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CASE-REPORT

Title: Homoeopathic treatment of tinea cruris: A case study

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ABSTRACT

Tinea cruris, a dermatophyte fungal infection affecting the genital, pubic, perineal, and perianal skin, commonly known as jock itch, is characterized by intertriginous dermatophytoses lesions in the groin region. A 26-year-old male presented with a chronic red erythematous patchy eruption over the gluteal and groin regions persisting for one and a half years. Following detailed case history and repertorisation based on the reportorial findings, Natrum Muriaticum in 1M potency was administered in two doses. The patient was closely monitored over the next two months, demonstrating the efficacy of homeopathic treatment in managing tinea cruris.

Keywords: *Case Report, Homeopathy, Natrum Muriaticum, 1M Potency, Tinea cruris*

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INTRODUCTION

Tinea cruris is a superficial fungal infection primarily affecting the groin region, prevalent among adolescents and young adults. This dermatophyte fungus infection involves the genital, pubic, perineal, and perianal skin, commonly known as jock itch. Dermatophytic infections in humans are caused by three genera: Trichophyton, Microsporon, and Epidermophyton. Dermatophytes are fungi with a preference for keratin, residing on dead keratinized tissues and provoking inflammation in the skin, hair, and nails. Among Indians, Trichophyton rubrum is the most frequently encountered dermatophyte. These infections trigger skin inflammation by releasing metabolic by-products and inducing delayed hypersensitivity reactions within the skin layers.^[1] On a thorough literature search at online databases, well-designed observational or randomised controlled trials on the effectiveness of homoeopathic medicines in treating tinea cruris could not be found. Hence, there is a considerable research gap in this area. The case shows the evidence-based positive role of individualised homoeopathic medicine Sulphur in managing tinea cruris.

Differential diagnosis:

1. **Contact Dermatitis:** Contact dermatitis is an inflammatory skin condition resulting from exposure to allergens or irritants. It often presents with itching, redness, and rash in the area of contact.

Key Differentiators:

Location: Typically associated with a known exposure to allergens or irritants.

Appearance: Rash often has well-defined edges and may present with vesicles or weeping.

History: Recent contact with possible allergens or irritants.^[2]

2) **Psoriasis:** Psoriasis is a chronic autoimmune condition characterized by thick, red, scaly patches of skin. It can affect the groin area but is more common on the extensor surfaces.

Key Differentiators:

Appearance: Well-defined plaques with silver scaling; may have nail changes.

Location: Often affects extensor surfaces and scalp; groin involvement is less common.

History: Chronic, recurring episodes; family history may be present.

3) **Seborrheic Dermatitis:** Seborrheic dermatitis is a common inflammatory skin condition that primarily affects oily areas of the body. It can sometimes mimic fungal infections but typically affects the scalp and face.

Key Differentiators:

Appearance: Scaly, greasy patches with a yellowish tint; often associated with dandruff.

Location: Commonly affects the scalp, eyebrows, and nasolabial folds.

History: Chronic with episodes of exacerbation and remission.^[3]

4. **Intertrigo:** It is an inflammatory condition that occurs in skin folds where friction and moisture create an environment conducive to irritation and secondary infections.

Key Differentiators:

Appearance: Erythematous, macerated skin with potential secondary bacterial or fungal infections.

Location: Typically affects areas where skin surfaces touch, such as the groin, armpits, and under the breasts.

History: History of moisture, heat, and friction.

5. **Candidiasis:** It is a fungal infection caused by Candida species, often presenting in warm, moist areas. It can cause a similar presentation to tinea cruris but typically involves more diffuse and less well-defined borders.

Key Differentiators:

Appearance: Bright red rash with well-defined borders and satellite lesions (small pustules or papules outside the main rash area).

Location: Commonly affects the groin, axillae, and under the breasts.

History: Often associated with immunosuppression, diabetes, or recent antibiotic use.

6. **Lichen Planus:** It is an inflammatory condition affecting skin, hair, nails, and mucous membranes. It can present as purple, itchy papules or plaques.

Key Differentiators:

Appearance: Purple, flat-topped papules or plaques, often with a shiny surface.

Location: Typically affects wrists, ankles, and lower back; mucosal lesions are common⁴.

Diagnosed based on Clinical Examination:

The first step in diagnosing tinea cruris is a thorough clinical examination. Tinea cruris often presents as a well-defined, red, and scaly rash in the groin area. The lesions are usually annular (ring-shaped) with a raised, scaly border and a central clearing. Symptom Assessment: Itching is a common symptom, and the rash can be aggravated by sweating or friction.

CASE REPORT:

A 26-year-old slender male patient presented at our outpatient department at BVVS Homoeopathic Medical College and Hospital on July 4, 2023, complaining of red, erythematous, patchy eruptions covering the groin regions persisting for one year. He also reported severe itching and burning sensation all over his body. The itching intensified at night, and he mentioned experiencing mild bleeding from scratching.

