



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2023; 7(4): 620-624
Received: 14-10-2023
Accepted: 13-11-2023

Dr. Ashish J Kareliya
PG Scholar (MD Part-II),
Repertory, JNHMC, Parul
University, Waghodia,
Vadodara, Gujarat, India

Dr. Mrugesh Harde
H.O.D. Repertory, MD
(Hom.), JNHMC, Parul
University, Waghodia,
Vadodara, Gujarat, India

Dr. Poorav Desai
Principal, MD (Hom.),
Ph.D., Dean, Faculty of
Homoeopathy, H.O.D
Anatomy, JNHMC, Parul
University, Waghodia,
Vadodara, Gujarat, India

Dr. Kirtida Desai
PG Coordinator, MD (Hom.),
JNHMC, Parul University,
Waghodia, Vadodara, Gujarat,
India

Dr. Shweta Awati
Assistant Professor, MD
(Hom.), JNHMC, Parul
University, Waghodia,
Vadodara, Gujarat, India

Corresponding Author:
Dr. Ashish J Kareliya
PG Scholar (MD Part II),
Repertory, JNHMC, Parul
University, Waghodia,
Vadodara, Gujarat, India

Treatment of Tinea cruris with individualized Homoeopathic medicine by using Synthesis repertory: A case study

Dr. Ashish J Kareliya, Dr. Mrugesh Harde, Dr. Poorav Desai, Dr. Kirtida Desai and Dr. Shweta Awati

DOI: <https://doi.org/10.33545/26164485.2023.v7.i4i.1037>

Abstract

Tinea, also known as dermatophytosis or ringworm is fungal infection of the skin. Tinea cruris, also known as Jock itch or Dhobi's itch, is an infection involving the genital, pubic, perineal, and perianal skin caused by pathogenic fungi known as dermatophytes. Tinea infection can affect all age group and both sexes. In tropical countries like India dermatophyte infections like Tinea cruris is common irrespective of rural or urban population. The present study was undertaken to understand the utility of synthesis repertory in case of Tinea cruris. Homeopathic system of medicine is more effective in treating this type of case and also helps to prevent the recurrence. This study was conducted to assess the tinea infection and the therapeutic effect of our homoeopathic medicine by using synthesis repertory. This is a case of a 28-year-old male patient presented with Tinea Cruris for 1 year. A complete case history was taken. On the basis of totality, NATRUM MUR 200 was selected by using synthesis repertory. Case was closely followed for three to four months, which shows the effectiveness of homoeopathic medicine in the treatment of Tinea Cruris by using synthesis repertory.

Keywords: Tinea cruris, jock itch, dhobi's itch, homoeopathy, synthesis repertory, natrum mur

Introduction

Tinea is superficial fungal infection which is caused by dermatophytes. Dermatophytes invade to dead keratinized tissue of the skin, hair and nails^[1].

Dermatophytes belong to 3 genera mainly.

- Trichophyton (T. Rubrum, T. Tonsurans, T. Inerdigitale).
- Epidermophyton (E. Floccosum).
- Microsporum (M. Canis)^[1].
- Mode of Infection: This infection may spread from.
- Soil to person - Geophilic- Bare Foot.
- Animal to person - Zoophilic- Cat, Dog, etc.
- Person to person - Anthropophilic- Infected person^[1].

Anthropophilic species produce mild but chronic lesions whereas Zoophilic species produce highly inflammatory reactions in humans followed by spontaneous cure, not remain chronic lesions^[1].

Dermatophytic infection of the groins is called tinea cruris. It predominantly occurs in males and is also known as 'Dhobi's Itch' or 'Jock Itch'. Tinea Cruris is extremely common worldwide and is usually caused by T. Rubrum. Itchy, erythematous plaques develop in the groins and extend on to the thighs, with a raised active edge^[2, 3].

Prevalence and Epidemiology

There are now one million known species of fungus, of which 300 are harmful to humans, and more than three-quarters of them mostly affect the skin and subcutaneous tissues.

