International Journal of Health Sciences and Research
www.ijhsr.org ISSN: 2249-9571

Case Report

Constitutional Treatment of Tinea Cruris in Homoeopathy- A Case Report

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ABSTRACT

Superficial fungal infections are most common worldwide and widespread in the developing countries. All people are not equally susceptible to fungal infection, even when they have similar risk factors. The pathogenesis of dermatophyte infection involves complex interaction between the host, agent and the environment. Despite the increasing prevalence of cutaneous dermatophytosis across the world, research in this area has often been neglected. A female patient of 65years of age presented with complaint of 'Ringworm' over the gluteal region since one year. She was on allopathic treatment for a long time with episode of relapses. Homoeopathic medicine was given on the basis of totality of symptoms which restored the patient back to health. This case proves the efficacy of individualized constitutional homoeopathic treatment for the cure of Tinea Cruris along with the importance of concept of miasm in skin diseases.
Keywords: Tinea Cruris, Homoeopathy, Miasm, Constitutional

INTRODUCTION

The term tinea means fungal infection, whereas dermatophyte refers to the fungal organisms that cause tinea. Tinea is usually followed by a Latin term that designates the involved site, such as tinea corporis, tinea capitis, tinea cruris and tinea pedis. Tinea infections can be difficult to diagnose and treat. [1]

Tinea refers to superficial infection with one of three fungal genera- *Microsporum*, *Epidermophyton*, and *Trichophyton*- collectively known as dermatophytes. These infections are among the most common diseases worldwide and cause serious chronic morbidity. [2] All three genera of dermatophytes grow in keratinized environments such as hair, skin, and nails. [3]

Tinea cruris most commonly affects adolescent and young adult males, and involves the portion of the upper thigh opposite the scrotum. [4] Tinea cruris present with a pruritic erythematous rash with an active scaly palpable edge within which pustules or vesicles may be seen. The infection spreads centrifugally and results in annular patches of varying sizes. [5] Tinea corporis, tinea cruris, and tinea pedis can often be diagnosed based on appearance. Newly developed polymerase chain reaction based techniques, although useful in rapid diagnosis of dermatophytosis, are still not widely available. [6]

Skin problems are among the commonest reasons for which people seek Homoeopathic treatment. The following case presents the importance of single individualized constitutional homoeopathic treatment in Tinea Cruris.

CASE REPORT

A female patient, aged 65years, visited the outpatient department on 04.10.2017 with complaint of 'Ringworm' (in words of patient) over the gluteal region

with severe itching since one year. The itching was very much aggravated at night which causes burning sensation after scratching. Sometimes there was slight watery discharge after scratching. Also patient had gastric troubles of flatulency and distension of abdomen with frequent eructation which gave temporary relief.

History of presenting complaints

Patient had previously suffered from skin complaint with lesions at different locations three years ago for which she consulted a dermatologist and was diagnosed as Tinea Corporis. She took allopathic treatment including ointment and lotion for a long duration which subsided the skin complaint. After few months, the same complaint aroused diffusely over some parts of body for which she again took allopathic treatment. She remained free of complaint for sometime after which it recurred but this time over the areas of buttocks with great severity in itching and discomfort. Being on allopathic treatment for a long time, patient was very much reluctant to use it anymore. On the advice of her relative, for a permanent solution to the problem, she finally visited our OPD.

Past History

Patient was hypertensive and was on antihypertensive drugs taken irregularly but had left the treatment completely since one year. On enquiring, the patient told that due to certain side effects of the medication she had discontinued the medicine.

Family History

Family history was insignificant.

Personal History

Patient is a housewife belonging to middle class Hindu family. All her children are married and settled elsewhere. She lives with her husband. There are no specific worries except her skin complaint which is of a recurring nature.

Mental Generals

Patient was very much talkative while narrating her condition and the treatment she had taken. She was appealing to be very lovable and when enquired was found to be same at home with her family members. Patient was having the fear that this condition will never get permanently cured and at the same time she came with very much hope that under our treatment she can get rid of her disease. Patient also had extreme faith in God and was very fond of prayers. She also thought that she maintains so much cleanliness and hygiene but this disease is not getting relieved. Cleanliness according to her is the way to reach God.

