

Individualized Homoeopathy and Taenia Corporis: An Evidenced Based Case Report

Dr.Suchismita Sen¹, Dr.Sumanta Kamila²

¹Assistant Professor, BHMC&H, Asansol

²PGT, CHMC&H, Kolkata

ABSTRACT:

Background: Tinea is a fungal infection of the skin, sometimes referred to as dermatophytosis or ringworm. All age groups and both sexes are susceptible to ringworm infection, which first manifests as red patches on the skin before spreading to other body parts. Regardless of whether a person lives in an urban or rural area, dermatophyte infections like Tinea corporis and Tinea cruris are common in tropical nations like India. Additionally, they pose a serious threat to school-age children's public health. The goal of the current study is to determine whether constitutional treatment for tinea corporis and cruris is effective.

Methods: After detailed case-taking and repertorization, at first individualized homoeopathic medicine, *natrum sulphuricum 0/1* was given and thereafter other drugs as per the indication were given. Within about 3 to 4 months of homoeopathic treatment, the patient started improving and continues to be free from her complains at the time of last follow-up visit in our clinic leaving a clear smooth skin demonstrating a positive role of individualised homoeopathic treatment in a case of taenia corporis.

Results: Modified Naranjo Criteria for Homoeopathy tool was used to assess the causal relationship between homoeopathic intervention and clinical outcome. The MONARCH score(+9) suggested that the clinical improvement was likely attributable to the homoeopathic treatment, which is also evident from photographic images.

Conclusions: This case study shows the utility of individual homoeopathic treatment in case of taenia corporis. More studies and evidenced based clinical verification is required to establish the efficacy of homoeopathy in such cases.

KEYWORDS: Individualized homoeopathy, taenia corporis, *Natrum sulphuricum*

INTRODUCTION: Dermatophytes are the source of tinea corporis, a superficial fungal skin infection. Worldwide, tinea corporis is a problem ^[1]. The lesions' exact location—which can include the arms, legs, trunk, and neck—defines it^[1]. Because of its rounded shape, raised edge, and peripheral distribution, it is also known by the nickname "ring worm." Other common forms of tinea include Athlete foot or tinea pedis, Tinea cruris or jockey itch, Tinea unguium or onychomycosis, and Tinea capitis or scalp ringworm. Tinea corporis is shaped like an annulus. KOH is used in the standard Tinea examination. In ^[2] Globally, tinea corporis is incredibly prevalent. Fungal infections superficialis are most commonly caused by dermatophytes. High relative humidity, extreme heat, and form-fitting apparel are associated with more severe and frequent disease.^[3] Additionally, some populations—like children, for example—may be more susceptible to tinea corporis. The most prevalent dermatophytic infections in youngsters who are

approaching puberty are tinea corporis and tinea capitis^[4]. Additionally, children are more susceptible to zoophilic illnesses. When humans come into contact with animals like dogs and cats, they can contract zoophilic infections. Patients with weakened immune systems are another vulnerable group. In addition, compared to more superficial typical tinea corporis, the immunocompromised patients are more likely to develop Majocchi granuloma, a form of tinea corporis folliculitis that invades the deep dermal layers.^[5] A tendency to all dermatophytes may be seen in patients with low defensin beta 4 levels. Other risk factors include immunocompromised state, Cushing syndrome, diabetes mellitus, lymphomas, excessive perspiration, or advanced age.^[1] Tinea corporis, also known as Herpes circinatus, is a type of body ringworm that is characterized by a pea-sized, pale red, well-defined, slightly elevated macule that immediately turns scaly, tends to clear in the center, and develops into an annular or ring-like lesion as it spreads peripherally. During evolution, the boundary is typically highly defined, raised, and may have scales, vesicles, or papules. Tinea corporis can manifest on its own or in combination with other ringworm types^[6]. Usually, it affects the non-hairy or glabrous skin surfaces. Its boundary, made up of papulo-vesicular eruptions, is well defined and dynamic. Erythema, scaling, and hyperpigmentation may be seen in the central portion of the lesion. Although friction can affect any portion of the body, especially in females, the belt area is most commonly impacted. *Trichophyton rubrum* is the primary cause of Tinea corporis in India. Tinea incognito is the term for when typical clinical symptoms disappear and diagnosis becomes challenging following the administration of topical steroid ointments.^[7] Clinical diagnosis of tinea corporis is typically made after a complete medical history and physical examination. To confirm the diagnosis, tests can be performed, though. When skin scrapings are examined under a microscope using a potassium hydroxide (KOH) preparation, long, narrow hyphae that are septate and branch can be seen. However, if KOH preparations are the only method used for diagnosis, up to 15% of cases may result in false negatives.^[8] Topical or oral medications such as ketoconazole, miconazole, etc. are typically used to treat dermatophyte infections. Nummular eczema, erythema annulare centrifugum, tinea versicolor, cutaneous candidiasis, subacute cutaneous lupus erythematosus, pityriasis rosea, contact dermatitis, atopic dermatitis, seborrheic dermatitis, and psoriasis are some other common conditions that can present similarly.^[1] As per a double-blind^[9] randomized, placebo-controlled, two parallel arms trial conducted on 62 individuals suffering from TC at the National Institute of Homoeopathy, using LM potencies. The primary outcome measure was the number of participants showing complete disappearance of skin lesions after 3 months. Secondary outcomes were a numeric rating scale (NRS) measuring intensity of itching and the Skindex-29 questionnaire (overall, and three sub-scales – degree of symptoms, psychological functioning, emotional status). Results were negative on the primary outcome; however, secondary outcomes included some statistically significant results favouring IHMs against placebo after 3 months. As per a prospective observational^[10] longitudinal study measuring the effectiveness of homoeopathic medicines conducted by et al and the result showed that p value was < 0.05 & value of t (11.623) is greater than the tabulated value in t-table at $Df = 64$ (1.997), which was statistically significant and which also concluded that homoeopathic medicines were effective in treating Tinea corporis and Tinea cruris. This present case report serves as a convincing proof of efficaciousness of application of homoeopathic medicines in case of ringworm.

