Tinea capitis treated with homoeopathic medicine Pulsatilla nigricans: A Case Report

Khushboo Garg
Divya Bansal
Aayush Mittal

Author(s) ORCID Identifier:
https://orcid.org/0009-0000-0508-8417
Tinea capitis treated with homoeopathic medicine Pulsatilla nigricans: A Case Report

Abstract

Introduction: Tinea infection is a common complaint encountered in day-to-day practice with increasing incidence, especially in countries such as India over the past decade. Tinea capitis is predominantly a disease of prepubertal children characterised by lesions of variable morphology on the scalp associated with itching, erythema, signs of inflammation and hair loss. Prompt recognition and treatment are necessary to prevent its spread due to its contagious nature, associated hair loss and the resultant psychological impact on social life. Individualised homoeopathic treatment has a significant scope in treating and combating such conditions cost-effectively through the totality of symptoms.

Case Summary: A 12-year-old girl presented at an outpatient clinic with erythematous and circular lesions with itching, burning pain and hair fall. Pulsatilla nigricans 200 was prescribed initially and later Pulsatilla 1M was prescribed as per the homoeopathic principles. The case was followed up fortnightly for 6 months. The patient was successfully treated with marked improvement in signs and symptoms (especially during the rainy season, which is the usual time for aggravation of tinea infections) within 6 months with no aggravation and adverse events. The Modified Naranjo Criteria Score was used to establish the causal attribution to the prescribed medicine, with a total score of 9. This case report suggests that individualised homoeopathic medicines are useful in the treatment of tinea capitis.
Tinea capitis treated with homoeopathic medicine *Pulsatilla nigricans*: A case report

Khushboo Garg1*, Divya Bansal1, Aayush Mittal2

1Central Council for Research in Homoeopathy, New Delhi, India; 2Homoeopathic Consultant, New Delhi, India

Abstract

**Introduction:** Tinea infection is a common complaint encountered in day-to-day practice with increasing incidence, especially in countries such as India over the past decade. Tinea capitis is predominantly a disease of prepubertal children characterised by lesions of variable morphology on the scalp associated with itching, erythema, signs of inflammation and hair loss. Prompt recognition and treatment are necessary to prevent its spread due to its contagious nature, associated hair loss and the resultant psychological impact on social life. Individualised homoeopathic treatment has a significant scope in treating and combating such conditions cost-effectively through the totality of symptoms.

**Case Summary:** A 12-year-old girl presented at an outpatient clinic with erythematous and circular lesions with itching, burning pain and hair fall. *Pulsatilla nigricans* 200 was prescribed initially and later *Pulsatilla* 1M was prescribed as per the homoeopathic principles. The case was followed up fortnightly for 6 months. The patient was successfully treated with marked improvement in signs and symptoms (especially during the rainy season, which is the usual time for aggravation of tinea infections) within 6 months with no aggravation and adverse events. The Modified Naranjo Criteria Score was used to establish the causal attribution to the prescribed medicine, with a total score of 9. This case report suggests that individualised homoeopathic medicines are useful in the treatment of tinea capitis.

**Keywords:** Homoeopathy, Modified Naranjo Algorithm, *Pulsatilla nigricans*, repertorisation, ringworm, tinea capitis

**INTRODUCTION**

Tinea represents the superficial fungal infection of skin, hair and nails caused by dermatophytes. Depending upon the location of the infection on the body, it is named variously as T. capitis (scalp), T. faciei (face), T. corporis (trunk), T. cruris (groin), T. pedis (feet), T. manuum (hand) and T. unguium (nails). Tinea is also known as ringworm or dermatophytosis. Tinea capitis is primarily caused by dermatophytes in the genera *Trichophyton* and *Microsporum* that invade the hair shaft.

Its incidence has increased in India over the past decade, with prevalence ranging between 6.09% and 61.5%. They are widespread in developing countries, especially in tropical and subtropical countries such as India, where the environmental temperature and relative humidity are high. They generally get worse during the summer and the rainy season and tend to get better spontaneously during winter.

