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Tinea cruris managed with a single dose of individualised homoeopathic medicine: A case report

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Abstract

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Acknowledgments and Source of Funding

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Keywords: Homoeopathy, Individualisation, Ringworm, *Sulphur*, Tinea cruris

Introduction

Dermatophytes are fungi that invade and multiply within keratinised tissues (skin, hair and nails), and cause superficial infections of skin known as ringworm or dermatophytosis.[1] They can originate from the soil or animals or be confined to human skin (anthropophilic).[2] Clinical forms of cutaneous infection of dermatophytes include tinea corporis, tinea capitis, tinea cruris and tinea pedis.[3] Causative pathogenesis is by the dermatophyte fungi releasing proteolytic enzymes and keratinases into the skin.[1] Tinea cruris is also known as ringworm, *dhobi* itch, jock itch and eczema marginatum.[4] Common in adults and males, itching is a predominant feature in every species. Scaling is variable and occasionally may mask the inflammatory changes.[4] Some central clearance is usually present but is often incomplete, with nodules scattered throughout the affected area.[5] Satellite lesions, if present, are few and relatively large. Spread to the scrotum is common, but scaling is minimal and inflammation is inconspicuous against background erythema. Usually, the diagnosis is clinical but can be confirmed by microscopic examination of potassium hydroxide wet-mount preparations of skin scrapings from the active border of the lesion.[5] A fungal culture is a gold standard for diagnosing dermatophytosis in doubtful, inconclusive, severe, widespread and resistant cases.[6] Along with neglected approaches, the climate pattern of tropical and subtropics with high humidity and temperature increased moisture, and poor hygiene provided fertile soil for the fungus.[7,8] Long-continued treatment and medication costs often lead the patient to search for alternative therapies. Although conventional topical antifungal therapy is effective in treating tinea cruris and other dermatophyte manifestations, its appropriate dose and duration of administration for curing and preventing recurrence remains elusive.[1] In contrast, the Homoeopathy system, with individualised homoeopathic medicine, treats the patient as a whole, rather than just the disease alone, relieves complaints, aims to prevent recurrence...
and ensures healthy skin. Despite the increased prevalence of cutaneous dermatophytosis worldwide, research in this area has often been neglected. There is an intense need to undertake more research studies and report evidence-based cases focused on the homoeopathic management of tinea cruris. In routine daily practice, the homoeopathic medicine Sulphur is widely used for various skin conditions, with promising results when indicated. 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 present case shows the evidence-based positive role of individualised homoeopathic medicine Sulphur in managing tinea cruris.

**Patient Information**

A 30-year-old male, a teacher by profession, presented at the outpatient department (OPD) of the Clinical Research Unit for Homoeopathy, Dimapur, with complaints of multiple reddish, ring-like lesions over the buttocks and perianal region accompanied by itching and burning sensation for 2 years. The complaint was treated initially with some antifungal lotions, resulting in temporary relief of complaints. After 1 year, he developed haemorrhoids with bleeding from the rectum during stool, and burning sensation which was ameliorated by cold water application. He also complained of constipation.

**History of presenting complaints**

The skin lesions had started 2 years back as brown, as discoloured patchy lesions over the Groin which gradually increased in size, became red, erythematous with raised edges accompanied by itching and burning sensation. The patient had consulted a dermatologist who had prescribed some anti-fungal ointments. After using them, initially, there was some relief in skin lesions and itching. However, soon after, he developed two more lesions over the buttocks and the perianal region. Subsequently, the lesions increased in size and thickness and appeared reddish. The itching was aggravated after taking a bath. The haemorrhoids started 1 year back as mild protrusion and bleeding from the rectum during stool. There was itching at the anus and a burning sensation ameliorated from the cold water application. It was 2° haemorrhoids accompanied by constipation, and the stool was hard and unsatisfactory. Complaints were associated with dandruff and itching of the scalp.

There was a history of scabies in childhood, treated with external lotions. His father was hypertensive, and no other relevant family history was there.

For the present complaints, the patient had taken allopathic and Ayurvedic treatment and used many external lotions without significant relief.

