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Resolution of Tinea corporis with Sulphur 200C: An Evidence-Based Case Report.

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ABSTRACT: Tinea corporis is a common superficial dermatophyte infection characterized by annular, erythematous, scaly lesions associated with pruritus. A 51-year-old male, Mr. Patil, presented with complaints of itching eruptions over the left forearm for two months. Dermatological examination revealed characteristic annular erythematous lesions with associated pruritus, clinically diagnosed as tinea corporis. Detailed case-taking was performed, and the totality of symptoms was evaluated according to homoeopathic principles. Based on the characteristic symptomatology and constitutional assessment, Sulphur was selected as the individualized remedy. Sulphur 200C was prescribed and the patient was followed periodically to assess clinical progress. This case report presents the evidence-based homoeopathic management of tinea corporis using Sulphur and evaluates the clinical outcome through the MONARCH (Modified Naranjo Criteria for Homeopathy) assessment tool.

Keywords: Tinea corporis, Homoeopathy, Individualization, Sulphur, MONARCH,

INTRODUCTION:

Dermatophyte infections are the most common superficial fungal infections worldwide, affecting an estimated 20-25% of the global population. [1] Tinea corporis (ringworm of the body) is a superficial fungal infection caused by dermatophytes of the genera *Trichophyton*, *Microsporum*, and *Epidermophyton*, involving the non-hairy skin of the body and presenting typically as pruritic annular lesions with central clearing and a raised scaly border. [2] Mittal, et al successfully managed a cases of Tinea corporis with Individualized Homoeopathic Remedy. [3] As “J.H. Clarke” noted in “A Dictionary of Domestic Medicine and Homoeopathic Treatment”, the skin often serves as the outlet for chronic systemic issues, making it essential to address the whole constitution rather than treating these manifestations as purely local conditions. [4]

"In this study, we have used the Modified Naranjo Criteria for Homeopathy Causal attribution inventory as a tool for attributing a causal relationship between the homeopathic intervention and the outcome in clinical case report." [5]

CASE DETAILS

A man, 51 years of age attended the outpatient care unit of KLE Homoeopathic Medical College and Hospital, Belagavi, with chief concern of itching eruptions over the left forearm for two months

PRESENTING COMPLAINTS WITH DETAILS:

Patient presented with itching eruptions over the left forearm. White scaly eruptions with discoloration. Itching is aggravated at night, cold water application, and touch, better by warm weather.

PAST HISTORY

Had similar complaints 3 years back, took conventional mode of treatment and was better. No major illness in the past.

FAMILY HISTORY

Mother- Hypothyroid patient on allopathic treatment

Father- Healthy.

Brother-Healthy.

PERSONAL HISTORY

Patient was stable, well dressed and sensitive to heat. He has anxiety about health as if something would happen, wants everything to be in time. He was thirsty and his appetite was reduced, Desires warm food and drinks.

LOCAL EXAMINATION OF SKIN

Dermatological examination revealed a solitary, well-circumscribed annular plaque with an erythematous, scaly, advancing border and central clearing over the left forearm**.** The lesion was associated with pruritus and showed mild excoriation marks due to scratching. There was no tenderness, induration, crusting or secondary infection. Systemic examination was within normal limits.

DIAGNOSIS

Considering the patient's clinical history together with the physical examination findings, a case is diagnosed as Tinea corporis