Transmission of the infection takes place either through direct contact with organisms from humans, animals or soil or indirectly through fomites such as hats and hairbrushes. Lesions may appear as thickened, scaly and sometimes boggy swellings or as expanding raised red rings with severe itching of the scalp, dandruff and bald patches with variable degrees of inflammation. Kerion, a variety associated with highly inflamed areas of tinea capitis, may lead to scarring alopecia. It is not necessary to see the well-defined, centrifugally spreading lesions with central clearing now due to steroid-modified tinea, double-edged tinea, eczematous lesions and tinea that mimic other dermatoses.

Accurate diagnosis at an early stage is the first and foremost step in control of the spread of infection. The diagnosis of dermatomycoses is primarily established by observation of clinical manifestations and by the characteristic distribution of lesions. When necessary, direct examination...
is performed for diagnostic confirmation. The scope of conventional treatment in these cases is limited due to the invariable use of oral antifungal and steroids which reduce the immunity, and only suppress the condition, leading to recurrence of infection with more intensified symptoms or secondary bacterial infections. This study has opted with the rising incidence of tinea infections in India to ascertain the usefulness of homoeopathic medicines. Homoeopathy treats the patients based on symptom similarity, the totality of symptoms and individualisation, much before the diagnosis is established, which increases its significance further over other conventional treatments. There are many well-evident case reports and clinical trials for the treatment of tinea in Homoeopathy, especially of tinea cruris and corporis. However, very little scientific evidence was found in support of Homoeopathy in the treatment of tinea capitis in the form of case reports or observational studies or clinical trials.

There are many specific medicines for tinea capitis such as Sepia, Tellurium, Mezereum, Arsenic album and Sulphur but this case report aspires to show the usefulness of homoeopathic medicines in the treatment of tinea capitis through an individualised constitutional approach. This case is being reported according to the HOM-CASE-CARE guidelines.

**Case Summary**

**Patient information**

A 12-year-old girl presented in an outpatient clinic with the complaint of reddish, circular lesions with some vesicular and pustular eruptions on her scalp in March 2021. The patient was apparently well 3 months back when the eruptions started as small circular red patches on the scalp with a lot of itching, burning and hair loss. The eruptions bled on scratching. She also complained of pain in pustular lesions occasionally. Her appetite got reduced in the past 3 months, because of which she lost weight by 5 kg. All complaints were aggravated while sleeping in the night, around 2 am and from touching. She also took allopathic treatment for the same with no relief.

There was no significant family history of any disease. The patient studied in the eighth grade in school. She had no interest in studies. She desired to play outdoor games with her friends. She was very fond of dancing.

**Physical generals**

The patient’s appetite was very low since the time of the eruptions. She had a good appetite earlier. When hungry, she could not tolerate hunger and needed to have food immediately. The patient had a desire for sweet things. She did not like spicy and sour food. The thirst was reduced (2–3 glasses of water in a day). She preferred cold water for drinking. She could not tolerate hot weather. She felt so hot that she could even fall was noted. The weight of the patient was 28 kg. Other physical parameters were normal.

**Mental generals**

She was an extroverted child. She hesitated initially when meeting new people, but once others started talking, she mixed up well. Sometimes, her parents had to stop her from talking much. Her parents also complained that she often used to forget words while talking. She liked outings and travelling to new places with family. When her parents did not take her out, she would be angry. However, she did not hold anger for long and used to get fine very soon when consoled. She was very affectionate. She liked to hug and kiss the people she loved, especially her parents. She used to weep easily at the slightest things, especially when talked rudely. She was afraid of the dark, being alone, of small animals such as mice or lizards. She used to take good care of her stuff but was careless with the belongings of others. She did not like sharing her toys with other children. She did not like studying. She liked dressing up, dancing and makeup. Her parents said that initially, she used to hesitate to go outdoors due to the associated hair loss, but later, it did not affect her much.

