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## Constitutional treatment of tinea in homoeopathy: A case report

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### Abstract

Superficial fungal infections are most common worldwide and widespread in the developing countries. All people are not equally susceptible to fungal infection, even when they have similar risk factors. The pathogenesis of dermatophyte infection involves complex interaction between the host, agent and the environment. This is a case of a 20year old male patient presented with Tinea from 3 years. A complete case history was taken and after repertorisation on the basis of totality and with the importance of concept of miasm, *Mercurius Solubilis* in 30 potency was selected and single dose was given. Case was closely followed for three to four months, which shows the effectiveness of homoeopathic medicine in the treatment of Tinea.

**Keywords:** Homoeopathy, tinea, miasm, constitutional, *Mercurius Solubilis*

### Introduction

Dermatophytes are fungi which are keratinophilic in nature and live on dead keratin and induce inflammation to the skin, hair & nails. *Trichophyton rubrum* are the most common dermatophytic infection among the Indians.<sup>[1]</sup> They generally get worse during the summer and the rainy season and tend to get heal spontaneously during winter. Clinically the dermatophytosis can be classified into <sup>[1]</sup>

**Tricho-dermatophytoses:** (dermatophytosis occurring in the hair and the hair follicles): [Tinea Capitis, Tinea Barbae].

- **Tinea Capitis:** (Dermatophytosis of the scalp and associated hair)

There are four different types of *T. capitis*:

- (i) Non-inflammatory: circular patches of partial alopecia with numerous broken-off hairs;
  - (ii) Inflammatory: boggy, soft mass with loose, easily detachable hairs (kerion formation);
  - (iii) Black dot variety: areas of partial alopecia with hair which has been broken off at the level of the scalp, giving the appearance of multiple black dots; and
  - (iv) Favus: Yellowish crusts with a musty smell inside the hair follicle.
  - (v) Children are more frequently affected by tinea capitis than adults, who are shielded by sebum's antifungal characteristics. When zoophilic animals produce inflammation, it typically heals with persistent scarring <sup>[2]</sup>.
- **Tinea Barbae:** Fungal infection occurs in the beard and moustache area of the adults. Tineabarbae is present with perifollicular pustules, papules, erythema, crusting, seropurulent discharge and easy pluck ability of hairs. This inflammatory type causes cicatricial alopecia on healing <sup>[2]</sup>.

**Intertriginous-dermatophytosis:** (Involving the intertriginous areas that is folds of skin)-Tinea cruris, Tinea interdigital, Bimaxillary.

- **Tinea cruris:** Fungal infection of the groin region are very common condition, occurs in summer and rainy season due to use of synthetic clothes and effects men more often than the women and is less common in children. Arcuate or annular lesions with scaling, papulovesicular and pustulation. Hyperpigmentation, nodulation, and lichenification are possible symptoms of chronic lesions.<sup>[3]</sup>

- **Tinea Interdigitale and Tinea Axillaris:** Fungal infection of the finger, toes and axillae occur due to heat accumulation and humidity in the fold of skin which promote fungal infection. Lesion resembles the glabrous dermatophytosis and show a well-defined papule-vesicular border and sometimes maceration also.<sup>[1]</sup>

**Glabrous dermatophytosis:** Involves non-hairy skin.

- **Tinea corporis:** (fungal infection of the glabrous skin with exclusion of palms, soles and groins).

It appears as an annular, polycyclic lesion with erythematous, vesicular, or scaly edges and a clearing in the centre. Larger lesions are created as a result of neighbouring lesions coalescing. *T.rubrum*, a fungus commonly grows on the waists of obese women.<sup>[2]</sup> Annular/arcuate lesions with an active periphery and a clearing in the centre. Except for the palms, soles, and groins, affects glabrous skin<sup>[4]</sup>. There are two variations:

- **Tinea incognita:** Dermatophytid infection of skin, modified by steroid therapy.
- **Tinea cide:** Annular scaly patches seen on cheeks of children.

