



Effectiveness of Homoeopathic Medicine *Chrysophanicum Acidum* in the Treatment of Tinea Corporis: A Case Report

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Abstract

In developing countries like India, dermatophytes, the most prevalent causative agents, are assuming increasing importance. Recent data shows a prevalence of dermatophytosis in India ranging from 36.6% to 78.4%. Homeopathy, known for its safety and cost-effectiveness, has proven to be a valuable treatment option for dermatophyte infections. This is a case of a 45-year-old male having popular like eruption on thighs, axilla and groins. The homoeopathic medicine *Chrysophanicum acidum* 30 potency was prescribed and there was marked improvement in eruption from baseline and other associated complaints.

Keywords: *Chrysophanicum acidum*, Tinea Corporis, Homoeopathy

Introduction:

Superficial skin infections can be attributed to various causes, including dermatophytes, non-dermatophytes, yeasts, or molds. Dermatophytes, filamentous fungi commonly found in soil, have the propensity to affect the skin, hair, and nails, leading to a condition often referred to as Dermatophytosis or Tinea.¹ Tinea Corporis represents a prominent subtype of dermatophytosis, characterized by a superficial skin infection that does not extend into deeper tissue layers or affect individuals without compromised immune systems. It can be initiated by any dermatophyte species.² The primary mode of transmission involves direct contact between infected individuals and healthy persons, with additional factors such as excessive heat, humidity, and tight-fitting clothing potentially contributing to its occurrence. Due to its characteristic ring-like appearance, this infection is colloquially known as ringworm. Diagnosis relies on clinical assessment and a comprehensive patient history. Diagnostic tests may include the microscopic examination of skin scrapings using potassium hydroxide (KOH).³

Incidence:

As per the World Health Organization (WHO), the global prevalence rate of this infection stands at roughly 20% to 25%. However, it's important to note that the prevalence rates vary among different countries. Among the various types of infections, Tinea Corporis is the most common, accounting for approximately 78.1% of cases, followed by Tinea Cruris at 10.1%, Tinea Manuum at 2.5%, Tinea Faciei at 1.8%, and Tinea Pedis at 0.7%. These rates tend to be more pronounced in tropical and subtropical regions.⁴

Clinical features:

Initially, the lesion appears erythematous and subsequently transforms into a scaly plaque, which may expand or worsen over time. As the condition progresses, there is a central resolution, resulting in an annular shape due to inflammation. Additional features such as crusts, scaling, vesicles, papules, or bullae often manifest predominantly at the lesion's border. In rare instances, Tinea Corporis can present with purpuric macules, a condition known as Tinea Corporis Purpurica.⁵

Management:

Use of topical antifungal agents in combination with steroids and antibacterials. Unfortunately, this has contributed to the emergence of a widespread issue known as steroid-modified Tinea. Common combinations include clobetasol propionate, ofloxacin, ornidazole, and terbinafine. These combinations are often employed for symptomatic relief but have the adverse effect of causing suppression due to the presence of both topical and systemic steroids [4].

Homoeopathy Management:

In Homoeopathy, treatment is given on the basis of symptom similarity of the patient with a drug from Homoeopathic Materia Medica. It considers the patient as a whole and not only the disease. Hence the disease is entirely cured with Homoeopathy.⁶ Homoeopathy always gives significant and safe results in the cases of infections of cutaneous diseases, also atopic dermatitis, lichen planus, eczema, seborrheic dermatitis, rosacea, melisma.⁷ It also helps majorly in the cases of Ringworm infection. The remedies provide relief in acute symptoms like burning and itching and also causes eradication of disease completely. And there is no recurrence but complete cure.

Indications of *Chrysophanicum acidum*:

- Acts as a powerful irritant of the skin and used successfully in skin diseases especially in ringworm, psoriasis, herpes tonsurans acne rosacea.
- Vesicular or squamous lesions, associated with foul smelling discharge and crust formation, tending to become confluent and to give the appearance of a single crust covering the entire area (Bernstein).
- Violent itching, thighs, legs and ears. Dry, scaly eruption, especially around eyes and ears, scabs with pus underneath.⁸

Patient details:

A 45-year-old Hindu male belonging to rural lower area reported at MPK OPD Sanganer, Jaipur on 8.7.2022 with red eruptions in circular papular pattern with reddish discolouration on Thighs, Groin and Axilla, neck for 2 years. There was burning and itching present at the site of the lesion which was aggravated in night and after eating sweets. It disappeared after 5 days of allopathic treatment and again reappeared after few days. The associated complaint was pain in calf muscles aggravated at night just before the sleep.

Family history:

Her father and mother were healthy. Her maternal grandmother died due to cardiac arrest and her paternal grandfather died with natural death. Her paternal grandmother was suffering with arthritis.

Treatment history:

Patient took allopathic treatment for 5 days after which he was relieved but eruptions started to reappear after few days.