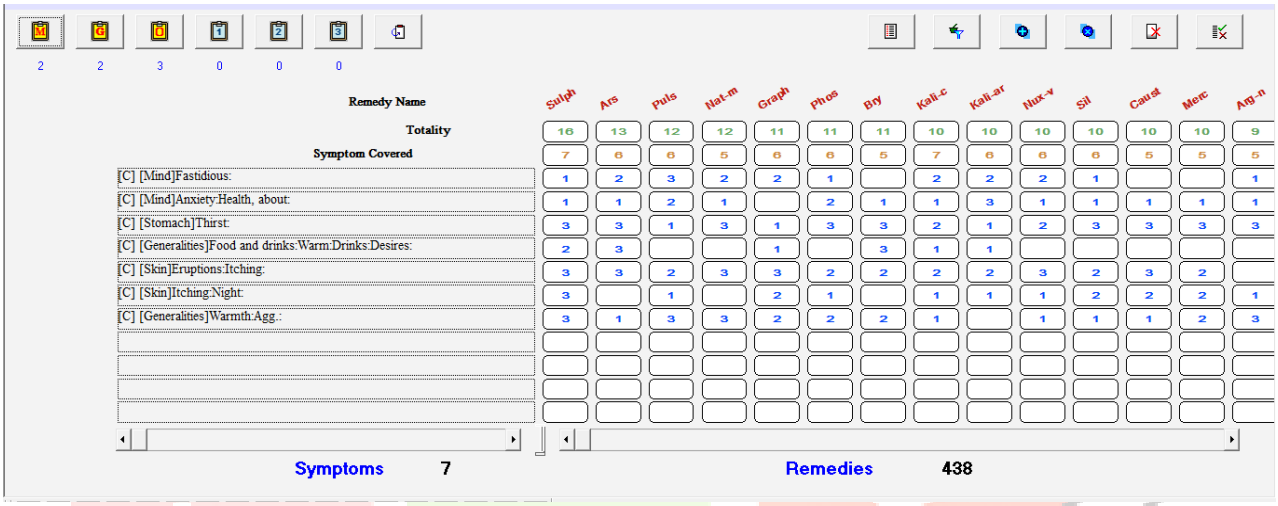
INDIVIDUALISED SYMPTOM TOTALITY

1) Wants everything to be on time
2) Anxiety about health as if something would happen
3) Thirsty
4) Desire- Warm food and drinks
5) Eruption over the left forearm
6) Itching aggravates by cold water application
7) Itching ameliorates by warm water application
8) Thermally hot

REPERTORIAL TOTALITY

1. Mind-Fastidious
2. Mind-Anxiety: Health, about:
3. Stomach-Thirst:
4. Generalities-Food and drinks: Warm drinks: Desires:
5. Generalities-warm: Agg:
6. Skin-: Eruption: Itching:
7. Skin-Itching: Night

REPERTORY SHEET: (FIG 1)



Remedy Name	Sulph	Ars	Puls	Nat-m	Graph	Phos	Bry	Kali-c	Kali-ar	Nux-v	Sil	Caust	Merc	Arg-n
Totality	16	13	12	12	11	11	11	10	10	10	10	10	10	9
Symptom Covered	7	6	6	5	6	6	5	7	6	6	6	5	5	5
[C] [Mind]Fastidious:	1	2	3	2	2	1		2	2	2	1			1
[C] [Mind]Anxiety:Health, about:	1	1	2	1		2	1	1	3	1	1	1	1	1
[C] [Stomach]Thirst:	3	3	1	3	1	3	3	2	1	2	3	3	3	3
[C] [Generalities]Food and drinks:Warm:Drinks:Desires:	2	3			1		3	1	1					
[C] [Skin]Eruptions:Itching:	3	3	2	3	3	2	2	2	2	3	2	3	2	
[C] [Skin]Itching:Night:	3		1		2	1		1	1	1	2	2	2	1
[C] [Generalities]Warmth:Agg.:	3	1	3	3	2	2	2	1		1	1	1	2	3

Symptoms 7 Remedies 438

FIG: 1- Reportorial analysis [6]

"Reportorial Analysis was done with Complete Repertory using HOMPATH Classic Version 8.0." [FIG.1]

PRESCRIPTION:

Sulphur 200C one dose on 5/7/2026

THERAPEUTIC INTERVENTION:

Based on detailed clinical analysis, Repertory- based assessment, and review with Materia Medica literature, Sulphur has been considered "the best-fit remedy" that most closely corresponded to the patient's symptom picture, anxiety about health, itching aggravates by cold water application, amelioration of complaints by warm water application. [7] The case analysis places emphasis on both physical symptoms and mental generals. The final prescription was based on an integrated assessment of both mental and physical generals. Following the homoeopathic principle of individualization, a solitary administration of Sulphur 200C was dispensed. He was advised to return after seven days for clinical reassessment.

