WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 17, 874-882. Case Study ISSN 2277–7105

ROLE OF CLASSICAL HOMOEOPATHY IN THE MANAGEMENT OF RINGWORM: A CASE REPORT

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Article Received on 27 July 2026,
Article Revised on 17 August 2026,
Article Published on 01 Sept. 2026,

https://doi.org/10.5281/zenodo.22160296

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How to cite this Article: 1*Dr. Himani Gami, 2Dr. Bhavesh Kumar Bisen M.D. (Hom). (2026). Role of classical homoeopathy in the management of ringworm: a case report. World Journal of Pharmaceutical Research, 15(17), 874-882.

ABSTRACT

Ringworm (dermatophytosis) is a common superficial fungal infection that affects the skin, hair, and nails, often causing itching, erythema, scaling, and considerable discomfort, thereby affecting the patient's quality of life. This case report presents a 21-year-old male suffering from tinea corporis who opted for classical homeopathic treatment. After detailed case-taking and individualization, Sepia 30c was prescribed. Over the course of treatment, the patient showed marked clinical improvement with a significant reduction in itching, erythema, scaling, and the size of the lesion, leading to complete recovery. This case highlights the potential role of classical homeopathy, through individualised remedy selection, in the management of ringworm.

KEYWORDS: Ringworm, Homoeopathy, Skin disease, dermatophytosis, Homoeopathic medicine.

INTRODUCTION

Ringworm, also known as dermatophytosis or tinea, is a common contagious superficial fungal infection seen more often in tropical climate or in the immunocompromised. They are extremely common and characterized by annular, erythematous, scaly, pruritic lesion with central clearing. The infection is transmitted through direct contact with infected individual, animals, contaminated objects, soil and is more prevalent in warm and humid climate. It is

highly contagious, has high recurrence rate, and can significantly impair the patient quality of life.

Etiology

1. Trichophyton
2. Microsporum
3. Epidermophyton

Classification

- **Tinea corporis (tinea of trunk and limbs) –** Tinea corporis is a superficial dermatophyte infection of the glabrous skin. It typically presents as erythematous, annular, scaly plaques with a well-defined raised border and central clearing often associated with pruritus. Lesion may be single or multiple and severity of inflammation depends on the causative organism and the host immune response.

Inappropriate use of topical corticosteroids may alter the appearance of the lesion, resulting in tinea incognito.

- **Tinea capitis (tinea of scalp) –** Tinea is a dermatophyte infection of the scalp and hair shaft that occur predominantly in children. It presents with area of scalp inflammation and scaling with pustules and partial hair loss with broken hair at surface as characteristic "black dots ".

- **Onychomycosis (tinea of nail)-** It is fungal infection affecting the nail plate, most commonly caused by dermatophytes that are responsible for infections such as tinea pedis and tinea capitis. Clinically, it is characterized by yellow to brown discoloration of the nail, thickening, brittleness with crumbling subungual hyperkeratosis. The infection usually involves only a few nails, shows an asymmetrical pattern, and it commonly affect toenails more than fingernails.

- **Tinea cruris –** This is extremely common superficial fungal infection worldwide, most commonly caused by Trichophyton rubrum. It presents as itchy, erythematous, well - defined plaques with an active raised scaly border Site – Groins, genitalia, pubic area, perineal, and perineal areas.

- **Tinea pedis (Athlete's foot)** - It is the most common dermatophyte infection in UK USA, usually caused by trichophyton rubrum, T. interdigitate, and Epidermophyton floccosum. Predisposing factors include hot and humid climate, occlusive footwear, hyperhidrosis, sharing of communal wash areas. It commonly presents as an itchy rash with scaling, peeling, fissuring, and maceration between the toes, especially the lateral interdigital spaces. Tinea mannum with fine scaling may occur, particularly in T. rubrum infection.

Symptoms of ringworm

- Itching which may range from mild to severe
- Red, scaly, well-defined lesion
- Ring-shaped patches with central clearing
- Dryness and scaling of the affected skin
- Hair loss or broken hairs
- Thickened, discolored, brittle nails

Diagnosis – The diagnosis of dermatophytosis is primarily based on clinical findings and confirmed by direct microscopy and fungal culture. Appropriate specimen should be collected from the active edge of skin lesion, plucked infected hairs from affected scalp areas, and dystrophic nail clippings with subungual debris in suspected nail infection.

Clinical Presentation

- **Tinea corporis** – Typically presents as ring-shaped or arc-shaped erythematous lesion. The border is well-defined with scaly and occasional papules or vesicles, while the central area shows relative clearing.
- **Tinea capitis –** May present as inflammatory or inflammatory patch of alopecia, affected hair are loose brittle, and can be removed easily without significant pain.
- **Tinea unguium –** Usually affects a few nail in an asymmetrical pattern, with the infection starting at the distal edge of the nail. The nail develops yellowish discoloration along with thickening of the nail plate. The nail becomes brittle and crumbles. Friable keratinous debris accumulates beneath the nail plate.