**Palma-Plantr dermatophytes:** Involve skin areas having thickened stratum corneum - *Tinea pedis*, *Tineamanuum*.

- **Tinea Pedis:** (*Tinea* of foot) develops as a result of occlusive footwear and sole hyperhidrosis. Its three clinical patterns are identified as follows: Vesicular variant, hyperkeratotic variant, and interdigital variant.<sup>[3]</sup>
- **Tinea Mannum:** (*Tinea* of hands) unilateral, well-defined plaques of the palm with well accumulation of fine scales in the creases.<sup>[3]</sup>

**Ungual Dermatophytoses:** (involving the nails)-*Tineaunguium*

- **Tinea Unguium:** *Trichophyton rubrum*, *Ricophytum mentagrophytes*, and *Epidermophyton floccosum* are the three species that cause this dermatophytid infection of the nails. As it starts in distal portions, *tinea* of the toenail is more common than that of the fingernail. It often only affects a small number of nails, causing asymmetrical involvement, yellow-brown discoloration, thickened nail plates that are readily crumbled, and debris buildup under the nail. The nail plate and nail bed are separated by it. Several patterns are discernible: White variation, proximal subungual variety, and distal/lateral subungual variety.<sup>[3]</sup>

### Pathophysiology

Dermatophytes, or keratophagic fungi, are the cause of tumefacien. Keratinases are among the several enzymes that dermatophytes release, allowing them to enter the stratum corneum of the epidermis. Inflammatory responses brought on by zoophilic dermatophytes are typically more severe than those brought on by anthropophilic fungus.

In children and adolescents, particularly in Germany, the zoophilic dermatophyte *Trichophyton* species of *Arthroderma Benhamiae*, which is most frequently from pet guinea pigs, is connected to an inflammatory *tinea faciei*<sup>[5]</sup>.

### Case Report

A 20-year-old male presented in OPD with complaints of eruptions on groin, buttocks, knee, neck and hand since 3 years. Eruptions were small, red, dry with intense itching<sup>2+</sup>. Itching leads to watery discharge and sometimes bleeding which gets worse by night<sup>2+</sup>, sun exposure, undressing, rising after, scratching, non veg, eggs, use of soap.

- Location- Groin, buttocks, knee, neck and hand.
- Sensation- Itching<sup>2+</sup> without pain and burning.
- Character- Multiple small, red, dry eruption with watery discharge and bleeding.
- Modalities- < Night, Undressing, Sun exposure, Rising after, Scratching, Non veg food items,
- >Cold air, Cold water application.
- Concomitant- N/S

### History of presenting complaints

The patient was apparently well, until 3 years ago when he developed small eruptions with itching in groin region. Initially, he did not take any treatment. After 1 year of appearance of eruptions, he took allopathic treatment which included local ointments. But after the course of treatment eruption starts to reappear. He was worried about his condition and social disgust which led him to us for further treatment.

### Family history

- Father- Alive and suffering from dermatitis
- Mother- Alive and suffering from arthritis
- Sister- Alive and suffering from dermatitis

### Personal history

- Food habits: Non veg.
- Developmental milestones: On time
- Habits/ Addiction: Tobacco, Smoking (2cig./day), Drinks occasionally
- Hobbies: N/S
- Surroundings at home: He lives in hostel with capacity of 40 boys.
- Vaccination: Not sure

### Mental generals

- He gets angry<sup>2+</sup> easily on small things too and starts abusing.
- He is impulsive and throws things during anger.
- He does not accept his mistakes.
- Obstinate; will do whatever he wants, doesn't listen to others.
- He will take revenge from others if someone do anything wrong to him.

