

A Case Report on Tinea Cruris management with Tellurium Metallicum

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Abstract

Introduction: Tinea cruris, a prevalent dermatophytic infection primarily caused by *Trichophyton rubrum*, affects the groin and surrounding areas. Despite conventional treatments focusing on topical interventions, the condition impacts millions annually, necessitating exploration of alternative therapeutic approaches. **Case Presentation** This report documents the case of a 37-year-old male who presented with characteristic tinea cruris symptoms: erythematous, pruritic lesions extending across the inguinal region (groin region), buttocks, and perianal area. Following homeopathic intervention with a single dose of Tellurium metallicum 1M, the patient underwent a three-month observation period. Clinical evaluation using the standardized Clinical Assessment Score Scale demonstrated a remarkable improvement from an initial score of 12 to 0 post-treatment. Complete resolution of lesions was achieved and documented through clinical photography, with no observed adverse effects or symptom recurrence throughout the follow-up period. This case suggests the potential efficacy of Tellurium metallicum as a homeopathic intervention for tinea cruris, offering a promising alternative to conventional treatments. The successful outcome warrants further investigation into homeopathic approaches for dermatophytic infections.

Keywords: Dermatophytosis; Homeopathic treatment; Tellurium metallicum; Tinea cruris

Introduction

Dermatophytes are a group of fungi that specialize in colonizing keratinized tissues such as skin, hair, and nails. These microorganisms cause superficial fungal infections collectively known as ringworm or dermatophytosis. By invading and proliferating within these tissues, dermatophytes lead to various skin conditions characterized by ring-shaped lesions.[1] They can originate from the soil or animals or be confined to human skin (anthropophilic).[2] Clinical forms of cutaneous infection of dermatophytes include tinea corporis, tinea capitis, tinea cruris and tinea pedis.[3] Causative pathogenesis is by the dermatophyte fungi releasing proteolytic enzymes and keratinases into the skin.[3] Tinea cruris is also known as ringworm, *dhobi* itch, jock itch and eczema marginatum.[4] Common in adults and males, itching is a predominant feature in every species. Scaling is variable and occasionally may mask the inflammatory changes.[4] Some central clearance is usually present but is often incomplete, with nodules scattered throughout the affected area.[4] Satellite lesions, if present, are few and relatively large. Spread to the scrotum is common, but scaling is minimal and inflammation is inconspicuous against background erythema. Usually, the diagnosis is clinical but can be confirmed by microscopic examination of potassium hydroxide wet-mount preparations of skin scrapings from the active border of the lesion.[5] A fungal culture is a gold standard for diagnosing dermatophytosis in doubtful, inconclusive, severe, widespread and resistant cases.[6] Along with neglected approaches, the climate pattern of tropical and subtropics with high humidity and temperature increased moisture, and poor hygiene provided fertile soil for the fungus.[7,8] Long-continued treatment and medication costs often lead the patient to search for alternative therapies. Although conventional topical antifungal therapy is effective in treating tinea cruris and other dermatophyte manifestations, it's appropriate dose and duration of administration for curing and preventing recurrence remains elusive.[1] In contrast, the Homoeopathy system, with individualised homoeopathic medicine, treats the patient as a whole, rather than just the disease alone, relieves complaints, aims to prevent recurrence and ensures healthy skin. Despite the increased prevalence of cutaneous dermatophytosis worldwide, research in this area has often been neglected. There is an intense need to undertake more research studies and report evidence-based cases focused on the homoeopathic management of tinea cruris. In routine daily practice, the homoeopathic medicine *Tellurium Metallicum* is widely used for various skin conditions, with promising results when indicated. On a thorough literature search at online databases, well-designed observational or randomised controlled trials on the effectiveness of homoeopathic medicine *Tellurium Metallicum* in treating tinea cruris could not be found. Hence, there is a considerable research gap in this area. The present case shows the evidence-based positive role of homoeopathic medicine *Tellurium Metallicum* in managing tinea cruris.

Patient Information

A 37-year-old male sought consultation at the Dermatology outpatient department of Naiminath Homoeopathic Medical College, Hospital, and Research Centre in Agra, Uttar Pradesh, India. He presented with a history of multiple reddish, ring-like lesions on his groin region, buttocks and perianal area, accompanied by itching and a burning sensation persisting for the past six months. Initially, he had attempted treatment with antifungal lotions, which provided temporary relief. However, after a month, he experienced the onset of pimples accompanied by intense itching and a worsening burning sensation, particularly exacerbated by touch, nighttime, and lying on a bed.

