

Individualised Homoeopathic Management of Tinea Pedis: A Case Study Approach

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Abstract: *Tinea pedis, also known as athlete's foot, is a superficial fungal infection of the feet that causes severe discomfort and increases the risk of recurrence. It is mostly caused by dermatophytes and is characterized by itching, redness, scaling, and moist discharges⁽¹⁾. Dermatophyte infection includes a complicated interaction between the host, agent, and environment. In this case, a 48-year-old male patient with a history of seasonal recurrence of Tinea Pedis was treated with customized homoeopathy. A complete case history was obtained, which included physical generals, mental state, modalities, and characteristic symptoms. Repertorization resulted in the use of SULPHUR, followed by Sac Lac as supportive therapy. He was successfully treated with personalized homoeopathic medication⁽²⁾. It demonstrates that homoeopathic treatment can effectively treat dermatophytosis.*

Keywords: Homoeopathy, Tinea pedis, Individualised treatment, Arsenicum album, Dermatophytosis

1. Introduction

Tinea, also known as dermatophytosis, is a superficial fungal infection of the skin, hair, and nails caused by dermatophytes, a kind of keratinophilic fungus. These diseases are among the most common human mycoses worldwide, affecting people of all ages and geographical regions.

Dermatophytosis is caused mostly by three genera: Trichophyton, Microsporum, and Epidermophyton. These fungus have a unique ability to enter keratinized tissues and feed on keratin⁽³⁾. The species distribution varies by area and population, with Trichophyton rubrum and Trichophyton interdigitale being the most typically associated with human illnesses.

Dermatophytosis affects 20-25% of the global population at any given moment, with a higher frequency in tropical and subtropical regions due to favorable fungal growth circumstances such as heat and humidity. Communal living conditions, poor cleanliness, intimate contact with diseased humans or animals, underlying immunosuppression, and participation in contact sports all contribute to risk⁽⁴⁾.

Clinical Manifestations:

The clinical manifestation of tinea differs depending on the site of infection. Common forms include the following:

Tinea Capitis (scalp)

Tinea corporis (trunk and legs)

Tinea cruris (groin).

Tinea pedis (foot).

Tinea unguium, or onychomycosis (nails)

Lesions are usually annular, scaly, erythematous plaques with central clearing and active edges⁽⁵⁾. The inflammatory reaction and clinical severity may differ depending on the host's immunological condition and the dermatophyte species involved.

Pathogenesis of Tinea Pedis:

Tinea pedis is primarily caused by dermatophytes such as Trichophyton rubrum and T. interdigitale, which infect the feet's stratum corneum. Infection begins with fungal adhesion to the skin, followed by the production of keratinolytic enzymes, which breakdown keratin and allow fungal penetration and colonization.

Moisture, occlusive footwear, and poor hygiene promote fungal growth. The host immune response—both innate and adaptive—is frequently insufficient to eliminate the infection, resulting in chronicity or recurrence. Common clinical forms include interdigital, moccasin-type, vesiculobullous, and ulcerative, each indicating a unique pathogen-host relationship. The pathogenesis of this extremely contagious and chronic infection is driven by a combination of fungal virulence, a weakened skin barrier, and environmental factors⁽⁶⁾.

2. Case Report

Patient Information

A 48-year-old male patient presented on February 17, 2025, with a four-month history of itching, burning, and scaling on the sole of his right foot. The complaints started gradually. The symptoms were more pronounced at night and after washing his feet with cold water. Due to his complaint, he didn't bathe properly, as bathing or washing aggravated the complaint. Symptoms got ameliorated by warm water. He also reported offensive foot sweat and pain while walking, attributed to painful cracks. The condition initially began as mild peeling and itching between the toes and gradually extended to the sole, which became red, dry, and covered with white scales. Although the use of antifungal powders provided temporary relief, the symptoms recurred persistently. He had no known history of diabetes or hypertension but did report similar episodes during past rainy seasons.

- **Mental Generals:** He avoids business duties due to mental fatigue and lack of interest, alternating between

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irritability when pressured and quiet depression with disconnection and low motivation.

- **On Examination:** Right plantar surface shows dry, scaly, thickened skin with irregular edges, desquamation, cracks, and brownish – white discoloration. Mild tenderness present in cracked areas. No warmth, vesicles, or discharge.
- **General Examination:** Patient is lean, fatigued, mentally restless; vitals normal (PR 76/min, BP 120/80mmHg). Appetite and thirst normal but dryness of mouth with sour taste. Bowel and bladder regular; sleep disturbed by itching. Hot by nature; no addictions. No pallor, oedema, jaundice, cyanosis or lymphadenopathy.

