



Individualized Homoeopathic Management of Tinea Corporis: A Case Report

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ABSTRACT

Tinea corporis is a superficial fungal infection commonly managed with antifungal agents, but recurrence and chronicity are frequent challenges. This case highlights the effectiveness of individualized homoeopathic treatment in a 58-year-old male suffering from a chronic pale pink rash with itching on the nape of the neck for nine months. The patient was treated with *Calcarea carbonica* and acutely with *Belladonna* during an episode of breathing difficulty. Marked improvement was noted in itching, skin texture, and overall general well-being, with significant reduction in the Global Assessment Score from 6 to 1. The case demonstrates that an individualized homoeopathic approach can successfully manage chronic dermatophytosis, providing both local and systemic improvement without recurrence.

Keywords: Tinea corporis, *Calcarea carbonica*, *Belladonna*, Homoeopathy, LM potency, Miasm.

INTRODUCTION

Tinea corporis, commonly known as “ringworm of the body,” is a superficial fungal infection caused primarily by dermatophytes such as *Trichophyton rubrum* and *Microsporum canis*.^[1,2] The condition is characterized by annular lesions with raised, scaly borders and central clearing. It is prevalent in warm, humid climates and often associated with poor hygiene, immunosuppression, or diabetes mellitus.^[3,4] The ICD-11 code for tinea corporis is 1F28.Z (Dermatophytosis, unspecified).^[5] Conventional management typically involves antifungal therapy, but recurrence is common. Homoeopathy, with its holistic and individualized approach, offers a promising alternative in managing chronic or recurrent dermatophytosis, addressing both the local lesion and underlying miasm.

CASE PRESENTATION

A 58-year-old male patient reported to the Sarada Krishna Homoeopathy Medical College Hospital, Kulasekharam, in the Dermatology Specialty Unit on 7th December 2023 with complaints of a gradually developing pink coloured rash on the nape of the neck for the past nine months, which began as a small blackish spot associated with itching and slowly spread symmetrically. The complaints were more during warm hot weather. Itching worse during perspiration, washing / bathing. Despite the use of allopathic treatment (local applications), the lesion persisted without complete relief. He also have sneezing with coryza in the morning since 18 years of age, for which he had taken Ayurvedic treatment while the condition persisted on and off without complete relief. He had occasional breathing difficulty since childhood for which she did not take any treatment.

Past History

He had a history of occasional lumbar pain 10 years ago, which was treated with Ayurveda and completely relieved.

Family History

Mother had history of Hypertension and diabetes mellitus. Father had Bronchial asthma.

Physical Generals

Good appetite and thirst; disturbed sleep due to change of place; chilly thermal reaction; desire for sweets (3+), hot food and drinks; aversion to meat; generalized perspiration.

Mental Generals

Anxiety about health; he is person with strong sense of responsibility; sadness from loss of father (weeps when talking about it even though it occurred years ago); he wants to help others especially the needy people.

Examination findings

Lesion: Pale pink plaque like lesion on nape of the neck; 6 x 4 cm in size; well-defined margins; superficial, soft, non-movable; normal local temperature; no discharge or lymphadenopathy.

Totality of Symptoms

After analysis and evaluation of symptoms, a totality was erected. Itching < bathing, < sweating, < hot weather; anxiety about health; sadness from death of father; benevolence; craving for sweets; aversion meat; chilly patient. The Repertorial analysis was done using Zomeo 3.0 Repertory software. (Figure 1)

Remedy	Calc	Sulph	Nat-m	Rhus-t	Kali-c	Puls	Sil	Graph	Sep	Lyc
Totality	33	33	31	30	26	26	25	25	25	24
Symptoms Covered	12	11	11	9	9	9	9	7	7	9
[Complete] [Mind]Death:Ailments from, agg.:Loved ones, of:	1	1	4	0	1	0	0	0	0	1
[Complete] [Mind]Anxiety:Health, about:	4	4	4	4	3	4	3	4	4	3
[Complete] [Mind]Benevolence:	1	1	1	0	0	4	1	0	0	0
[Complete] [Mind]Responsibility:Strong, or too:	3	0	1	0	3	1	0	0	0	1
[Complete] [Nose]Sneezing:Morning:	1	4	3	1	1	3	1	1	3	1
[Complete] [Nose]Sneezing:Coryza:During:	3	4	3	4	4	1	4	4	3	0
[Complete] [Skin]Eruptions:Herpetic:Circinate, ringworm:	4	3	4	4	3	0	3	4	4	2
[Complete] [Skin]Eruptions:Weather:Warm, hot, in:	0	0	0	0	0	0	0	0	0	0
[Complete] [Skin]Itching:Bathing, washing:Agg.:	1	1	0	3	0	0	0	0	0	0
[Complete] [Skin]Itching:Perspiration:During:	4	3	2	4	0	2	4	0	0	4
[Complete] [Generalities]Air:Cold:Agg.:	4	4	4	4	4	4	4	4	4	4
[Complete] [Generalities]Food and drinks:Meat:Aversion:	4	4	3	3	3	4	4	4	4	4
[Complete] [Generalities]Food and drinks:Sweets:Desires:	3	4	2	3	4	3	1	4	3	4

Figure 1. Repertorial analysis using zomeo 3.0 repertory software.

