

EFFICACY OF HOMOEOPATHIC MEDICINES IN TINEA INFECTIONS: A CASE REPORT ON TINEA VERSICOLOR

Shrishail M. Murgod* and Ketan Shah

*Department of Homoeopathic Materia Medica, Parul University, Vadodara, Gujarat,
India*

ABSTRACT

Tinea versicolor, also known as pityriasis versicolor, is a superficial fungal skin infection that often leads to discoloured patches, mild itching, and considerable discomfort affecting the patient's quality of life. Conventional antifungal treatments frequently offer only temporary relief, with a high rate of recurrence. This case report presents the successful management of a chronic case of Tinea versicolor in a 45-year-old male through individualized homeopathic treatment. The patient had been suffering from the condition for 18 months and reported significant distress related to the skin discoloration and itching. A detailed homeopathic case-taking process led to the prescription of *Sulphur* 30C based on the totality of symptoms, which included skin complaints along with general symptoms like afternoon fatigue and acidity. The Dermatology Life Quality Index (DLQI) was used to assess the impact of the condition and the effectiveness of the treatment. The DLQI score improved significantly from 10 at baseline to 4 at four weeks, and eventually to 0 at three months, indicating complete resolution. Subjective relief in itching, scaling, and skin discoloration was matched with objective skin improvements. This case highlights the potential efficacy of individualized in treating dermatological disorders like Tinea versicolor and emphasizes the importance of integrating quality of life assessments like DLQI into routine clinical practice. Further large-scale studies are necessary to validate these results.

KEYWORDS: Dermatology, Fatigue, Sulphur, Tinea, Versicolor

***Corresponding Author Email:** drsmmurgod@gmail.com

INTRODUCTION:

Tinea infections, also known as dermatophytoses, are a group of superficial fungal infections affecting the skin, hair, and nails, caused by dermatophytes such as *Trichophyton*, *Microsporum*, and *Epidermophyton* species. Among these, *Tinea versicolor* (also known as *pityriasis versicolor*) is caused by *Malassezia* species, a lipophilic yeast that is part of the normal skin flora but can become pathogenic under certain conditions such as heat, humidity, immunosuppression, or oily skin [1]. This condition commonly presents as hypo- or hyperpigmented scaly macules, predominantly on the trunk, neck, and upper arms, often associated with mild to moderate itching [2].

Prevalence and Epidemiology

Tinea versicolor is widespread globally, particularly in tropical and subtropical regions with warm and humid climates. Its prevalence ranges from 2% to 50%, depending on environmental conditions and population studied [3]. In India, dermatophytosis has emerged as an epidemic, with a marked increase in chronic, recurrent, and steroid-modified cases, making up a significant proportion of outpatient dermatology consultations. *Tinea versicolor* commonly affects adolescents and young adults, especially males, due to higher sebaceous gland activity, although it can occur at any age [4].

Clinical Features

The condition is characterized by well-demarcated, scaly patches with variable pigmentation—usually lighter (hypopigmented) or sometimes darker (hyperpigmented) than the surrounding skin. Lesions may coalesce and spread, particularly on the back, chest, shoulders, and upper arms. While it is often asymptomatic, patients may complain of itching, particularly when sweating. Though not life-threatening, the visible disfigurement can have a profound psychological impact, especially in younger individuals [5].

Scope and Limitations of Management

Conventional treatment of Tinea versicolor primarily includes topical and systemic antifungal agents such as ketoconazole, fluconazole, and selenium sulfide. However, these treatments are often limited by high recurrence rates, drug resistance, adverse effects, and lack of individualized approach. Furthermore, misuse of topical steroids and irrational drug combinations in India has led to altered and more resistant presentations [6].

Homeopathy offers a holistic and individualized therapeutic approach, targeting not just the superficial infection but also the patient's constitutional tendencies, general symptoms, and susceptibility. It has shown promising results in reducing recurrence, improving skin health, and enhancing the patient's overall vitality. However, its acceptance and integration into mainstream dermatological care remain limited outside India, largely due to lack of standardized clinical evidence, limited awareness, and skepticism in conventional medical communities [7].