**Clinical findings**

On inspection, the eruptions were present over the buttocks and perianal skin which were ring-like, hyperpigmented, red inflammation, erythematous, thick, raised edges with central clearing. On palpation, there was no tenderness, but mild soreness was present. On general examination, the patient was conscious and well-built, with no pallor, cyanosis, jaundice or clubbing.

The patient was social, extroverted and talkative, and had anxiety about health. He was mentally dissatisfied due to the previous treatments taken for ringworm, liked cold drinks and sweets and wanted to be open-air. He also had constipation with unsatisfactory, hard stool.

Provisional diagnosis was tinea cruris. Tinea cruris was differentiated from erythrasma due to the absence of the distinctive features of red–brown colour and no active border; and from seborrhoeic dermatitis with the lack of greasy scale on erythematous base with the typical distribution involving hairline, eyebrows, postauricular folds and annular lesions less common. Based on the clinical history and physical examination and distinguishing the clinical features of similar conditions, tinea cruris was confirmed.

**Case analysis and repertorisation**

All the symptoms obtained from detailed case-taking are analysed in Table 1. The totality of symptoms included his social nature with a desire for company, dissatisfaction, desire for cold drinks, eruptions ring-like, itching aggravated from bathing, burning sensation in anus ameliorated by cold water application, haemorrhoids with bleeding, itching ameliorated by scratching, etc. Characteristic symptoms were converted to rubrics and repertorisation was done with Synthesis Treasure Edition 2009v [Figure 1].

**Therapeutic intervention**

The individualised homoeopathic medicine Sulphur was selected based on the totality of symptoms and repertorisation in consultation with *Materia medica*, as per the homoeopathic principles.[9,10] A single dose of Sulphur 1M, the potency of the centesimal scale was given as the first prescription as one medicated globule 30 size to be taken on an empty stomach. Diet and regimen were also recommended, such as taking plenty of leafy vegetables and fruits to manage constipation and haemorrhoids, following preventive measures such as

<table>
<thead>
<tr>
<th>Table 1: Analysis of symptoms</th>
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<tr>
<td><strong>Mental generals</strong></td>
</tr>
<tr>
<td>Social</td>
</tr>
<tr>
<td>Desires company</td>
</tr>
<tr>
<td>Talkative</td>
</tr>
<tr>
<td>Anxiety about health</td>
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<td>Dissatisfied</td>
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bathing twice daily, personal hygiene and keeping skin lesions area dry to avoid reinfection.

**Follow-up and outcome**

The patient was assessed every 2 weeks or earlier if required. The detailed follow-up and outcomes are summarised in Table 2. No adverse effects were noted during the treatment. The Modified Naranjo Criteria for Homoeopathy was also used for the causal attribution between medicinal intervention and clinical outcome.\(^{[11]}\)

After taking medicine, complaints of bleeding per rectum stopped after 1 day, and there was a slight aggravation in itching of skin eruptions, but it decreased in intensity after 2 days. The burning sensation after stool and constipation were ameliorated subsequently. After that, skin eruptions gradually decreased in thickness, red erythematous discoloration disappeared and the itching was relieved completely. The disappearance of tinea cruris lesions occurred with *Sulphur* 1M, a single dose and *Thuja* 1M was given as an intercurrent remedy for relieving the associated symptoms of haemorrhoids. Tinea cruris lesions on the buttocks, perianal and Groin region completely disappeared within 2 months of treatment, and no recurrence of lesions developed in the follow-up period [Figures 2-6].

No adverse effects were noted during the treatment. The Modified Naranjo Criteria for Homoeopathy (MONARCH) was used for the causal attribution between medicinal intervention and clinical outcome.\(^{[11]}\) The MONARCH score was +10, close to the maximum score of +13, which reveals the intervention, *Sulphur* as the cause for the disappearance of tinea cruris [Table 3].

**Discussion**

Tinea cruris is a natural chronic disease. The patient presented with lesions suggestive of tinea cruris. Usually, the diagnosis

![Figure 1: Repertorial Chart](image-url)
is clinical but can be confirmed by microscopic examination of potassium hydroxide wet-mount preparations of skin scrapings from the active border of the lesion.\[5\] In this case, we had suggested an investigation of KOH examination to diagnose tinea cruris, but the patient resided in a small town with limited investigation facilities, so the diagnosis was based on clinical history and local examination. In modern medicine, first-line treatment is with antifungal ointments and corticosteroids in extensive cases. In this case, homoeopathic medicine *Sulphur* was selected after careful case-taking and repertorisation and in consultation with materia medica. Predisposing factors such as excess perspiration with improper hygiene and residing in a hot and high-humidity locality were observed in this case.

