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CASE-REPORT

Title: Individualized Homoeopathic Management of Intertigo using Sulphur - An evidence-based case report

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ABSTRACT

Intertigo is a superficial inflammatory skin condition that generally occurs when skin surfaces rub together. It is characterized by redness, irritation, crusty skin, and itching. The condition is worsened by warmth, moisture, and friction, as well as secondary infection by bacteria or yeast. We present a case report of a 55-year-old male with type 2 diabetes mellitus, presenting with redness and rashes in axillae for 6 months treated with individualized homoeopathic medicine after proper repertorization.

Keywords: *Intertigo, Individualized Homoeopathic Medicine, MASD, Type 2 Diabetes Mellitus, Sulphur.*

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INTRODUCTION

Intertriginous dermatitis, another name for intertrigo, is one of the four distinct disorders that fall under the umbrella term of moisture-associated skin damage (MASD). The term MASD refers to skin deterioration resulting from extended contact with moisture sources like urine, faeces, sweat, wound exudate, saliva, or mucous.^[1] It is a broader category that includes various forms of moisture-related skin damage, often leading to redness, discomfort, pruritus, and in severe cases, skin breakdown.

Intertrigo is a common inflammatory skin condition caused by skin-on-skin friction within skin folds, resulting from repeated friction and moisture being trapped due to poor air circulation. The commonly affected sites include the flexural surfaces, such as the neck, underarms, submammary area, and perineum, and other regions, such as interdigit spaces, eyelids, and abdominal creases. The Latin origins of the term "intertrigo"-inter (means "between") and there (means "to rub").^[2]

Intertrigo affects individuals of all ages, from infancy to old age. Diaper dermatitis is an inflammatory condition that affects infants.^[4] Adults who are obese, have hyperhidrosis, diabetes mellitus, incontinence of urine or stool, poor hygiene, or are immunocompromised are at risk for intertrigo.^[3] Geographically, it is more prevalent in places with hot and humid climates, as the moist, damaged skin associated with intertrigo is a fertile breeding

ground for various microorganisms and secondary cutaneous infections.

CLINICAL FEATURES

Intertrigo presents as erythematous patches of varying intensity that further progress to erosions, maceration, fissures, crusting, and weeping. Intertrigo typically presents with redness, swelling, itching, burning, tingling, and pain in the skin folds. The skin becomes raw and moist and develops cracks or fissures. The degree of inflammation varies based on the location, duration, and presence of secondary infection. A secondary infection will be considered if pustules, crusts, or vesicles are apparent. Satellite papules and pustules are distinctive features of Candida. An infection with Pseudomonas is indicated by a bluish-green hue. Intense erythema, weeping, and tenderness are indicative of bacterial intertrigo.^[5]

The differential diagnosis for intertrigo includes seborrheic dermatitis, irritant or allergic contact dermatitis, atopic dermatitis, inverse psoriasis, pemphigus, and scabies.

Seborrheic dermatitis and psoriasis vulgaris inversa have sometimes similar presentation to intertrigo. Seborrheic dermatitis involves axillae or inguinal regions or the scalp. Psoriasiform lesions elsewhere on the body and pitting of nails differentiate psoriasis. Allergic and irritant contact dermatitis have more intense pruritus. There are sign of eczema in other body locations. Pemphigus vegetans has coexisting erosions and blisters

on skin or mucosae, circulating antibodies of pemphigus type and histopathology with positive immunofluorescent examination.^[6]

MANAGEMENT

Initially, the fundamental cause should be well understood prior to treatment. In conventional medicine, the first line of treatment for intertrigo is antimicrobial therapy if the rash is due to infection. Drying agents, such as antiperspirants, are helpful in reducing moisture in the case of simple intertrigo. Topical treatments can also be effective for lesions infected with mild bacteria. Regarding the management of cases, bathing followed by gentle drying with a soft towel is recommended after physical activity. Patients should avoid wearing synthetic clothes and instead wear loose cotton clothes. In the case of long-term intertrigo or improper treatment, it may result in systemic involvement, secondary bacterial infections, and permanent skin alterations.^[7]

PATIENT INFORMATION

A 55-year-old male patient, a government clerk by profession, presented on May 18,

2024, with the complaint of rashes under the right axillae with small eruptions that had been spreading over his chest and trunk region for 6 months.

HISTORY OF PRESENT COMPLAINTS

As narrated by the patient, he had previously experienced skin infections in different parts of the body, but these often resolved within a few days after taking allopathic medication. However, in the last 6 months, there has been extreme itching, redness with severe burning under the right axillae, along with small eruptions. Complaints were aggravated after scratching. Watery discharge oozes out after the patient scratches the area. He was not on any medication at the time of reporting but had been intermittently taking antifungal medicine and ointment 1 month prior.