**Clinical findings and diagnostic assessment**

Based on the clinical findings and history, this case was diagnosed as a case of tinea capitis. The patient had multiple erythematous, circular lesions all over the scalp, with some vesicular and pustular eruptions that presented as firm and smooth swelling. Bleeding was also visible in some of the lesions. Lesions were slightly tender to the touch. Severe hair fall was noted. The weight of the patient was 28 kg. Other physical parameters were normal.

**Case analysis and repertorisation**

After the analysis of the case, the following characteristic signs and symptoms were considered for making the totality:

1. Frivolous
2. Affectionate in nature
3. Forgetfulness for words
4. Fear of darkness
5. Decreased thirst
6. Desire for sweets
7. Excoriating eruptions
8. Burning sensation in eruptions

Repertorisation of the case was done through the Synthesis 9.0 version of RADAR software [Figure 1].

**Therapeutic intervention**

After repertorisation, and further consultation with the materia medica, the homoeopathic medicine Pulsatilla nigricans was prescribed in the 200th potency in a single dose. The medicine was dispensed in globules of size 30, four globules to be taken on an empty stomach, once a day. The patient was advised to report to the outpatient department after 2 weeks.

**Follow-up and outcomes**

The patient was followed every fortnightly, or as and when required. Potency and repetition varied as per the requirement of the case depending upon the homoeopathic principles. Details of the follow-up are summarised in Table 1. The
adherence to the homoeopathic treatment was confirmed at every follow-up by the patient’s attendant. The patient showed marked improvement after beginning the homoeopathic treatment. Signs and symptoms kept on getting better with every follow-up. Further, after 3 months of treatment, when no further improvement was noted, *Pulsatilla nigricans* was prescribed in 1M potency and later repeated. Areas of inflammation reduced in size as well as severity. Pain, burning and itching gradually improved and reduced in intensity. Hair fall reduced, and new hair strands started appearing. Lesions reduced gradually and disappeared after 6 months. At the end of 6 months, markedly dense hair growth was noted. Patches of baldness reduced significantly. However, a few bald patches were noticeable. At every follow-up, the patient’s appetite became better with a gradual increase in weight. At the last follow-up visit, a weight gain of 3.5 kg (31.5 Kg body weight) was reported as compared to the first visit (28 kg). During the final follow-up, the MONARCH Inventory was used to assess a causal relationship between homoeopathic intervention and the outcome of this clinical case.\[^{[23]}\] The total score was 9, thus suggesting a ‘possible’ association between the medicine and the outcome [Table 2]. The patient showed remarkable improvement within 6 months of treatment [Figures 2-8]. The patient could not continue the regular follow-up visits further, due to her personal circumstances. However, the patient was followed up telephonically by the treating physician for another year during which the remaining bald patches disappeared gradually, and no recurrence of tinea was noted. No homoeopathic aggravation or adverse events were noticed during the entire period of treatment.
**Table 2: Monarch inventory assessment**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Domains</th>
<th>Yes</th>
<th>No</th>
<th>Not sure or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?</td>
<td>+2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Did the clinical improvement occur within a plausible timeframe relative to the drug intake?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Was there a homoeopathic aggravation of symptoms?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>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)?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Did overall well-being improve? (improvement in the signs and symptoms as narrated by the patient herself and her parents, physician’s own observation and clinical examination.)</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>(A) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(B) Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms:</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- From organs of more importance to those of less importance?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- From deeper to more superficial aspects of the individual?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- From the top downwards?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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 disease, other forms of treatment and other clinically relevant interventions)</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Was the health improvement confirmed by any objective evidence? (clinical examination and photographic evidence)</td>
<td>+2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did repeat dosing, if conducted, create similar clinical improvement?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total score=9**