With further reference to materia medica, Calcarea carbonica was selected considering the patient's totality of symptoms. The medicine was administered in LM scale. Calcarea carbonica 0/1 one dose weekly once morning was the first prescription. The complaints were assessed using global assessment scale on each visit. Further follow up of the case is recorded below. (Table 1.)

Table 1. Follow up of the case with the medicines used.

Date	Symptoms	Prescription	Global assessment score
10-02-2024	Pale pink rash in the nape of neck improved but persistent. Itching present occasionally. Mild sighing while walking better. Sneezing occasionally. GENERALS: All good.	Rx 1.CALCAREA CARB 0/1 / 1 DOSE (M) x 1 week	Patient: 5/10 Physician: 4/10
20-02-2024	Pale pink rash in the nape of neck better. Itching occasionally present. Sneezing occasionally	Rx 1.CALCAREA CARB 0/1, 1 DOSE (M) x 1 week	Patient: 4/10 Physician: 4/10
29-07-2025	Pale pink rash on the neck relieved. Sneezing continuously, with watery coryza (old complaint reappeared). < morning, < cold exposure, < dust	Rx 1.CALCAREA CARB 0/2 / 1 DOSE (M) x 1 week	Patient: 4/10 Physician: 4/10

Date	Symptoms	Prescription	Global assessment score
	Breathing difficulty since 1 day < night , < walking, < ascending stairs < closed room, < lying on back, > sitting GENERALS: Sleep: Disturbed yesterday night due to breathing difficulty On examination: Inspection: No hypertrophied tonsils or oral cavity lesions Auscultation: Mild wheeze heard on left scapular region.		
01-08-2025	Breathing difficulty persists, < night (3 am), < walking, < ascending stairs Cough without expectoration since 1 week Sneezing continuously, with watery coryza persists. < morning, < cold exposure, < dust	Rx 1. BELLADONNA 0/3 / 7 D (M × 7 DAYS) x 1 week	Patient: 2/10 Physician: 2/10
07-08-2025	Breathing difficulty < ascending stairs better by 80%, Tiredness on walking occasionally Sneezing better by 90% < cold, < dust exposure (Breathing difficulty at night with fear because his father died of asthma) Coryza relieved Cough with white expectoration persists occasionally.	Rx 1. BELLADONNA 0/3 / 7 D (M × 7 DAYS) x 1 week	Patient: 1/10 Physician: 1/10

Discussion

This case demonstrates the management of a chronic dermatophytic infection through individualized homoeopathic medicine. The miasmatic evaluation indicated a dominant psoric and sycotic background. (Table 2.) According to J.H. Allen, the malady is represented by the totality of symptoms. The remedies having closest resemblances are selected based on the totality of symptoms, that is the malady. This is the active miasm behind the malady which assist us in grouping our remedies like anti-psorics, anti-sycotic and anti-syphilitic.^[6] The second selection of remedy covers the latent miasm. *Calcarea carbonica* was selected based on its totality: chilly constitution, craving for sweets, aversion to meat, anxiety about health, and tendency for unhealthy skin and profuse perspiration. The remedy's deep-acting constitutional nature addressed the underlying active miasm (psora), bringing lasting improvement in the skin symptoms. (Figure 2, 3.) However, during the treatment, an acute episode of breathing difficulty arose, which was effectively managed with *Belladonna* selected based on the latent miasm (sycosis) in this case. *Belladonna* acts as the acute complement of *Calcarea carbonica*, and H.C. Allen corroborate that *Belladonna* is often required to completes the curative action of *Calcarea* when acute manifestations appear during chronic treatment.^[7] The steady decline in the Global Assessment Score from 6 to 1 objectively confirmed the progressive restoration of health. Thus, through the combined understanding of miasmatic evolution, and remedy reaction, this case achieved not only local recovery but also dynamic equilibrium which is the hallmark of true cure.

Table 2. Miasmatic evaluation

	Psora	Sycosis	Syphilis	Tubercular
Family history	Allergic rhinitis	Allergic rhinitis Asthma		
Past history	Allergic rhinitis, lumbar pain	Allergic rhinitis		
Mind	Anxiety about health, responsible, grief about father's death, anger on contradiction, consolation >	Grief about father's death		
Body	Desire hot food & drinks, sweets Pale coloured plaque on nape of neck. Itching worse in hot weather Sneezing < morning, < cold exposure	Desire hot food, sweets	Desire cold bathing Breathing difficulty < night	Aversion to meat



Figure 2. Lesion before treatment



Figure 3. Normal appearance of skin after treatment

Conclusion

Individualized homoeopathic treatment using *Calcarea carbonica* followed by its acute complement *Belladonna* achieved complete recovery in a chronic case of *Tinea corporis*. This case report highlights the importance of constitutional remedy selection, miasmatic understanding, and complementary relationships between remedies. The concept of the active and latent miasms, as described by J.H. Allen, signifies the depth of curative response achievable through a holistic homoeopathic approach.

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