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Management of tinea corporis with the minimum doses of homoeopathic nosode Psorinum: A case report

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Abstract

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Management of tinea corporis with the minimum doses of homoeopathic nosode *Psorinum*: A case report

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Abstract

Introduction: Tinea corporis (TC) is the most common superficial fungal infection of the skin that invades and grows in dead keratin. The topical treatment causes suppression of TC and with the effect of it, a repeated episode of relapse occurs, which hampers the quality of life of the patient. **Case Summary:** This case of TC, with extensive spread on the body, demonstrates the curative effect of homoeopathic medicine with minimum dosage. A 64-year-old male diagnosed with TC was treated successfully with individualised homoeopathic medicine for seven months. The outcome was assessed through before-and-after-treatment photographs. Dermatology Life Quality Index (DLQI) score was used at every follow-up to assess the changes in the quality of life. The causal attribution of homoeopathic intervention was assessed by MONARCH inventory. The case has been reported as per HOM-CASE guidelines. A complete alleviation of TC was observed with homoeopathic nosode *Psorinum* 200C.

Keywords: Individualised Homoeopathy, Minimum doses, Nosode, *Psorinum*, Tinea corporis

INTRODUCTION

Tinea corporis (TC) is a superficial skin infection caused by a group of communicable fungal pathogens known as dermatophytes.^[1,2] As per their name, dermatophytes multiply in keratinised tissues and cause various skin infections.^[1] The dermatophytes are mainly three types: *Trichophyton*, *Epidermophyton* and *Microsporum*.^[3] *Trichophyton rubrum* is a common infectious agent worldwide.^[4] About 20–25% of the world's population is affected by a superficial fungal infection.^[5] The dermatophytes are mainly prevalent in tropical and subtropical countries like India, where they get favourable conditions for their growth such as high environmental temperature and relative humidity.^[6] As per recent studies, the incidence of dermatophytosis has increased and emerged as an epidemic-like condition in the country.^[7] Epidemiology studies across the country show varying prevalence of cutaneous dermatophytosis with changes in the spectrum of infection.^[8-11] *Trichophyton rubrum*, *Trichophyton mentagrophytes* and *Microsporum audouinii* are the most common organism causing dermatophytosis in India.^[9,11] However, overall *Trichophyton mentagrophytes* have emerged as the predominant organism.^[7] TC typically presents as a circumscribed, mildly erythematous,

scaly plaque with well-demarcated edges. The lesion appears as a flat scaly spot, spreads centrifugally and clears centrally to form a characteristic annular lesion. The varying degree of pruritus is commonly associated with TC. The standard treatment of TC is with topical antifungals.^[12] Oral treatment is used for extensive infections if topical therapy fails.^[13] Antifungal treatment, either in the form of topical ointment or oral tablets, produces some sort of adverse effect. They may produce a risk of hepatotoxicity, adrenal insufficiency and drug interactions.^[11] Such antifungal treatment can become resistant over a period with the possibility of relapse sometimes with an increased intensity. In such cases, Homoeopathy can act as an effective treatment option.

In Homoeopathy, miasm is said to be the root cause of all ailments, regardless of the diagnosis of the condition. When an active itch is suppressed by some topical ointment, it becomes

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latent to produce an internal dynamic state susceptible to producing a different disease called psora.^[14] Homoeopathic medicines act on different layers of suppressed psora and eradicates the disease. The suppressions are cleared up by anti-miasmatic medicines, thus resolving the presenting complaints from the root and clearing up the susceptibility for infection, thereby strengthening the constitution.^[15] An external application is supposed to treat external manifestations only and acts as a suppressive treatment, as a result of which, the disease becomes complicated to cure.^[16,17] There are many evidence-based studies reporting a positive result in the management of TC.^[18-23] However, this case shows the unique curative effect of the homoeopathic nosode *Psorinum* in a case of extensive TC. Nosodes can cure difficult, chronic cases even with a single dose.^[14] *Psorinum* was the first nosode proved by Dr. Samuel Hahnemann (1755–1843). It acts as an effective therapeutic agent having characteristic symptoms in materia medica.^[24] The antipsoric *Psorinum* acts outwardly on the case, as the miasm is supposed to have been suppressed inwards in skin conditions. Hence, *Psorinum* expels the miasm in reverse order of its original appearance, from within outwards and from above downwards.^[25] Dermatology Life Quality Index (DLQI) score,^[26] used to show the changes in the quality of life of the patient, is a specifically designed questionnaire for skin diseases.