**Figure 2: Before treatment (2nd March 2021)**

**Figure 3: Before treatment (2nd March 2021) (side view)**

**DISCUSSION**

This is a case of tinea capitis in a female child effectively treated with individualised homoeopathic medicine *Pulsatilla nigricans*. The case was diagnosed as that of tinea capitis based on the history of complaints and clinical examination. The treatment with the modern system of medicine (antifungal treatments, anti-inflammatory agents such as systemic steroids, antifungal shampoos and topical applications) is not only costly but also has potential side effects such as headache, gastrointestinal distress, taste disturbances, cutaneous eruptions and liver enzyme abnormalities. The same has been described by Dr. Samuel Hahnemann in *Organon of Medicine* (aphorism 203), as ‘this pernicious external mode of treatment, hitherto so universally practised, has been the most prolific source of all the innumerable named or unnamed chronic maladies under which mankind groans’. The patient had already undergone allopathic treatment for 3 months with no significant relief.

Homoeopathy considers the patient as a whole, taking into account all the signs and symptoms to be part of his disease and works by improving immunity. Homoeopathic medicines direct and stimulate the body’s self-regulatory mechanisms to restore its natural equilibrium. The treatment is customised individually with the objective of curing the patient while addressing the underlying cause of the disease. Various research articles have been published showing the positive role of Homoeopathy in the treatment of tinea.
As per aphorism no. 190, in *Organon of medicine*, sixth edition, “all true medical treatment of a disease on the external parts of the body that has occurred from little or no injury from without must, therefore, be directed against the whole, must effect the annihilation and cure of the general malady by means of internal remedies, if it is wished that the treatment should be judicious, sure, efficacious and radical.” In this case, *Pulsatilla nigricans* was found to be the most indicated remedy homoeopathically which was prescribed in increasing potencies from 200 to 1M, as per the response from the patient, over 6 months, based on homoeopathic principles as shown in Table 1.

Hair fall started reducing within 15 days of starting the treatment. Signs and symptoms of inflammation, including redness, erythema, burning, pain and itching, kept on improving with every succeeding follow-up with new hair growth. Overall too, the patient felt better. There was marked improvement in appetite with a gain in weight of 3.5 kg at the last follow-up. During the follow-up, all her complaints decreased progressively, without any aggravation or the appearance of new or old symptoms which depicts that medicine and potency selection was correct as per homoeopathic principles. At the last follow-up, the patient was free of tinea infection with adequately dense hair growth; however, a few patches of
baldness remained on the last day of follow-up at the clinic, which gradually disappeared with no recurrence or relapse of tinea as noted during telephonic follow-up till 1 year. Through the MONARCH inventory, the therapeutic power of homoeopathic medicine was evaluated through causal attribution, and the results indicated a ‘possible’ relationship between treatment and result [Table 2]. This case showed the usefulness of individualised Homoeopathy in the treatment of tinea capitis. This also shows homoeopathic treatment as a successful alternative and complementary therapy.

**Conclusion**

This case demonstrates that individualised homoeopathic medicines are beneficial in treating cases of tinea capitis. Homoeopathy may improve the overall health condition in addition to improving the main clinical signs and symptoms with no side effects. However, this is a single case report and further well-designed, controlled trials are warranted to add to the existing evidence.

**Declaration of patient consent**

The written consent of the patient’s parents has been obtained for the publication of her reports and other clinical data in the journal. The parents acknowledge that her identity and name will be kept confidential.

**Financial support and sponsorship**

Nil

**Conflicts of interest**

None declared.

**References**

Tinea Capitis traté avec un médicament homéopathique Pulsatilla nigricans: Un rapport de cas

Introduction: L'infection à Tinea est une plainte fréquente rencontrée dans la pratique quotidienne avec une incidence croissante, en particulier dans des pays comme l'Inde au cours de la dernière décennie. Tinea capitis est principalement une maladie des enfants prépubères caractérisée par des lésions de morphologie variable sur le cuir chevelu associées à des démangeaisons, des érythèmes, des signes d'inflammation et de perte de cheveux. Une reconnaissance et un traitement rapides sont nécessaires pour empêcher sa propagation en raison de sa nature contagieuse, de la perte de cheveux qui y est associée et de l'impact psychologique qui en résulte sur la vie sociale. Le traitement homéopathique individualisé a une portée significative dans le traitement et la lutte contre de telles affections de manière rentable à travers la totalité des symptômes.

