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## Use of single medicine & rubric in management of tinea corporis: A case report

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### Abstract

Tinea infection is also known as Ringworm infection or dermatophytosis. This infection is caused by dermatophytes (*T. rubrum*). The common sites affected are skin (trunk, legs, back, and arms), nails, and hair. The tinea infection is classified into different types according to their site of affection e.g. tinea capitis, tinea corporis, tinea pedis, etc. The factors responsible for the occurrence of this condition commonly are bad hygienic conditions, improper clothing, and sharing objects with affected individuals. Treatment only includes the use of antifungals and sometimes topical steroids if not managed by antifungals. So, there needs to be a treatment that is mild, gentle, and permanent hence individualized homoeopathic treatment has a great scope in treating and combating such conditions. The present case report of a 38 years old female shows the usefulness of *Sepia officinalis* 30C, by improving the skin condition & reduction of the lesion as well as the overall well-being of the patient, administered based on the totality of symptoms.

**Keywords:** Tinea corporis, homoeopathy, *sepia officinalis*.

### Introduction

Tinea corporis, commonly referred to as ringworm, is a superficial mycotic skin lesion caused by one of the dermatophyte groups in the fungal kingdom, specifically Trichophyton, Epidermophyton, and Microsporum. It is mostly seen around countries that are in tropics and subtropics, and so these climate regions with high temperatures and humidity intensify it. Among many reasons, the appearance of urbanization, garments that are not loose and melded with synthetic fabrics are the major causes of this disease's form<sup>[1, 2, 3]</sup>.

The disease is much more prevalent in prepubertal kids or those with compromised immune systems e.g. diabetes, lymphoma or Cushing syndrome. Symptoms are unspecific but usually begin with a diffuse, scaly lesions, which gradually enlarge, eventually forming a ring shaped red indurated lesion with a raised, branched edge. Besides this, it may appear as papules, vesicles or bullae, very rare as purpuric macules<sup>[4, 5, 6]</sup>.

Diagnosis for this infection is mostly clinical, although a KOH preparation and fungus culture carried out under a microscope and a biopsy will still be necessary for confirmation. Treatment involves topical medicines as well as patient and family's education of hygiene practices, including keeping the area dry, clean and having loose cotton fitting clothes<sup>[7, 8, 9]</sup>. Differential diagnosis comprises nummular eczema, erythema annulare centrifugum, tinea versicolor, cutaneous candidiasis, lupus erythematosus, contact dermatitis, seborrheic dermatitis, and psoriasis among others. Prognosis, in most cases, is good if appropriate treatment is followed, and complications are very rare too.<sup>10,11,12</sup>

### Case Report

#### Patient Information-

A 38 years old female attended outpatient department (OPD) of Dr. Girendra Pal Homoeopathic Hospital and Research Centre with the complaint of multiple lesions at various part of the body with intense itching since 2-3 years.

#### History of presenting complaint

Patient presented with multiple lesions of about 3x2 inches at flexor surface of forearm, knee and anterior surface of leg, right side of upper chest and inframammary region. Itching ++++ with burning, redness++.

Margins well defined. Aggravation by sweating and mild relief after scratching. Took Allopathic medication for 2-3 years but not get permanent relief, condition reoccurs.

**Past History:** H/O itching with tiny eruptions at the time of first perpurium, took Allopathic medication got relief.

**Family History:** Mother- died (old age), Father- Hypertensive, alive, siblings 2 brother & 3 sister all were apparently healthy and alive.

**Personal History:** Nothing specific.

**Gynecological & Observation**

Menarche- Sets at the age of 12-13 years.

LMP – 05 -07-23

Menstrual cycle- 3-4/28-30 days, character of blood- dark red

GPAL- G<sub>2</sub> P<sub>2</sub> A<sub>0</sub> L<sub>2</sub>, Son 14 yrs and Daughter 11 yrs

Mode of delivery- FTND-2

Complications during antenatal, prenatal, postnatal period- NAD

**Physical General**

- Thermal- normal to both heat and cold
- Cravings- nothing specific
- Aversions- not marked

- Appetite- 2 meals/day
- Thirst- 2-3 liters/day
- Stool- D<sub>1</sub>N<sub>0</sub>, flatulence
- Urine- D<sub>3-4</sub>N<sub>0</sub>
- Perspiration- on exertion only
- Sleep- 8-9 hours/day, refreshed

**Mental General:** Anxious and sad due to prolong suffering

**Diagnosis-** Tinea Corporis

**Totality of Symptoms-**

- multiple lesions with elevated margins
- Margins well defined, each lesion was separate from each other
- Itching ++++ with burning,
- Redness ++.
- Aggravation by sweating
- Relief after scratching.

