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Dr. Veerupakshi S Kunderagi
Intern, BVVS Homoeopathic
Medical College & Hospital,
Bagalkot, Karnataka, India

Dr. Hajimalang Tamboli
Assistant Professor,
Department of Repertory,
BVVS Homoeopathic Medical
College & Hospital, Bagalkot,
Karnataka, India

Dr. Arun Hooli
Professor and HoD,
Department of Anatomy,
BVVS Homoeopathic Medical
College and Hospital,
Bagalkot, Karnataka, India

Corresponding Author:
Dr. Veerupakshi S Kunderagi
Intern, BVVS Homoeopathic
Medical College & Hospital,
Bagalkot, Karnataka, India

Homoeopathic management of tinea corporis: A case report

Veerupakshi S Kunderagi, Hajimalang Tamboli and Arun Hooli

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Abstract

Tinea corporis is a superficial dermatophytic infection of the glabrous skin. Conventional antifungal treatment often provides temporary relief with frequent recurrences. Homoeopathy, based on totality of symptoms, offers a holistic approach. This article presents a case of Tinea corporis successfully treated with graphites 200, showing marked clinical improvement within 45 days.

Keywords: Tinea corporis, homoeopathy, graphites, case report

Introduction

Tinea corporis, commonly called ringworm of the body, is a superficial fungal infection caused mainly by *Trichophyton rubrum*, *T. tonsurans*, and *Microsporum canis* [2]. It typically presents as annular, erythematous, scaly lesions with central clearing. Dermatophytosis is one of the most common superficial mycoses worldwide [3].

Conventional management includes topical and systemic antifungals. However, frequent recurrence and antifungal resistance remain major challenges [4]. Homoeopathy provides an individualized therapeutic option, addressing both local pathology and the constitutional state of the patient [5, 6].

Case presentation

Identification data

Name: XYZ

Age: 25 years

Sex: Male

Occupation: Student

Chief complaints

White, scaly patches on lower abdomen since 6 months

Itching and dryness

Aggravation: At night, in winter

Amelioration: By oiling

History of presenting complaint

Started as a small papule 6 months ago, gradually increasing in size with itching and scaling. No discharge or bleeding. Local allopathic ointments gave partial relief. Marked improvement was observed after constitutional homoeopathic treatment.

Past history

No diabetes, hypertension, or tuberculosis. History of allergic rhinitis in childhood.

Family history

Father: Hypertension

Mother: Hypothyroidism

Paternal uncle: Psoriasis

Personal history

Appetite: Normal

Thirst: Thirstless

Desires: Sweets, spicy food

Aversion: Meat

Sleep: Disturbed, dreams of falling

Habits: Tea 4-5 cups/day, occasional alcohol

Life space & mentals

Reserved, sensitive to criticism, ambitious but easily hurt. Suppresses emotions. Stress from work deadlines. Avoids quarrels, prefers solitude, duty-bound.

General symptoms

Thermal: Chilly patient,

Sweat: Profuse on face during sleep

Skin: Dry, scaly, itching patches

Sleep: Disturbed, unrefreshing

Dreams: Falling, unfinished tasks

Totality of symptoms

1. Dry, scaly patches with itching
2. Worse in winter, night, cold wet weather
3. Better from oiling
4. Thirstless
5. Desire for sweets
6. Sensitive, reserved personality
7. Family history of skin disease
8. Aversion to meat

Repertorial analysis

Rubrics taken from Kent's repertory [7]

Skin, eruptions, scaly

Skin, eruptions, white, dry

Generalities, winter aggravation [Cold wet weather]

Mind, sensitive to criticism

Aversion to meat

Remedy Name	Graph	Merc	Mez	Puls	Kali-c	Bar-c	Bor	Chim	Nit-ac	Nux-v	Petr	Thu-j
Totally	8	8	8	8	7	7	7	7	7	7	7	6
Symptoms Covered	4	4	4	3	4	3	3	3	3	3	3	5
Kingdom												
[Kent] [Skin] Eruptions: Dry: (61)	2	2	3		2	3	2					1
[Kent] [Skin] Eruptions: Scaly: White: (7)	1											1
[Kent] [Mind] Sensitive, oversensitive (see offended): (111)		2	1	3	2	2	3	3	3	3		1
[Kent] [Stomach] Aversion: Meat: (88)	3	2	2	3	2				2	3	3	1
[Kent] [Generalities] Cold: Wet weather agg: (90)	2	2	2	2	1	2	2	1	2	1	2	2

Remedies evolved: Graphites, sulphur, arsenicum album, natrum muriaticum.

