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INDIVIDUALISED HOMOEOPATHIC TREATMENT OF CHRONIC, EXTENSIVE RECURRENT TINEA CORPORIS: A CASE REPORT

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Abstract

Background: Tinea corporis is a common superficial dermatophyte infection characterized by annular, erythematous, scaly, and pruritic lesions with an advancing peripheral border and central clearing. Chronic, recurrent, and extensive cases may present therapeutic challenges, particularly in patients with a history of treatment with multiple therapeutic systems. This case highlights the clinical outcome following individualized homoeopathic treatment in a patient with long-standing, recurrent tinea corporis.

Case summary: A 45-year-old female presented with chronic, recurrent, and extensive tinea corporis, characterized by annular, erythematous, scaly, and pruritic lesions with peripheral extension and central clearing. She had previously received treatment from multiple therapeutic systems, with recurrent lesions. Following detailed case taking, analysis, and evaluation, Sepia was selected as the individualized homoeopathic medicine. A single dose of Sepia 1M was administered.

Result: Complete disappearance of the lesions was observed within 3 months of treatment, with sustained remission and no recurrence during one year of follow-up without repetition of the remedy. The Modified Naranjo Criteria for Homoeopathy (MONARCH) yielded a score of 10, supporting a positive causal relationship between the individualized homoeopathic intervention and the observed clinical improvement.

Conclusion: This case highlights the rapid and sustained resolution of long-standing, relapsing tinea corporis following a single dose of an individualized homoeopathic remedy and no recurrence during one year of follow-up. Larger clinical studies are needed to further evaluate this observed treatment response.

Keywords: Tinea corporis, homoeopathy, sepia

Introduction

Tinea corporis is commonly known as ringworm of the body, which is a superficial infection of skin by dermatophyte fungi. Dermatophytes have keratinised tissue as their main habitat and are comprised predominantly of organisms of the genera *Trichophyton*, *Microsporum* and *Epidermophyton*.^{1,2} Clinically, tinea corporis often presents as an annular, erythematous, and scaly lesion with a relatively active peripheral border and central clearing; pruritus can accompany the lesions.^{1,3}

An estimated 20-25% of individuals around the globe are affected by various forms of dermatophytosis, among which tinea corporis is the most prevalent, accounting for up to 78% of total dermatophyte infections on a global level and about 88% in India.^{4,5}

Direct contact with infected people or animals as well as contaminated items such as clothing, combs, and towels can lead to the infection, the prevention of which is conditional on minimizing such interactions. Although it can occur in people of any age, children and young people are at greater risk.⁶ The diagnosis of ringworm is primarily clinical, based on the characteristic morphology and distribution of the lesions. Direct microscopic examination of skin scrapings with a potassium hydroxide (KOH) preparation can demonstrate fungal hyphae and provide laboratory support for the diagnosis.⁷ The conventional management of tinea corporis is usually topical treatment with antifungals, and oral therapy is indicated for extensive, recurrent, or persistent infections. In fact, persistent infection, recurrence, inadequate response to therapy, and emerging resistance to antifungals can be challenging.⁸

In homoeopathy, treatment is based on the principle of individualization, wherein the patient is considered as a whole and the therapeutic approach is guided by the totality of characteristic symptoms. As described by Hahnemann, remedy selection involves identifying the medicine that

most closely corresponds to the individual symptom picture, with particular emphasis on the striking, singular, uncommon and characteristic symptoms. Thus, the treatment is individualized to the patient rather than based solely on the diagnostic label.⁹

Complete resolution of tinea corporis has been reported in individual cases following individualized homoeopathic treatment. Kubavat et al.¹⁰ reported complete disappearance of lesions with Natrum muriaticum, while Kumari et al.¹¹ reported complete alleviation of extensive tinea corporis with individualized Psorinum 200C. In a case series by Mittal et al.,¹² complete disappearance of lesions was observed in 9 of 26 cases (34%) of tinea cruris and tinea corporis following individualized homoeopathic treatment. Although such reports cannot establish treatment efficacy, they contribute to the existing clinical literature. The present case adds to these observations by documenting complete disappearance of lesions within 3 months in a patient with 2–3 years of chronic, extensive recurrent disease despite previous treatment, with no recurrence during one year of follow-up.