### Physical generals

- Thermal: Hot
- Cravings: Spicy food<sup>2+</sup>
- Aversion: Eggs, Non- veg, Spicy food( as it causes itching in eruptions and they get worse.
- Appetite: Satisfactory, eats rice mostly as he belongs to Bengal (2 meal / day).
- Thirst: 2-2.5 lit./day, dry mouth and throat.
- Stool: Satisfactory, 1/0- day/night
- Urine: Clear, pale, yellow, 3-4 times in a day, at night-1
- Perspiration: Scanty, offensive<sup>1+</sup>
- Sleep: 8 hours; refreshing; disturbed to itching at night, position not specific

**General physical examination**

- Pallor: No
- Icterus: No
- Cyanosis: Not present
- Oedema: Not present
- Clubbing: Not present
- Lymphadenopathy: Not palpable
- Oral: Teeth/Tongue/Gums- Moist and clean with tar on teeth due to tobacco
- Hair/Nails: Normal but nails were dirty and long.
- Blood pressure: 110/78mm hg
- Pulse: 88bpm
- Respiratory rate: 18/min.
- Temperature: 98.7 F
- Height: 158cm
- Weight: 62kg

**Systemic examination**

- Respiratory system- Bilateral vesicular breath sounds heard normal.
- Cardio-vascular system- S1 and S2 heard normal.
- Nervous system: Orientation on time, place and persons
- Gastro – intestinal system- No superficial/ deep tenderness; normal bowel sound heard
- Locomotor system- Normal
- Genito- urinary system- Normal in color and frequency

**Differential diagnosis**

- Tinea
- Eczema
- Psoriasis
- Pityriasis rosea
- Dermatitis

**Diagnosis**

Tinea Corporis

**Table 1:** Analysis of symptoms

Mental generals	Physical generals	Particulars
<ul style="list-style-type: none"> <li>▪ Anger, violent; throws things, abuses</li> <li>▪ Obstinate</li> <li>▪ Does not accept his own mistakes</li> <li>▪ Takes revenge from others if anyone do something wrong with him.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Thermal- Towards hot</li> <li>▪ Cravings- Spicy food</li> <li>▪ Aversion- Non veg food, eggs, spicy food</li> <li>▪ Appetite- Satisfactory</li> <li>▪ Thirst- Satisfactory; dry mouth and throat</li> <li>▪ Urine- Pale, yellow, non offensive</li> <li>▪ Stool- Satisfactory</li> <li>▪ Perspiration- Scanty, offensive</li> <li>▪ Sleep- Refreshing; disturbed due to itching</li> </ul>	<ul style="list-style-type: none"> <li>▪ Small reddish eruptions on buttocks, groin, knee, neck and hand.</li> <li>▪ Itching without pain and burning.</li> <li>▪ Discharge watery and bleeding sometimes</li> <li>▪ Itching aggravated by undressing, sun exposure, non veg food, eggs, night, rising after, scratching</li> </ul>

**Table 2:** Evaluation of symptoms

Symptoms	Gradation
Anger violent	3+
Impulsive	3+
Obstinate	3+
Meat aggravation	3+
Itching in night	3+
Itching < on undressing	2+
Itching > cold air	2+
Crusty eruptions over whole body	1+
Itching < on rising in morning	1+
Scratching leads to watery discharge	1+

**Totality of symptoms**

- Impulsive
- Anger violent
- Obstinate
- Meat aggravation
- Crusty eruptions over whole body
- Itching< night
- Itching < Undressing
- Itching> cold air
- Itching < on rising in morning
- Scratching causing watery discharge from eruptions

