

EFFECTIVE RESOLUTION OF RESISTANT TINEA CORPORIS USING CONSTITUTIONAL HOMEOPATHIC MEDICINE: A CASE REPORT

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ABSTRACT

Introduction: Tinea corporis typically presents as a well-demarcated, sharply circumscribed, oval or circular, mildly erythematous, scaly patch or plaque with a raised leading edge. Mild pruritus is common. *Trichophyton tonsurans* and *T. rubrum* are the most commonly isolated pathogens, each accounting for approximately 40% of cases. *Microsporum canis* is the third most common causative agent, contributing to around 14% of reported infections. **Case Summary:** A case of tinea corporis in a 23-year-old male patient is reported, which was effectively treated with individualised homoeopathic medicine. Based on the totality of symptoms, the homoeopathic medicine *Calcarea Carbonica* in 200C potency was prescribed as the first dose and improvement was observed in subsequent follow-ups. The outcome was assessed through before-and-after-treatment photographs. The case has been reported as per HOM-CASE guidelines. This evidenced-based case suggests that tinea corporis can be successfully managed with individualised homoeopathic treatment.

KEYWORDS: Individualised Homoeopathy, *Calcarea carbonica*, Tinea corporis, Ringworm.

INTRODUCTION

Tinea infections are superficial fungal conditions caused by three types of fungi—Epidermophyton, Microsporum, and Trichophyton—collectively known as dermatophytes. Dermatophytes can be transmitted through direct contact with humans (Anthropophilic organisms), animals (Zoophilic organisms), and soil (Geophilic organisms), or indirectly via contaminated objects (Fomites).^[1] Worldwide, superficial fungal infections affect 20-25% of the population, with dermatophytosis being the most common type. In recent decades, numerous studies from India have highlighted a rising prevalence of dermatophytosis. The prevalence of the infection and the types of isolated species differ across various regions of the country due to differences in lifestyle, socioeconomic status, and other local risk factors. In India, fixed drug combination creams containing steroids, antifungals, and antibacterials are readily available in the market. However, their irrational and prolonged use without proper medical supervision can result in antifungal resistance, treatment failure, and chronic, stubborn dermatophytosis, which remains a significant concern.^[2] The rising incidence of dermatophytosis worldwide in recent decades may be attributed to global warming, increased travel and migration, socioeconomic challenges, and contact with pets. During infection, dermatophytes detect the host tissue, activating signaling pathways that lead to changes in gene expression and metabolic adjustments, allowing the fungus to invade, survive, and spread. Additionally, exposure to antifungal drugs triggers biochemical and genetic responses in fungi, enabling them to resist the toxic effects.^[3] The situation in India is concerning, as the incidence of resistance continues to rise each year. This trend could quickly become problematic in other regions, such as Europe or the USA.^[4] However, homeopathy offers a safe, effective, and lasting solution for tinea by targeting the root cause, boosting immunity, and minimizing susceptibility to fungal infections. It not only eliminates the infection but also prevents its recurrence, making it an ideal choice for managing chronic and recurrent cases. This case demonstrates how homeopathic treatment, prescribed according to the patient's constitutional symptoms, resulted in notable improvement, reducing the reliance on conventional antifungal therapy.

CASE SUMMARY

Patient information

A 23 year-old male presented in an outpatient department with the complaint of well demarcated, erythematous, scaly eruptions with intense itching on his chest in October 2024.

The patient was apparently well 1 year ago when the eruptions started as small circular red patches on the chest with a lot of itching and burning. Patient complained of aggravation in itching every morning when he wakes up and while he is in bed. All complaints were aggravated during winter. All his complaints get ameliorated after summer. Scratching provides temporary relief but worsens burning.

Physical generals

The patient cannot tolerate A.C. in summer and hot weather. Has a susceptibility to take Cold easily during summer. Perspiration was profuse and generalized, mostly during summer. Thirst for 2.5 – 3 litres. He desires warm milk, and eggs.

Mental generals

The patient experiences significant anxiety and fear, primarily concerning his family, close relationships, future, and career. He often feels a lack of support, which contributes to a sense of helplessness. There is a strong desire for travelling and companionship, particularly from friends, indicating a need for reassurance and connection. When it comes to communication, he feels extremely nervous while talking, which results in noticeable trembling and hesitation. This nervousness is accompanied by physical manifestations such as constant shaking of his legs and clenching of his hands during conversations.

Clinical Findings and Diagnostic assessment

Based on the clinical findings and history, this case was diagnosed as a case of tinea corporis. The patient had multiple erythematous, circular lesions over the chest with scaling itching and burning.

Case Analysis and Repertorisation

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

1. Company desire for
2. Anxiety family about his
3. Anxiety future about his
4. Travelling desire for
5. Desire for warm milk
6. Desire for eggs
7. Itching in morning while lying in bed

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 calcarean carbonica was prescribed in the 200th potency in a single dose. The medicine was dispensed in globules of size 40, 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.^[5]

Player▼

RADAR 10.5.003 for Windows (\\.\CASES\ypert - SOS)