Physical Generals

- Appetite – Satisfactory
- Desires – Strong desire for sweets
- Thirst – Moderate
- Bowels – Loose stools, 3-4 times a day
- Urine – Frequent
- Sweat – Normal
- Sleep – Disturbed due to itching at night
- Thermal reaction – Cannot tolerate heat in general

Physical examination

- Built - lean and tall
- Blood pressure – 150/94 mmHg
- Pulse rate –80/min
- Respiratory rate – 16/min
- Temperature – 99°F.

Local examination (Skin)

Inspection: -
Site: Gluteal region
Shape: Map like
Symmetry: Symmetrical on both sides
Border: Irregular, raised
Colour: Hyperpigmented with erythematous at border
Weeping: Present after scratching
Crusting: Not present
Palpation: -
Tenderness: Not present
Surface texture: Rough
Associated signs: Nothing significant
Oedema: Mild oedema of the affected site
Elevation: At borders with reddish eruptions in circular fashion

Clinical Diagnosis

Tinea Cruris

Differential Diagnosis: [7] Differential diagnosis of Tinea Cruris is given in Table 1.

Table 1: Differential Diagnosis of Tinea Cruris

Differential diagnosis	Distinguishing features
Candidal intertrigo	Involves scrotum; satellite lesions; uniformly red without central clearing
Erythrasma	Red-brown; no active border; coral red fluorescence with a Wood lamp examination
Inverse psoriasis	Red and sharply demarcated; may have other signs of psoriasis such as nail pitting
Seborrheic dermatitis	Greasy scale on erythematous base with typical distribution involving nasolabial folds, hairline, eyebrows, postauricular folds, chest; annular lesions less common

Analysis of the case

After detailed case taking, symptoms were analyzed and evaluated to construct the totality. The following characteristic mental general symptoms, as well as physical general and particular symptoms were considered for repertorization:

- Talkative
- Loving
- Fear that she will not get cured
- Religious
- Desire cleanliness
- Hopeful
- Desires sweets
- Loose stool
- Frequent urination
- Itching aggravated at night
- Burning sensation after scratching
- Skin eruptions discharge watery
- Ringworm
- Eruptions on buttocks
- Gastric complaint relieved by eructations

Miasmatic analysis: [8] Miasmatic analysis in Table 2 shows the preponderance of Psora. The table also depicts conversion of symptoms into rubrics for the purpose of repertorization.

Table 2: Miasmatic Analysis Of The Symptoms And Conversion Of Symptoms Into Rubric

Symptoms	Rubrics	Miasm
Talkative	Mind-loquacity	Psora
Loving	Mind-love, family for	Psora
Fear that she will not get cured	Mind-Fear-disease, of impending-incurable of	Psora
Religious	Mind-Religious affections-too occupied with	Psora
Desire cleanliness	Mind- Cleanliness-mania for	Syphilis
Hopeful	Mind-optimistic	Syphilis
Desires sweets	Generals-Food& Drinks-sweets desire	Psora
Loose stool	Rectum-constipation-insufficient	Psora
Frequent urination	Bladder-urination-frequent	Psora
Itching aggravated at night	Skin-Itching-night	Psora
Burning sensation after scratching	Skin-Burning-scratching after	Psora
Skin eruptions discharge watery	Skin-Eruptions-discharging –thin	Psora
Ringworm	Skin-Eruptions-ringworm	Sycosis
Eruptions on buttocks	Extremities-Eruptions-Nates	Syphilis
Gastric complaint relieved by eructations	Generals- Eructations-ameliorate	Psora

Repertorial analysis

After totality of symptoms was formed, repertorization was done by Synthesis repertory using RADAR software. [9] Repertorization chart is represented in Figure 1.