Case Summary

A 43-year-old female presented with complaints of itchy, red, circular patches with fine scaling on her back, abdomen, right elbow and right leg which had been progressively spreading for the past 2-3 years and increased for one month.

The patient reported a gradual onset of pink, pruritic lesions, initially appearing over the right axillary region and subsequently spreading to other parts of the body, sparing the face and scalp. The lesions, particularly those over the back and abdomen, progressively increased in size and number and gradually coalesced to form large, well-demarcated plaques. The plaques exhibited prominent peripheral scaling with central hyperpigmentation. The last lesion appeared over the right elbow. She also reported a burning sensation over the affected areas for one month.

The patient initially received conventional treatment with predominantly topical antifungal preparations and oral antifungal medication. Although these treatments provided temporary relief, the lesions recurred within 1–2 months. She continued the medications intermittently for more than one year, particularly during recurrent episodes. Over time, the response to treatment became inadequate, with persistent recurrence despite medication. Subsequently, she sought Ayurvedic treatment; however, the lesions persisted without sustained improvement. She had not taken any medication for three months prior to the present consultation.

The recurrent and persistent lesions caused considerable concern regarding her appearance. She became increasingly conscious of the visible skin changes. This had an impact on her confidence and routine activities.

Past Illness

The patient reported a previous history of mumps, which was managed with homoeopathic treatment.

Family History

The family history revealed coronary artery disease in the father and brother and diabetes mellitus in the mother.

Mental Generals

She was particularly concerned about the well-being of her children and frequently worried about them. She tended to dwell on past events and unpleasant thoughts. She was easily offended by the words or actions of others.

Physical Generals

The patient was a non-vegetarian with a good appetite and adequate thirst. There was a marked desire for sweets and an aversion to meat, with no specific food intolerance. Bowel and bladder habits were satisfactory, with regular and clear urine. Sweating was normal. Sleep was disturbed due to itching. No specific dreams were reported. The patient was chilly thermally.

Menstrual History: Menstrual cycles were regular, with profuse jelly-like leucorrhoea.

Obstetrical History: G₂P₂L₂

Clinical Examination

The lesions were asymmetrically distributed, with multiple lesions involving the abdomen and back, along with lesions over other body areas; the scalp and head were spared. The lesions were circular and ring-shaped. Multiple lesions were present. They appeared as erythematous, scaly patches and plaques with well-defined, raised margins, with hyperpigmentation observed in some lesions and partial central clearing in others. No discharge was present. The lesions were reddish-purple in colour.

Diagnostic Assessment

A provisional diagnosis of tinea corporis was made based on the clinical morphology and distribution of the lesions. Plaque psoriasis was ruled out by the absence of silvery scales and Auspitz sign; pityriasis rosea by the absence of a herald patch and Christmas-tree distribution; nummular eczema by the absence of exudation and marked seasonal variation; cutaneous lupus erythematosus by the absence of photosensitivity and systemic features; and candidiasis by the

absence of predominant involvement of moist intertriginous areas.¹³ Fungal culture and dermoscopy were not performed due to financial constraints.

Analysis

A detailed case-taking was conducted according to homoeopathic principles, and the patient's symptoms were systematically evaluated using Kent's method.¹⁴ Based on this analysis, the characteristic mental generals, physical generals, and particulars were identified and considered in constructing the totality of symptoms, as follows:

- Anxiety about her children
- Offended easily
- Brooding
- Desires: sweets
- Aversion: meat
- Sleep: Disturbed due to itching
- Yellow saddle across the nose
- Leucorrhoea- Jelly like
- itchy rash with burning
- Scaling of the affected area
- Itching < perspiration, night