PAST HISTORY

The patient had type 2 Diabetes Mellitus and had been on medication for the past 10 years. On visit, the patient's HbA1c level was elevated to 7.4 (as shown in fig 1). He has been hypertensive for the past 15 years and is on antihypertensive medication.

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC)	7.4	%	4.00 - 5.60
Estimated average glucose (eAG)	166	mg/dL	

Interpretation:
HbA1c result is suggestive of Diabetes/ Higher than glycemic goal in a known Diabetic patient.

Please note, Glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations.

Result Rechecked,
Please Correlate Clinically.

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults ≥18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	≥ 6.5	<7.0

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HbA1C RESULTS
Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g., carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c

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Fig -1 HbA1c of the patient as on 18/05/24

FAMILY HISTORY – His father passed away at the age of 40 from stomach cancer. The mother, who was 75 years old at the time of her death, suffered from type 2 diabetes mellitus and hypertension. The patient had two younger siblings who were alive and in good health. No other specific illnesses were prevalent in the family.

MENTAL GENERALS – The patient is very restless, mentally and physically. He becomes anxious about every minor health issue. His skin infection made him feel irritable. Despite his annoyance, he listened very attentively and told everything honestly and sincerely. He repeatedly said that “he was very careful at his job, worked very precisely and with full concentration so that there were no mistakes and no one could point out anything”.

PHYSICAL GENERALS – The patient’s thermal was hot. He has an unquenchable thirst even after drinking large quantities of water and always prefers cold water. There is profuse generalized perspiration all over the body with a marked garlic odor. Patient craves sweets dishes after every meal though satisfied with a small piece but he wants it after every meal.

CLINICAL FINDINGS: Reddish skin rash was observed in the right axillary region. Margins were not clear. Rawness and soreness were also observed. Intense itching and burning were present, which aggravated after scratching. Watery discharge oozes out after scratching. Small pustular eruptions were also present on the chest and trunk. Intertrigo was diagnosed based on clinical presentation and history.

PROVISIONAL DIAGNOSIS

Intertrigo

ANALYSIS OF CASE AND REPERTORISATION

The following characteristic symptom was considered for repertorization

1. Anxiety about health
2. Very restless
3. Very careful and concentrates in work
4. Rash in right axillae
5. Intense burning and itching on scratching
6. Pustular Eruptions
7. Moist skin as watery discharge oozes out
8. Copious perspiration with a typical garlic odor.
9. Hot Patient
10. Desires sweets

EVALUATION OF SYMPTOMS

1. MIND – Carefulness
2. MIND – RESTLESSNESS, Mental
3. MIND – Anxiety, general – health, about their
4. CHEST – ERUPTIONS – Axillae – Burning
5. CHEST – ERUPTIONS – Axillae – Itching

6. CHEST – ERUPTIONS – Axillae – moist
7. CHEST – ERUPTIONS – Axillae – rash
8. PERSPIRATION – ODOR – garlic
9. FOOD – SWEETS, general – desires

Limit the analysis to a view: Full repertory

Search remedy:

RadarOpus
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	sulph.	phos.	lyc.	sep.	lach.	nat-m.	ars.	puls.	calc.	mer c.	carb.	sil.	nux-v.	bar-c.	hep.	ign.	na
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
7	6	5	5	5	5	4	4	4	4	4	4	4	4	4	4	4	4
14	11	12	11	7	6	14	10	9	9	8	8	7	6	6	6	6	

1. Clipboard 1

- ▶ 1. Mind - CAREFULNESS (35) 1
- ▶ 2. Mind - RESTLESSNESS, mental (411) 1
- ▶ 3. Mind - ANXIETY, general - health, about their (87) 1
- ▶ 4. CHEST - ERUPTIONS - Axillae - burning (3) 1
- ▶ 5. CHEST - ERUPTIONS - Axillae - itching (12) 1
- ▶ 6. CHEST - ERUPTIONS - Axillae - moist (7) 1
- ▶ 7. CHEST - ERUPTIONS - Axillae - rash (7) 1
- ▶ 8. PERSPIRATION - ODOR - garlic (13) 1
- ▶ 9. Food - SWEETS, general - desires (149) 1

3	2	2	2	1	3	3	1		1	3	3	2		2	1		
3	2	3	2	2	4	3	3	4	3	3	2	1	1	2	2		
1	4	3	2	1	1	4	2	3	1	3	1	1	2	1	1	1	
	1								2								
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1			2		1												
2														2			
1	1	1			1												
3	2	3	2	1	1	3	2	2	2	1	1	1	1		1	2	