Differential diagnosis

- Alopecia areata
- Psoriasis

- Pityriasis capitis
- Discoid eczema
- Pityriasis rosea
- Candidal intertrigo
- Nail psoriasis

Case Report- A 21 year old male came to RKCHMS OPD and presented with complaint of red eruption on neck, shoulder, chest and back since 1 year, took conventional treatment but he did not find much relief than again reappear after that he choose homeopathic treatment for his condition.

Case Presentation-Patient Information

Parameter	**Details**
• Age	21 Years
• Gender	Male
• Occupation	Student
• Duration	Since1 year

Chief Complaint

- Location – Neck, shoulder, chest and back
- Sensation – itching ++

Modality

- Aggravation – scratching, evening, spring
- Amelioration – rubbing, warmth

Associated complaint

Recurrent cold cough since childhood

< spring, evening

> Hot application

Past history

At the age of 12 year malaria

Family history

- Father diabetes
- Mother hypertension
- Grandfather diabetic mellitus
- Grandmother diabetic mellitus

Personal history

Parameter	Finding
Appetite	Prefers warm food
Desire	spicy, pickles
Aversion	milk
Thirst	1-2 liters/day
Perspiration	normal, yellow stain
Sleep sound	sleep right side
Bowels	regular
Urination	normal
Thermal state	chilly
Addiction	Tea twice daily

Mental

- Aversion to family member
- Indifference to work
- Sensitive to criticism
- Reserved likes to be alone

Clinical examination

General examination

Parameter	Finding
Temperature	Afebrile
Pulse	82 /min
Respiratory	18/ min
SpO2	98 %

Systemic Examination

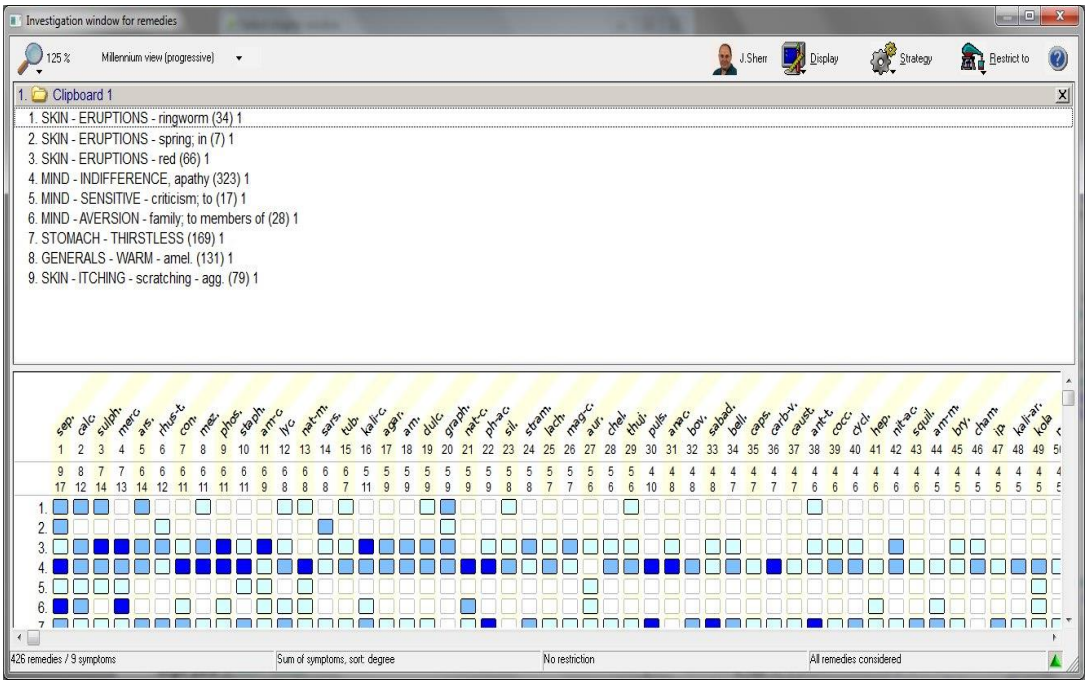
System	**Finding**
• Respiratory System	Bilateral clear
• Cardiovascular System	S1, S2 normal
• CNS	Conscious & oriented
• Gastrointestinal System	Normal
• Genitourinary System	NAD

Diagnosis – Tinea corporis

Analysis and evaluation of symptom

Aversion to family member	Mental general uncommon
Indifference apathy	Mental general uncommon
Sensitive to criticism	Mental general uncommon
Thermal – chilly	Physical general uncommon
Skin Eruption ringworm	Physical particular common
Skin eruption spring	Physical particular common
Skin itching scratching	Physical particular common
Thirst- 1litres /day	Physical general uncommon

Repertorisation with the help of Synthesis repertory



Prescription -Rx

SEPIA 30 BD 1 Month (3/01/25)

The remedy is selected on the basis of totality of symptom that is physical, mental picture of symptom.

