

Hahnemann's Wisdom in Action: A Holistic Homoeopathic Approach to Ringworm - A Case Report

Dr. X. Sharon¹, Dr. Divya Pushparaj²

¹PG Scholar, Department of Organon of Medicine and Homoeopathic Philosophy, White Memorial Homoeo Medical College & Hospital, Attoor, Kanniyakumari District

²Associate Professor, PG Guide, Department of Organon of Medicine and Homoeopathic Philosophy, White Memorial Homoeo Medical College & Hospital, Attoor, Kanniyakumari District

Abstract: *Dermatophytosis, commonly known as ringworm, is a fungal infection affecting the skin, hair or nails, primarily caused by dermatophytes of the Trichophyton genus, with Microsporum and Epidermophyton species being less frequent culprits [1]. Common manifestations include tinea capitis (scalp infection), tinea pedis (athlete's foot), and onychomycosis (nail infection). Conventional treatment typically involves oral antifungal agents alongside topical applications. However, prolonged antifungal therapy can pose risks of drug resistance and adverse effects [3]. Homoeopathy, rooted in the principles of individualization and holistic healing, offers an alternative approach to managing dermatophytosis by addressing the underlying miasmatic predisposition and enhancing the body's innate healing mechanisms [2]. This case report highlights the effectiveness of homoeopathic treatment in resolving chronic, recurrent ringworm infections through individualized remedy selection.*

Keywords: Ringworm, Individualized Treatment, Miasmatic Approach, Sequential Prescription, Homoeopathy

1. Introduction

Fungal skin diseases can be shallow (dermatophytes and yeasts) or, less regularly, profound (chromo mycosis or sporotrichosis). Dermatophyte disease that delivers dermatophytosis (Ringworm, tinea) is the species having a place with the genera, microsporum and Trichophyton. Some of the living beings are tracked down in the dirt (geophilic), while some contaminate home - grown and other animals (zoophilic) [2]. Indication of contamination will in general include erythema, induration, tingling and scaling. Dermatophytosis will more often than not happen in wet regions and skin folds. The level of infection relies upon explicit site of disease, the contagious species, and the host fiery reaction [4]. Dermatophytosis are by and large effortless and are not hazardous. Dermatophyte contaminations normally present with skin (Tinea corporis), scalp (Tinea capitis), and crotch (Tinea Cruris), foot (Tinea Pedis) or nail onychomycosis) inclusion [3]. Skin infections were treated using internal medicine based on the principles of homeopathy.

Transmission

Dermatophytes are mostly communicated by direct contact with a infected host (human or animal) or by immediate or indirect contact with the infected shed skin or hair in fomites, for example, the apparel, combs, hair brushes, shaving razors and stylist's instruments, theatre seats, covers, furniture, bed lines, shoes, socks, towels, and the inn carpets [2]. Transmission might happen from soil to skin contact. Depending on the type of organism, it may survive in the environment for up to 15 months. It can also affect individuals receiving systemic corticosteroids or other immunosuppressive agents, in whom the infection may become widespread. It can occur at any age and in both genders.

Pathogenesis

Dermatophytes are never attack living tissues. Dermatophytes attack the keratinized layer of the skin, hair and nail to cause autolysis of the fibrous structures that breaks the hairs and produce alopecia. They produce skin injuries through the excretion of toxin and the allergens, which affect the basal layers and there will be an expanded expansion of the cells of the malphagian layers. These toxins and allergens also act as on the vascular components [2].

2. Case Summary

A 52 - year - old man, previously diagnosed with ringworm infection, presented with red, circular, thickened patches on the skin, accompanied by severe itching and a burning sensation on right shoulder since 3 months. This is the third occurrence of this patch, with the first episode happening a year ago resolved by allopathic treatment and second one before 8 months relieved with allopathic medicines. Although he underwent anti fungal treatment of the lesions a few months ago, they reappeared. On examination, a single lesion is noted; with the measuring of 5.4 cm x 3.5 cm. Overlying skin was rough and the edges remarkable. The patient has no history of autoimmune diseases like juvenile rheumatoid arthritis or lupus, known metabolic disorders, kidney disease, any ongoing or repeated infections, unexplained weight loss or fever, exposure to chemicals or irritants. There has been no use of medications like steroids.