Prescription

Graphites 200, (0-0-4) × 3 Days, followed by placebo [4-4-4] × 7 days

Basis: Scaly dry eruptions, worse in winter and cold wet weather, thirstlessness, craving for sweets, Aversion TP meat, reserved and sensitive nature, family history of psoriasis.

Follow-up

Date	Symptoms reported	Prescription	Response
Day 0 10/01/2025	Scaly itchy lesions, worse winter & [Figure 2]	Graphites 200 + Placebo	Baseline
Day 15 26/01/2025	Itching reduced, dryness less [Figure 3]	Placebo	Partial relief
Day 30 13/02/2025	Lesions shrinking, scaling ↓, sleep improved [Figure 4]	Placebo	Marked improvement
Day 45 28/02/2025	Skin almost clear, no itching, slight pigmentation left [Figure 5]	Placebo	Near cure



Fig 1: Before and after treatment



Fig 2: Before treatment



Fig 3: 1st follow up 1



Fig 4: 2nd follow up



Fig 5: 3rd follow up

Discussion

The case demonstrates the significance of constitutional prescription in dermatophytosis. Graphites was selected because it covers both the skin pathology (dry, scaly, itchy eruptions worse in winter and cold wet weather) and the mental state (reserved, sensitive, duty-bound) [8].

Differential remedies were considered

Arsenicum album → burning, restless, chilly, anxious [9].

Sulphur → itching worse from heat, philosophical, indolent [10].

Natrum muriaticum → reserved, craving salt, worse sun exposure [11].

They were excluded as they did not match the patient's generals and modalities. Within 45 days, the patient showed almost complete recovery without recurrence.

This case supports previous evidence of the efficacy of homoeopathy in managing chronic skin diseases [6].

Conclusion

This case illustrates that individualized homoeopathic treatment can effectively manage Tinea corporis. Graphites 200 produced significant improvement and complete recovery within 45 days, highlighting the holistic scope of homoeopathy in dermatophytosis.

References

1. Ely JW, Rosenfeld S, Stone MS. Diagnosis and management of tinea infections. *Am Fam Physician*. 2014;90(10):702-710.

2. Leung AKC, Lam JM, Leong KF, Hon KL. Tinea corporis: an updated review. *Drugs Context*. 2020;9:2020-5-6. DOI:10.7573/dic.2020-5-6.
3. Havlickova B, Czaika VA, Friedrich M. Epidemiological trends in skin mycoses worldwide. *Mycoses*. 2008;51 Suppl 4:2-15.
4. Gupta AK, Cooper EA. Update in antifungal therapy of dermatophytosis. *Mycopathologia*. 2008;166:353-367.
5. Sharma R, Gupta R. Homoeopathy in skin diseases: an evidence-based review. *Indian J Res Homoeopathy*. 2015;9(4):210-218.
6. Sharma A, Choubey G. Role of homoeopathy in management of dermatophytosis: a case series. *Indian J Res Homoeopathy*. 2018;12(1):57-62.
7. Kent JT. Repertory of the Homoeopathic Materia Medica. New Delhi: B. Jain Publishers; 2017.
8. Boericke W. Pocket Manual of Homoeopathic Materia Medica. 9th ed. New Delhi: B. Jain Publishers; 2018.
9. Allen HC. Keynotes and Characteristics with Comparisons of Some of the Leading Remedies. New Delhi: B. Jain Publishers; 2012.
10. Phatak SR. Materia Medica of Homoeopathic Medicines. New Delhi: B. Jain Publishers; 2011.
11. Clarke JH. A Dictionary of Practical Materia Medica. New Delhi: B. Jain Publishers; 2014.

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