PATIENT INFORMATION

A 64-year-old, Muslim male, came to the outpatient department of Dr. D. P. Rastogi Central Research Institute of Homoeopathy, Noida, Uttar Pradesh, India on 17th November 2020, with the complaints of skin changes, such as ring-like eruptions on the whole abdomen, chest, back and axilla that were accompanied by excessive itching, burning and redness. The changes in his skin had started two years ago from a single plaque on the right axilla, which gradually increased in size and, later, eruptions appeared on the left axilla, chest, back and then also on the abdomen. Initially, he consulted a dermatologist who diagnosed the case clinically as TC. He took conventional medicine in the form of oral antifungal medicine and some topical ointments for a few months with only transient relief, following which the condition was reported to be aggravated. He was, thus, treated for six months without any relief.

During the detailed case history, the patient informed that the other members of the family, including his wife, were also suffering from similar skin changes. He was a tailor by profession and belonged to a low socioeconomic background. He had an increased appetite with normal thirst, had a desire for sweet things, was very chilly and had a tendency to catch cold easily. He was a strong believer of God and kept himself occupied by praying and reading religious books along with his daily work. He was very sad as he could find no relief from his complaints, especially from intense itching, despite the treatment. Thus, he was hopeless and anxious about the cure for his disease.

Clinical findings

On dermatological examination, the lesions were polymorphic, with plaques in the axillae, chest, abdomen and lower back area with erythematous fluorescence patches, with crusts and papulosquamous changes in the shape of circles on the chest and abdomen, which were accompanied by intense itching and burning. The centre of the circles had a sign of resolution, while the surrounding area had active lesions with a distinctive bordering line to the surrounding skin. The diagnosis was determined based on clinical appearance and the anamnesis.

Diagnostic assessment

The case was already diagnosed by a dermatologist as TC (ICD 10-B35.4). Furthermore, the appearance of the lesions confirmed the diagnosis.

Therapeutic intervention

The homoeopathic medicine was selected on the basis of symptom totality along with the consideration of the predominant miasm i.e., psora.^[14,15,17] The duration of treatment was about seven months. At presentation, the patient was prescribed *Psorinum* 200C, 1 dose, followed by placebo for two weeks. The outcome of the treatment was assessed by DLQI score and before and after photographs of the case [Figures 1 and 2]. The case was repertorised using *Synthesis repertory* from RADAR 10 software.^[27] *Psorinum* 200C was selected and prescribed as per the totality of symptoms and



Figure 1: Before-treatment photographs (17 November 2020)

repertorisation [Figure 3]. The medicine was prescribed for a limited duration as per the need and was followed by placebo pills for the rest of the period.

Follow-ups and outcomes

The improvement in the case was assessed with subsequent photographic records of the affected area.

Follow-ups of the patient were done fortnightly initially and then every month. The DLQI questionnaire was filled and assessed during each follow-up. The baseline DLQI score was 22. The date-wise, detailed follow-ups and DLQI scores are summarised in Table 1.

DISCUSSION

Homoeopathy has emerged as a promising alternative treatment for difficult cases suppressed by topical ointment. The Homoeopathic stalwart Dr. J. C. Burnett (1840–1901) has reported the cure of itch in the form of ringworm successfully by *Bacillinum* in potency.^[14] Many research studies have reported the effectiveness of Homoeopathy in the treatment of TC. A double-blind, randomised, placebo-controlled trial reports improvement in tinea from individualised homoeopathic medicine.^[18] A prospective, longitudinal, observational study

showed the effectiveness of Homoeopathy in the cases of TC and tinea cruris.^[19] Other studies found *Rumex crispus* and *Tellurium* as effective medicines in TC.^[20] A systematic review has also reported the effectiveness of Homoeopathy in different types of tinea.^[21] The homoeopathic medicine, *Lachesis* is also reported to be effective medicines in TC.^[22] Further, a feasibility study has shown that *Bacillinum* can be effective in long-term tinea cases with no incidence of relapse.^[23]

This case report is unique as it highlights the usefulness of homoeopathic remedies in minimum doses with an antipsoric nosode, *Psorinum* in 200C potency. The improvement began gradually after the first dose, and placebo was given till the improvement ensued. Another dose of *Psorinum* 200C was repeated when the improvement was noted to have slowed down. After the repetition, the patient started improving again.