Therapeutic intervention

After analyzing repertorial totality it was observed that Sulphur was covering maximum number of rubrics (14 out of 15) with highest marks (30). Other remedies covering the totality were Arsenic (12/16), Calcarea Carb (11/18), Silicea (11/17) and Lachesis (10/22). On consulting materia medica, the constitution of the patient matches with that of Sulphur. [10] Hence, Sulphur was selected as the individualized constitutional medicine of the case. It was prescribed in 30C potency, four doses on the baseline visit. A single dose consisted of four globules of size forty of the indicated medicine. Each dose to be taken in the morning on empty stomach after waking.

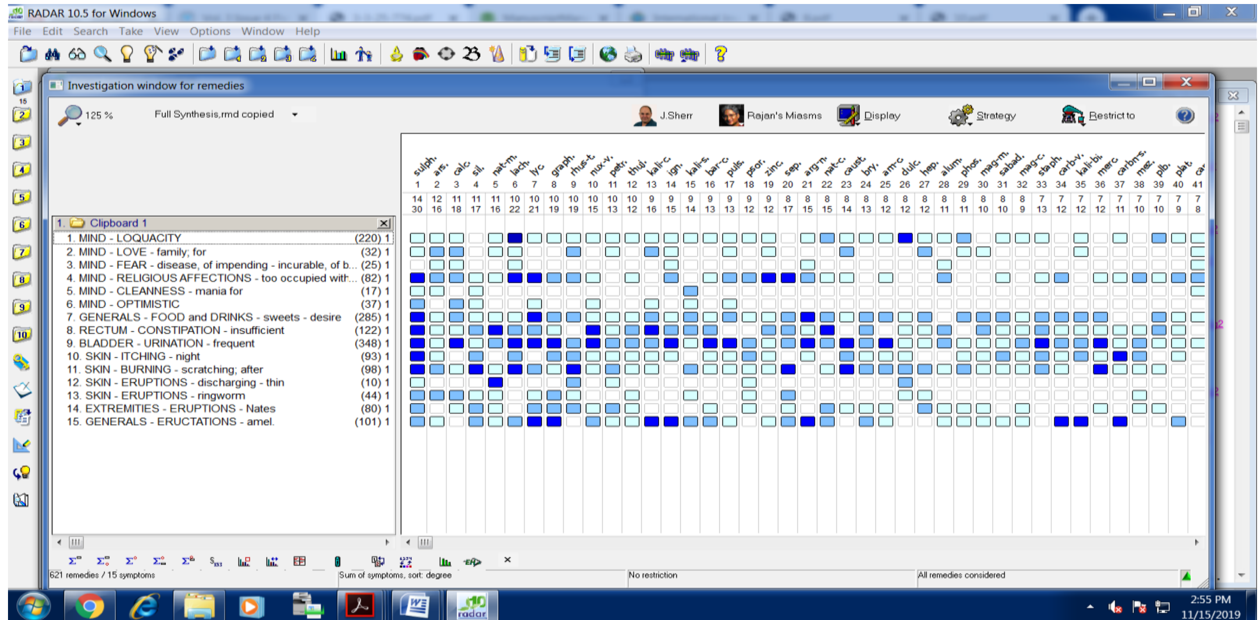


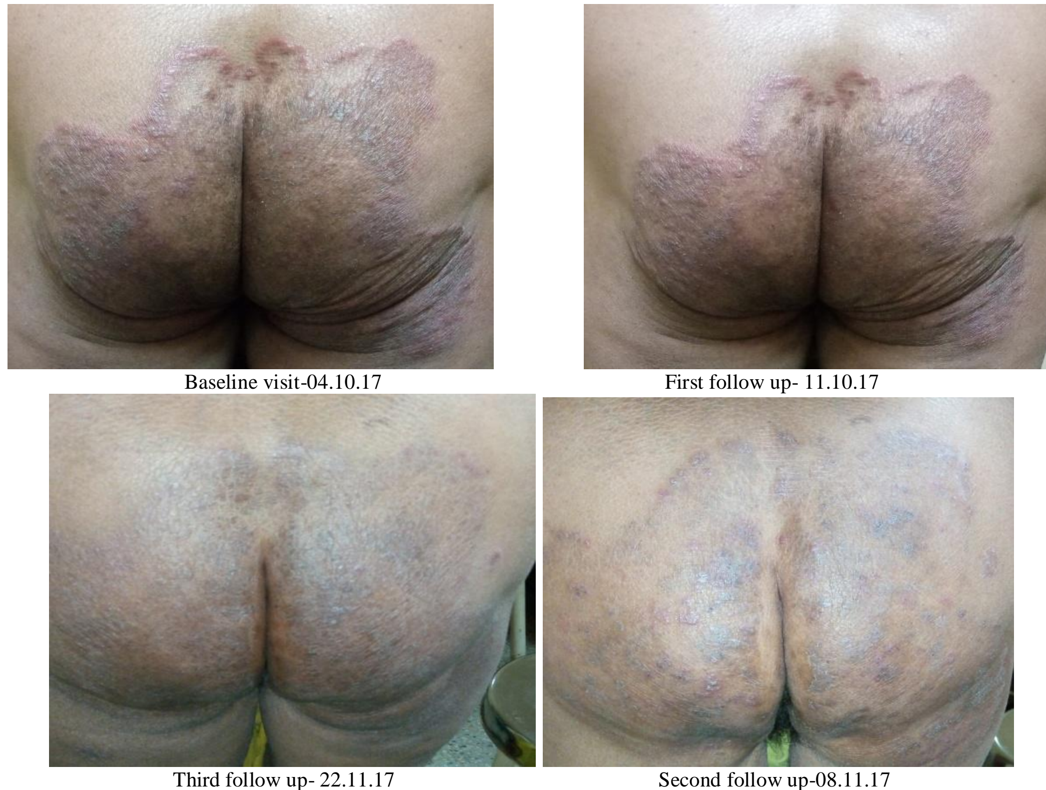
Figure 1: Repertorization Chart

Follow up

The clinical improvement was assessed based on effectivity parameters for evaluation of signs and symptoms, which were itching, erythema and induration. These parameters were assessed on a pre-determined 4-point scale as absent, mild, moderate and severe. The follow up with assessment of Measure Yourself Medical Outcome Profile (MYMOP2) and Outcome Related to Impact in Daily Living (ORIDL) and the photographs of the case at baseline and every follow up visit are given in Table 3 and Figure 2 respectively.

Table 3: Follow Up With Assessment Of Measure Yourself Medical Outcome Profile (MYMOP2) And Outcome Related To Impact In Daily Living (ORIDL)

	Baseline (04.10.17)	Follow up 1 (11.10.17)	Follow up 2 (08.11.17)	Follow up 3 (22.11.17)