The World Health Organization (WHO) reported in 2005 that 20-25% of people globally had superficial fungal infection. Trichophyton rubrum are the most common dermatophytid infection among the Indians. The most prevalent cause of superficial fungal infections globally are dermatophytes, which are also prominent in developing nations, particularly in tropical and subtropical regions like India with high relative humidity and temperatures.

Increased urbanization, which includes wearing tight-fitting clothing and occlusive shoes, is another cause that has been connected to a higher incidence. In India, between 8% and 10% of all skin outpatient visits are related to superficial fungal infections of the skin, nails, and hair. The illness is more prevalent in those living in rural areas and in lower socioeconomic categories.

Tinea Cruris occurs in summer and rainy season due to use of synthetic clothes and affects men more often than the women and is less common in children [4-8].



Fig 1: Tinea Cruris on right inner thigh [2, 3]

Etiology and Pathophysiology

In India *T. rubrum* accounts for the majority of cases of tinea cruris. Transmission of infection may occur by direct contact between infected and non-infected individuals. Indirect transmission can occur through fomites. Cultures from various items such as bed linen, towels, clothing and even bed pans and urinals have been positive for dermatophytes in situations where epidemic spread of tinea cruris is occurring. Environmental factors are important in the initiation and propagation of tinea cruris. A warm and humid climate, as in India, particularly in the monsoon season, favors tinea cruris [8].

Clinical features

The characteristic lesion has a well-margined raised border, composed of multiple erythematous papulovesicular, and a clear center. They are usually bilateral but asymmetrical. They often spread to the buttocks, the lower back and the abdomen. Itching is the predominant feature [8].

Diagnosis

Diagnosis is established by clinical picture, Dermoscopy and KOH preparation. Dermoscopy can optimize the diagnostic accuracy of fungal dermatological conditions and reduce unnecessary testing [9].

Complications

Chronic scratching may lead to lichenification. Secondary bacterial infection may supervene [8].

Prophylaxis

- To keep the linen and the garments clean and to

discourage wearing each other's garments.

- The affected part should be washed daily and twice during summer season with soap and hot water.
- The underclothing must be sterilized properly and avoid the use of public lavatories [1].

Scope of Homoeopathy

The prevalence of fungal infective episodes has grown due to the use of powerful immunosuppressive and antibacterial medicines. There is currently no human fungal vaccination available, and resistance to antifungal drugs is growing [4]. However, homeopathy is founded on a certain natural rule of healing known as Similia Similibus Curenture, which also includes theories of medication dynamization, chronic illness, and vital force. This is a specific approach to treating human misery that involves injecting medications that have been shown in experiments to have the ability to cause comparable anguish in a healthy individual [10]. Dr. Hahnemann stated in § 203 that although internal miasmatic sickness is not treated, external therapy for such local symptoms aims to eliminate them from the body's surface. Dr. Hahnemann states that tinea can be categorized as a one-sided sickness and as a localized illness with an interior origin in a subgroup. Therefore, internal homoeopathic medicine treatment is necessary for tinea infection [10].

Case Report

History of presenting complaints

A 28 years Male patient name ABC, married Hindu belongs to middle class family reported at morning OPD along with his father on 18th of April 2023 with the complaint of eruption over his gluteal region with severe itching since one year. The itching was very much aggravated at night which causes burning sensation after scratching.

Table 1: Chief complaints

Complaints with duration	Location & Extension	Sensations & Character	Modalities	Concomitants
Skin eruptions on both groin region, both buttocks and back since 1 year	Skin	Round Patch+2	< Night +++ < Perspiration++ > cold application	
	Both Groin	Redness+2		
	Both Buttocks	Itching +3		
	Back	Has to Scratch+ Burning After Scratching+2		

Associated Symptoms

Profuse sweating on both axilla and forehead.

Personal History

- Appetite: 2-3 times/day
- Thirst: Thirsty
- Urine: 5-6 times/day
- Bowel: Regular
- Desires: Sweet++, fatty food+
- Aversion: Nothing Specific
- Thermal reaction: Hot
- Sleep: Sound, On right side
- Perspiration: Profuse on axilla and forehead.
- Addiction: Tobacco since 8 years
- Dream: Not specific
- Menstrual history: Not applicable

Past history: No significant illness in past.