In this case, the particular symptoms related to TC improved before the generals such as anxiety or sadness, which makes for an exception from what is expected in a homoeopathic course of treatment. The disease was completely eliminated with only two doses of *Psorinum*, which represents a classical cure of dermatophytosis with this homoeopathic nosode in minimum doses as per the cardinal principles of Homoeopathy. The patient was kept under observation for six months after the treatment. During the observation period, he continued to report his physical condition telephonically, which confirmed there were no incidence of relapses after the completion of treatment.

The causal attribution of changes through the homoeopathic intervention was assessed by MONARCH Inventory, the total score of which was +9, suggesting the positive attribution towards the given treatment, Table 2.^[28] The DLQI score was also seen to reduce from 22 to 2 within six months. The after-treatment photographs show a complete reduction in the redness of skin eruptions. The symptoms such as intense itching and burning in eruptions were also relieved. Anxiety and sadness were also drastically improved in subsequent follow-ups besides his physical complaints. The absence of KOH assessment can be noted as a limitation of the study.

Even though the recovery occurred within three months, the case was followed up for longer (seven months) to ensure that there were no relapses.



Figure 2: After-treatment photographs (07 June 2021)

	psor.	calc.	fluor-t.	lc.	sulph.	graph.	ars.	sep.	mer/c.	nat/m.	phos.	caust.	bar/c.	by.	nux-v.	phos.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
24	23	21	21	21	20	19	19	17	16	16	15	15	15	15	15	14
10	10	11	9	9	9	9	9	9	10	8	8	8	7	7	7	8
1. Clipboard 1																
1. MIND - ANXIETY (691) 1	3	3	3	3	2	2	2	2	3	3	2	3	2	3	2	2
2. MIND - DESPAIR - recovery, of (78) 1	2	2	2	1	1	3	2	2	1	1	1	1	2	2	1	1
3. MIND - SADNESS - itching, from (1) 1	3															
4. MIND - RELIGIOUS AFFECTIONS - too occupied with religion (82) 1	2	2	2	3	3	2	2	3	1	1	2	1	1	1	1	1
5. STOMACH - APPETITE - increased (399) 1	3	3	1	3	3	3	2	2	3	3	2	2	1	3	3	2
6. CHEST - ERUPTIONS - itching (18) 1			2		2											1
7. CHEST - ERUPTIONS - Axillae - itching (8) 1	2															
8. BACK - ERUPTIONS - itching (42) 1	1	1	1	1	2		1		1	1	2	1	2			
9. ABDOMEN - ERUPTIONS - itching (11) 1	1	1		2			1	1								
10. SKIN - ERUPTIONS - ringworm (45) 1	1	2	1	1	2	2	2	2	2	2	2	3	2	2	3	3
11. SKIN - ERUPTIONS - burning - night (6) 1			3			1		2			1					
12. GENERALS - FOOD AND DRINKS - sweets - desire (285) 1	1	2	2	3	3	2	1	2	2	1	2	1	1	2	1	2
13. GENERALS - HEAT - lack of vital heat (292) 1	3	3	3	2	2	3	2	2	2	2	2	3	3	2	3	3
14. GENERALS - COLD; TAKING A - tendency (169) 1	3	2	2	3	2	2	1	3	3	3	2	1	3	3	2	3

Figure 3: Repertorial chart

Table 1: Follow-up and outcome

Date	Complaints	Medicine	DLQI score
17 November 2020 Baseline visit	Ring-like eruptions on the whole abdomen, chest, back and axilla that were accompanied by extraordinary itching, burning and redness.	<i>Psorinum</i> 200C, 1 dose	22
02 December 2020	Redness and itching from the eruptions were mildly reduced and burning also slightly reduced. No new complaints noted. Other generalities were the same as before.	No medicine was prescribed as improvement continued	22
18 December 2020	Redness, itching and burning in the eruptions were reduced than before, and appetite, anxiety and sadness were the same.	No medicine was prescribed as improvement continued	19
29 December 2020	Eruptions on the whole abdomen, chest, back and axillae were reduced. Redness, itching and burning are further reduced.	No medicine was prescribed as improvement continued	14
12 January 2021	No further improvement was seen in the size of eruptions, although redness and burning were reduced than before, and the intensity of itching was the same.	<i>Psorinum</i> 200C, 1 dose	10
26 February 2021	Moderate improvement was reported by the patient in all complaints; even sadness and anxiety were also reduced.	No medicine was prescribed as improvement continued	8
12 March 2021	The patient was much better in all aspects.	No medicine was prescribed as improvement continued	8
02 April 2021	All the eruptions have gone, and no itching and burning were reported. Mentally, he was much better and had no anxiety or sadness related to his disease.	No medicine was prescribed as improvement continued	5
03 May 2021	The patient was doing well. Eruptions were no longer visible. No redness, itching and burning on the affected part was reported. No new complaints. Anxiety, as well as sadness about the disease, was absent.	No medicine was prescribed as improvement continued	2
07 June 2021	No complaints reported.	No medicine was prescribed as improvement continued	2