Along with medicine, diet and regimen, good hygiene practices were also advised. This case showed marked improvement suggesting a suitable selection of medicine. Since the patient had been suffering from complaints for 2 years, he was anxious and worried about the disease. *Sulphur* 1M was given in a single dose. Generals and other individual characteristics and particulars were most similar to *Sulphur* and considering the vitality of individual and predominant psoric miasm, we had prescribed *Sulphur* in 1M potency. Dr Samuel Hahnemann mentioned in the 283\textsuperscript{rd} aphorism of *Organon of Medicine* 6\textsuperscript{th} edition that the true physician will prescribe his well-selected homoeopathic medicine only in exactly as small a dose as will just suffice to overpower and annihilate the disease before him.\[12\] The cure is not organismic, but organic, not chemical, not mechanical, not local, not topic, not parasitic,
As expected, the patient responded quickly to the treatment and the complaints were relieved within a few months. The law of direction of cure has been explained by Constantine Hering as the perfect cure should be established as relieving symptoms in reverse order of development, from centre to periphery, from inner to outer and deeper organs to superficial. In this case, the chief complaint was tinea eruptions and the same was treated initially with antifungal lotions, resulting in temporary relief of complaints but not cured. After some time, the itching in eruptions aggravated, and he also developed haemorrhoids that were associated with the chief complaint when the patient consulted at OPD for the first time. After considering the totality of symptoms, individualised homoeopathic medicine Sulphur was given according to homoeopathic principles. In response to this intervention, the bleeding from the anus was relieved first followed by relief in tinea eruptions which was in accordance with the law of direction of cure. In general, Sulphur is given for various skin ailments as a specific medicine, and we get positive results on most occasions, but when we consider the patient as a whole and with a holistic approach, Sulphur given as an individualised homoeopathic medicine results in not only cure of chief complaint but also relieves all other associated complaints within a considerable time and indeed the law of direction of cure was evident.

The MONARCH outcome assessment score was +10, establishing a causal relationship between the medical intervention and the clinical outcome. There was no recurrence of complaints in the 6-month follow-up period even though local climate conditions in the study place favour the relapse of eruptions. Hence, this case showed the positive role of homoeopathic medicine in curing tinea cruris when prescribed on a holistic approach. Since it is a single case study and tinea cruris is associated with a variable and unpredictable

| Table 3: Monarch inventory (improved version of the modified Naranjo Criteria for Homoeopathy Case Report) |
|---------------------------------------------------|---|---|---|---|
| **Domains** | **Yes** | **No** | **Not Sure or N/A** | **Score for successfully treated case** | **Justification** |
| Was there any improvement in the main symptom or condition for which homoeopathic medicine was prescribed? | +2 | −1 | 0 | 2 | Tinea cruris complaint improved |
| Did the clinical improvement occur within a plausible time frame relative to the medicine intake? | +1 | −2 | 0 | 1 | The main complaint was relieved within 2 months |
| Was there a homoeopathic aggravation of symptoms? | +1 | 0 | 0 | 1 | Itching symptoms aggravated slightly after the medicine. |
| Did the effect encompass more than the main symptom or condition (i.e., were other symptoms not related to the main presenting complaint improved or changed)? | +1 | 0 | 0 | 1 | Associated complaints of haemorrhoids and constipation were improved |
| Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements) | +1 | 0 | 0 | 0 | Generally better but not measured with a particular scale. |
| Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease? | +1 | 0 | 0 | 1 | Haemorrhoid symptoms improve first, then skin symptoms improved |
| 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? | +1 | 0 | 0 | 1 | Symptoms of Haemorrhoids are relieved first, and symptoms of deeper organs improve initially, then skin complaints. |
| Did old symptoms (defined as non-seasonal and non-cyclical symptoms previously thought to be resolved) reappear temporarily during improvement? | +1 | 0 | 0 | 0 | Not observed |
| Are there alternative causes (i.e., other than the medicine) that, with a high probability, could have produced the improvement? (consider the course of disease, other forms of treatment and other clinically relevant interventions) | −3 | +1 | 0 | 1 | Not at all |
| Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.) | +2 | 0 | 0 | 2 | Confirmed by photographs |
| Did repeat dosing, if conducted, create similar clinical improvement? | +1 | 0 | 0 | 0 | Not done |
| Total score (Maximum score – 13 and Minimum – 6) | | | | 10 | Causal attribution established |

