

Case Report

## Gentle Cure in Delicate Age: A Case of Tinea Corporis in an Infant Treated with Homoeopathy

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**Abstract** Infants represent a stage of life marked by heightened sensitivity and rapid developmental changes, making treatment choices especially delicate. Tinea corporis, a superficial fungal infection, is common in children, yet conventional treatments may raise concerns due to potential side effects. Homoeopathy, with its principle of individualization and minimal dosing, offers a gentle yet effective approach. This case study highlights the successful management of tinea corporis in an infant through homoeopathic intervention, emphasizing both clinical reasoning and therapeutic outcomes in accordance with the foundational tenets of Hahnemannian medicine.

**Keywords** *Homoeopathy; Tinea corporis; tellurium; infant; gentle cure*

**Abbreviations** *OPD: outpatient department; MM: materia medica*

### Introduction

Infancy is a period of profound physiological and psychological development where the body sensitivity to environmental and medicinal influences heightened. In such a delicate phase of life, diseases that may appear superficial- like tinea corporis, a common fungal skin infection- can cause significant discomfort and concern for care givers. While conventional antifungal treatments are available, they often come with potential side effects and limitations in very young patients. [1]

Homoeopathy, based on the principle of similia similibus curantur (let like be cured by like), offers a safe, gentle, and individualized approach to healing. It focuses not just on the external manifestation but also on the internal susceptibility, aiming for a holistic cure without suppressing the disease. [2]

### Background

Tinea corporis, also known as ringworm of the body, is a superficial fungal infection caused by dermatophytes such as trichophyte species. It is characterized by annular, scaly patches with a central clearing and raised, red borders. While this condition is more common in older children and adults, infants can also be affected, often through contact with infected caregivers, contaminated textiles, or shared bedding. [1]

**Who gets tinea corporis?**

Tinea corporis is found in most parts of the world, but particularly in hot humid climates. It is most commonly seen in children and young adults; however, all age groups can be infected including newborns.

Medical risk factors include:

- Previous or concurrent tinea infection
- Diabetes mellitus
- Immunodeficiency
- Hyperhidrosis
- Ichthyosis

**What are the clinical features? [1]**

Tinea corporis initially presents as a solitary circular red patch with a raised scaly leading edge. A lesion spreads out from the center forming a ring-shape with central hypopigmentation and a peripheral scaly red rim (ringworm). The border can be papular or pustular. Itch is common. With time, multiple lesions can develop which may coalesce to form a polycystic pattern. The distribution of lesions is typically asymmetrical.

**In infancy, dermatological conditions require particularly careful consideration due to several factors:**

1. Fragile skin physiology: the epidermis is thinner, less keratinized, and has increased permeability, which heightens sensitivity to irritants and drugs.
2. Developing immune defenses: infants have an immature immune system, making them more susceptible to both initial infections and relapses.
3. Heightened medicinal responsiveness: even minimal doses can produce significant physiological effects, necessitating precise remedy selection.

**Homoeopathic view point:**

In homoeopathy, skin lesions are not seen as isolated disorders but as outward signs of a deeper disturbance in the vital force. Suppression of such eruptions with potent topical antifungals may offer temporary relief but risks pushing the morbid process to a deeper, more serious plane.

Hahnemann's Organon of Medicine underscores: [7]

Aphorism 7 - The complete symptom picture is the sole guide to remedy choice.

Aphorism 153 - Uncommon, peculiar, and characteristic symptoms have the greatest importance in remedy selection.

Aphorisms 201-203- True cure of local ailments demands treatment of the individual as a whole, not merely the visible lesion.

In infants, these tenets hold special relevance, as their susceptibility to both disease and medicinal influence is heightened, and symptom expression may be subtle, requiring attentive observation and interpretation.

### **Why Homoeopathy is Well-Suited for Delicate Age Groups**

- Gentle yet effective action - Remedies are administered in minimal dynamic doses, avoiding the toxicological risks associated with conventional antifungals.
- Individualization - Remedy selection incorporates the infant's constitution, physical generals, and, in breastfed babies, even maternal health and emotional state.
- Non-suppressive therapy- Addresses the root cause without merely masking symptoms, allowing the vital force to restore balance naturally.
- Safety profile- no risk of chemical irritation, systemic toxicity, or interference with developmental processes

### **Frequently indicated homoeopathic remedies: [4]**

- Tellurium: sharp edged, intersecting circular patches; unpleasant fishy odor; itching aggravated at night or after bathing
- Sepia: round dry or moist patches on trunk; evening aggravation; relief from warmth; suited to hormonal imbalance cases.
- Sulphur: severe itching and burning after scratching; rough, dry, scaly skin; suited to untidy, lean patients with sweet cravings.
- Arsenic album: burning, restless itching, worse in cold or after midnight
- Graphites: cracked, coarse skin with sticky exudate; itching worse at night and in warmth
- Natrum muriaticum: discrete, dry, scaly patches; aggravation at seaside; suited to sensitive, reserved individuals.

### **Prognosis:**

- Acute cases: often resolve within 1-3 weeks when the correct remedy is chosen.
- Chronic cases: require constitutional management
- Addressing miasmatic roots and following preventive measures greatly reduces recurrence.