Family history

Brother: No any co-morbid condition.

Father: Diabetes since 5years.

Mother: Hypertension since 2 years.

Life space

Childhood: Patient was born in Vadodara at that time family consisted of a father, mother and younger brother that time patient's financial condition was good. Patient's IPR is good with his brother. Sometime when his brother breaks the thing, patient fight with his brother Patient is very calm Since Childhood. He was very shy, so he liked speaking less from childhood. He did not Mix with anyone easily. He could not share with anyone. Because patient said "My mother taught me like that would not share or communicate anything with anyone." and also taught me that did respect every person.

Marriage life: He was married at Bardoli. After the marriage. One day he is known about his wife's affair. After marriage, his wife told to the patient that she has no relation with that boy now. But, one day his wife leaves the patient and go with that boy without telling anyone. At that time, he cries the whole day. His family also told patient that all damage is done because of him. During case tacking, while saying this even the patient cried. After settling down patient further said that He became angry because his family blamed him without any fault. Her divorce was done. After that, he did a 6-8 months job and divert his mind. At that time patient was very sad and cried the whole day. 2nd marriage was done. Her step-wife belongs from Karajan. His wife's nature is angry. When he came home, the wife did not give water. The patient would not speak against her. He cannot react or express his anger. The patient feels more workload in the family after marriage. He feels restricted in house. He go every Sunday at some place from the house before marriage but here go less outside on Sunday due to workload work. He doesn't speak against anyone.

Patient as a person: The patient was very shy by nature. The patient suppressed his anger since 5 years. And never react against anyone after anger. Patient become emotional when close relative scolds him. Patient nature is helpful when he saw someone standing in a bus, he gave place to them. He also helps in related to money.

Physical Examination

Vital Signs:

Pulse - 89/min B.P - 110/70 mm/hg.

R.R - 17/min Temperature - Afebrile.

General Examination

Built: Poor built.

Tongue: White coated middle.

Nails: Unhealthy, white spots on it.

Systemic Examination

- R.S: AE: BL - Equal, Clear, Vesicular.
- CVS: S1S2 - Normal.
- CNS: NAD.
- GIT: NAD.

Local examination

Inspection: Redness of skin, circular patch over gluteal region with scaly border and reddish discoloration. Raised margin with central clearing. No bleeding or fluid filled vesicles.

Palpation: No tenderness, no local warmth.

Provisional Diagnosis

Tinea Cruris.

Analysis of case

Mental Generals

- A/F - Suppressed anger.
- Weeping while remembering past event.

Physical Generals

- Desires: Sweet+2, Fatty foods+
- Thirstless
- Sleep position on right side g

Physical Particulars

- Tinea on groin region
- Itching < Sour food, Touch

Totality of Symptoms

1. A/F - Suppressed anger
2. Weeping while remembering past event
3. Desires: Sweet+2, Fatty foods+
4. Thirstless
5. Sleep position on right side
6. Tinea on groin region
7. Itching < Sour food, Touch

Repertory used: After totality of symptoms was formed, repertorization was done by Synthesis repertory using RADAR software. Repertorization chart is represented in Figure 2.

Reportorial Totality

1. Mind - A/F - anger suppressed
2. Mind - Dwells - past disagreeable occurrences, on
3. Stomach - Thirstless
4. Generals - Food and drinks - sweet - desire
5. Generals - Food and drinks - fat - desire
6. Sleep - position - side; on - right side; on
7. Skin - Eruptions - Herpetic - Circinate
8. Skin - Itching - Touch agg.