Physical general:

Patient was chilly, thirst decreased. Appetite was good with tolerable hunger. Frequency of urine in day is 3-4 times and at night is 1-2 times which was clear and odorless, he also complained of involuntary urination while coughing or sneezing. His bowel habit was normal. Perspiration was scanty. He had sound sleep of around 7 hours per day with no specific dreams.

Mentals: No significant complaint**Physical examination:**

During physical examination, patient was well oriented with time, place and person. There were no signs of pallor, cyanosis, clubbing, icterus and lymphadenopathy. His blood pressure was 126/82mm of Hg, pulse 76 beats / minute, temperature was 98.4°F, respiratory rate was 12 breaths/ minute and weight was 70 kg.

Laboratory investigations:

CBC, ESR within normal range.

Prescription:

As there were no marked physical or general symptoms the patients presenting complaints were taken into consideration for selecting homoeopathic medicine. On basis of materia medica *Chrysophanicum acidum* 30 was prescribed to be taken twice a day for 15 days.

General Management:

- Wear properly dried up clothes
- Wipe properly after bathing
- Stop antifungal treatment
- Dry clothes in proper air and sunlight
- Avoid wearing tight clothes and clothes which cause irritation to skin

Follow ups:

Date	Change in symptoms	Prescription
23.7.22	Red, Itching, ring-shaped eruptions over groin, thighs and axilla < night	Chrysophanicum acidum 30/BD for 15 days.
6.8.22	Relief in itching slightly	Chrysophanicum acidum 30/BD for 15 days.
20.8.22	Eruptions and itching improved	Chrysophanicum acidum 30/BD for 15 days.
3.9.22	Eruptions and itching relieved	Chrysophanicum acidum 30/BD for 15 days.
17.9.22	Skin clear and slight itching was present	Chrysophanicum acidum 30/BD for 7 days.

24.9.22	Skin clear with no itching	Rubrum 30/BD for 15 days.
8.10.22	Skin clear and no itching	Rubrum 30/BD for 15 days.
22.10.22	Patient feels better in all complaints	Rubrum 30/BD for 15 days.
5.11.22	Patient feels better in all complaints	Rubrum 30/BD for 15 days.



Fig1: Before Treatment



Fig:2 After Treatment

Result:

A case of Tinea Corporis was effectively managed with homeopathic treatment, and there has been no recurrence of the condition during the last follow-up, indicating a lasting and gentle remedy.

Discussion:

It can be concluded that homeopathy has good results in Tinea Corporis cases, provided that a well indicated selected remedy, in accordance with homeopathic principles, is administered. It is imperative to ensure that patients refrain from using any other ointments that might suppress the ailment and hinder the recovery process. Furthermore, patients should be encouraged to maintain patience and avoid switching treatment modalities during ongoing homeopathic care. In conclusion, homeopathy demonstrates effectiveness in the management of Tinea Corporis.

Conflict of Interest:

Not available

Financial Support:

Not Available

References:

1. Singharoy P, Tabassum S, Das S, Fouzdar V, Hazra A, Goswami P. Efficacy of individualized homeopathic treatment in the management of Dermatophytosis- A case series. *International Journal of Ayush Case Reports (IJA-CARE)*. 2021;5(4):321-332. <https://www.ijacare.in/index.php/ijacare/article/view/243/216>
2. Singh A, Singh R, Bishnoi S, Choudhary H, Kuntal R. Different types of Dermatophytic infection on the basis of site homoeopathic approach: Case series. *International Journal of Homoeopathic Sciences*. 2020;4(4):67-73. <https://www.homoeopathicjournal.com/articles/253/4-3-77-458.pdf>
3. Pal S, Lakshmi SS. An Evidence Based Homoeopathy Management in Tinea Corporis - A Case Report. *International Journal of Ayush Case Reports (IJA-CARE)*. 2021;5(3):143-147. <https://www.ijacare.in/index.php/ijacare/article/view/239>
4. Gupta Y, Tuteja S, Acharya A, Tripathi V. Effectiveness of Homoeopathy in Tinea corporis and Tinea cruris–A Prospective, Longitudinal Observational Study. *International Journal of Advanced Ayurveda, Yoga, Unani, Siddha and Homeopathy*. 2021;10(1):618-627
5. Gupta S, Jain P. Role of homoeopathic medicine in tinea corporis- A case study. *International Journal of Homoeopathic Sciences*. 2019;3(4):01-04. <https://www.homoeopathicjournal.com/articles/98/3-3-25-774.pdf>
6. Waheed Z, Ghosh R, Banerjee A. Tinea corporis resolution by homoeopathy: a case report. *International Journal of Health Sciences and Research*. 2021;11(6):135-139. <https://doi.org/10.52403/ijhsr.20210619>
7. Shukla I. Tinea Faciei treated with constitutional Homoeopathic Medicine using Vithoukka's Compass: Two evidence-based case reports. *Indian Journal of Research in Homoeopathy*. 2022;16(2):171-177. 10.53945/2320-7094.1072
8. Boericke W. *Boericke's New Manual of Homeopathic Materia Medica with Repertory*; c1901.