File Edit Search Take View Options Window Help

Investigation window for remedies

200 % Millennium view (progressive)▼

J Sherr Display Strategy Restrict to

1. Clipboard 1

1. MIND - COMPANY - desire for (133)

2. MIND - ANXIETY - family; about his (29)

3. MIND - ANXIETY - future, about (149)

4. MIND - TRAVELLING - desire for (47)

5. GENERALS - FOOD and DRINKS - milk - desire - warm (9)

6. GENERALS - FOOD and DRINKS - eggs - desire (40)

7. SKIN - ITCHING - morning - bed; in (6)

calc.	carc.	sulph.	phos.	dry.	puls.	ars.	podo.	aur-n-m.	const.	calc-p.	ign.	kola	thus-t.	sep.	aeth.	bar-c.	merc.	sil.	choc.	cmic.	crob-c.	ham.	hep.	nat-sil.	petr.	plat.	verat.	fakorpe.	alg-n.	con.	diac.	gels.	lod.	kali-c.	lac-c.	mord.	nat-c.	nux-v.	sparg.	tub.	zns	calc.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	
7	5	5	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
12	7	6	9	8	7	6	6	5	5	5	5	5	5	5	4	4	4	4	4	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	4	4	4	3	3
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3	3	1	2	3	4	2	1	1	2	2	-	2	2	2	1	2	1	2	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	1	-	-	2	2	3	-	-	-	2
4	1	2	-	-	1	-	-	2	1	1	3	2	2	-	1	-	1	2	-	1	1	-	-	-	-	-	-	1	1	1	-	-	-	2	-	1	-	-	-	-	-	3	-
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6	2	2	1	1	-	2	-	-	1	1	-	-	-	-	-	-	1	-	1	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	1	-	-	
7	2	-	1	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	

Figure 1: Repertorisation chart.

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.⁵ Details of the follow-up are summarized 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. Areas of eruptions reduced in size as well as severity. Itching gradually improved and reduced in intensity. Lesions reduced gradually and disappeared after 2 months.

The patient showed remarkable improvement within 2 months of treatment [Figures 2-6]. No homoeopathic aggravation or adverse events were noticed during the entire period of treatment.



Figure 2: Before treatment 15/10/2024.



Figure 3: Follow up 29/10/2024.



Figure 4: Follow up 12/11/2024.



Figure 5: Follow up 26/11/2024.



Figure 6: Follow up 10/12/2024.

Table 1: Follow-ups.

Visit/ Follow-up	Signs and Symptoms	Prescription with dose and repetition
15-10-2024	Well demarcated, erythematous, scaly eruptions with intense itching on chest. Itching < morning (while lying in bed).	Calcarea Carb 200/1DOSE/STAT Rubrum 30/TDS/14DAYS
29-10-2024	FURTHER IMPROVEMENT IN	Phytum 200/1 dose / stat

	SYMPTOMS	Rubrum 30/TDS/14DAYS
12-11-2024	Patient complained of occasional itching in the morning.	Calcarea Carb 200/1 dose / stat Rubrum 30/TDS/14DAYS
26-11-2024	Areas of inflammation disappeared. Further reduction in the areas of patches.	Phytum 200/1DOSE/STAT/ Rubrum 30/TDS/14DAYS
10-12-2024	Markedly improvement in itching and erythematous patches.	Phytum 200/1 dose / stat Rubrum 30/TDS/14DAYS

DISCUSSION

This case of Tinea Corporis exhibited typical circular, erythematous lesions accompanied by itching and scaling. A thorough case-taking revealed constitutional symptoms such as a tendency for profuse sweating, a chilly disposition, and a craving for eggs. Additionally, mental generals, including anxiety and a deep desire for support and companionship, indicated Calcarea Carbonica as the most appropriate simillimum.

Homeopathy operates on the principle of therapeutic similarity, encouraging the body to activate its own defense mechanisms against disturbances. To elicit an effective homeostatic response, homeopathic medicines must be individualized, meaning they should be selected based on their similarity to the patient's unique set of characteristic symptoms. By reducing individual susceptibility to disease, homeopathic remedies provide both curative and preventive benefits for various human ailments.^[5]

In homeopathy, optimal patient management is achieved when the correct potency and dosage of the curative remedy are administered, leading to a rapid, gentle, and lasting restoration of health, in alignment with the Direction of Cure. The choice of 200C potency was guided by the patient's sensitivity and the need for deeper action to address the constitutional totality. A single dose was prescribed, followed by close monitoring. Gradual improvement was observed, and follow-ups confirmed complete resolution of the lesions without recurrence.

This case contributes significantly to the expanding evidence supporting the effectiveness of homeopathy in treating chronic and resistant tinea infections. Individualized homeopathic treatment not only alleviated symptoms but also prevented recurrence, a frequent challenge in tinea corporis cases. Additionally, the inclusion of detailed photographic documentation and systematic follow-ups, in accordance with HOM-CASE guidelines, enhances the credibility of the results. Although this case report demonstrates a positive outcome, larger randomized

controlled trials (RCTs) and comparative studies are necessary to validate the efficacy of homeopathy in treating dermatophytosis on a wider scale. Future research should aim to investigate the immunomodulatory effects of homeopathic medicines in fungal infections and assess long-term outcomes in recurrent cases.

CONCLUSION

The effective treatment of tinea corporis with *Calcarea Carbonica* in this case highlights the significance of individualized homeopathic management in dermatophyte infections. Homeopathy not only relieved the presenting symptoms but also addressed the underlying susceptibility, preventing recurrence. This case reinforces that constitutional homeopathic treatment provides a safe, effective, and lasting solution for chronic and resistant cases of tinea corporis, offering a promising alternative in the face of rising antifungal resistance.

Declaration of patient consent

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

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Conflicts of interest

None declared.

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