Final Diagnosis: Tinea Cruris

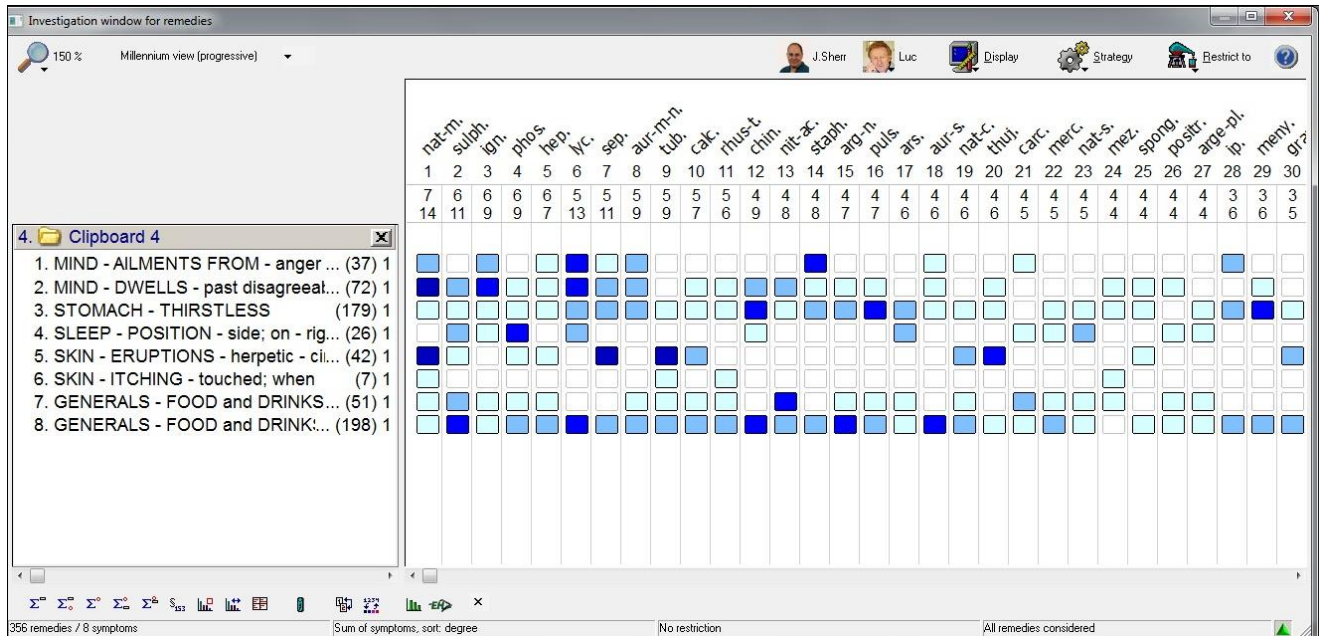


Fig 2: Repertorial Result

Intervention

- Selection of the Medicine:** Homoeopathic Medicine was selected according to the totality of the symptoms as per the repertorial result and confirmed from Materia Medica.
- Doses and potency:** Selection of doses and potency were done as per the need of the case, depending on the susceptibility of patients. Medicine was administered orally.

First Prescription

NAT. MUR. 200 3 doses every 5th day at night.
S.L. 4 pills BD for 15 days.

Advise

- Wear loose fit clothes.
- Stay hydrated.
- Use separate soap & towel.

Table 2: Follow up

Sr. No.	Date	Complaints	Prescription
1	04/05/2023	Size of eruption - Status quo Itching >+1 Burning after Scratching - Status quo App/Thirst/Urine/Stool - Normal No any new eruption comes.	NAT. MUR. 200 3 doses every 5 th day at night S.L. 4 pills BD for 15 days.
2	18/05/2023	Size of eruption - >+1 about 20-30% Itching >+1 Burning after Scratching - Status quo App/Thirst/Urine/Stool - Normal No any new eruption comes.	NAT. MUR. 200 3 doses every 5 th day at night S.L. 4 pills BD for 15 days.
3	01/06/2023	Size of eruption - >+1 Itching >+2 about 40-55% Burning after Scratching - >+1 App/Thirst/Urine/Stool - Normal No any new eruption comes.	NAT. MUR. 200 3 doses every 5 th day at night S.L. 4 pills BD for 15 days.
4	17/06/2023	Size of eruption - +2 Itching >+2 Burning after Scratching - >+1 App/Thirst/Urine/Stool - Normal No any new eruption comes.	NAT. MUR. 200 3 doses every 5 th day at night S.L. 4 pills BD for 15 days.
5	04/07/2023	Size of eruption - >+3 about 80-90% Itching >+3 Burning after Scratching - >+2 App/Thirst/Urine/Stool - Normal No any new eruption comes.	NAT. MUR. 200 3 doses every 5 th day at night S.L. 4 pills BD for 15 days.
6	20/07/2023	No any eruptions No Itching No burning No any other complaints. Over all better	S.L. 3 doses every 5 th day at night S.L. 4 pills BD for 15 days.