Itching	Severe and Persistent	Mild but Frequent	Very slight and infrequent	Absent
Erythma/Redness	Very Severe	Moderate	Very mild	Absent
Induration/Thickness	Severe	Moderate	Mild	Absent
Burning after scratching	Very severe and persistent	Moderate but infrequent	Very slight and infrequent	Absent
Discharge watery	Moderate after scratching	Mild and infrequent	Absent	Absent
Eruptions on buttocks	Eruptions in a circular fashion with a raised, erythematous border and a clear central area.	Eruptions in circular fashion with raised and erythematous borders	Raised erythematous borders decreased with diffused scaly patches	Erythematous raised border absent and no scaly patch present
Gastric complaint	Moderate complaint, frequent eructations	Moderately present, eructations infrequent	Eructations very infrequent now	Very Slight complaint, infrequently present
Frequent urination	Moderately troublesome	Moderately present	Moderately present	Mildly present
Loose stool	4-5 times/day	2-3 times/day	2-3 times/day	2 times daily
Blood Pressure (B.P.)	150/94 mm of Hg	140/90 mm of Hg	122/92 mm of Hg	124/84 mm of Hg
MYMOP				
Symptom 1-Eruptions over buttocks	6	4	2	0
Symptom2- Itching over buttocks	6	4	1	0
Activity- Physical	6	4	2	1
General feeling of well being	4	3	1	0
MYMOP profile score	5.5	3.5	1.5	0.25
ORIDL score	Not applicable	+2	+3	+4
Treatment	Sulphur 30, 4 doses, daily once for 4 days; Sac Lac twice daily for 1 week	Sac Lac, twice daily for 1 week	Sulphur 200, 2 doses, once a week for 15 days; Sac Lac twice daily	Sac Lac once daily for two months