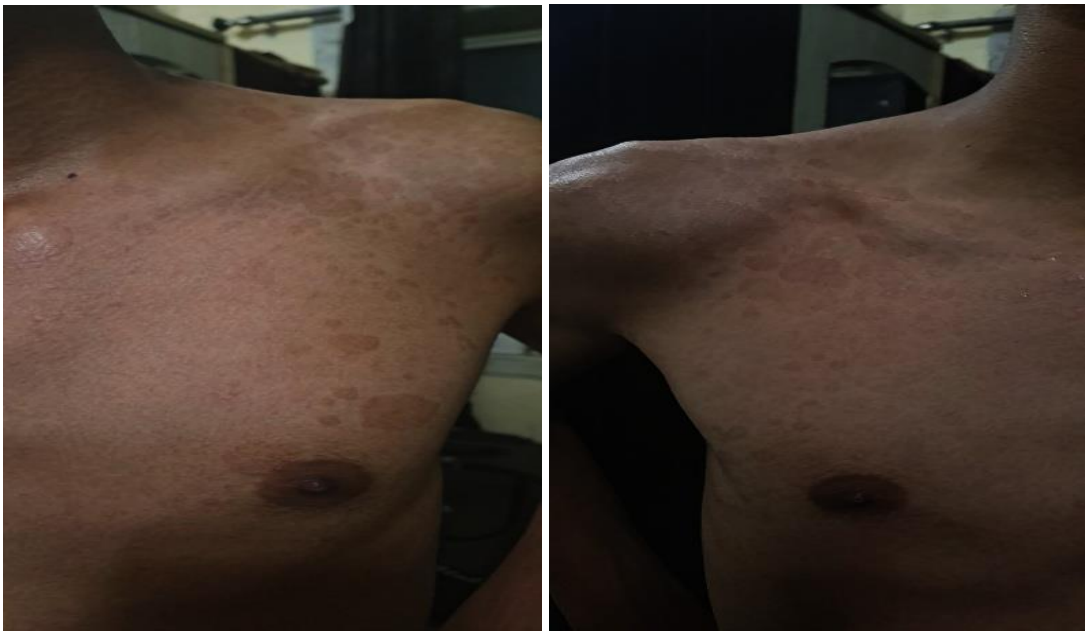
With the help of Materia medica

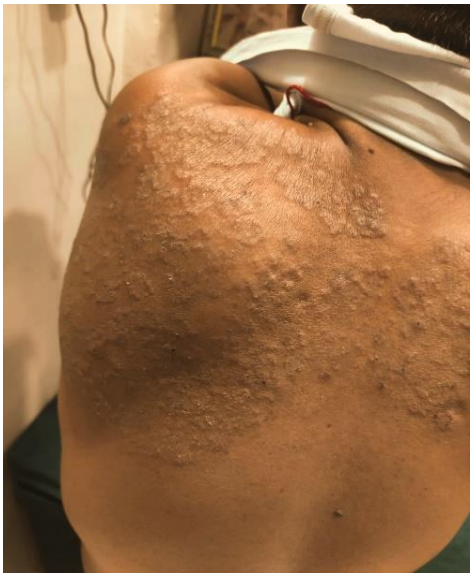
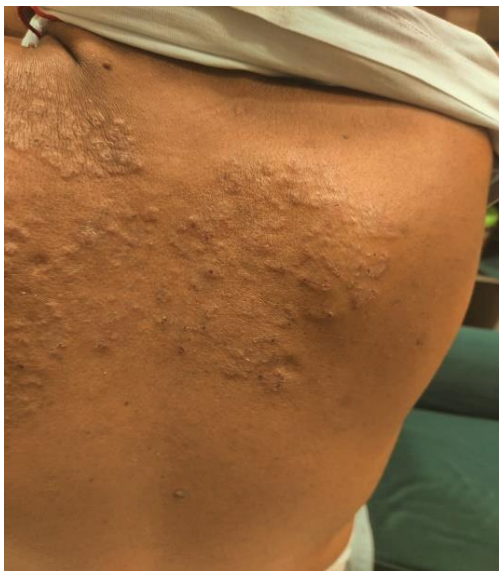
- Skin eruption ringworm
- Perspiration offensive order
- Indifference
- Aversion to family member
- > warmth, rubbing
- <evening, scratching, cold air

Follow ups.