General examination the patient's weight was 90 kg while height was 174 cm. His blood pressure was 130/90 mmHg. His physical examination revealed no pallor, oedema, jaundice, cyanosis or lymphadenopathy.

Local Examination: MORPHOLOGY OF SKIN LESIONS

Skin is rough Dryness of skin in the affected area present
Elasticity of skin is lost No oedema present

DISTRIBUTION OF SKIN LESIONS No symmetrical distribution of skin lesions Eruption is circumscribed in nature

CONFIGURATION OF SKIN LESION It started as a small itchy reddish lesion of 1 cm in size in the right shoulder. After that the lesion increases in size and became a circumscribed patch of approximately of size 5.4 cm appeared in front of the right shoulder with thickening of skin leading to white discoloration, clear line of demarcation present from healthy skin.

Inspection Red and oval shaped patch present on right shoulder Single lesion is noted, with the measuring of 5.4 cm x 3.5 cm, the edges demarcable

Palpation No local warmth present No tenderness on palpation Overlying skin was rough

Generals

The patient appeared alert but extremely restless. He enjoys company. His memory is good. His appetite was normal while he craves for sweets and hot drinks. His thirst is normal, and he prefers cold water. His tongue is clean. His

perspiration is generalized, non - offensive and non - staining. He has regular bowel movements occurring once every day, regular and satisfied urination. His sleep is generally sound but sleeps around 12 and usually feels brisk after taking frequent small naps, though he occasionally has frightful dreams. He is sensitive to heat and finds it difficult to tolerate the sun.

Diagnosis

The above case was diagnosed as dermatophytosis (ringworm) - ICD - 11: 1F28^[5]

2.1. Totality

A detailed case - taking was done as per Hahnemannian guidelines laid out in the Organon of Medicine, followed by analysis and evaluation of the symptom. The following characteristic symptoms were considered for framing the totality and repertorization.

- 1) MIND – RESTLESSNESS – general
- 2) MIND – LOQUACITY – about oneself, own affairs
- 3) GENERALITIES – FOOD and DRINKS – sweets – desire
- 4) GENERALITIES – HEAT – agg.
- 5) SKIN – ERUPTIONS – burning
- 6) SKIN – ERUPTIONS – thickened skin
- 7) SKIN – DRYNESS – circumscribed areas

Remedy	Ar's	Rhus-t	Sulph	Lyc	Phos	Acon	Bry	Calc	Graph	Merc	Apis	Puls	Hep	Kali-c	Nux-v	Sep	Bell	Carb-v	Nat-c	Lach	Petr	Staph	Nit-ac	Bar-c	Caus
⚙️ Totality	26	26	25	23	22	22	22	22	21	21	21	20	20	20	20	19	19	19	18	18	18	18	17	17	17
📋 Symptoms Covered	7	7	7	6	7	6	6	6	6	7	6	6	6	6	6	6	6	6	6	6	6	5	6	6	6
🌐 Kingdom	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍	🔍
[Complete] [Boger's General Analysis 7]RESTLESSNESS: (17)	4	4	2		2	4				3	3					3	3								
[Complete] [Mind]LOQUACITY: (298)	3	4	3	3	3	4	4	3	3	1	3	4	3	1	4		4	2	3	4	3	1		3	2
[Complete] [Generalities]FOOD AND DRINKS:Sweets:Desires	4	3	4	4	3		3	4	4	3		3	3	4	1	3		3	3	1	3	3	3	1	1
[Complete] [Generalities]HEATED, WARMED, HOT, BECOMIN	3	4	4	4	4	4	4	4	3	3	4	4	4	4	4	3	4	4	3	3	1	3	4	4	4
[Complete] [Skin]ERUPTIONS:Burning: (290)	4	4	4	4	3	3	3	3	4	4	4	3	4	3	3	4	3	3	3	3	3	4	4	3	4
[Complete] [Skin]ERUPTIONS:Itching: (543)	4	4	4	4	3	3	4	4	4	4	3	3	3	4	4	4	1	4	3	3	4	4	4	3	4
[Complete] [Skin]DRYNESS: (412)	4	3	4	4	4	4	4	4	4	3	4	4	3	4	4	3	4	3	4	4	4	3	3	3	2

Figure 1: Showing repertorization of case from Complete Repertory.