Résumé du cas: Une fillette de 12 ans présentée à une clinique ambulatoire avec des lésions érythémateuses et circulaires avec des démangeaisons, des douleurs brûlantes et des chutes de cheveux. Pulsatilla nigricans 200 a été prescrit initialement et plus tard Pulsatilla 1M a été prescrit selon les principes homéopathiques. L'affaire a fait l'objet d'un suivi bimensuel pendant six mois. Le patient a été traité avec succès avec une amélioration marquée des signes et des symptômes (en particulier pendant la saison des pluies, qui est la période habituelle d'aggravation des infections à teigne) en 6 mois, sans aggravation ni événements indésirables. Le score modifié des critères de Naranjo a été utilisé pour établir l'attribution causale au médicament prescrit, avec un score total de 9. Ce rapport de cas suggère que les médicaments homéopathiques individualisés sont utiles dans le traitement de la teigne de la tête.

Tinea Capitis behandelt mit dem homöopathischen Arzneimittel Pulsatilla nigricans: Ein Fallbericht


Tinea Capitis tratada con el medicamento homeopático Pulsatilla nigricans: Informe de un caso

Introducción: La tiña de la cabeza es una afección frecuente en la práctica diaria, con una incidencia cada vez mayor, especialmente en países como la India en la última década. La tiña de la cabeza es predominantemente una enfermedad de niños prepúberes caracterizada por lesiones de morfología variable en el cuero cabelludo asociadas a picor, eritema, signos de inflamación y pérdida de cabello. Su reconocimiento y tratamiento rápidos son necesarios para prevenir su propagación debido...
a su naturaleza contagiosa, la pérdida de cabello asociada y el impacto psicológico resultante en la vida social. El tratamiento homeopático individualizado tiene un alcance significativo en el tratamiento y la lucha contra tales condiciones de manera rentable a través de la totalidad de los síntomas. **Resumen del caso:** Una niña de 12 años se presentó en una consulta externa con lesiones eritematosas y circulares con prurito, dolor urente y caída del cabello. Inicialmente se prescribió *Pulsatilla nigricans* 200 y posteriormente *Pulsatilla* 1M según los principios homeopáticos. Se realizó un seguimiento quincenal del caso durante seis meses. El paciente fue tratado con éxito, con una marcada mejora de los signos y síntomas (especialmente durante la estación lluviosa, que es la época habitual de agravamiento de las infecciones por tíaña) en 6 meses, sin agravamiento ni acontecimientos adversos. Para establecer la atribución causal al medicamento prescrito se utilizó la Puntuación de Criterios Naranjo Modificada, con una puntuación total de 9. Este informe de caso sugiere que los medicamentos homeopáticos individualizados son útiles en el tratamiento de la Tinea capitis.

**Resumen del caso:**Una niña de 12 años se presentó en una consulta externa con lesiones eritematosas y circulares con prurito, dolor urente y caída del cabello. Inicialmente se prescribió *Pulsatilla nigricans* 200 y posteriormente *Pulsatilla* 1M según los principios homeopáticos. Se realizó un seguimiento quincenal del caso durante seis meses. El paciente fue tratado con éxito, con una marcada mejora de los signos y síntomas (especialmente durante la estación lluviosa, que es la época habitual de agravamiento de las infecciones por tíaña) en 6 meses, sin agravamiento ni acontecimientos adversos. Para establecer la atribución causal al medicamento prescrito se utilizó la Puntuación de Criterios Naranjo Modificada, con una puntuación total de 9. Este informe de caso sugiere que los medicamentos homeopáticos individualizados son útiles en el tratamiento de la Tinea capitis.