



Homoeopathic Treatment Of Tinea Cruris With LM Potency: A Case Report

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Abstract: Tinea Cruris is one of the fungal infection caused by a species of Dermatophytes. It usually occurs in the groins and upper and inner parts of the thighs caused by *Trichophyton rubrum*. Most of the people usually affected with Tinea-related symptoms visit nearby hospital where tropical agents and antifungal medications are commonly administered. However in Homoeopathy when medicine is administered based on the totality of symptoms, it can produce cure and also prevent further relapsing of the case. This case study helps to know about the effectiveness of homoeopathy in managing Tinea cruris in LM potency. A 25 years old female presented with irregular circular eruption over the buttocks, groins and lower back 6 years. The case was diagnosed with Tinea Cruris. After detailed case taking and repertorization, Mezereum 0/3 was prescribed. There was a marked improvement with complete disappearance of the lesion, without any adverse effects and recurrence of eruption.

Keywords – Dermatophytes, Homoeopathy, Individuality, Mezereum 0/3, Tinea Cruris.

INTRODUCTION

Dermatophytosis is a superficial fungal infection that affects dead, keratinized structures such as the skin, hair, and nails. These infections are more prevalent in hot, humid tropical climates and are commonly observed in individuals with weakened immune systems. The infection can be transmitted through humans, soil, or animals. Fungi from human sources typically cause minimal inflammation, while those from animals tend to induce more severe inflammation^[1]. The prevalence of superficial fungal infection is about 20-25%^[2] and its most common in all age groups of both sexes due to poor hygiene and contact with the infected individuals^[3]. Diagnosis can be done by clinical appearance but can be confirmed by microscopic examination of potassium hydroxide wet-mount preparations of skin scraping from the lesion.^[4] In homeopathy, when a remedy is selected based on the individualization of the patient through careful repertorization, it helps identify the most appropriate treatment, leading to a complete cure without recurrence of the condition. This case report highlights the effectiveness of homeopathic medicine in treating tinea cruris using LM potency.

PATIENT PROFILE

A 25 Year-Old Female, Housewife from a middle socioeconomic background presented to our Rural Health center OPD of SKHMC in Kanyakumari, Tamil Nadu on 31/7/2024, with complaints of irregular circular eruptions and itching over the buttocks, groins and lower back 6 years on and off. Took allopathic medicine for the presenting complaint but only temporary relief and recurs again. Patient presently complaints of itching and irregular circular eruption since 6 months. Ailments from unknown. Gradual onset. Itching followed by scratching. Burning sensation immediately after scratching especially at night. Skin dry in nature. Skin appears red after scratching. Itching < night, < touch++, < sweat during. Wants to scratch continuously. No history of fever, Malaise, discharge, lymphadenopathy, Diabetes mellitus or any secondary infection.

PAST MEDICAL HISTORY: Took allopathic medications and anti-fungal ointment for the presenting complaint which gives temporary relief and recurs again.

FAMILY HISTORY: No family history of any dermatological conditions, lives in a hot and humid climate.

CLINICAL FINDING

On examination of skin:

Inspection: Irregular circular eruptions over the lower back, buttocks and groins. Central clearing, well-demarcated, scaly eruption. No discharge seen. Mild excoriations seen due to scratching. No secondary infections seen.

Palpation: No tenderness, No adjacent lymph node enlarged, Auspitz sign Negative.

PHYSICAL GENERAL

Thermal: Ambi-thermal

Appetite: Regular, 3 times/day

Thirst: Regular, 4 liters/day

Sleep: disturbed due to the complaints. Itching < night

Stool: regular, once a day

Urine: 5-6/0-1 – D/N, No burning while Micturition.