CASE REPORT:

A 32year aged women came to our clinic with the eruption over the right side of upper trunk along with severe itching which aggravates from warmth of bed, and at night. Edges of the eruption is red.

History of present complaints: There was a history of allopathic treatment in the form external application.

Past history:

History of scabies- treated allopathically suppressed by ointment.

History of bronchial asthma and measles.

Family history:

Mother: bronchial asthma

Clinical diagnosis: based on the clinical scenario the patient seemed to suffer from taenia corporis.

Physical general: Regarding the physical generals patient has good appetite, increased in the morning, drinks while eating. Patient desires for fish cold drinks, bitter food, there was intolerance of milk, moreover the patient has got sour taste in the mouth. Thirst is increased drinks 3-4 litres/day. Stool is hard along with a incomplete feeling and pain after the stool. Perspiration of the patient has got a offensive smell. Thermally the patient is hot, and sleep is disturbed due to itching. Regarding the mental generals the patient is irritable which is aggravated from consolation. There is a history of silent grief in the patient due sudden death of her son. The patient is forgetful, there is fear of thunderstorm.

ANALYSIS AND EVALUATION OF SYMPTOMS:

Mental general

- Irritability aggravates from consolation
- Fear of thunderstorm
- Forgetfulness
- Silent grief

Physical general

- Hot patient
- Desire for fish cold drinks and bitter food.
- Increased thirst
- Appetite good which increases in the morning
- Hard stool without a satisfactory feeling
- Offensive perspiration.

Particular symptoms:

- Eruption over the right side of upper trunk along with severe itching which aggravates from warmth of bed, and at night. Edges of the eruption is red.

The miasmatic evaluation^[11-12] of the symptoms of this case was done and the predominant miasm was found to be **Psoric**. Considering the above-mentioned characteristic symptoms, Kent's Repertory was preferred and using HOMPETH software, systemic repertorization was done. The Repertorization chart is given in **Fig:B**.