FOLLOW – UP:

The patient's progress during each review visit is summarized in Table 1. [8]

To find out whether the noted outcome was relatively associated with the given homoeopathic intervention, causality has been evaluated using the (MONARCH) Modified Naranjo Criteria for Homoeopathy The corresponding response is shown at Table 2. [6]

Assessment Criteria–

1. General state of wellness.
2.Anxiety about health.
3. Thirst
4. Eruptions
5. Itching
6. Local rise in temperature
7. Pulse

CASE FOLLOW-UP SUMMARY

S- Stable
Fl- Fluctuation
< Aggravation
>Amelioration
G- Good overall clinical status
N- Normal
+ More
- Less

NO OF VISITS WITH DATE	**PRESCRIPTION**							
	1	**2**	**3**	**4**	**5**	**6**	**7**	
1ST VISIT 5/7/2026	**-**	**S**	**-**	**<**	**<**	**<**	**68b/min**	**Sulphur 200C single dose early in the morning (5/07/2026) Placebo/1week/twice in a day**
2nd VISIT 12/7/2026	**Fl**	**>**	**N**	**>**	**Fl**	**Fl**	**70b/min**	**Placebo /1 week/twice in a day. Patient was better so medicine was not repeated.**
3rd VISIT 20/7/2026	**G**	**S**	**N**	**>**	**>**	**>**	**74b/min**	**Placebo/15 days/twice in a day. Patient was better so medicine was not repeated.**
4th VISIT 30/7/2026	**G**	**S**	**N**	**>>**	**>>**	**>>**	**74b/min**	**Placebo /1 month/twice in a day. Patient was better so medicine was not repeated.**

Table: 1[8]

At each follow-up visit, changes in the patient's symptoms and overall clinical status were carefully documented and evaluated.

Summary of the follow up

Marked clinical improvement was observed following administration of a single dose of Sulphur in both physical and mental symptoms. His anxiety about health was stabilized, thirst maintained. Physical complaints were completely reduced; there is no reoccurrence of any complaints. On 4th visit Patient was feeling better, prescribed placebo for 1month.

MODIFFIED NARANJO SCALE:

Table 2: The criteria were adapted from the original publication with appropriate citation. [5]

Domains	Yes	No	Not sure or N/A
1.Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2.Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
3.Was there an initial aggravation of symptoms?	+1		
4.Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
5.Did overall well- being improve? (suggest using validated scale)	+1		
6A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?			
6B Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: –From organs of more importance to those of less importance? –From deeper to more superficial aspects of the individual? –From the top 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?	+1		
8. Are therealternatecauses(otherthanthemedicine)that—withahighprobability— could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9.Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?			

CLINICAL IMAGES

BEFORE

(FIRST VISIT ON 5/07/26)