Desires: Nothing specific

Aversion: Nothing specific

MENTAL GENERAL

Fastidious

Very Forgetful

Gets angry easily

PROVISIONAL DIAGNOSIS: Tinea Cruris. ICD-B35.6



Figure 1: Tinea cruris before treatment (31/07/24)



Figure 2: Tinea cruris during treatment (14/08/24)



Figure 3: Tinea cruris during treatment (28/08/24)



Figure 4: Tinea cruris during treatment (11/09/24)



Figure 5: Tinea cruris after treatment (20/11/2024)

EVALUATION OF SYMPTOMS

1. Mental generals
 - Very Forgetful
 - Gets angry easily
2. Physical generals
 - Thermal: Hot
 - Miasm: Ambi-thermal
 - Sleep: Disturbed due to complaint. Itching < night
 - Constitution: Oxygenoid
 - Temperament: Nervous
3. Characteristic particulars:
 - Itching followed by scratching.
 - Burning sensation immediately after scratching.
 - Itching < Night, < touch++
 - Skin dry in nature.
 - Skin appears red after scratching.
 - Wants to scratch continuously

TOTALITY OF SYMPTOMS AND REPERTORIZATION:

1. Forgetful
2. Itching < touch++
3. Skin dry in nature.
4. Reddish discoloration after scratching
5. Wants to scratch continuously
6. Sleep disturbed due to itching < night.

Remedy	Mez	Graph	Sulph	Dulc	Rhus-t	Nat-m	Ars	Calc	Psor
Totality	23	22	22	20	20	19	19	19	19
Symptoms Covered	8	6	6	6	6	7	6	6	6
[Complete] [Mind]Forgetfulness:	4	4	4	3	4	4	4	4	4
[Complete] [Mind]Anger:Easily:	3	3	3	3	0	3	3	3	3
[Complete] [Skin]Eruptions:Dry:	4	4	4	4	4	3	4	4	4
[Complete] [Skin]Eruptions:Herpetic:Circinate, ringworm:	4	4	3	4	4	4	3	4	4
[Complete] [Skin]Redness:Scratching, after:	1	3	4	3	4	3	1	1	0
[Complete] [Skin]Itching:Burning, smarting:Night:	3	0	0	0	0	0	0	0	0
[Complete] [Skin]Itching:Scratch, must:Bleeds, until it:	1	4	4	3	3	1	4	3	3
[Complete] [Skin]Itching:Touch:Agg.:	3	0	0	0	1	1	0	0	1

Figure 6: Repertorial Chart (Zomeo Software)

POTENTIAL DIFFERENTIAL FIELD**Table: 1 Potential Differential Field**

S.No	Medicine	Reportorial Result	Thermal (Amithermal)	Miasm (Psora)	Sphere of action (skin) ^[5]
1.	Mezereum	23/8	✓	✓	✓
2.	Graphites	22/6		✓	✓
3.	Sulphur	22/6		✓	✓
4.	Dulcamara	20/6		✓	✓
5.	Rhus-Tox	20/6		✓	✓
6.	Nat-Mur	19/7	✓	✓	✓
7.	Ars.alb	19/6		✓	✓
8.	Calc-Carb	19/6		✓	

PRESCRIPTION:

1. MEZEREUM 0/3, 1D in 10ml Aqua x 10 Gtt x BD
2. B.PILLS 3x TDS
3. B.DISC 1XBD

Advised to review after 2 weeks.

FOLLOW-UP AND OUTCOME

The details of the follow-ups are given in Table 2.

Table: 2 Follow-up and Outcome

DATE	SYMPTOMS	PRESCRIPTION
14/08/2024	Itching in both the buttocks, Groins, and lower back slightly better. Burning sensations present after scratching occasionally. No new eruptions. Discoloration still persist. Generals good. No new complaints.	1. B.PILLS 3x TDS 2. B.DISC 1XBD
28/08/2024	Itching better than the previous follow-up. Blackish discoloration persist. No eruptions. Burning sensation reduced. Generals good. No new complaints.	1. B.PILLS 3x TDS 2. B.DISC 1XBD
11/09/2024	Complaints better. No new eruptions. No new complaints. Itching reduced. Generals good.	1. B.PILLS 3x TDS 2. B.DISC 1XBD
25/09/2024	Complaints better. No new eruptions. No new complaints. Itching reduced. Generals good.	1. B.PILLS 3x TDS 2. B.DISC 1XBD
09/10/2024	Complaints better. No new eruptions. No new complaints. Itching reduced. Generals good.	1. B.PILLS 3x TDS 2. B.DISC 1XBD
23/10/2024	Complaints better. No new complaints. No new eruptions. Generals good.	1. B.PILLS 3x TDS 2. B.DISC 1XBD
06/11/2024	Complaints better. No new complaints. Generals good.	1. B.PILLS 3x TDS 2. B.DISC 1XBD
20/11/2024	Complaints better. No new complaints. Generals good.	1. B.PILLS 3x TDS 2. B.DISC 1XBD