In India, the integration of homeopathy into national health policy (AYUSH) and the growing trend toward integrative medicine has provided greater scope for homeopathic intervention in chronic dermatological conditions [8]. Globally, while acceptance is growing in countries like Germany, Switzerland, and Brazil, regulatory frameworks and scientific validation remain barriers to its wider adoption [9]. This case report demonstrates the role of individualized homeopathic management in treating a chronic case of Tinea versicolor, emphasizing the need for further research and clinical trials to evaluate its broader applicability.

CASE PRESENTATION

Patient Profile and Clinical Presentation

This case report concerns a 45-year-old male software engineer who presented with chronic dermatological symptoms consistent with Tinea versicolor. The patient reported numerous discoloured patches primarily on the anterior and lateral neck regions, characterized by light brown to whitish macules, fine scaling, and mild to moderate itching, particularly aggravated by sweating and warm environments. The

condition had persisted for approximately 18 months, with periodic worsening during summer months. Prior management included the intermittent application of over-the-counter topical antifungal creams, which provided only transient relief, and no systemic therapy had been undertaken.

Case History and Constitutional Analysis

A thorough homeopathic case-taking approach was employed, exploring the patient's physical, mental, and emotional state. The patient was thermally hot, with a noted aversion to heat and a preference for open, cool air. He reported profuse perspiration with a pungent odour, particularly during exertion. Concomitant complaints included occasional acidity and noticeable afternoon fatigue. Mentally, the patient was calm, organized, but occasionally irritable under stress and expressed self-consciousness regarding his skin's appearance. He had a fastidious personality, with an aversion to messiness and disruption in routine.

Physical Examination

The skin examination revealed multiple, irregular, confluent macules with fine desquamation. The patches were more prominent over the anterior and lateral neck with asymmetrical distribution. The skin over the lesions was slightly rough, and scaling was accentuated on dry skin or after scratching. The general physical status was satisfactory, although the patient appeared somewhat fatigued during the afternoons.

Diagnostic Evaluation

A clinical diagnosis of Tinea versicolor (Pityriasis versicolor) was made based on characteristic appearance and distribution of lesions. No fungal scraping or Wood's lamp examination was reported as part of the case documentation. To evaluate the impact of the skin condition on the patient's quality of life, the Dermatology Life Quality Index (DLQI) was administered. The pre-treatment DLQI score was 10, indicating a moderate impact on the patient's daily and emotional functioning.

Repertorization and Remedy Selection

Homeopathic repertorization was conducted using key rubrics related to discoloration of skin, itching aggravated by heat and perspiration, fine scaling, profuse and odorous sweating, and general thermal modalities. Mental traits such as anxiety about appearance, fastidiousness, and stress-related irritability were also included. The remedies considered in the differential diagnosis included Sulphur, Sepia, Calcarea carbonica, Mercurius solubilis, and Lycopodium. Based on a holistic totality of symptoms, Sulphur emerged as the most suitable constitutional similimum.

Treatment Plan

The final prescription consisted of a single dose of Sulphur 30C, administered on the first consultation (10/01/2024), followed by placebo for 15 days. The patient was advised to avoid substances that could antidote the remedy, such as coffee, camphor, and strong aromatic products. No topical or systemic allopathic medications were prescribed during the course of homeopathic treatment.

RESULTS AND DISCUSSION

Follow-up and Outcome Assessment

The first follow-up conducted on 26/01/2024 showed a 40–50% reduction in itching intensity, particularly during nighttime and after exercise. General well-being and digestive symptoms had also improved. The DLQI score decreased to 4, indicating substantial improvement. Placebo was continued for four more weeks.

By the second follow-up on 30/03/2024, the lesions had almost completely resolved, with significant fading of both brown and whitish patches. Scaling was absent, itching was negligible, and skin texture had normalized. The DLQI score had dropped to 0, reflecting a complete resolution of both physical and psychosocial aspects of the disease. No repeat dose of the remedy was needed.