Baseline visit-04.10.17 First follow up- 11.10.17

Third follow up- 22.11.17 Second follow up-08.11.17

Figure 2: photographs of the case at baseline and every follow up visit

DISCUSSION

This case report describes the importance of single individualized constitutional homoeopathic treatment in a very obstinate condition called as *Tinea Cruris*. The so called diseases of the skin are the diseases of the constitutions of the persons, and not the diseases of their skin.

Ringworm is an internal disease of the organism having the outward sign of ringworm with the fungi thriving in a certain fashion. The fungi are the guest of the diseased host; cure the host's diseased state and the fungus, the ringworm, dies off from lack of a proper medium. Ringworm as well as all other skin diseases shows disgust yet a perfectly clear skin may enclose a very diseased organism. A skin diseased person possesses a much better constitution with all his internal organs in a better state. Healthy individuals do not catch ringworm. It is essential that their health is tainted in some way to provide nourishment to the parasite to thrive on. As mushroom could not be grown except under certain conditions nor the trichophyton of ringworm. The trichophyton is not the disease itself but its scavenger. Cure the internal disease and this scavenger dies. [11]

In this case, the task of treating ringworm by external application was so unsatisfactory, so uncertain, so tedious and an entire failure that the patient resorted to homoeopathic treatment to get the permanent cure. And thus, the external treatment of ringworm is wrong because it deals only with the external manifestations of the internal ailment.

The individualized homoeopathic remedy Sulphur was selected on the basis of the mental and physical generals and characteristic particulars and thus caused marked improvement in the skin condition along with significant improvement in the stool, urination, gastric complaint as well as blood pressure of the patient. Sulphur was prescribed in subsequent higher potency from30C to 200C according to the response to the medicine following the homoeopathic principles. Itching, erythema, induration along with the eruptions in raised border

over the buttocks completely got cured after treatment.

To focus on specific bothersome or disabling symptom we employed the Measure Yourself Medical Outcome Profile 2 (MYMOP2). [12] The MYMOP2 is a brief, patient-generated, problem-specific questionnaire, which requires patient to specify a symptom that concerns them most. All domains (symptom severity, restriction of activity, and well-being) were analyzed individually as well as total score, the profile score, that equals the mean of the subscores recorded (score 0-6). The MYMOP2 questionnaire at baseline defines symptom of eruptions over buttocks as the most bothersome (Symptom 1) and itching over buttock as the symptom 2. Both symptom1 and 2 showed diminution from 6 (as bad as it could be) to 0 (as good as it could be) in the follow up. The MYMOP2 subscale of activity measures the work which the complaint prevents or makes it difficult to do. Patient recorded it to be physical activity which decreased from 6 (as bad as it could be) to 1. The wellbeing subscale improved on a likert scale from 4 to 0. The MYMOP2 Profile Score showed a significant change from a baseline score of 5.5 to 0.25 depicting marked improvement in all the domains.

The Outcome in Relation to Impact on Daily Living (ORIDL) instrument records the assessment of response to the previous prescription on main complaint as well as on general well being on numerical scale of -4 to +4. [13] The patient showed moderate improvement affecting daily living (+2) in first follow up proceeding to major improvement (+3) and finally to cure (+4).

The final outcome and possible causal attribution of the changes in this case were assessed using the Modified Naranjo Criteria as proposed by HPUS Clinical data Working Group (December 2015). [14] The total score of outcome in this case was nine which was close to the maximum score of 13 as per Modified Naranjo Criteria. [Figure 3]

11.6 MODIFIED NARANJO CRITERIA

Whenever there is change of prescription which expresses qualitive changes in the patients with respect to the medicine prescribed , Naranjo criteria has to be filled by the Investigator/doctor.