Remedy Name	Nat-m	Sulph	Calc	Lyc	Sep	Nit-ac	Puls	Merc	Ign	Phos	Kali-c	Alum
Totality	32	25	24	24	20	20	19	19	18	18	16	
Symptoms Covered	16	10	12	12	10	8	9	8	9	9	10	
Kingdom	Minerals	Minerals	Minerals	Plants	Animals	Minerals	Plants	Minerals	Plants	Minerals	Minerals	Al
[Kent] [Mind]Grief:Silent: (3)	3						2		3			
[Kent] [Mind]Irritability (see Anger):Consolation agg: (18)	3		1	1	3	2		1	3		1	
[Kent] [Mind]Forgetful (see Memory): (153)	2	2	2	3	1	1	1	3	1	3	1	
[Kent] [Stomach]Appetite:Increased (hunger in general):Morning: (30)	1		2	1	1							
[Kent] [Mouth]Saliva:Sour (see taste): (30)	1	2	2	1				1	3	1		
[Kent] [Stomach]Desires:Fish: (3)	2									1		
[Kent] [Stomach]Desires:Bitter food: (2)	2											
[Kent] [Stomach]Desires:Cold drinks: (95)	1	1	2	2	2		1	3		3		
[Kent] [Generalities]Food:Milk :Agg: (57)	2	3	3	2	3	3	2		1	2	2	
[Kent] [Mouth]Discoloration:Tongue:White: (169)	2	3	3	2	2	3	3	3	1	2	1	
[Kent] [Mouth]Dryness:Tongue: (127)	2	3	3	2	2	2	3	3		2	1	
[Kent] [Rectum]Constipation (see inactivity):Insufficient,incomplete,unsati...	3	3	1	2	2	3			2		3	
[Kent] [Rectum]Pain:Stool:After: (72)	1	3	1	2	2	1	3	3	2	2	3	
[Kent] [Extremities]Perspiration:Foot:Offensive:...	1	2	2	3	2	3		3	2	1		
[Kent] [Generalities]Heat:Sensation of: (86)	3	3	2	3		3	2		2	1	1	
[Kent] [Skin]Eruptions:Scabies:Suppressed: (20)	1	3			2					2		
[Kent] [Skin]Eruptions:Itching:Warmth :Of bed agg: (20)		3				2	1		3			

Repertorization chart-[Fig:B]

Repertorial analysis: After repertorial analysis of the totality of symptoms, it was found that the medicine natrum muriaticum covered maximum rubrics and scored maximum (32/16), followed by sulphur (25/10), calcarea carb (24/12) and lycopodium (24/12).

DISCUSSION OF THE CASE: In this particular case of ringworm our choice of similimum was Natrum sulph which didn't come in repertorial analysis this was done in consideration of the totality of symptoms, past history, family history, the ascertainable physical and mental constitution of the patient and after consultation of our authentic materia medica^[13]. Regarding this case, patient came to us with the typical characteristic features of taenia corporis as evidenced from the photographic images taken prior to treatment (**Fig no: A**). On 11.08.2023 patient was given natrum sulph 0/1, 15 doses on alternate day, following which there was marked improvement in the skin symptoms of the patients, much reduction of itching. Following this positive reaction this medicine was repeated in gradual ascending potencies, the details of which has been mentioned in follow up sheet [Table-1]. The Modified Naranjo Criteria^[14] were applied to this case for ascertaining the causal attribution between the homoeopathic medicine applied and the changes in the symptoms/signs of the patient [Table- 2].As per the modified Naranjo Criteria,the total score of the outcome is (+9).

CONCLUSION: This case report is a testimony of effectiveness of homoeopathic remedies in case of *Tinea corporis* which is a challenging problem in modern dermatology. Further rigorous clinical, observational studies, randomised controlled trials etc are necessitated for establishing the effectiveness. Through prognostic factor research we can evaluate the effectiveness of the symptoms given in totality of symptoms for *Natrum sulphuricum*.

CONFLICT OF INTEREST: None.

CONSENT OF THE PATIENT: Written consent has been obtained from the patient.

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Figure Captions:

→ **Photographic image before treatment [Fig-A]**

→ **Repertorization chart: [Fig-B]**

→ **Photographic image after treatment [Fig-C]**



**Photographic image after treatment
[Fig-A]**



**Photographic image after treatment
[Fig-C]**

TABLE-1: FOLLOW UP

DATE	SYMPTOMS	PRESCRIPTION
12.09.2023	Itching markedly reduced than before along with relief of hard stool and mental ailments like irritability, forgetfulness.	Natrum sulph 0/2, 15 Doses On alternate days.
10.10.2023	Itching markedly reduced than before along with relief of hard stool and mental ailments like irritability, forgetfulness.	Natrum sulph 0/3, 15 Doses On every two days.
09.11.2023	Itching markedly reduced than before along with disappearance of ring worm.	Placebo

Modified Naranjo Algorithm: TABLE-2

Modified Naranjo algorithm	Yes	No	Not sure or N/A
• Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
• Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1		
• Was there a homeopathic aggravation of symptoms?			0
• Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, ultimately improved, or changed)?	+1		
• Did overall well-being improve?	+1		
• Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
• Direction of cure: Did at least one 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?			0
• Did ‘old symptoms’ (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?			0
• Are there alternative causes (i.e., other than the medicine) that – with a high probability – could have produced caused the		+1	

improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)			
• Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+1		
• Did repeat dosing, if conducted, create similar clinical improvement?	+2		0
Total	+9		