MENTALS: The patient exhibited a short-tempered disposition, reacting strongly to criticism or blame, often expressing anger through loud shouting and weeping. He displayed obstinacy and a slow pace in both learning and work. Changes in routine irritated him, and he avoided working quickly. He maintained a strong preference for cleanliness. His personality tended towards introversion, characterized by low self-esteem and confidence. He also conveyed an unusual fear of people. During case taking, he mentioned occasionally dreaming of deceased individuals.

PAST HISTORY: In the past, he was suffered from Malarial fever taken Allopathic Medication got cured.

FAMILY HISTORY: His father was suffering from constipation and mother was suffering from hypotension.

PHYSICAL GENERAL

Appetite: Satisfactory

Desires: Spicy and sour thing, salt++

Thirst: Unquenchable thirst for cold water, reduced thirst

Stool: D1-2N0 clear, no associated complaint.

Urine: D4-5 N0, clear, no associated complaint.

Sweat: Profuse on face and back, offensive without any stains

Addiction: Not specific

Bathing habits: Regular

Thermal : Ambithermal

Sleep: 7-8 hour, refreshing sleep feel

TABLE-1: ANALYSIS OF CASE

MENTAL	PHYSICAL GENERAL	PARTICULAR
Expressive anger with loud shouting and weeping.	Desire: Spicy and Sour thing, salt++	Tinea over groin region since one and half year, with severe itching and burning all over the body. Itching aggravating at night. Mild bleeding on scratching.
He was fastidious about cleanliness.	Thirst: unquenchable cold water, reduced thirst, small quantity in half an hour.	
Introverted personality, with low self-esteem and confidence.	Perspiration: Profuse on face ,offensive without any stain>	
He reported unusual fear of people. Dreams of dead people.		

EVALUATION OF CASE:

1. Dream of dead people.
2. Introverted personality, with low self-esteem and confidence.
3. Thirst: unquenchable cold water, reduced thirst, small quantity in half an hour.
4. Desire: spicy and sour thing, salt++
5. Stool: Satisfactory, D1 N0, well formed, no unusual odour or colour reported.
6. Perspiration: Profuse sweat on face and back leaving no marks on linen, offensive
7. Tinea over groin region.
8. severe itching and burning all over the body.
9. Mild bleeding on scratching.

TOTALITY OF THE CASE:

1. Dream of dead people.
2. Introverted personality, with low self-esteem and confidence.
3. Thirst: unquenchable cold water, Reduced thirst, small quantity in half an hour.
4. Desire: spicy and sour thing, salt++
5. Severe itching and burning all over the body.
6. Intense itching aggravating at night along with mild bleeding on scratching was also reported.

gradation. Sulphur covered all the symptoms with highest gradation. On referring materia medica Arsenicum album reflected the totality of case more precisely.^[6]

JUSTIFICATION OF FIRST PRESCRIPTION:

Arsenicum album 200C one drop on stat was prescribed on the basis of totality of symptoms. Unquenchable thirst for cold water, reduced thirst. Severe itching and burning all over the body. Intense itching aggravating at night along with mild bleeding on scratching was also reported.

JUSTIFICATION OF SECOND PRESCRIPTION:

Natrum Muraticum 1M was given two times after the completing the action of first prescription. Recase taking, evaluation and analysis was done and on the basis of new totality of symptom Natrum muraticum was prescribed in subsequent doses. Natrum muraticum is complementary to Arsenicum album , hence this dose completed the action of remedy.

JUSTIFICATION OF DOSE: Minimum dose as per the susceptibility of patient was given according to the principles of Homoeopathy.

PRESCRIPTION:

RX

ARSENICUM ALBUM 200/ONE DOSE STAT

PHYTUM 30/TDS X 15 DAY.



Figure-2: 04/07/2023



Figure-3: 11/11/2023

TABLE-2: FOLLOW UP

DATE	SYMPTOM	MEDICINE
6/8/2023	Tinea over groin region Dream of dead people. Low self-esteem and confidence. Severe itching and burning all over the body. Intense itching aggravating at night along with mild bleeding on scratching was also reported. Thirst: unquenchable cold water, reduced thirst, small quantity in half an hour.	Arsenicum album 200c 1 dose stat Phytum 30 /tds x 15 day
17/8/2023	Slight relief in burning No relief in itching at night No relief in tinea affected area Thirst: quantity of intake increased. Dreams: infrequent of dead people No improvement in self esteem.	phytum 30 /tds x15 day
17/9/2023	No further changes Itching with burning continue and aggravating at bed time No relief in tinea affected area Thirst: Improved. Dreams: infrequent of dead people No improvement in self esteem.	Nat.mur 200/1drop Rubrum 30/tds x15 day JUSTIFICATION OF DOSE: Minimum dose as per the susceptibility of patient was given according to the principles of Homoeopathy.
28/9/2023	Tinea slightly relieved in groin region. Burning relieved. Itching increased, aggravating at night. No dreams reported. No improvement in self esteem	Phytum 30/tds x 15 day