S.No.	Modified Naranjo criteria	Yes	No	Not sure or N/A
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	(+2)	−1	0
2	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	(+1)	−2	0
3	Was there an initial aggravation of symptoms?	+1	(0)	0
4	Did the effect encompass more than the main symptom or condition, (i.e. were other symptoms ultimately improved or changed)?	(+1)	0	0
5	Did overall wellbeing improve?	(+1)	0	0
6 (A)	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	(0)
6 (B)	Direction of cure: did at least two of the following aspects apply to the order of improvement of 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	0	(0)
7	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?	+1	0	(0)
8	Are there alternate causes (other than the medicine) that – with a high probability- could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	(+1)	0
9	Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.)	(+2)	0	0
10	Did repeat dosing, if conducted, create similar clinical improvement?	(+1)	0	0
	Total Score — Maximum Score= 13, Minimum Score= -3	+9		

Figure 3: NARANJO CRITERIA

We have seen that the germs of ringworm are almost universally present, and that at all times. The treatment by parasiticides is difficult, tedious, and, for the most part, entirely unsatisfactory, for the vast majority of cases medically certified as cured are really not cured at all. [15]

Cure is not only organismic, but *organic*, not chemical, not mechanical, not local, not topic, not antiparasitic, but organic, *vital*. [11]

When prescribing with attention to the miasms, we are still looking for the similimum, the remedy that best covers the totality of the case. The difference, when we add in the consideration of miasms, is that the totality is larger and our chance of finding the similimum is greater. [16]

The consideration of miasms is of paramount importance in effective homoeopathic prescribing particularly in this world of multi-suppressions where perceiving a clear picture of disease is becoming increasingly difficult. It is necessary to understand the soil, the very dyscrasia of the person, and the miasm, which represents the stigma, groove or pollution in the system. This stigma/groove/pollution can only be corrected through constitutional, anti-miasmatic treatment, and through such treatment, the complete annihilation of symptoms and perfect restoration of health will ensue. On the basis of the totality of symptoms, together with the miasmatic totality, the constitutional anti-miasmatic remedy is then selected for that presenting totality. This not only removes the surface symptoms but also the corresponding miasmatic dyscrasia, which was being manifested on the surface at that time. By such a prescription, which covers the miasmatic dyscrasia of the person, the chances of recurrence are eradicated and the axiom of 'rapid, gentle and permanent recovery' is encompassed. Miasm and the symptoms are nothing but the two sides of the coin, and one cannot be considered whilst ignoring the other. In fact, the totality of symptoms cannot be said to be total until and unless the selected remedy covers the miasm. [17]

Thus, the outcome of this case proves the efficacy of single, individualized, constitutional medicine in Tinea Cruris.

The search was made in the databases for any study on role of homoeopathy in Tinea Cruris. The databases searched were Pubmed, [18] Science Direct, [19] Research Gate, [20] Cochrane [21] and AYUSH Research Portal. [22] The search terms used were “tinea”, “ringworm” and “homoeopathy” but the search yielded only one study. [23] So this case report has been prepared to bring forward the concept of miasm in such skin diseases and also to prove the efficacy of individualized constitutional homoeopathic treatment for the cure of Tinea Cruris.

CONCLUSION

Despite all the antifungal treatment available for the cases of Tinea Cruris, relapses are very frequently seen. This case which was earlier suppressed by the continuous use of ointments and lotions came in search of permanent cure to Homoeopathy. The case report showed marked improvement in main complaint, associated complaints as well as general health of the patient with single, individualized, constitutional homoeopathic medicine. It also reveals the miasmatic concept in skin diseases which can only be corrected through constitutional, anti-miasmatic treatment.

Conflicts of Interest: Nil

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How to cite this article: Bala R, Srivastava A. Constitutional treatment of tinea cruris in homoeopathy- a case report. Int J Health Sci Res. 2019; 9(12):54-61.

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