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Assessing efficiency of homoeopathic medicine *Curcuma longa* mother tincture in treatment of dermatophytosis

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Abstract

Dermatophytosis is a widespread fungal infection affecting keratinised tissues including the skin, hair, and nails. It is caused by dermatophytes, which are grouped into three primary genera: Trichophyton, Epidermophyton, and Microsporum, and are further classified according to the site of involvement. Conventional antifungal treatments are often associated with limitations such as recurrence and adverse effects. This study aims to assess the clinical efficacy of *Curcuma longa* mother tincture, a homoeopathic preparation, in managing dermatophytosis. By evaluating patient outcomes, this research explores the potential benefits of homoeopathy as a supportive approach in the treatment of fungal infections.

Keywords: Dermatophytosis, fungal infection, trichophyton, epidermophyton, microsporum, homoeopathic antifungal treatment, homoeopathy, *Curcuma longa* mother tincture

Introduction

Dermatophytes are fungi that invade and proliferate within keratin-containing tissues such as the skin, hair, and nails, resulting in fungal infections [1]. These organisms are broadly categorised into three genera: Trichophyton, which primarily affects the skin, hair, and nails; Epidermophyton, which commonly involves the skin and nails; and Microsporum, which is associated with infections of the skin and hair [2]. Depending on the site of infection, dermatophytosis is clinically classified into tinea capitis (scalp), tinea faciei (face), tinea barbae (beard), tinea corporis (body), tinea manus (hands), tinea cruris (groin), tinea pedis (feet), and tinea unguium (nails) [3].

Superficial fungal infections pose a significant public health challenge globally, affecting more than 25% of the population. In India, the incidence is reported to be around 4.1%, with higher rates in populations experiencing poor socioeconomic conditions and residing in warm, humid regions. These factors also contribute to frequent relapses and chronicity of the infection³. The primary symptom of dermatophytosis is an erythematous, itchy patch on the skin. Lesions are usually well-defined, mildly scaly, and circular or oval, with a raised border. They initially appear as flat scaly spots that spread outward while the centre clears, forming the characteristic ring-like appearance referred to as “ringworm” [2]. The central area may become hypopigmented or darkened with minimal scaling as the lesion progresses. The border may occasionally present irregular shapes, papules, vesicles, or pustules, while other less common patterns such as arcuate or circinate forms may also be observed [4].

The incubation period of tinea infections ranges from one to three weeks, and the disease often spreads to multiple areas of the body instead of remaining localized [5]. Diagnosis involves clinical examination combined with microscopic analysis, where fungal hyphae branching filamentous structures are detected, confirming the presence of infection. A combination of clinical features and laboratory confirmation is essential for accurate diagnosis and appropriate treatment [5]. Among adults, tinea corporis, tinea pedis, and tinea unguium are the most frequently encountered types, with tinea cruris predominantly affecting adult males. Tinea corporis is recognised as the most common form of dermatophytosis [6, 7].

Curcuma longa, commonly known as turmeric, has been used in traditional medicine for centuries to treat various health conditions such as skin disorders, digestive disturbances, and inflammatory states. It is especially useful in cases presenting with intense itching, redness,

and burning sensations in affected areas. According to Clarke's Materia Medica, *Curcuma longa* acts on the skin, mucous membranes, and blood, supporting detoxification and promoting tissue healing, making it a promising adjunct treatment in dermatophytosis management.

Materials and Methods

Patients diagnosed with tinea, attending the outpatient department of BVVS Homoeopathic Medical College & Hospital, Bagalkote.

- **Study design:** Open clinical trial
- **Sample size:** 20 patients
- **Sampling method:** Purposive sampling
- **Intervention:** *Curcuma longa* Mother tincture, 10 drops, 2 Times a Day.
- **Follow up:** Weekly follow-ups for the first month and bi-weekly follow-ups for two months
- **Duration of study:** 3 months

Outcome measures

- **Clinical cure scale:** This scale is based on the visual scale for the assessment of lesions and resolution of signs and symptoms such as scaling 0-3, erythema 0-3 and pruritis 0-3. The scale ranges from 0-9, where 1-3 is considered as mild; 4-6 as moderate and 7-9 as severe.
- **Photographic records:** The treating physicians maintained photographic records at the baseline and during subsequent visits for ongoing assessment.

Follow-up

Patients were followed up every 15 days to monitor progress and assess treatment. The treatment continued until the patient was cured or chose to discontinue the treatment.

Data analysis

Data of individual cases were compiled to identify individual case responses. Statistical analysis was conducted on the change in the scores of the Clinical Cure Score. Cases 1-5 are presented in detail, providing insights into the clinical presentation. Photographic records were used to document the progression and resolution of the fungal infections from baseline to last visit.

Illustrative cases

Five illustrative cases are described below.

Case 01

A 16-year-old male student reported in OPD with complaints of itching and eruption on the right cheek for the past 2 weeks. The onset was gradual, starting as a small bump which later progressed to a circular, ring-like patch. The patient experienced occasional mild itching, aggravated by exposure to sun, heat, and scratching. There was no history of pain, bleeding, or discharge.