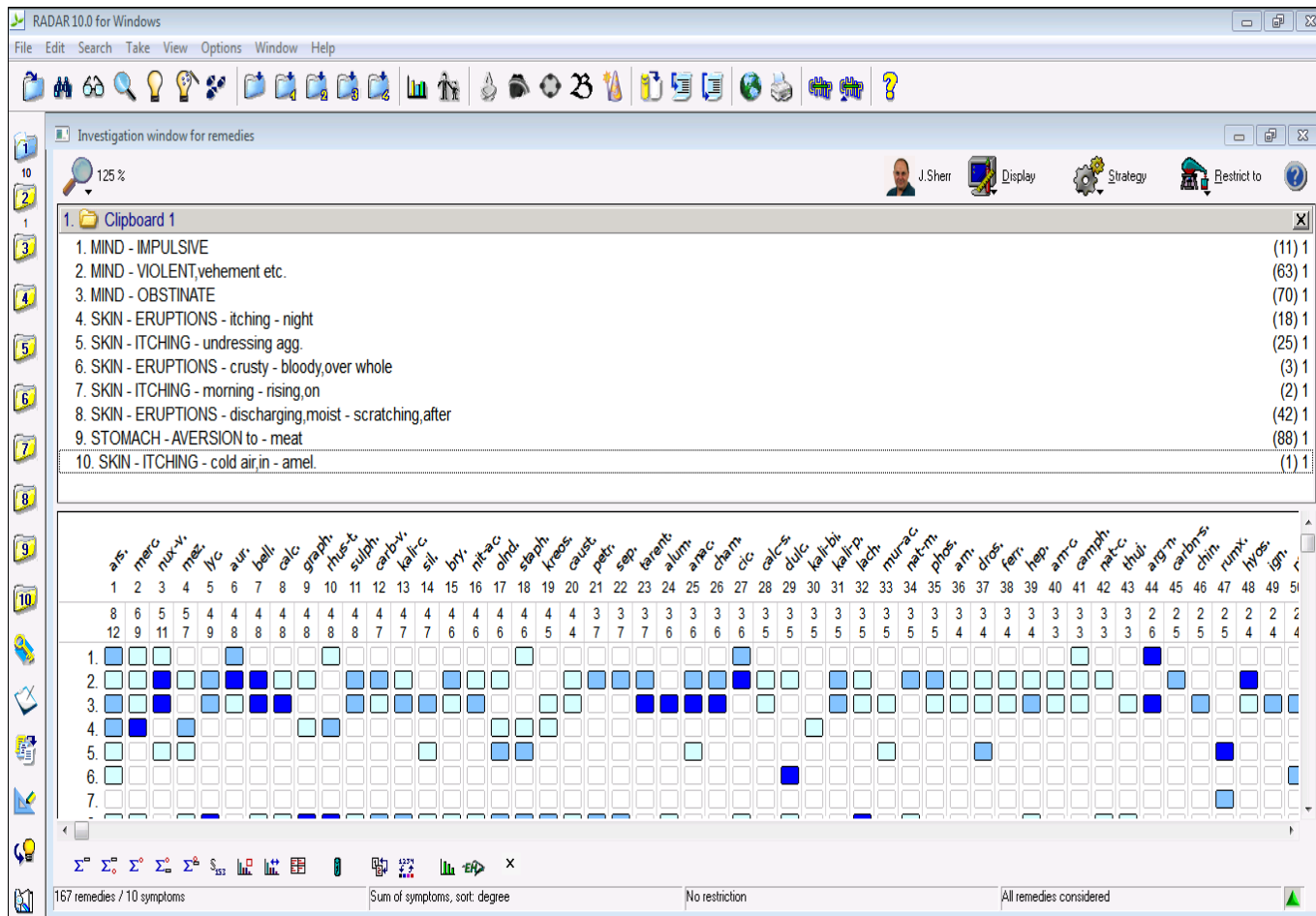


Fig 1: Repertorial Chart

Table 3: Repertorial Result

Medicines	Results (rubric discovered/total score)
ARS. ALBUM	8/12
MERC. SOL.	6/9
NUV. VOMICA	5/11

Oct. 2022 for 30 days.

**Selection of Medicine**

Merc Sol the remedy selected in this case as it covers important symptoms of the case and obtain good marks in repertorisation. Merc sol covers the other general symptoms also. Arsenic album also covers maximum no. of symptoms but Arsenic Album is chilly in thermal. Merc Sol<sup>[8,9]</sup> in 30C potency is selected in this case according to the susceptibility.