Miasmatic Analysis

A miasmatic analysis of the symptoms showed a mixed miasmatic presentation with predominant psoric miasm.¹⁵ (Table 1)

Table 1: Miasmatic Analysis

Symptoms	Miasm
Anxiety about her children	Psora
Offended easily	Psora
Brooding	Syphilis
Desire sweets	Psora
Aversion to meat	Syphilis

Sleep disturbed due to itching	Psora
Chilly patient	Psora
Itchy lesions with burning	Psora
Itching < night, perspiration	Sycotic
Jelly like leucorrhoea	Sycotic

Therapeutic Intervention

The totality of symptoms was converted into appropriate rubrics and repertorised using Synthesis Repertory 9.1 with RADAR 10.5 software. (Fig. 1) The repertorisation identified Sepia, Sulphur, and Calcarea carb as the leading remedies. Considering the overall symptom similarity, including the patient's miasmatic predominance, thermal state, and correlation with the Materia Medica, Sepia was selected as the indicated remedy.

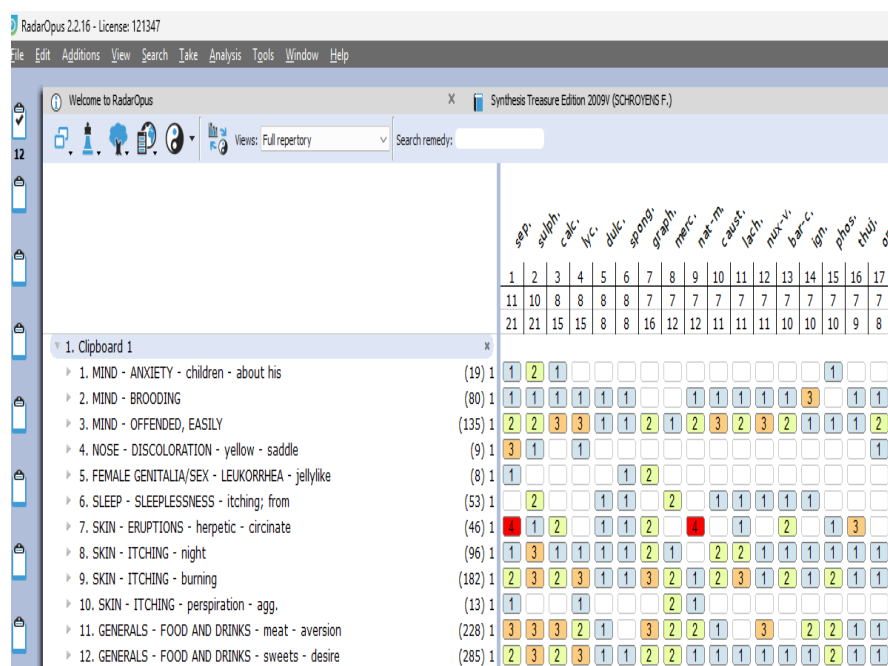


Figure 1: Repertorisation of the case

Sepia 1M was prescribed as a single dose based on the individualised totality of symptoms, chronicity of the case, and the patient's apparent susceptibility and vitality.⁹

Prescription

14/04/2025

- SEPIA 1M /1 DOSE STAT
- B. Pills/3BD
- BT1 / TDS

Result

Complete resolution of the lesions was achieved within 3 months of treatment, with sustained remission and no recurrence throughout one year of follow-up without repetition of the remedy. (Table 2) (Fig. 2) The Modified Naranjo Criteria for Homoeopathy (MONARCH) score was 10. (Table 3)