9 symptom(s) / 489 remedies Sum of symptoms (sorted degrees) No limitation All remedies

Repertorization was done using Radar Opus 3.3.24 reportorial result is shown: - Fig.2

BEFORE TREATMENT



Fig 3- Patient before treatment as on 18/05/24



Fig 4- During the treatment



Fig 5- After Treatment (09/09/2024)

THERAPEUTIC INTERVENTION WITH FOLLOW UPS AND OUTCOME

According to the repertorial results, the top two medicines covered according to totality were SULPHUR and PHOSPHORUS. After taking help from Materia medica, the hot thermal of the patient eliminated phosphorus.

First prescription was given on (18/05/2024): Sulphur 200 STAT + Placebo 30, 4 pills BD for 10 days.

Table:1-Follow-Ups

FOLLOW UP DATE	SYMPTOMS	MEDICINE PRESCRIBED
18/05/2024	A reddish rash was present in the right axillary region. Severe rawness and soreness were observed. The margins were also unclear. Intense itching and burning present which got aggravated after scratching. Watery discharge oozes out after scratching. Small pustular eruptions down the chest and trunk region were also present.	Sulphur 200 STAT + Placebo 30 BD For 10 days
30/05/2024	Reddish rash reduced up to 4% Severity of the symptoms decreased. Itching and burning were sometimes present. No watery discharge. The spread of the pustular eruptions decreased.	Placebo 30, 4 pills, BD for 2 weeks
18/06/2024	Rash reduced upto 65%. Itching only when there is a lot of sweat in the axilla. No pustular eruptions were observed.	Placebo 30, 4 pills, BD for 15 days
07/07/2024	No new symptoms. The patient felt much better. Upon observation, the patient appeared calm and relaxed.	Placebo 30, 4 pills, BD for 1 month

05/08/2024	The skin rash disappeared, and no redness or itching was present since he started taking homeopathy. No ointment or allopathic medicine was used. He was mentally in a good state. There was no irritability.	Placebo 30, 4 pills, BD for 1 month
09/09/2024	Completely well. No episodes of eruption have occurred to date.	Placebo 30, 4 pills, BD for 1 month

DISCUSSION

Intertrigo is a common yet often overlooked skin condition that can significantly impact the quality of life for those affected. It occurs in skin folds where moisture, friction, and heat create an environment helpful to inflammation and infection.^[9] Skin deterioration from excessive friction raises likelihood of secondary infection such as bacterial and fungal.

A case report by Dr. Candy Benny and Dr. Mansoor Ali concludes successful homoeopathic treatment of intertrigo in a 4-month-old boy which was prescribed on the basis of totality of symptoms and holistic understanding of the patient which led to a marked improvement without the need for conventional topical or systemic medications^[9]. A case report by Anju George and Shobha B. Mali Patil shows effective role of homoeopathic medicine causticum 200 in paediatric age group.^[10]

In this case a 55 years old male presented with the complaint of intertrigo and he was diabetic with HbA1C 7.4. As it affects individual of all ages and diabetic mellitus patients are more at the risk. This case highlights the effectiveness of the homeopathic medicine sulphur in geriatric age group which was administered after proper case taking, and the totality of symptoms was formed, analysed, and evaluated. The case was repertorized using the synthesis repertory. This case follows all the laws, including the Law of Simplex and the Law of Minimum Doses, as a single dose was administered, followed by a

placebo. Proper follow-up was also performed.

CONCLUSION

Homeopathy does not only treat the illness but it treats the patient as a whole person. This holistic perspective acknowledges that symptoms manifest not only as a result of physical dysfunction but also as expressions of deeper imbalances within the individual. The objective is to encourage the body's natural capacity of self-healing rather than just suppressing or reducing symptoms.

To individualize the patient, it is important to examine not only the physical makeup but also the intellectual, emotional, and mental characteristics. In this case report, we have demonstrated the clinical evidence of intertrigo and its homeopathic treatment with photographs. This case shows how individualized medicine can successfully treat intertrigo in patients with diabetes when their HbA1c is higher than normal, and the complaint has not recurred till date, according to the patient's account.

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DECLARATION OF PATIENT CONSENT

The patient has given consent for the use of his images and other clinical information reported in and initials will not be published and due efforts will be made to keep her identity confidential.

FINANCIAL SUPPORT AND SPONSORSHIP - Nil

CONFLICT OF INTEREST- None

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