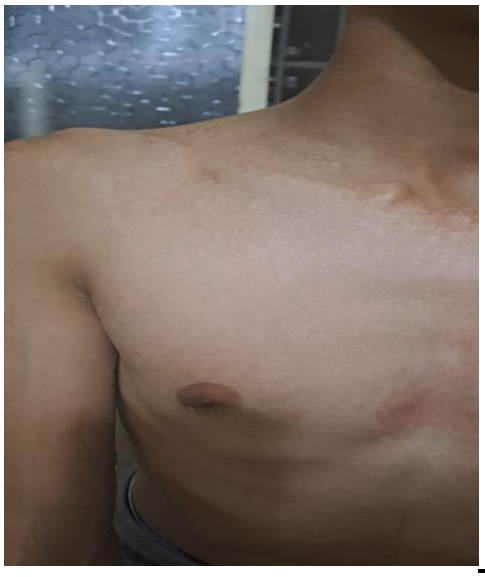
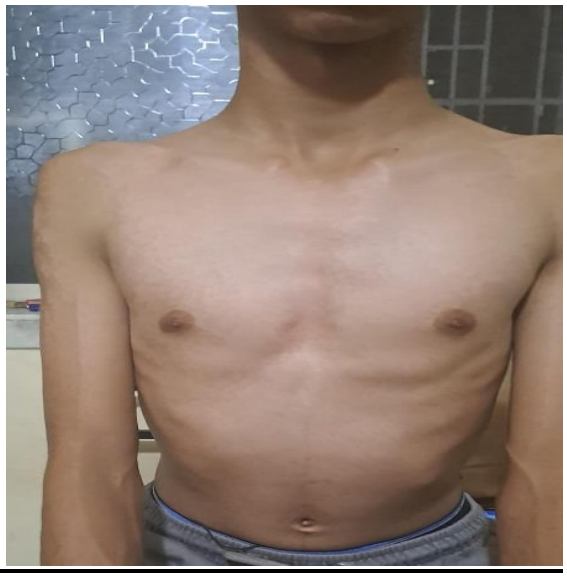
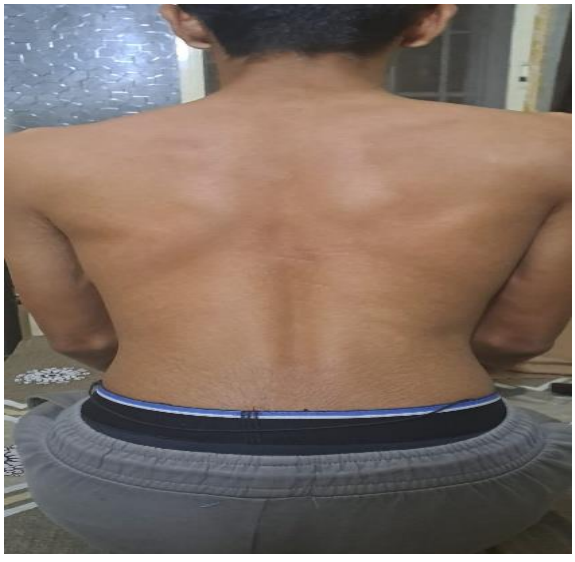
Follow up period	Clinical changes	Prescription
3/2/25	Itching better as before, redness decreases, but eruption increases	Sepia 30 / BD /15 days
18/2/25	Much relief in itching as before agg in evening, redness decreases, relief in eruption slightly more	Sepia 30 /BD/30 days
25/3/25	Much relief in itching, eruptions are much better, appear a healthy skin	Sepia 30 /BD /15 Days
9/4/25	No itching completely relieved ,no redness eruption disappears , look good healthy skin	Placebo / BD/ 10 days

Before Treatment



After Treatment

DISCUSSION

Ringworm or tinea corporis is a common superficial dermatophyte infection characterized by annular, erythematous, scaly and pruritic lesions. In this case patient had previously received conventional treatment with inadequate relief followed by recurrence. Following the principle of individualization **Sepia 30** was selected after repertorization and correlation with the Materia medica. The selection was based not only on the local eruptions but also on the patient's characteristic mental and general symptoms. The progressive improvement observed in this case suggests a role of individualised classical homoeopathic management in the case of tinea corporis.

CONCLUSION

This case demonstrate that individualised homoeopathic treatment may provide significant relief in ringworm (tinea corporis). The remedy was selected on the basis of characteristic physical and mental symptoms. During follow up there was progressive reduction in itching, redness and eruptions with complete clinical improvement, when patient had healthy looking skin and no itching and redness. Homoeopathy offers a safe, holistic and effective approach in the treatment of ringworm when the remedy accurately matches the patient's totality.

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