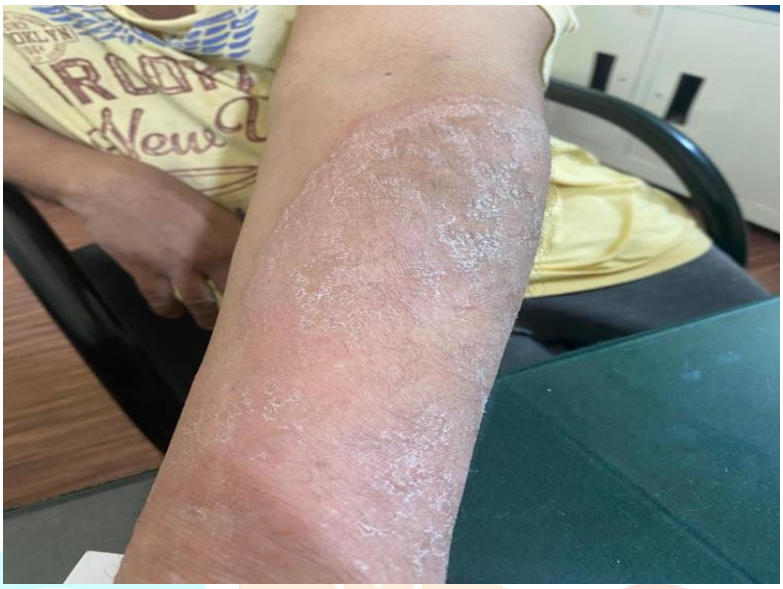


FIG .2

(LAST VISIT ON 30/7/2026)

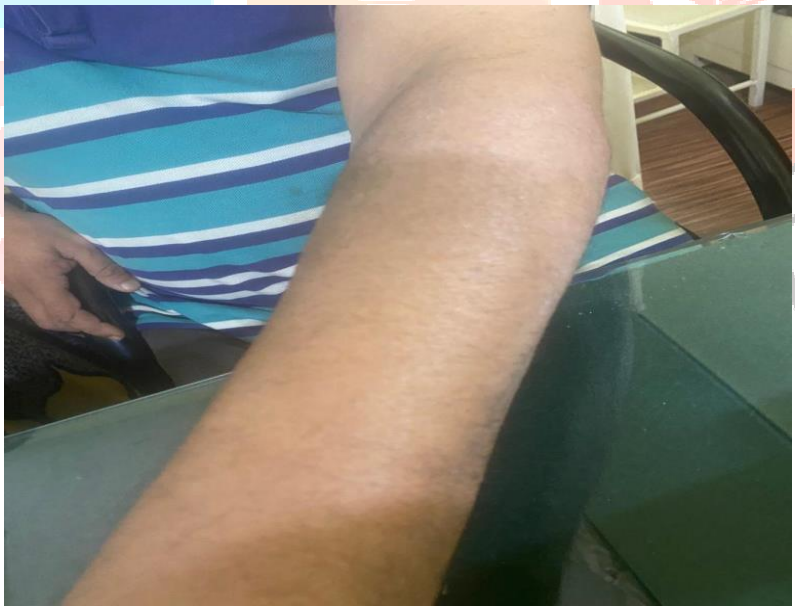


FIG.3

DISCUSSION:

Tinea corporis is a superficial dermatophyte infection of keratinized tissues, characterized by annular, erythematous, scaly lesions with central clearing and pruritus. In the present case, a 51-year-old male presented with tinea corporis over the left forearm associated with persistent itching and characteristic ring-shaped eruptions. Following detailed case analysis and individualization, Sulphur 200C was selected as the similimum. Sulphur is one of the most frequently indicated remedies in dermatological disorders characterized by itching, erythema, dryness, and chronic inflammatory skin conditions. The remedy is particularly known for skin complaints aggravated by warmth and associated with intense itching and scratching. Its extensive affinity for cutaneous disorders is well documented in homoeopathic Materia Medica and reportorial literature. Following administration of Sulphur 200C, the

patient demonstrated progressive clinical improvement**.** Healing of the skin lesions occurred without topical medication, while psychological symptoms also showed noticeable improvement.

The MONARCH assessment indicated a probable association between the prescribed remedy and the clinical improvement observed. Although encouraging, conclusions drawn from a single case should be interpreted cautiously, and larger controlled clinical studies are required to further evaluate therapeutic effectiveness. [6]

CONCLUSION

This case demonstrates favorable clinical improvement in a tinea corporis, following individualized homoeopathic treatment. A single dose of Sulphur 200C was associated with resolution of both constitutional and dermatological symptoms without the use of topical therapy. Although the outcome was positive, evidence from larger perspective studies is necessary before definitive conclusions regarding efficacy can be established.

CONSENT:

Obtained

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