2.2 Analysis of Repertorial Result

Table 1: Repertorial Result

S. No.	Medicine	Mark Obtained
1	Arsenicum	26
2	Rhus tox	26
3	Sulphur	25
4	Lycopodium	23
5	Phosphorus	22
6	Aconite	22
7	Bryonia	22

3. Discussion

Sequential Approach of Homoeopathic Remedies in a Case of Recurrent Ringworm:

Hahnemann's doctrine of individualization, miasmatic analysis, and single remedy prescription over time provides a logical framework for the sequential use of remedies in chronic conditions like recurrent ringworm. His approach ensures that each layer of the disease is treated according to its miasmatic foundation and symptomatic expression, avoiding suppression and ensuring a gentle, permanent cure

Understanding Recurrent Ringworm from a Hahnemannian Perspective

Local Disease as an Expression of Internal Disorder - Aphorism 202 - 203

"It is in the very nature of chronic diseases to have an internal cause; treating only the local manifestation (skin eruption) will not cure the disease, but drive it inwards"^[9]

Topical applications or superficial remedies can lead to suppression, forcing the disease to resurface or manifest as deeper pathology.

Miasmatic Understanding of Recurrent Ringworm

“Psora is the mother of all chronic diseases, the cutaneous eruptions of psora must be treated not as external ailments but as a sign of an internal dyscrasia”^[6]

- Psoric origin: When ringworm recurs due to poor hygiene, low immunity, and increased susceptibility to fungal infections, it points to psoric miasm.
- Sycotic involvement: If the lesions are thickened, recurrent, and associated with a history of suppressed skin conditions, sycosis may be at play.

Thus, a miasmatic and individualized sequential prescription is required for a true cure.

3.1 Sequential Prescription: Case Justification

- 1) Addressing the Acute Phase of the Eruption: Arsenicum album 200 C “Ars alb is indicated when there are burning, itching; restlessness”^[7]
- 2) Addressing the Circular Nature and Fungal Affinity: Rhus tox 200C “Rhus tox is specific for thick,