Table 2: Follow up assessment

Date	Follow up	Prescription
10/05/2025	Itching increased after 3 days of medicine and then reduced. Lesions showed improvement, especially of the right elbow showed a marked improvement. Mild Erythema and scaling of the lesions present. No new lesions.	Rubrum / 1D stat, BT1/ BD, B. Pills / 3BD
14/06/2025	Erythema, scaling, and itching reduced. Substantial improvement noticed in the lesions. The margins of the lesions appeared less prominent, and no new lesions had developed.	Rubrum / 1D stat, BT1/ BD, B. Pills / 3BD
19/07/2025	The lesions showed marked resolution, with minimal residual erythema and scaling. No significant pruritus or discomfort.	Rubrum / 1D stat, BT1/ BD, B. Pills / 3BD
22/08/2025	Complete clinical resolution was documented. No active lesions, erythema, scaling, or pruritus were present.	Rubrum / 1D stat, BT1/ BD, B. Pills / 3BD
20/09/2025	No new lesions	Rubrum / 1D stat, B. Pills / 3BD
24/10/2025	No new lesions.	Rubrum / 1D stat, B. Pills / 3BD
26/11/2025	Cough, no new lesions	Rumex 30 / 1D stat, B. Pills / 3BD
02/01/2026	No new lesions.	Rubrum / 1D stat, B. Pills / 3BD
03/03/2026	No new lesions	Rubrum / 1D stat, B. Pills / 3BD
04/03/2026	No new lesions	Rubrum / 1D stat, B. Pills / 3BD

Figure 2: Representative pre- and post-treatment photographs**Table 3: Modified Naranjo Criteria**

Modified Naranjo algorithm	Yes	No	Not sure or N/A
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1		
Was there a homeopathic aggravation of symptoms?	+1		
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, ultimately improved, or changed)?	+1		
Did overall well-being improve?	+1		
Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms: From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downwards?			0

Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?			0
Are there alternative causes (i.e., other than the medicine) that with a high probability – could have produced caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)		+1	
Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?			0
Total	10	10	10

Discussion

In this case report, the patient had been suffering from the disease for 2–3 years and had previously received treatment from conventional and other systems of medicine, with either inadequate improvement or recurrence of the lesions, usually within one month of treatment. Following individualized homoeopathic treatment, complete resolution of the lesions was achieved within 3 months, with no recurrence observed during one year of follow-up.

Although Sepia and Sulphur emerged as the leading remedies on repertorial analysis, the peculiar symptom of a 'yellow saddle-like discoloration across the nose' was considered as an eliminative rubric for final remedy differentiation. The patient's chilly thermal state and the presenting complaints were also consistent with the selected remedy. This highlights the role of characteristic and eliminative symptoms in differentiating between closely related remedies and arriving at the individualized prescription. Accordingly, Sepia was selected as the individualized remedy.

A transient aggravation of symptoms, particularly itching and burning, was reported by the patient on the fourth day, following which progressive improvement was observed. The lesions resolved in the reverse order of their appearance, with the lesion in the right elbow, which had developed most recently, showing the earliest resolution. This pattern of resolution was in accordance with the direction of cure described by Hering.^{9,16} Complete resolution was achieved within three months without further medication, and no recurrence was observed during the one-year follow-up period.

The Modified Naranjo Criteria score of 10 supported a high likelihood of a causal association between the individualized homoeopathic treatment and the observed clinical improvement. The findings were considered supportive of a treatment response.¹⁷ (Table 3)

Laskar et al. reported no improvement in the complete disappearance of skin lesions after 3 months in either the individualized homoeopathic medicine or placebo group, whereas complete resolution of lesions was observed within the same period in the present case.¹⁸

This case constitutes an addition to the clinical literature by demonstrating the possible efficacy of individualized homoeopathic prescribing in a chronic, recurrent case of tinea corporis, with complete resolution after selection of the similimum and a prolonged period of recurrence-free follow-up. Pictorial documentation was obtained at baseline and during follow-up to document the clinical response. The patient presented with extensive tinea corporis involving the hands, abdomen, back, and lower limbs. Representative pre- and post-treatment photographs of lesions over the back, right leg, and right elbow demonstrate the clinical improvement following treatment. (Fig.2)

Conclusion

This case highlights the rapid and sustained resolution of long-standing, relapsing tinea corporis following a single dose of an individualized homoeopathic remedy and no recurrence during one year of follow-up. Larger clinical studies are needed to further evaluate this observed treatment response.

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