### **Differential diagnosis:**

Conditions with similar appearances should be excluded before prescribing:

Nummular eczema- Coin-shaped lesions with more exudation

Psoriasis- Plaques with silvery white scales.

Pityriasis rosea- Preceded by a single large "herald patch".

Contact dermatitis- History of allergen exposure, vesicular nature.

Secondary syphilis- Rash involving palm and soles.

**Case Report****Case history: -**

A 2-month-old infant, Hindu male reported to the pediatrics Outpatient department of RBTS Government Homoeopathic Medical College & Hospital, Muzaffarpur, Bihar on 03/10/2023 with a complaint of itching eruption on back, thigh, abdominal region for 1 month.

History of present illness:

- Eruptions appeared 1 month ago
- Character: itchy, ring- like(intersecting), with redness
- No history of fever or discharge
- No aggravating/ ameliorating factors noted by the mother
- Used ointments locally

Past History –nothing significant reported

Family history- Mother had a history of fungal infections on the breast region for the past 1 year

Personal history – history of local ointment uses for 1 month

**Physical General**

- Outlook - average
- Tongue – white coated
- Appetite – reduced
- Perspiration – offensive
- Thermal - chilly
- Stool- regular
- Urine - clear
- Sleep - Sound
- Decubitus: right

**Mental general**

Very irritable; cries on slightest touch

**Provisional diagnosis**

Tinea Corporis



Figure 1: Before treatment



Figure 2: After treatment

### Totality of symptoms

- Irritable
- Perspiration offensive
- Ring like eruptions(intersecting)
- Itching eruptions

### Analysis and Evaluation of Symptoms with Miasmatic Analysis

| S. NO | SYMPTOMS               | ANALYSIS           | EVALUATION | MIASMATIC ANALYSIS |
|-------|------------------------|--------------------|------------|--------------------|
| 1     | Irritable              | Mental general     | ++         | Psora              |
| 2     | Ring like eruptions    | particular general | +++        | Psora              |
| 3     | Itching eruption       | Particular general | +++        | Psora              |
| 4     | Perspiration offensive | Physical general   | +++        | Psora              |

### Symptoms Converted into Rubrics

| Symptoms                        | Rubrics                                                     |
|---------------------------------|-------------------------------------------------------------|
| Irritable                       | Mind –irritability                                          |
| Perspiration offensive          | Perspiration- odor- offensive                               |
| Intersecting Ring like eruption | Skin -eruption- herpetic- circinate- rings, in intersecting |

## Repertorization sheet

|   | tell. | graph. | sep. | sulph. | ars. | hep. | lyc. | all. | thui. | apis. | musc. | ant-c. | bar-m. |
|---|-------|--------|------|--------|------|------|------|------|-------|-------|-------|--------|--------|
| 1 | 1     | 2      | 3    | 4      | 5    | 6    | 7    | 8    | 9     | 10    | 11    | 12     | 13     |
| 4 | 3     | 3      | 3    | 3      | 3    | 3    | 3    | 3    | 3     | 3     | 3     | 3      | 3      |
| 5 | 8     | 8      | 8    | 7      | 7    | 7    | 7    | 7    | 6     | 6     | 5     | 5      | 5      |

Figure: 3 Repertorisation from synthesis repertory

### Reportorial analysis: -

Tellurium: - 5/4

Graphites: - 8/3

Sepia: - 8/3

Sulphur: - 8/3

Arsenic: - 7/3

### Reportorial selection: -

As Tellurium covered the maximum numbers of symptoms and received the highest marks, after consulting with Materia Medica, Tellurium was chosen for prescription.

### Therapeutic intervention: -

After detailed case taking on a standard case taking proforma, the totality of symptoms was built for patient based on mental generals, physical generals, constitution, miasmatic background, past history etc., as per the homoeopathic principles.

After Repertorisation, the top medicines were Tellurium, Graphites, Sepia, Sulphur, Arsenic. After carefully analyzing the mental and physical generals of patient, considering the reportorial result and referring back to homoeopathic MM, a similimum was prescribed. Individualized homoeopathic treatment was started with two doses of Tellurium 30 by following the law of minimum dose.

**Prescription –**

Tellurium 30/2 dose /2 GLOBLES were given on the first visit in an empty stomach early in the morning on date -03/10/2023

**Follow up:**

| Date of visit | Change of symptoms                                                                         | Medicine prescribed                         |
|---------------|--------------------------------------------------------------------------------------------|---------------------------------------------|
| 12/10/2023    | Noticeable reduction in redness and lesion size. Healing process initiated                 | Rubrum 30/ 2dose/2glb on morning in vac ven |
| 20/10/2023    | Complete resolution of skin lesions. Skin restored to normal appearance with no recurrence | No any medicine                             |

**Conclusion**

The case highlights the importance of a systematic approach in homoeopathic case- taking, Repertorisation, and remedy selection. Based on individualization and totality of symptoms, Tellurium was selected as the similimum, which brought significant improvement in the patient's condition. This case also emphasizes the efficacy of homoeopathy in managing skin disorders like Tinea Corporis, even in infants, when remedies are selected accurately according to homoeopathic principles.

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