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## Personalized approach to persistent and recurrent tinea corporis: A case report

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**Abstract**

Tinea corporis is significant superficial fungal infection that affects more commonly children and adolescent. ICD 10 classification code is B35. 4. Homoeopathy has great scope in curing such dermatological cases and has potential to prevent recurrence. Three year female baby had recurrent skin eruption with intense itching since two years now eruptions with reddish discolouration present left leg since six months. The case was diagnosed as Tinea Corporis and successfully treated with Calcarea Carbonica 200 one Dose once in a week for three weeks. Calcarea carbonica deep acting constitutional remedy assisted and completely resolves the condition without recurrence.

**Keywords:** Calcarea carbonica, centesimal potency, tinea corporis

**Introduction**

Tinea corporis, commonly known as ringworm, refers to a dermatophyte infection on the skin of sites other than face, hands, feet or groin. Tinea corporis most commonly occurs in children and young adults. Classically Tinea present as annular plaques with central clearing and leading scale. The lesions may be single or multiple and of varying sizes, which may coalesce. Pustules or vesicles can sometimes occur at the active edge<sup>[1]</sup>. Tinea infections are caused by dermatophytes<sup>[2]</sup>. Genera Trichophyton, Microsporum, and Epidermophyton are major causes of superficial fungal infections in children. Infection acquired directly from contact with infected humans or animals or indirectly from exposure to contaminated soil or fomites. A diagnosis usually can be made with a focused history, physical examination<sup>[3]</sup>. Despite being typically thought to be treatable, stubborn infections can manifest as vast and challenging tinea corporis<sup>[4]</sup>.

**Materials and Methods**

**Case presentation**

Female child of three year age patient from Karungal area presented with complaints of Circular eruptions in left leg area with reddish discolouration since 6 months. Eruptions was single in number with scales, scattering bumps, dry with intense itching. History of Similar complaints in face before two years. Child has underwent allopathic intervention had some sort of relief but complaints recurred. Child appeared timid with profuse sweat in scalp region. Little one yearns for eggs in all forms.

**Homoeopathic analysis**

The case studied in detail and the totality of symptoms considered. Individualization of case done after analysis of symptoms. Repertory chart also added (Table 1).

**Homoeopathic intervention**

The patient treated with homoeopathic medicine

**Table 1:** Reportorial Totality and the Reportorial Result

	chc	knights	phos	sil	creat	trc	laks	lys	laks	merc
	1	2	3	4	5	6	7	8	9	10
	5	5	4	4	4	4	4	4	3	3
	11	11	8	7	6	6	5	4	8	7
Clipboard 3	Xl									
1 MIND - TIMIDITY (153) 1	3	3	3	4	2	3	2	1	3	2
2 SKIN - ERUPTIONS - papular (48) 1	2	2	1	1	2	1	1	-	2	2
3 SKIN - ERUPTIONS - red (81) 1	2	3	3	1	1	1	1	1	3	3
4 SKIN - ERUPTIONS - recurrent (8) 1	2	2	-	-	-	1	-	1	-	-
5 GENERALS - FOOD and DRINKS - eggs - desire (46) 1	2	1	1	1	1	-	1	1	-	-

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Calcarea	Sulphur	Phosphorus	Silicea	Causticum
11/5	11/5	8/4	7/4	6/4

### Results

Following the prescription of medicine Calcarea carbonica based on individualization, the patient symptoms of eruptions were totally cured, and recurrence was also averted.

### Discussion

The patient presented with Eruptions in circular pattern with reddish discoloration on left leg, for six months. There was family history of Tinea Corporis disease in the family. This case treated with individualized homoeopathic medicine showed complete resolution of reddish discoloration in left leg without any recurrence in a period of ten months. Modern medicine offers no viable treatments, patients turn to alternative medicine. Dermatological complaints are a large area of application for homoeopathic therapy, which has yielded positive outcomes.

In this case Calcarea carbonica 200 was selected as Similimum on basis of Totality of symptoms. With Individualized approach over the course of three weeks period the patient has fully recovered.

Results from homoeopathic treatment shows the efficiency of the individualised approach in homoeopathic medicine.

### Picture taken before and after Homoeopathic Intervention



Fig 1: (06/01/2022)



Fig 2: (27/01/2022)

### Conclusion

Tinea Corporis was successfully treated with homoeopathic treatment in this case. It shows the effectiveness of

Homoeopathic medicine in Management of Tinea Corporis efficiently.

### Conflict of Interest

Not available

### Financial Support

Not available

### References

1. Kovitwanichkanont T, Chong AH. Superficial fungal infections. Aust J Gen Pract. 2019 Oct;48(10):706-711. DOI: 10.31128/AJGP-05-19-4930. PMID: 31569324. <https://pubmed.ncbi.nlm.nih.gov/31569324/>
2. Ely JW, Rosenfeld S, Seabury Stone M. Diagnosis and management of tinea infections. Am Fam Physician. 2014 Nov 15;90(10):702-10. PMID: 25403034. <https://pubmed.ncbi.nlm.nih.gov/25403034/>
3. Andrews MD, Burns M. Common tinea infections in children. Am Fam Physician. 2008 May 15;77(10):1415-20. PMID: 18533375. <https://pubmed.ncbi.nlm.nih.gov/18533375/>
4. Khurana A, Sardana K, Chowdhary A. Antifungal resistance in dermatophytes: Recent trends and therapeutic implications. Fungal Genet Biol. 2019 Nov;132:103255. DOI: 10.1016/j.fgb.2019.103255. Epub 2019 Jul 19. PMID: 31330295. <https://pubmed.ncbi.nlm.nih.gov/31330295/>
5. Laskar B, Paul S, Chattopadhyay A, Karuppusamy A, Balamurugan D, Bhakta P, *et al.* Individualized Homeopathic Medicines in the Treatment of Tinea Corporis: Double-Blind, Randomized, Placebo-Controlled Trial. Homeopathy. 2022 Sep 19. doi: 10.1055/s-0042-1750799. Epub ahead of print. PMID: 36122589. <https://pubmed.ncbi.nlm.nih.gov/36122589>

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