DLQI: Dermatology Life Quality Index

Table 2: MONARCH inventory

S. No.	Domains	Yes	No	Not sure or N/A	Justification
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2			Tinea corporis was the main complaint; improved after treatment.
2.	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1			Yes, he was suffering from Tinea corporis for 2 years and felt improvement within 7 months of treatment.
3.	Was there a homoeopathic aggravation of symptoms?		0		Not observed.
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	+1			Yes, anxiety and depression were also reduced.
5.	Did overall well-being improve? (suggest using a validated scale or mention changes in physical, emotional and behavioural elements)	+1			Overall well-being improved in terms of physiological and social aspects assessed by the DLQI scale.
6a.	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?		0		Not observed.
6b.	Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downward?	+1			<i>Psorinum</i> acted as expected, and expelled the miasm in reverse order of their original appearance, from within outwards and from above downwards.
7.	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0		As per his history, he did not have any non-seasonal/non-cyclical symptoms which is why no recurrence of old symptoms.
8.	Are there alternative causes (i.e., other than the medicine) that – with a high probability – could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)		+1		During the homoeopathic treatment, he had not taken any other medications or topical ointments for tinea corporis.
9.	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2			Yes, through photographs and DLQI score.
10.	Did repeat dosing, if conducted, create similar clinical improvement?		0		No

Total score+9

CONCLUSION

An individualised homeopathic medicine can have a positive effect in the treatment of dermatophytosis conditions, such as TC and also improve the overall quality of life of the patient.

Declaration for patient consent

The authors certify that they have obtained the patient's written, informed consent. The patient had consented for his clinical information and photographs to be presented in the journal, and he understands that his face, name and initials will not be published.

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Nil.

Conflict of interest

None declared.

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Prise en charge de la teigne corporelle avec les doses minimales de nosode homéopathique Psorinum : étude de cas

Introduction: La teigne corporelle (TC) est l'infection fongique superficielle la plus courante de la peau qui envahit et se développe dans la kératine morte. Le traitement topique provoque la suppression de la CT et avec son effet, un épisode répété de rechute se produit, ce qui entrave la qualité de vie du patient. **Résumé de cas:** Ce cas de CT, avec une propagation étendue sur le corps, démontre l'effet curatif de la médecine homéopathique avec une dose minimale. Un homme de 64 ans diagnostiqué avec la CT a été traité avec succès avec une médecine homéopathique individualisée pendant 7 mois. Le résultat a été évalué à l'aide de photographies avant et après le traitement. Le score de l'indice de qualité de vie dermatologique (DLQI) a été utilisé à chaque suivi pour évaluer les changements dans la qualité de vie. L'attribution causale de l'intervention homéopathique a été évaluée par l'inventaire MONARCH. Le cas a été signalé conformément aux lignes directrices du CDM-CASE. Un soulagement complet de la CT a été observé avec le nosode homéopathique *Psorinum* 200C.

Behandlung von Tinea corporis mit den Mindestdosen der homöopathischen Nosode Psorinum: Ein Fallbericht

Einleitung: Tinea corporis (TC) ist die häufigste oberflächliche Pilzinfektion der Haut, die in abgestorbenes Keratin eindringt und darin wächst. Die topische Behandlung bewirkt eine Unterdrückung der TC und damit kommt es zu einer wiederholten Rückfallepisode, die die Lebensqualität des Patienten beeinträchtigt. **Fallzusammenfassung:** Dieser Fall von TC mit großer Ausbreitung im Körper zeigt die heilende Wirkung der homöopathischen Medizin bei minimaler Dosierung. Ein 64-jähriger Mann, bei dem TC diagnostiziert wurde, wurde 7 Monate lang erfolgreich mit individualisierter homöopathischer Medizin behandelt. Das Ergebnis wurde anhand von Vorher-Nachher-Behandlungsfotos bewertet. Der Dermatology Life Quality Index (DLQI)-Score wurde bei jeder Nachuntersuchung verwendet, um die Veränderungen der Lebensqualität zu bewerten. Die kausale Zuschreibung homöopathischer Interventionen wurde durch MONARCH-Inventar bewertet. Der Fall wurde gemäß den HOM-CASE-Richtlinien gemeldet. Eine vollständige Linderung der TC wurde mit der homöopathischen Nosode *Psorinum* 200C beobachtet.