Clinical Response and Symptom Reduction

Following the administration of a single dose of Sulphur 30C, the patient experienced progressive improvement in both subjective and objective symptoms. Within two weeks of treatment initiation, the patient reported approximately 40–50% relief in

itching, particularly at night and after sweating. The fine scaling on the patches had reduced, and the intensity of associated symptoms such as fatigue and acidity also declined. By the end of the first follow-up at two weeks, there was noticeable improvement in overall energy levels and mental clarity.

Dermatological Improvement

By the second follow-up conducted at approximately 11 weeks (30/03/2024), the patient’s skin lesions had significantly faded. The hyperpigmented and hypopigmented macules had reduced in size and visibility, and scaling had completely resolved. The skin texture appeared smoother and more uniform in tone. Residual hypopigmentation was minimally visible and no longer a source of discomfort or embarrassment to the patient. No new lesions were observed during this period, and there was no recurrence of previous patches.

Table 1: DLQI Evaluation

DLQI Evaluation	Score
Pre-Treatment (Baseline)	10
First Follow-Up (2 weeks)	4
Second Follow-Up (11 weeks)	0

Quality of Life Assessment: DLQI Scores

The Dermatology Life Quality Index (DLQI) was used to assess the psychosocial and functional impact of the condition. At baseline, the DLQI score was 10, indicating a moderate effect on the patient's quality of life. After the first follow-up, the score decreased to 4, reflecting a significant improvement in daily functioning and reduction of skin-related distress. By the second follow-up, the DLQI score had dropped to 0, suggesting complete resolution of the dermatological impact on the patient's life.

Table 2: Dermatology Life Quality Index (DLQI) - Pre-Treatment

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Question	Score (0-3)
1) Over the last week, how itchy, sore, painful or stinging has your skin been?	2
2) Over the last week, how embarrassed or self-conscious have you been because of your skin?	2
3) Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden?	0
4) Over the last week, how much has your skin influenced the clothes you wear?	2
5) Over the last week, how much has your skin affected any social or leisure activities?	1
6) Over the last week, how much has your skin made it difficult for you to do any sport?	1
7) Over the last week, has your skin prevented you from working or studying? If “No”, over the last week how much has your skin been a problem at work or studying? ³⁰	1
8) Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives? ³¹	0
9) Over the last week, how much has your skin caused any sexual difficulties?	1
10) Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy or by taking up time? ³²	0
Total DLQI Score (Pre-Treatment):	10

REPERTORISATION AND ANALYSIS

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Rubric	Indicated Remedies
Skin; DISCOLORATION; Spots; brown; on neck	Sulphur, Sepia, Lycopodium
Skin; ERUPTIONS; Pityriasis versicolor	Sulphur, Mercurius, Calcarea carb.
Skin; ITCHING; heat; aggravates	Sulphur, Mercurius, Sepia
Skin; ITCHING; perspiration; aggravates	Sulphur, Calcarea carb., Lycopodium
Skin; ITCHING; night; bed; in	Sulphur, Sepia, Lycopodium
Skin; DESQUAMATION; fine scales	Sulphur, Calcarea carb., Mercurius
GENERALS; HEAT; aversion to	Sulphur, Sepia
GENERALS; PERSPIRATION; profuse	Sulphur, Mercurius, Calcarea carb.
GENERALS; PERSPIRATION; odor; pungent	Sulphur, Mercurius
MIND; ANXIETY; appearance; about	Sulphur, Lycopodium, Sepia
MIND; FASTIDIOUS	Sulphur, Sepia, Lycopodium
MIND; IRRITABILITY; stress; from	Sulphur, Lycopodium