**Justification:** Sepia Officinalis 30 CH potency twice a day for 7 days was prescribed. After referring Boericke’s repertory, rubric consider Skin- TRICHOPHYTOSIS- Ringworm“Isolated spots [in] on upper part of body -- Sep.”

**General Management:** The patient was advised to avoid scratching the lesion, wear cotton clothes and avoids tight clothing and maintain hygiene.

**Fig 1:** Details of four points scaling as an assessment tool

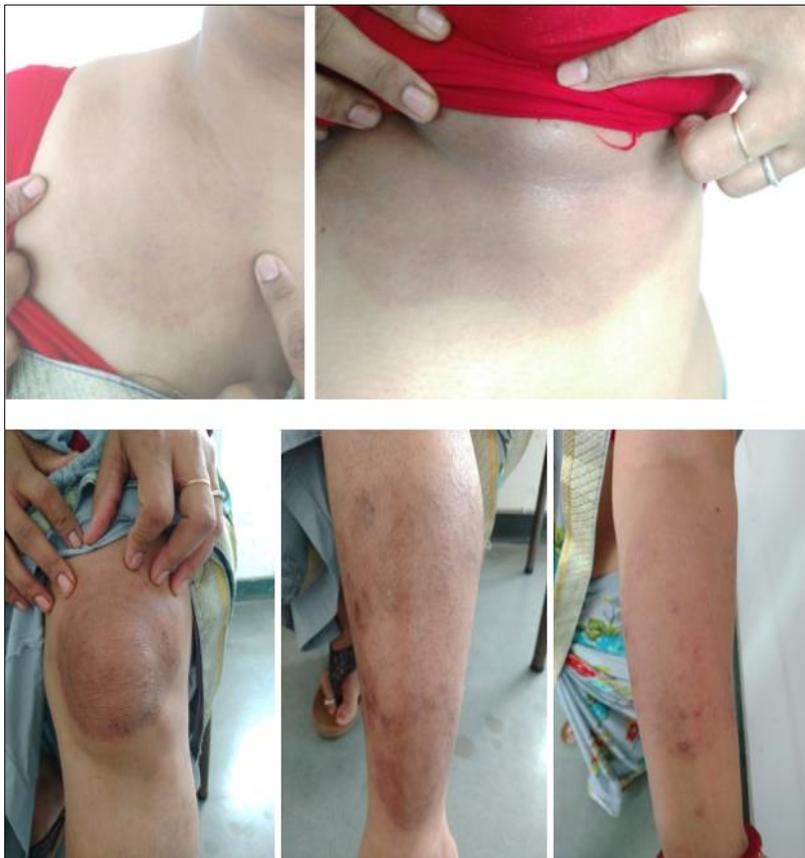
S. No	Complaints of skin lesion	0	1	2	3
1	Itching	Absent	Mild	Moderate	Severe
2	Erythema	Absent	Mild redness/ Pinkish	Moderate Redness	Deep brown
3	Burning	Absent	Mild	Moderate	Severe
4	Elevated lesion	Absent	Mild	Moderate	Severe
5	Eruption	Absent/No eruption	1-3	4-7	More than 7
6	Dryness	Absent	Mild	Moderate	Severe



**Fig 1:** DATE - 18 JULY'23



**Fig 2:** Date – 15 Aug'23



**Fig 2:** 26 Sep'23



Fig 3: 14 Nov'23

Table 2: Follow-up table with assessment score

Date	Complaints	Itching	Erythema	Burning	Elevated lesion	Eruption	Dryness	Total	Prescription	Justification
18.7.23	Multiple lesions about 3x2 inch at flexor surface of forearm, knee, rt side of upper chest and inframammary region. Itching ++++ with burning, redness++ Margins well defined	3	2	2	2	2	1	12	Sepia 30/bd x7 days	According to Boericke repertory single medicine sepia in rubric-
25.7.23	Status quota	3	2	2	2	2	1	12	Sepia 30/bd x7 days	No change in presenting complaint
1.8.23	Lesions becomes dry , from centre, burning decreases	3	2	1	2	2	1	11	Sepia 30/bd x7 days	Complaint starts improving but intensity of complaints is still more which needs medicine in quantity so sepia twice a day prescribed
15.8.23	Lesions becomes dry, eruption disappears from centre, burning decreases	3	1	1	1	2	1	9	Sepia 30/bd x7 days	Lesion better, but still needs medicine twice a day
29.8.23	Itching decreases, redness decreases, eruption heal from centre	2	1	1	1	2	2	9	Sepia 30/bd x7 days	Lesion better, but still needs medicine twice a day
12.9.23	Burning relieved, redness decreases, eruption from margins decreases	2	1	0	1	2	2	8	Sepia 30/od x7 days	Severity of symptoms decreases, so dose of sepia reduced once in a day
26.9.23	Itching persist, mild redness present, margins almost disappears, dryness present	2	1	0	1	2	2	8	Sepia 30/od x7 days	Still complaints improving, so single dose continues
10.10.23	Itching and dryness persist, no redness, only pigmentation present	2	0	0	0	2	2	6	Sepia 30/od x7 days	Itching still moderate, so single dose persist
24.10.23	Itching mild with pigmentation at lesion site	1	0	0	0	1	1	3	Phytum 30/bd x 21 days	Complaints better only pigmentation left, hence Phytum prescribed
14.11.23	Pigmentation almost disappears only mild itching present	1	0	0	0	0	0	1	Phytum 30/bd x 21 days	Pigmentation disappearing so Phytum continues