होम्योपैथी नोसोड सोराईनम की न्यूनतम खुराक के साथ टीनिया कॉर्पोरिस का प्रबंधन: एक केस रिपोर्ट

परिचय: टीनिया कॉर्पोरिस (TC) त्वचा का सबसे सामान्य सतही फंगल संक्रमण है जो मृत केराटिन में आक्रमण करता है और बढ़ता है। सामयिक उपचार टीनिया कॉर्पोरिस के दमन का कारण बनता है और इसके प्रभाव से, रिलेप्स का एक दोहराया प्रकरण होता है, जो रोगी के जीवन की गुणवत्ता को बाधित करता है। **केस सारांश:** टीसी का यह मामला, शरीर पर व्यापक प्रसार के साथ, न्यूनतम खुराक के साथ होम्योपैथी दवा के उपचारात्मक प्रभाव को प्रदर्शित करता है। TC से पीड़ित एक 64 वर्षीय पुरुष का 7 महीने तक व्यक्तिगत होम्योपैथी दवा के साथ सफलतापूर्वक इलाज किया गया। परिणाम का मूल्यांकन उपचार से पहले और बाद की तस्वीरों के माध्यम से किया गया। जीवन की गुणवत्ता में बदलाव का आकलन करने के लिए प्रत्येक अनुवर्ती में त्वचाविज्ञान जीवन गुणवत्ता सूचकांक (DLQI) स्कोर का उपयोग किया गया था। होम्योपैथी हस्तक्षेप का मूल्यांकन मोनार्क इन्वेंटी द्वारा किया गया। होम-केस दिशानिर्देशों के अनुसार मामले की सूचना दी गई है। होम्योपैथी नोसोड सोराईनम 200 सी के साथ TC का पूर्ण उन्मूलन देखा गया।

Manejo de la tiña corporal con las dosis mínimas de Nosode Homeopático Psorinum: Reporte de un caso

Introducción: La tiña corporal (TC) es la infección fúngica superficial más frecuente de la piel que invade y crece en queratina muerta. El tratamiento tópico provoca la supresión de la CT y con el efecto de la misma, se produce un episodio repetido de recaída, lo que dificulta la calidad de vida del paciente. Resumen del caso: Este caso de CT, con amplia extensión en el cuerpo, demuestra el efecto curativo de la medicina homeopática con dosis mínimas. Varón de 64 años diagnosticado de CT que fue tratado con éxito con medicina homeopática individualizada durante 7 meses. El resultado se evaluó a través de fotografías de antes y después del tratamiento. Se utilizó la puntuación del Índice de Calidad de Vida de Dermatología (DLQI) en cada seguimiento para evaluar los cambios en la calidad de vida. La atribución causal de la intervención homeopática se evaluó mediante el inventario MONARCH. El caso ha sido reportado de acuerdo con las pautas de HOM-CASE. Se observó un alivio completo de la CT con el nosode homeopático *Psorinum* 200C.

使用最低剂量的顺势疗法鼻癣管理病管骨脂病治疗：病例报告

简介: 体癣 (TC) 是最常见的皮肤浅表真菌感染, 侵入死角蛋白并在死亡角蛋白中生长。局部治疗导致TC的抑制, 并随着其作用, 反复复发, 从而阻碍患者的生活质量。 **病例摘要:** 这例TC在身体上广泛传播, 证明了顺势疗法药物以最小剂量的疗效。一名被诊断患有 TC 的 64 岁男性成功接受了个体化顺势疗法药物治疗 7 个月。通过治疗前后的照片评估结果。每次随访都使用皮肤科生活质量指数 (DLQI) 评分来评估生活质量的变化。顺势疗法干预的因果归因通过 MONARCH 量表评估。该病例已根据HOM-CASE指南报告。使用顺势疗法鼻孔补骨脂200C观察到TC的完全缓解。