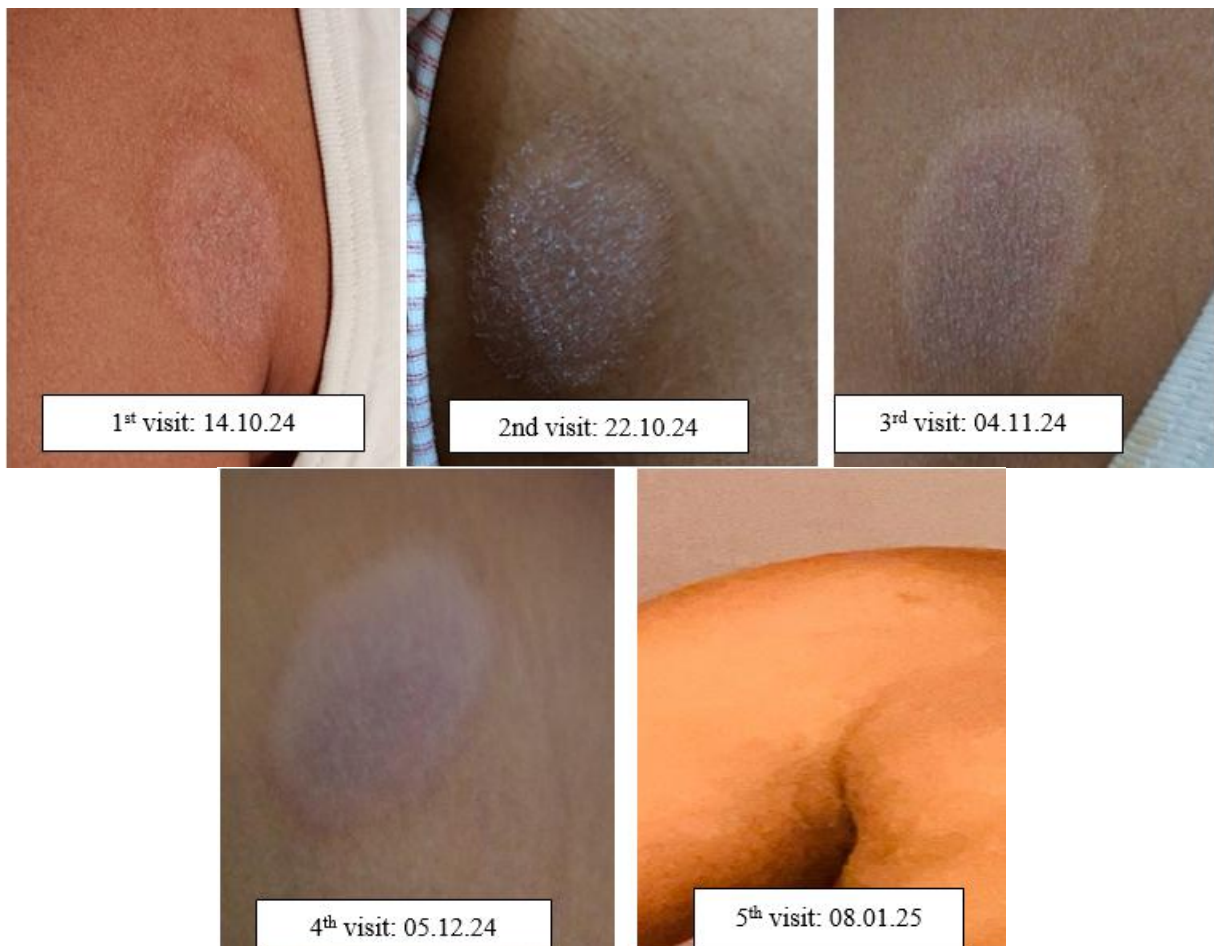
lichenified skin with dry, restlessness and desires cold”^[8]

- 3) Clearing Any Residual Sycotic Influence: Thuja 1M “If case suggest a deeper miasmatic involvement, an anti - sycotic remedy may be required”^[9] Justification: The patient has a history of wart - like eruptions, chronic suppressed skin conditions, or thickened lesions; Thuja is used to clear sycotic remnants.
- 4) Strengthening the System & Preventing Relapse: Psorinum 1M Justification: Considering the chronicity and relapsing nature of the condition

Why Sequential Prescription is justified? Hahnemann discouraged polypharmacy but acknowledged that different remedies may be required over time as the disease unfolds. As said in Aphorism 162 “If a well - selected remedy does not complete the cure, another must follow to address the evolving state of the disease”^[9]

4. Conclusion

Hahnemann’s sequential approach ensures the deepest and most lasting cure for recurrent ringworm. The correct remedy is prescribed at each phase, respecting the natural evolution of symptoms and the individual’s constitution.



Declaration for Patient Consent

The authors certify that they have obtained informed written consent for the publication of this report from the patient.

Table 2: prescription

Date	Follow up Complaints	Medicine
14.10.24	Severe burning and itching	Ars alb 200 / 1 dr – [3- 0- 0]
22.10.24	Dryness, roughness present over the patch	Rhus tox 200 / 1d – st Rubrum
04.11.24	Roughness of the affected skin present	Thuja 1M /1d – st Rubrum
5.12.24	Skin colour slightly varied no other symptoms present	Psorinum 1M /1d –st Rubrum
08.01.25	No symptoms, skin colour completely normal	SL / 1d - st

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