Rt groin - T/t before

Rt groin - T/t after

Lt groin - T/t before

Lt groin - T/t after

Discussion

The patient came with complaint of severe itching with reddish eruptions on groin and he was treated with NATRUM MUR in 200th potency. Before and after treatment was shown in above figures. Homoeopathy has a lot of medicines for treating Tinea cruris like Sulphur, Graphites, Arsenicum album, Natrum muriaticum, Sepia officinalis, etc. But, on the basis of Individualization, NATRUM MUR was selected and administered in 200th potency, 3 doses were given for 15 days and on regular visits eruptions along with itching got reduced.

Conclusion

Homoeopathy is specialized system of medicine which treats the patient as a whole and not just the disease. In this case patient improved symptomatically gradually after prescription of Natrum Mur in 200 in centesimal scale potency. This study shows the effectiveness of individualized Homoeopathic medicine in the treatment of Tinea cruris by using Synthesis repertory. This case reflects the role of constitutional remedy in holistic improvement of patient's mental health by improving his dwelling on past events than before. This case also shows the theory of individualization is very important for the effective homoeopathic treatment. Now the patient is happy as he gets rid of his complaint.

Declaration of patient consent

The patient has given his consent for images and other clinical information to be reported in the journal. The patient understands that name and initial will not be published and due efforts will be made to conceal his identity.

Conflict of Interest

Not available

Financial Support

Not available

References

1. Master FJ. Skin Homeopathic Approach to Dermatology. 5th Impression. B. Jain Publishers (P) Ltd, New Delhi, 2016, 369-379(713).
2. Kumar B. IADVL's Concise Textbook of Dermatology. Indian Journal of Dermatology, Venereology and Leprology. 2013;79(1):4.
3. Penman ID, Ralston SH, Strachan MW, Hobson R, editors. Davidson's Principles and Practice of Medicine E-Book. Elsevier Health Sciences; c2022 Jun 20.
4. Jones MR. Editor. ABC of Dermatology. John Wiley &

Sons, c2019 Sep 10.

5. Gupta Y, Tuteja S, Acharya A, Tripathi V. Effectiveness of Homoeopathy in Tinea corporis and Tinea cruris-A Prospective, Longitudinal Observational Study. International Journal of Advanced Ayurveda, Yoga, Unani, Siddha and Homeopathy. 2021 Mar 12;10(1):618-27.
6. Pasricha JS, Gupta Ramji. Illustrated Textbook of Dermatology common. 4th Edition. Jaypee Brothers Medical Publishers (P) Ltd, c2013.
7. Sahoo AK, Mahajan R. Management of tinea corporis, tinea cruris, and tinea pedis: A comprehensive review. Indian Dermatology Online Journal. 2016 Mar;7(2):77.
8. Neena K. Illustrated Synopsis of Dermatology and Sexually Transmitted Diseases. 5th Edition. Elsevier, 2016.
9. Lim SS, Shin K, Mun JH. Dermoscopy for cutaneous fungal infections: A brief review. Health Science Reports. 2022 Mar;5(1):e464.
10. Sarkar BK. Hahnemann's Organon of Medicine. Birla Publications Pvt. Ltd, Delhi, 411, 95.

How to Cite This Article

Kareliya AJ, Harde M, Desai P, Desai K, Awati S. Treatment of Tinea cruris with individualized Homoeopathic medicine by using Synthesis repertory: A case study. International Journal of Homoeopathic Sciences. 2023;7(4):620-624.

Creative Commons (CC) License

This is an open-access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.