but organic vital. As expected, the patient responded quickly to the treatment and the complaints were relieved within a few months. The law of direction of cure has been explained by Constantine Hering as the perfect cure should be established as relieving symptoms in reverse order of development, from centre to periphery, from inner to outer and deeper organs to superficial. In this case, the chief complaint was tinea eruptions and the same was treated initially with antifungal lotions, resulting in temporary relief of complaints but not cured. After some time, the itching in eruptions aggravated, and he also developed haemorrhoids that were associated with the chief complaint when the patient consulted at OPD for the first time. After considering the totality of symptoms, individualised homoeopathic medicine Sulphur was given according to homoeopathic principles. In response to this intervention, the bleeding from the anus was relieved first followed by relief in tinea eruptions which was in accordance with the law of direction of cure. In general, Sulphur is given for various skin ailments as a specific medicine, and we get positive results on most occasions, but when we consider the patient as a whole and with a holistic approach, Sulphur given as an individualised homoeopathic medicine results in not only cure of chief complaint but also relieves all other associated complaints within a considerable time and indeed the law of direction of cure was evident.

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remission, well-designed randomised control studies may be used for gold standard evidence.

**Conclusion**

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.

**Declaration of patient consent**

We certify that the patient has given written informed consent for his images and other clinical information to be reported in the journal. The patient understands that his name and contact details will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

Nil.

**References**

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Tinea cruris managed with homoeopathy

Sivakumar: Tinea cruris managed with homoeopathy

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el pilar de la medicina convencional. Sin embargo, un enfoque holístico con la homeopatía para el tratamiento de la tiña crural puede marcar la diferencia tanto en términos de curación como de prevención de recaídas. Resumen del caso: Un hombre de 30 años presentó una lesión eritematoso roja en forma de anillo en las nalgas y la región perianal de la piel con picazón intensa. El caso fue diagnosticado clínicamente como tiña crural. El paciente fue tratado con medicamento homeopático individualizado Sulphur 1M en dosis única y seguido durante 6 meses. Hubo una desaparición completa de las lesiones de tiña crural, como se documentó mediante evidencia fotográfica, sin efectos adversos ni recurrencia de las lesiones en el periodo de seguimiento. En este caso, el resultado y la atribución causal de los cambios se evaluaron utilizando los Criterios de Naranjo Modificados para Homeopatía. La puntuación fue de +10 cerca del máximo (13), lo que muestra la relación positiva entre la intervención y el resultado. Este caso muestra el papel positivo de la medicina homeopática individualizada en el tratamiento de la tiña crural.

单剂量个体化顺势疗法治疗股癣：病例报告

简介：股癣是由皮肤癣菌引起的腹股沟皮肤感染。这是一种影响腹股沟的常见癣菌感染，由红色毛癣菌引起，其特征是红色、发痒的红斑从腹股沟延伸到大腿、臀部和肛周皮肤区域。每年有超过八百万人去看初级保健医生来治疗癣相关症状。外用药物是传统医学的支柱。然而，顺势疗法治疗股癣的整体方法可以在治愈和预防复发方面发挥作用。病例摘要：一名30岁男性，臀部及肛周皮肤出现环状红色红斑病变，伴有剧烈瘙痒。该病例临床诊断为股癣。患者接受个体化顺势疗法药物硫磺1M单剂量治疗，并随访6个月。有照片证明，股癣皮损完全消失，随访期间没有任何不良反应和皮损复发。在本例中，使用改良纳兰霍顺势疗法标准评估了变化的结果和因果归因。分数为+10，接近最大值（13），表明干预与结果之间存在正相关关系。该病例显示了个体化顺势疗法在股癣治疗中的积极作用。