## Discussions

Tinea Corporis is most common skin disease in India. In this case patient was suffering from Tinea since 2-3 years.

At first consultation, patient approached with complaints of multiple lesions with elevated margins. Margins well defined, each lesion was separate from each other itching severe with burning, redness marked and aggravation after sweating. After referring Boericke repertory rubric consider Skin- Trichophytosis-Ringworm "Isolated spots [in] on upper part of body -- Sep." Sepia single medicine given, so Sepia Officinalis 30C potency twice a day for 7 days was prescribed.

Patient starts improving. The case was followed up regularly and medicine repeated as per the principle laid down in Organon of Medicine.

In this case gives quick and gentle relief in presenting complaints, and also improve their quality of life with mental happiness.

## Conclusion

From the above case, it is evidenced that the single medicine rubrics present in repertories have very good result in clinical practice & this homeopathic case study on tinea corporis presents an encouraging option toward treating fungal diseases. They improved both the physical symptoms and the general well-being. Cases like this emphasize homeopathy complementarily application in dermatology.

## Conflict of Interest

Not available

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Not available

## References

1. Alok Kumar Sahoo, Rahul Mahajan. Management of tinea corporis, tinea cruris, and tinea pedis: A comprehensive review. *Indian Dermatol Online J.* 2016;7(2):77-8.
2. Marks R, Motley R. *Roxburgh's common skin diseases.* 18<sup>th</sup> edition. Boca Raton: CRC Press; c2015. p. 40-44.
3. Leung AK, Lam JM, Leong KF, Hon KL. Tinea corporis: an updated review. *Drugs in context.* 2020;9:5-6.
4. Sahoo AK, Mahajan R. Management of tinea corporis, tinea cruris, and tinea pedis: A comprehensive review. *Indian dermatology online journal.* 2016 Mar 1;7(2):77-86.
5. Leshner JL, Elston DM. Tinea Corporis [Internet]; c2019. [Updated July 09, 2018]. Available from: <https://emedicine.medscape.com/article/1091473overview>
6. 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;10(1):618-627.
7. Singha Roy P, Tabassum S, Das S, Fouzdar V, Hazra A, Goswami P. Efficacy of individualized homeopathic treatment in the management of Dermatophytosis- A case series. *International Journal of Ayush Case Reports (IJA-CARE).* 2021;5(4):321-332. <https://www.ijacare.in/index.php/ijacare/article/view/243/216>

8. Pal S, Lakshmi SS. An Evidence Based Homoeopathy Management in Tinea Corporis - A Case Report. *International Journal of Ayush Case Reports (IJACARE).* 2021;5(3):143-147. <https://www.ijacare.in/index.php/ijacare/article/view/239>
9. Waheed Z, Ghosh R, Banerjee A. Tinea corporis resolution by homoeopathy: a case report. *International Journal of Health Sciences and Research.* 2021;11(6):135-139. <https://doi.org/10.52403/ijhsr.20210619>
10. Gupta S, Jain P. Role of homoeopathic medicine in tinea corporis- A case study. *International Journal of Homoeopathic Sciences.* 2019;3(4):01-04. <https://www.homoeopathicjournal.com/articles/98/3-3-25-774.pdf>
11. Kumar P. Ringworm & Its Homoeopathic Approach. *International Journal of Advanced Ayurveda, Yoga, Unani, Siddha and Homeopathy.* 2022;11(1):736-740. <https://cloudjl.com/index.php/Ayurveda/article/view/54/55>
12. Surendran KAK, Ramesh Bhat M, Rekha Bloor, Nandkishore B, Sukumar D. A Clinical and Mycological Study of Dermatophytic Infections. *Indian J Dermatol.* 2014;59(3):262-267. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4037947/>

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