Figure 1: Repertorization Chart

Table 3: Dermatology Life Quality Index (DLQI) - Post-Treatment

Question	Score (0-3)
1) Over the last week, how itchy, sore, painful or stinging has your skin been?	0
2) Over the last week, how embarrassed or self-conscious have you been because of your skin?	0
3) Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden?	0
4) Over the last week, how much has your skin influenced the clothes you wear?	0
5) Over the last week, how much has your skin affected any social or leisure activities?	0
6) Over the last week, how much has your skin made it difficult for you to do any sport?	0
7) Over the last week, has your skin prevented you from working or studying? If “No”, over the last week how much has your skin been a problem at work or studying? ³⁰	0

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8) Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives? ³¹	0
9) Over the last week, how much has your skin caused any sexual difficulties?	0
10) Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy or by taking up time? ³²	0
Total DLQI Score (Pre-Treatment):	0

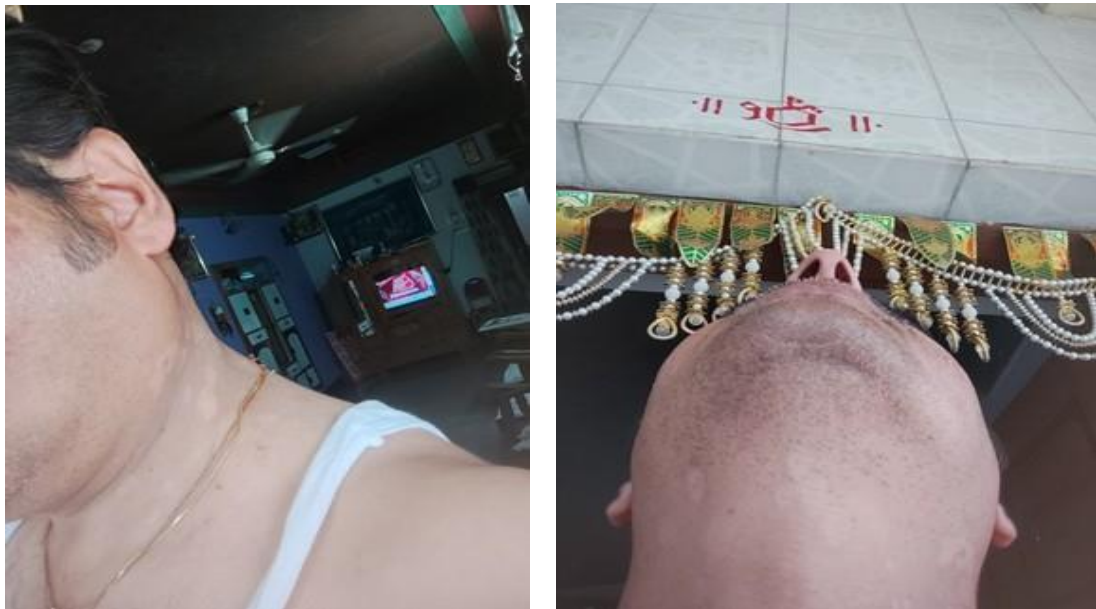


Figure 2: Before Treatment



Figure 3: After Treatment

Analysis and Prescription:

Complete resolution of symptoms. DLQI score is 0, indicating the skin condition no longer affects his quality of life. This case report illustrates the successful management of chronic Tinea Versicolor in a 45-year-old male using an individualized Homeopathic approach. The male patient presented with characteristic skin lesions aggravated by heat and perspiration, accompanied by mild itching, fine scaling, and a significant impact on his quality of life as evidenced by a pre-treatment DLQI score of 10. His constitutional symptoms, including aggravation by warmth, profuse and pungent perspiration, occasional acidity, afternoon fatigue, and specific mental attributes like irritability under stress and fastidiousness, formed the basis for the repertorisation.

The homeopathic remedy *Sulphur* was selected as the similimum based on the strong similarity between the patient's totality of symptoms. Follow-up assessments demonstrated a progressive and sustained improvement. Subjective relief of itching and fading of lesions were consistently reported. Objectively, the reduction in scaling and the gradual decrease of the patches were observed. The DLQI scores provided a quantitative measure of the improvement in the patient's quality of life, dropping from a moderate score 10 to a small score 4 at the first follow-up, and finally to 0 score at the conclusion of treatment.