Table 3: Assessment by Modified Naranjo Criteria (Monarch) Score^[6]

Domains	Yes	No	Don't know or not done
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 time frame relative to the medicine intake?	+1		
Was there a homoeopathic aggravation of symptoms?	+1		
Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioral elements)	+1		
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
6B. Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms – from organs of more importance to those of less importance? – From deeper to more superficial aspects of the individual? – From the top downwards?	+1		
Did old symptoms (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
Are there alternative causes (i.e. other than the medicine) that- with a high probability – could have produced the improvement? (consider the known course of the disease, other forms of treatment and other clinically relevant interventions)		0	
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?	+1		
		Total score: + 9	

CHARACTERISTICS OF MEZEREUM IN SKIN:

1. Eczema with intolerable itching worse at night. Ulceration of the eruptions with thick scab. Eruptions worse on touch^[7] – William BOERICKE
2. Sensitiveness to touch. Red rash itch violently. Itching especially at night with violent and painful after scratching of the affected part^[8] – J.H. CLARKE
3. It affects Skin which produces violent, burning, darting, like fire in the muscles. Intolerable itching which gets aggravated by warm bath. Wants to scratch continuously by changing the place - S.R. Phatak

4. The principal use of this remedy is in eruptions and ulcerations violent itching and the patient rubs and scratches until the parts become raw and followed by burning sensation. Eruptions with much itching. Red rash with violent itching. Cases with a history of suppressed eczema or syphilis. Skin eruptions followed by ulcerations^[9]- J.T. Kent
5. Eczema and itching eruptions after vaccinations. Eczema intolerable itching < in bed, from touch^[10] – H.C.Allen

DISCUSSION:

When the patient first visited the rural health center OPD of Sarada Krishna Homoeopathic Medical College at Vivekananda Kendra, Kanyakumari, she was experiencing irregular circular eruptions over the groin, buttocks and lower back with severe itching and was diagnosed as tinea cruris based on the clinical examination and detailed clinical history. She has taken allopathic medication and used external application for years but there is no significant change in the symptoms with recurrence of conditions and she discontinued anti-fungal medications 3 months back. After detailed case-taking Mezereum 0/3 was prescribed and following this, there was a slight and noticeable intensification of the patient's existing symptoms, along with an improvement in the patient's overall well-being. Along with homeopathic medication patient is asked to maintain proper hygiene. Medications along with proper diet and regimen also helps to fasten the recovery of the patient. Single dose of Mezereum 0/3 cleared the tinea cruris and there was no recurrence of complaint since 3 months follow up period. The MONARCH Outcome assessment score was +9 showing a great relationship between the clinical outcome and the medicinal intervention. LM Potency is used because aggravation is less when compared to other potencies and frequent repetitions can be done. LM Potency when accurately selected and shorten the cure process without much delay^[11].

CONCLUSION:

This case study clearly demonstrates that when a properly selected, individualized homeopathic remedy is administered, it results in a complete cure for the patient without any recurrence of the previous symptoms. The complete resolution of tinea, with no recurrence of the lesions over the three-month follow-up period, provides further evidence that homeopathic medicine has a positive role in managing dermatological cases. Additionally, further homeopathic case studies focusing on tinea cruris should be conducted to explore its potential in treating dermatological conditions.

DECLARATION OF PATIENT CONSENT:

Patient's consent was obtained to publish her images and other clinical information to be reported in the journal. The patient also has explained that his details including name and contact will not be published and due efforts will be made to conceal her identity.

CONFLICT OF INTEREST: Not Available

FINANCIAL SUPPORT: Nil

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