Diagnosis

The above case was diagnosed as TINEA PEDIS (dermatophytosis of foot) – ICD 11- 1F28.2⁽⁷⁾

Evaluation of Symptoms:

Symptoms	Gradation
Averse to business	3+
Itching < night	3+
Itching < after washing his feet with cold water	3+
Thirst – dryness of mouth with sour taste	3+
Mentally weary and disinterested	2+
Offensive foot sweat	2+
Burning in the sole of the foot	2+
Itching > warm water	2+
Irritable	1+
Dry skin, covered with white scales	1+

Totality of Symptoms:










Averse to business

Irritable

Mentally weary and disinterested

- Desire – sour foods
- Thirst – dryness of mouth with white coated tongue
- Offensive foot sweat
- Itching, burning and scaling on the right sole of the foot.
- Itching < night
- Itching < after washing his feet with cold water
- Itching > warm water
- Dry skin, covered with white scales

Repertorial Sheet:

Remedy Name	Sulph	Ars	Sil	Lyc	Nit-ac	Rhus-t	Puls	Sep	Calc
Totally	30	23	23	23	23	23	23	22	22
Symptoms Covered	9	8	8	7	7	7	6	8	7
Kingdom									
[Complete] [Mind]Business:Ailments from, agg.: (263)	4	3	3	3	1	4	4	4	3
[Complete] [Skin]Itching:Night: (262)	4	3	3	3	3	4	4	1	3
[Complete] [Skin]Itching:Cold:Agg.: (44)	1	3	1		3	1		1	
[Complete] [Mouth]Dryness: (656)	4	4	4	4	4	4	4	4	4
[Complete] [Taste]Sour: (237)	4	3	3	4	4	3	4	4	4
[Complete] [Extremities]Perspiration:Offensive:Feet: (84)	3	2	4	4	4	3	4	3	3
[Complete] [Extremities]Itching:Burning:Feet:Soles: (8)	3								
[Complete] [Generalities]Warmth:Amel.: (533)	4	4	4	4	4	4	3	4	4
[Complete] [Extremities]Dryness:Feet:Soles: (9)	3								
[Complete] [Skin]Eruptions:Desquamating:Scales, white: (11)		1	1	1				1	1

On the basis of repertorial result and final consultation with materia medica, individualised, single homeopathic medicine, SUPHUR 30c, on an empty stomach. The patient was also instructed to keep the affected area clean and maintain hygiene. The medicines were prescribed for a limited duration as per the need and were followed by rubrum for the rest of the period.

Follow-Up and Outcomes:

The patient was monitored and treated for over 1 month. The changes observed in symptoms and indications, as well as medication administered at each consultation, are detailed in table...

A series of photographs were used to document the outcome....



1st visit 17.02.2025
Before treatment



2nd visit 03.02.2025
During treatment



3rd visit 19.03.25
After treatment

Follow Up Details:

Date	Signs and Symptoms	Prescription
1 st visit 17.02.25	Mental restlessness Severe itching, burning, dry skin and scaling on the right sole of the feet; Itching < night; after washing his feet with cold water; > hot water; Dryness of mouth with white coated tongue Offensive foot sweat	Sulphur 30 /1 dose (single dose in the morning on empty stomach)
2 nd visit 03.03.25	Itching present, but reduced than before Dryness, burning and scaling on the right sole of the feet Dryness of mouth, white coated tongue reduced Offensive foot sweat reduced	Sulphur 200/1 dose (single dose in the morning on empty stomach)
3 rd visit 19.03.25	Itching reduced Dryness, Burning, scaling reduced	SL/1D - ST
4 th visit 4.04.25	No new eruptions, No itching and discharge	SL/1D -ST

3. Discussion

This case report discusses the significance of a single individualized constitutional homoeopathic treatment in Tinea, a very obstinate condition. The so-called skin ailments are actually diseases of the people's constitutions, not their skin. The patient's entire set of symptoms must be taken into consideration when choosing the treatment. Intense itching (especially at night and after washing with cold water), relief from warmth, offensive foot sweat, dry, scaly skin with cracks, a craving for sour foods, disturbed sleep due to itching, irritability, impatience with work, and mental exhaustion were all typical symptoms of sulphur⁽⁸⁾. These closely correlated with the pathophysiology of sulphur, a treatment that is well known for its profound effects on skin and overall health⁽⁹⁾.

Potency Selection:

SULPHUR 30C was initially recommended as a mild stimulant appropriate for long term skin disorders. Following KENT'S advice to increase potency after the previous one has acted, the potency was increased to SULPHUR 200C to deepen the effect with a noticeable but partial improvement. To prevent needless repetition and give the medication time to work completely SAC. LAC was administered in between. The patient gradually recovered, with less itching, less foul perspiration, repaired cracks, and better sleep. Progress was seen in both local symptoms and overall health, which is

consistent with the homoeopathic notion that a true cure involves both mental and physical healing⁽¹⁰⁾. The importance of sulphur in chronic skin disorders is well recognised, particularly when it is exacerbated by washing and has repeated tendencies.

4. Conclusion

That case demonstrates that individualised homoeopathic treatment with sulphur, prescribed in gradually adjusted potencies, can effectively manage tinea pedis, leading to relief of local symptoms and improvement in general health. It highlights the value of constitutional prescribing in achieving a deeper and longer cure.

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