**Prescription**

- First prescription was on 11<sup>th</sup> Nov. 2022
- Mercurius solubilis: 30/1 dose, 4 globules of size 30
- Phytum 30/tds for 7 days.
- Before Mercurius solubilis, Phytum was given on 14<sup>th</sup>

Table 4: Follow up

Dates	Follow ups	Prescriptions
25/11/2022	Slight better in old ones, Slight better in itch	Merc. Sol. 30/1D Phytum 30/tds for 15 days
09/12/2022	Again slight better	Merc. Sol. 30/1D Phytum 30/tds for 15 days
23/12/2022	Marks of old eruptions become light Dryness and itching reduced. No new eruptions appeared	Merc. Sol. 30/1D Phytum 30/tds for 15 days
30/11/2022	Old eruptions are better, No new eruptions, Slight itch persist	Merc. Sol.30/1D Phytum 30/tds for 7 days
20/1/2023	Much better in itching and appearance of eruptions Slight itching persist at night	Merc. Sol.30/1D Phytum 30/tds for 15 days
03/2/2023	Itching only once in a day, Few blackish discoloration left on skin of eruptions	Rubrum 30/tds Phytum 200/1D for 15 days
17/2/2023	Marks of old eruptions are very light, No new eruptions seen, No itching	Rubrum 200/1D Phytum 30/tds for 15 days
03/3/2023	No new eruptions, No Itching and discharge	Rubrum 200/1 D Phytum 30/tds for 30 days



**After Treatment**



## Discussion

This case report describes the importance of single individualized constitutional homoeopathic treatment in a very obstinate condition called as Tinea. The so called diseases of the skin are the diseases of the constitutions of the persons, and not the diseases of their skin.

The individualized homoeopathic remedy *Mercurius Solubilis* was selected on the basis of the physical generals and characteristic particulars and thus caused marked improvement in the skin condition *Mercurius Solubilis* was prescribed in 30C potency according to the homoeopathic principles. Itching along with the eruptions completely got cured after treatment.

The consideration of miasms is of paramount importance in effective homoeopathic prescribing particularly in this world of multi-suppressions where perceiving a clear picture of disease is becoming increasingly difficult. It is necessary to understand the soil, the very dyscrasia of the person, and the miasm, which represents the stigma, groove or pollution in the system. This stigma/groove/pollution can only be corrected through constitutional, anti- miasmatic treatment, and through such treatment, the complete annihilation of symptoms and perfect restoration of health will ensue. On the basis of the totality of symptoms, together with the miasmatic totality, the constitutional anti-miasmatic remedy is then selected for that presenting totality. This not only removes the surface symptoms but also the corresponding miasmatic dyscrasia, which was being manifested on the surface at that time. By such a prescription, which covers the miasmatic dyscrasia of the person, the chances of recurrence are eradicated and the axiom of 'rapid, gentle and permanent recovery' is encompassed. Miasm and the symptoms are nothing but the two sides of the coin, and one cannot be considered whilst ignoring the other. In fact, the totality of symptoms cannot be said to be total until and unless the selected remedy covers the miasm<sup>[7]</sup>.

## 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 the prescription of *Mercurius Solubilis* in 30 in centesimal scale potency and single dose. This case shows the effective role of Homoeopathy in the treatment of Tinea. This case reflects the role of constitutional remedy in holistic improvement of patient's mental health by improving his confidence level than before. This case also shows the theory of individualization which is very important for the effective homoeopathic treatment. Now the patient is happy he got rid of his complaint because he is about to get married.

After selection of similimum and its administration to the patient, we got good and quick results. The patient was so happy because he had been suffering for a long time and was so disappointed by the treatment he had taken from different pathies and did not get relieved.

## Conflict of Interest

Not available

## Financial Support

Not available

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