The patient had no significant past history of similar skin complaints, no history of diabetes, allergies, or chronic illness. Family history revealed no major illness.

Clinical findings

a well-defined, erythematous annular lesion measuring about 3-4 cm was noted on the right cheek with mild scaling at the periphery and slight central clearing. No

discharge or tenderness was present. General and systemic examination was within normal limits.

Clinical cure score

- Pruritus (itching) = 1
- Lesion = 1
- Active border/Area = 1
- Total Score = 3 out of 9

Table 1: Timeline of therapeutic intervention of Case 1

Date	Symptoms	Outcome	Medicine
25/06/2025 Day 16	Ring-shaped eruptions healing almost completely, Raised edges of lesions markedly reduced but Faint ring-like scars still present, Dryness on lesions Reduced	Partial improvement noted	<i>Curcuma longa</i> Q 10 drops BD × 7 Days External application 3 times a day
10/06/2025 Day 31	Lesion reduced in size. Itching subsided completely	Marked improvement	PL (4-0-4) × 4 Days
25/06/2025 Day 46	No recurrence. Lesion resolved completely.	Completely resolved	PL (4-0-4) × 4 Days



Fig 1: Before (09/6/25) and After (25/7/25) photographs of case 1

Case 2

A 23-year-old male student reported to the OPD with complaints of itching and eruption on the left upper back for

the past 1½ years. The onset was gradual, beginning as a small patch which slowly spread over the left scapular region. The patient described the itching as occasional and mild, more troublesome at night, with a sensation of the skin being dry and stretched. Scratching gave only temporary relief. No history of pain, bleeding, or discharge was noted. There was no history of similar skin complaints in the past, and no significant family history of skin diseases, diabetes, or allergies.

Clinical findings: A well-defined, erythematous patch with mild scaling was observed over the left scapular region, without any discharge or tenderness. The surrounding skin appeared slightly dry. No signs of secondary infection were seen. General examination revealed the patient to be well built and nourished, with stable vital signs. Systemic examination was within normal limits.

Clinical cure score

- Pruritus (itching) = 1
- Lesion = 2
- Active border/Area = 2
- Total score = 5 out of 9

Table 2: Timeline of therapeutic intervention of Case 2

Date	Symptoms	Outcome	Medicine
25/6/2025	Itching and eruption over the left scapular region. Erythematous raised edges slightly reduced. Hyper pigmentation Still present.	Partial improvement noted	<i>Curcuma longa</i> Q 10 drops BD × 7 Days External application 3 times a day
10/7/2025	Itching over left scapular region reduced. Hyper pigmentation still persist. Symptomatic improvement achieved	Further improvement noted	<i>Curcuma longa</i> Q 10 drops BD × 7 Days External application 3 times a day
25/7/2025	Itching subsided completely, hyperpigmentation persist	Significant improvement	PL (4-0-4) × 4 Days



Fig 2: Before (10/6/25) and After (25/7/25) photographs of case 2

Case 3

A 34-year-old male, working as a barber, presented to the OPD with complaints of itching and eruption on the right thigh since 2 years. The onset was gradual, beginning as a small red patch that progressively increased in size. The lesions were mainly on the right thigh, with itching being the predominant symptom. The patient reported that scratching aggravated the condition, leading to rawness of the skin, which was then followed by a burning sensation.

The itching was more intense at night and after sweating.

There was no history of similar skin complaints in the past, and no significant family history of chronic illness, diabetes, or skin disorders was elicited.

Clinical findings

The lesions appeared as erythematous patches with scaling and excoriation, more marked in the right thigh region. The surrounding skin showed evidence of dryness, with no discharge or signs of secondary infection. No systemic involvement was noted. General examination revealed the patient to be well-built, with stable vitals and normal systemic findings.

Clinical cure score

- Pruritus (itching) = 2
- Lesion = 1
- Active border = 2
- Total score = 5 out of 9

Table 3: Timeline of therapeutic intervention of case 3

Date	Symptoms	Outcome	Medicine
24/06/2025	Itching and eruption on the right thigh, slightly reduced. Itching followed by burning sensation slightly reduced, ring shaped eruption still present. Symptomatic relief observed	Symptomatic improvement noted.	<i>Curcuma longa</i> Q 10 drops BD × 7 Days External application 3 times a day
9/07/2025	Itching and eruption on right Thigh further reduced. itching followed by burning subside considerably. ring shaped hyperpigmentation present. further symptomatic improvement.	Further improvement noted	<i>Curcuma longa</i> Q 10 drops BD × 7 Days External application 3 times a day
28/07/2025	Itching and eruption subsided completely hyperpigmentation reduced completely.	Completely resolved.	PL (4-0-4) × 4 Days



Fig 3: Before (10/6/25) and After (28/7/25) photographs of case 3

Case 4

A 24-year-old male, working as an accountant, presented to the OPD with complaints of itching and eruption on the neck region for the past 10 days. The onset was sudden, with the patient first noticing small reddish patches on the

anterior part of the neck, just above the suprasternal notch. The itching was occasional, and the patient described the affected skin as becoming dry and rough. There was no associated pain, discharge, or bleeding.

