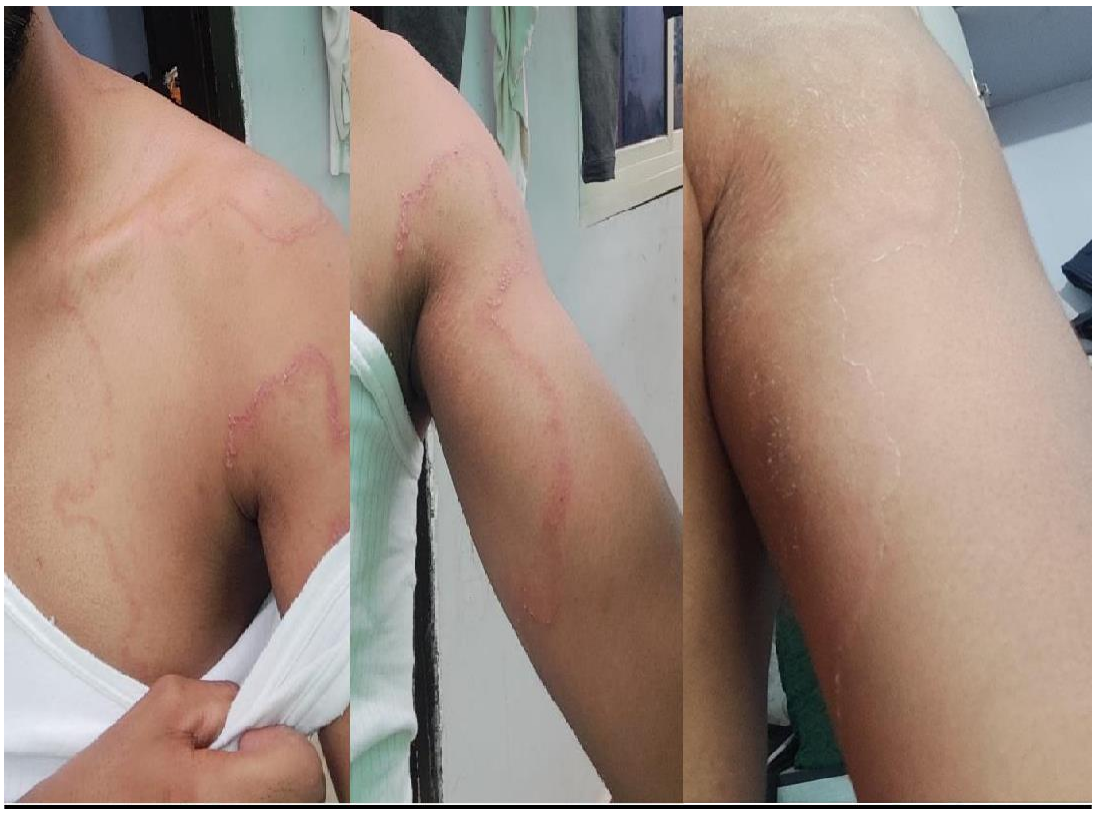

Fig 1: Patient's skin lesion on the date of consultation- 15/06/2023 [Before Treatment]

Fig 2: Patient's skin lesion on Follow up on 18/07/2023 - [After treatment]

OBSERVATION AND DISCUSSION

In this case of Tinea corporis, the patient presented with Pruritic eruptions with erythematous borders and central clearing. After carefully examining the case, totality of symptoms was formed. After repertorization and differentiation from Materia medica, Sepia Officinalis was the chosen remedy, which was prescribed on June 6, 2023, and the patient was asked to report to OPD after 15 days.

The patient showed some improvement during the initial follow up, but, itching was present. Then, on 26th June, 2023, he was prescribed 2 doses of Sepia Officinalis 200/ OD. Significant improvement was observed throughout the subsequent follow ups. The patient experienced marked relief in itching. The eruptions got better, scaling reduced. The patient was feeling better in the mental sphere as well.

Apart from Sepia Officinalis, Sulphur, Lycopodium, Natrum Mur, Rhus tox., Calcarea, Graphites and Pulsatilla received the highest values during repertorization.

After going through the Materia Medica, and considering the totality of symptoms, Sepia Officinalis was more similar to this case. Hence it was prescribed.

Homoeopathic medicine which was given, not only cured the current Physical complaints i.e, skin eruptions, but also, made the patient feel much better mentally. There

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was no relapse in his skin condition.

There is marked reduction of DLQI score from 10 to 3. There is marked reduction of DASS-21 score from 25 to 11.

Indications of Sepia Officinalis in Tinea Corporis in Homoepathic Literatures also confirms to the patient's symptoms:-

According to Dr. H.C. Allen : Sepia is "Adapted to persons of dark hair, rigid fibre but mild and easy disposition". **Herpes circinatus** in isolated spots on upper part of body (in intersecting rings over whole body, Tell.). [6]

According to Dr.William Boericke, Sepia Officinalis Acts specially on the portal system, with venous congestion. **Herpes circinatus** in isolated spots. Itching; not relieved by scratching; worse in bends of elbows and knees. **Ringworm-like eruption** every spring.[7]

The Patient was prescribed dose of Sepia Officinalis in the evening, rather than morning, as:- Dr.

R.A.F. Jack stated **"Sepia is to be given in the *evening* because if given in the morning, it may produce a sufficient aggravation to have the patient feeling quite useless for that day".[8]**

Previous Researches have shown the Anti-Fungal activity of Sepia

"ANTIFUNGAL ACTIVITY OF HOMOEOPATHIC MEDICINES SEPIA AND THEIR POTENCIES AGAINST CANDIDA ALBICANS"

Sepia 200 showed a maximum zone of inhibition as compared to sepia 30 CH. The effectiveness of zone inhibition against the growth of human pathogenic fungi Candida albicans were Antibiotics>Sepia 200CH>Sepia 30CH. The study suggested the inhibitory role of homoeopathic medicines against human pathogenic fungi Candida albicans. [9]

ANALYSIS OF ANTIFUNGAL ACTIVITY USING POWDERED CUTTLEBONE Sepia pharaonic; EHRENBERG, 1831 AGAINST SELECTED PATHOGENS

The results revealed that the methanolic extract of powdered cuttle bone possess relatively **good antifungal activity** which showed the presence of active principle present in it. [10]

CONCLUSION-

The medicine selected on strictly homoeopathic principles and individualization, gives relief to the patient, helping in reducing the intensity of symptoms of Tinea corporis and also improving the patient's quality of life. The case study highlights the value of constitutional homoeopathic medicine prescribed on an individuality basis. It supports the fact that, in the treatment of Tinea Corporis, a simple minimum dose is necessary, followed by infrequent repetitions. However, this is a single case report, additional research must be done that may make this study useful.

CONSENT OF PATIENT

Patient has agreed that his images and other clinical information can be used for research work, and it can be reported in the journal.

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CONFLICT OF INTEREST: There are no conflicts of interest.

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