This highlights Homeopathy's ability to address not just the local symptom but also the patient's overall well-being and life experience. The improvement in general energy levels and resolution of acidity further substantiate the holistic action of the Homeopathic remedy. This case underscores the importance of detailed individualised case-taking in Homeopathy to identify the most suitable remedy, leading to significant and lasting relief in chronic conditions like Tinea Versicolor, which often recur with conventional suppressive treatments.

General Well-being and Associated Complaints

Apart from dermatological improvement, the patient also noted a reduction in accompanying symptoms such as afternoon fatigue and occasional acidity. Sleep quality improved, and the need for stimulant beverages like coffee during the day decreased. The patient expressed increased confidence and mental comfort due to the near-complete resolution of visible skin patches.

Remedy Response and Need for Repetition

The single dose of Sulphur 30C continued to act effectively throughout the treatment course. There was no requirement for repetition of the remedy, and placebo was used in the follow-up phase. The absence of aggravations or new symptoms confirmed the suitability of the chosen remedy and pot

CONCLUSION

The homeopathic treatment of Tinea Versicolor with the individualized remedy *Sulphur* resulted in complete resolution of the skin lesions and associated symptoms in this 45-year-old male patient. The significant reduction in the Dermatology Life Quality Index score from 10 to 0 post-treatment clearly demonstrates a profound improvement in the patient's overall well-being and quality of life. This case highlights the potential of homeopathic medicines in the effective and holistic management of dermatological conditions. This case report highlights the successful individualized homeopathic management of a chronic case of Tinea versicolor using Sulphur 30C. The patient experienced complete resolution of symptoms—including itching, scaling, and skin discoloration—without any recurrence during the treatment period. The improvement

was not limited to local skin symptoms but also extended to associated issues like acidity, fatigue, and emotional well-being. The Dermatology Life Quality Index (DLQI) score, which initially indicated moderate impairment (score of 10), decreased to 0 by the end of the treatment, reflecting a full restoration of quality of life.

This case demonstrates that individualized homeopathy can serve as an effective and holistic alternative in the management of chronic dermatological conditions, particularly when conventional treatments offer only temporary relief or lead to recurrence. However, to confirm these findings and support broader clinical application, larger-scale studies and randomized controlled trials are warranted.

CONFLICT OF INTEREST:

The authors declare that there is no conflict of interest related to the publication of this case report. The treatment and reporting were carried out with academic integrity and without any commercial or financial influence.

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REFERENCES

- 1) Khanna N. *Illustrated Synopsis of Dermatology & Sexually Transmitted Diseases*. 6th ed. New Delhi: Elsevier India; 2018.
- 2) Sardana K. *Textbook of Dermatology*. New Delhi: CBS Publishers and Distributors Pvt Ltd.; 2023.
- 3) Thappa DM. *Textbook of Dermatology, Venereology, and Leprology*. 5th ed. New Delhi: Elsevier India; 2020.
- 4) Sehgal VN. *Textbook of Clinical Dermatology*. 4th ed. New Delhi: Jaypee Brothers Medical Publishers; 2004.

- 5) Ramam M, Sarma N, editors. *Skin: Clinical Dermatology*. 1st ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.; 2019.
- 6) Kent JT. *Lectures on Homoeopathic Materia Medica*. New Delhi: B. Jain Publishers (P) Ltd.; [Year of edition if known, e.g., 2000].
- 7) Allen HC. *Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica*. New Delhi: B. Jain Publishers (P) Ltd.; [Year of edition if known, e.g., 2001].
- 8) Clarke JH. *A Dictionary of Practical Materia Medica*. 3 vols. New Delhi: B. Jain Publishers (P) Ltd.; [Year of edition if known, e.g., 2002].
- 9) Vithoukas G. *Essence of Materia Medica*. New Delhi: B. Jain Publishers (P) Ltd.; [Year of edition if known, e.g., 1990].