The patient had no significant past history of dermatological complaints, allergies, or systemic illnesses. Family history was also non-contributory.

Clinical findings

An erythematous lesion with mild scaling was seen on the anterior neck. The lesion showed dryness and slight thickening of the skin, but there was no tenderness, discharge, or signs of secondary infection. Surrounding skin appeared normal.

Clinical cure score

- Pruritus (itching) = 1
- Lesion/Identification = 2
- Active border/Area = 1
- Total Score = 4 out of 9

Table 4: Timeline of therapeutic intervention of case 4

Date	Symptoms	Outcome	Medicine
5/07/2025	Itching completely Reduced Ring shaped Eruption Reduced. Active border + Symptomatically Improvement	Marked improvement noted	<i>Curcuma longa</i> Q 10 drops BD × 7 Days + External application 3 times a day
20/07/2025	No recurrence. Lesion resolved completely. No any fresh complaints	Completely resolved.	PL (4-0-4) × 4 Days
5/08/2025	No recurrence. Lesion resolved completely. No any fresh Complaints	Completely resolved.	PL (4-0-4) × 4 Days



Fig 4: Before (19/06/25) after (5/08/25) photographs of case 4

Case 5

A 27-year-old male, working as a shopkeeper, presented to the OPD with complaints of itching and eruption in the groin region and inner thigh folds for the past 3 years. The condition had a gradual onset and was progressively worsening. The patient reported intense itching associated with burning sensation, especially after scratching. The itching was described as severe and aggravated at night, during summer, hot weather, and even on thinking about it. There was no significant past history of dermatological conditions, systemic illness, or allergies. Family history was non-contributory.

Clinical findings

Erythematous lesions with eruptions were noted in the groin folds and adjacent inner thigh region. The skin appeared inflamed and excoriated due to scratching. There was no discharge or signs of secondary infection.

Clinical cure score

- Pruritus (itching) = 3
- Lesion/Identification = 1
- Active border/Area = 3
- Total Score = 7 out of 9

Table 5: Timeline of therapeutic intervention of case 5

Date	Symptoms	Outcome	Medicine
6/07/2025	Itching Followed by Burning slightly Reduced. Scaling reduced. Eruptions still present.	Symptomatic improvement noted.	<i>Curcuma longa</i> Q 10 drops BD × 7 Days + External application 3 times a day
21/07/2025	Itching followed by Burning completely Reduced. Scaling Reduced. Active borders Reduced, Hyperpigmentation present.	Further improvement noted	<i>Curcuma longa</i> Q 10 drops BD × 7 Days + External application 3 times a day
6/08/2025	No recurrence. Lesion resolved completely. Hyperpigmentation present.	Significant improvement	PL (4-0-4) × 4 Days



Fig 5: Before (21/6/25) after (4/08/25) photographs of case 5

Discussion

This open clinical study explored the use of *Curcuma longa*

mother tincture (Q) for superficial dermatophytosis in routine outpatient practice. The rationale for testing *Curcuma longa* in tinea stems from its traditional indications for pruritic, inflamed dermatoses in the homoeopathic materia medica, where actions on skin and mucosae are emphasised (itching, burning, redness, and dryness) and symptoms are reported to aggravate in heat and humidity modalities that mirror the clinical setting of dermatophytosis in India. In addition, the burden of disease is substantial, particularly in warm, humid climates with high recurrence rates, making pragmatic, acceptable therapies worthy of investigation.

Principal findings

Across the five illustrative cases, patients presented with typical tinea corporis/cruris morphology, well-demarcated annular plaques with peripheral activity, pruritus, and variable scaling consistent with standard descriptions. All five cases experienced symptomatic relief, with early reduction of pruritus and edge activity followed by progressive lesion flattening three cases documented complete clinical resolution within the observation period, while two showed marked improvement with residual Post-Inflammatory Hyperpigmentation (PIH). Serial photographs supported the trajectory of change, and improvements were reflected by declining Clinical Cure Scores in the cases with complete visit-level data.

Interpretation.

The pattern of response Rapid pruritus relief followed by contraction of the active border and fading erythema suggests that *Curcuma longa* Q may exert clinically relevant anti-inflammatory effects that translate into improved symptoms and functional comfort, while lesions continue to involute over subsequent weeks. The persistence of PIH in some patients is expected, as pigmentary change often outlasts mycological clearance in dermatophytosis and should not be interpreted as active disease. In chronic presentations (e.g., symptoms for 1–3 years in Cases 2, 3, and 5), the observed improvements are less likely to reflect spontaneous remission alone, supporting a potential therapeutic signal worth testing under controlled conditions.

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