5/10/2023	Slight improvement in tinea groin region. Itching slightly relieved. Mild bleeding after scratching. No improvement in self esteem.	Phytum 30/tds x 15 day
22/10/2023	No further relief Tinea over groin region. Itching with burning and aggravating at bed time .Dreams : infrequent of dead people. No improvement in self esteem	Nat mur 1M /one dose Phytum 30/tds x 20 day JUSTIFICATION OF DOSE:In view of no further improvement ,potency of the medicine was raised .
11/11/2023	Tinea slightly relieved groin region .Burning relieved. Itching increased, aggravating at night. No dreams reported No improvement in self-esteems Bleeding and burning not present since few days.	Rubrum 200/1 dose Phytum 30/tds x 15 day
25/11/2023	Patient reported he feels better Relief in itching and burning. Tinea slightly relieved in groin region. Burning relieved. Itching increased, aggravating at night. No dreams reported.	Rubrum 200/1 dose Phytum 30/tds x 15 day

9/12/2023	Patient feels better in her complaints; Relief in itching and burning. Tinea relieved in groin region Burning relieved. Itching relieved. No further complaint reported.	Rubrum 200/1 dose Phytum 30/tds x sos
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Figure-4: 25/11/2023



Figure-5: 09/12/2023

DISCUSSION

Arsenicum album 200C was prescribed as part of the initial treatment, taking into account all of the patient's symptoms. The patient's symptoms, which included an insatiable need for cold water, excruciating itching, and burning sensations, led to the selection of this therapy. Arsenicum album is well renowned for its ability to effectively cure illnesses characterized by intense burning and itching, especially when these symptoms worsen at night. The patient's symptoms persisted despite showing a few minor improvements while taking arsenicum album. After reevaluation, Natrum muriaticum 1M was prescribed as a consequence. The selection of Natrum muriaticum was based on its ability to treat residual symptoms and its complimentary

character to Arsenicum album.

Based on a repertorial examination and the entirety of the symptoms, including dreams of Death, loneliness, and a never-ending burning and itching. Although there were times during the observation period when there was a minor improvement in the condition of the tinea lesions and a decrease in burning, the full resolution of the symptoms was not attained. Notably, the patient continued to struggle with confidence and self-worth, and there were variations in the intensity of her symptoms that necessitated modifications to her treatment plan. Treating tinea cruris with homeopathic remedies shows a comprehensive approach that takes into account both physical and mental symptoms. The specificity of homeopathic treatment is emphasized by the use of follow-up remedy

Natrum muriaticum and the precise symptom match of Arsenicum album. The instance backs up the notion that homeopathy can treat the patient's underlying emotional states as well as their outward manifestations. Notwithstanding the early improvements, the patient presented difficulties in attaining total symptom alleviation. Given the patient's ongoing problems with self-esteem and erratic symptoms, homeopathy may be able to relieve symptoms, but deeper constitutional problems may need to be addressed over a longer period of time or with other remedies. This emphasizes the necessity of continuing patient assessment and maybe including additional supportive therapy. In homeopathic practice, the example emphasizes the value of thorough case-taking and repertorization. It also highlights the possibility of variation in therapy results, which can be impacted by the condition's intricacy and the patient's reaction to treatments. More research with bigger sample numbers Using established procedures may shed additional light on the effectiveness of particular homeopathic remedies for skin diseases like tinea cruris. The findings pave the way for additional investigations into the efficacy of homeopathic remedies for long-term dermatophyte diseases. A more thorough grasp of the most effective methods for treating ailments like tinea cruris may be possible by contrasting homeopathic remedies with traditional medical interventions and investigating the possibilities of combination therapies. Individualised homoeopathic medicine plays an important role in treating patients holistically. The complete disappearance of tinea cruris without any recurrence of lesions in the 6 months of the follow-up period is evidence supportive of the positive role of individualised homoeopathic medicine Sulphur in the cure of tinea cruris and associated complaints. Therefore, further prospective studies on the curative role of Sulphur in treating tinea cruris are suggested for scientific validation.^[5]

CONCLUSION:

Homoeopathy medical science embraces a holistic approach in the treatment of the sick. A detailed case-taking is done to elucidate the constitutional makeup of the patient, and a single remedy is selected based on the totality of symptoms. This case proves the importance of individualized homoeopathic treatment of tinea cruris by Arsenicum Album in 200 potency in centesimal scale and single dose. Clinical outcomes are very frequently assessed by homoeopathic physicians using Hering's law of cure. It suggests that following a homoeopathic constitutional remedy, healing occurs from the head down, inside out, most important to the least important organs, and in the reverse order of symptoms in which they first appeared. In this case, Natrum muriaticum 1M followed Arsenicum album 200C as the first prescription and gradually improved the patient's condition, from the head down, inside out, most important to the least important organs, and in the reverse order of symptoms in which they first appeared. In this case report, there is scope for further study of the relationship among homoeopathic medicines.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained appropriate patient consent forms; the patient has given consent for his images and other clinical information to be reported in the journal.

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Nil

CONFLICT OF INTEREST

There is no conflict of interest

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