History of presenting complaints

Six months prior, the patient noticed the onset of discoloured, patchy lesions in the groin area, initially appearing brown and gradually enlarging. Over time, these lesions became red, erythematous, with raised edges, accompanied by itching and a burning sensation. Seeking medical advice, he consulted a dermatologist who prescribed antifungal ointments. Initially, there was some relief from the lesions and itching, but subsequently, two more lesions appeared on the buttocks and perianal region, increasing in size and thickness and turning reddish. The itching worsened after touch, at night and lying on bed. Additionally, the patient reported experiencing right-sided sciatica for the past two years, characterized by back and leg pain aggravated by lying on the affected side. In childhood, he had a history of otorrhoea treated with allopathic medication. His father had hypertension, but there were no other relevant family medical histories. There was a history of otorrhoea in childhood, treated allopathically. His father was hypertensive, and no other relevant family history was there.

Clinical findings

On inspection, the eruptions were present over the buttocks and perianal skin which were ring-like, hyperpigmented, red inflammation, erythematous, thick, raised edges with central clearing. On palpation, there was no tenderness, but mild soreness was present. On general examination, the patient was conscious and well-built, with no pallor, cyanosis, jaundice or clubbing.

The patient exhibited forgetfulness and a tendency to disobey his parents. Mentally, he expressed dissatisfaction with previous treatments for ringworm. Interestingly, he had a desire for apples.

Provisional diagnosis was tinea cruris. Tinea cruris was differentiated from erythrasma due to the absence of the distinctive features of red-brown colour and no active border; and from seborrheic dermatitis with the lack of greasy scale on erythematous base with the typical distribution involving hairline, eyebrows, postauricular folds and annular lesions less common. Based on the clinical history and physical examination and distinguishing the clinical features of similar conditions, tinea cruris was confirmed.

Case analysis and repertorization

The symptoms gathered from thorough case-taking were analyzed and compiled into Table 1. The totality of symptoms encompassed his forgetfulness, disobedience towards his parents, dissatisfaction, craving for apples, ring-like eruptions, and itching aggravated by touch, night, and lying on the bed, among others. These characteristic symptoms were converted into rubrics, and repertorization was performed using Cara Professional v1.4, as shown in Figure 1.

Table 1: Analysis of symptoms

Mental generals	Physical generals	Particular/ disease symptoms
Neglect everything	Desire apple	Ring-like lesions
Forgetfulness		Severe itching
Dissatisfied		Aggravated by touch, at night
		Itching aggravated lying on bed

Therapeutic intervention

Based on the totality of symptoms and repertorization in accordance with homeopathic principles [9,10] Tellurium metallicum was selected as the appropriate homeopathic medicine. A single dose of Tellurium metallicum 1M potency, on the centesimal scale, was prescribed as one medicated globule (size 30), to be taken on an empty stomach. Additionally, dietary recommendations included consuming plenty of leafy vegetables and fruits rich in vitamin C. Preventive measures such as bathing twice daily, maintaining personal hygiene, and ensuring the affected skin lesions remained dry to prevent reinfection were also advised.

Follow-up and outcome

The patient's progress was monitored every two weeks, or more frequently if necessary. Detailed follow-up and outcomes were documented in Table 2, with no adverse effects observed throughout the treatment. Clinical assessment scores for tinea cruris were utilized to attribute causality between the medicinal intervention and clinical outcomes [11].

Following the administration of Tellurium metallicum 1M, the patient initially experienced an increase in complaints of pimples with itching after one day, along with a slight aggravation in the itching of skin eruptions. However, this intensity decreased after two days. Subsequently, night and bed aggravations were ameliorated. Over time, the skin eruptions gradually reduced in thickness, the red erythematous discoloration disappeared, and the itching was completely relieved. The disappearance of tinea cruris lesions occurred within two months of treatment, including those on the buttocks, perianal, and groin regions, with no recurrence observed during the follow-up period (refer to Figures 2-6).

Additionally, there were no adverse effects noted during the entire treatment process. The clinical assessment score for tinea cruris, which was close to the maximum score of 12, indicated that Tellurium metallicum was the likely cause for the disappearance of tinea cruris (refer to Table 3).

Discussion

Tinea cruris typically manifests as a chronic condition, and the patient presented with lesions indicative of this condition. While clinical diagnosis suffices in many cases, confirmation through microscopic examination of potassium hydroxide wet-mount preparations of skin scrapings from the active lesion border is standard practice [5]. However, due to limited investigative facilities in the patient's small-town residence, diagnosis relied on clinical history and local examination. In modern medicine, first-line treatment often involves antifungal ointments and corticosteroids, particularly in extensive cases. However, in this instance, the selection of homeopathic medicine Tellurium Metallicum was based on meticulous case-taking, repertorization, and consultation with materia medica. Predisposing factors such as excessive perspiration coupled with inadequate hygiene and residing in a hot, high-humidity locality were observed in this case.

Along with medicine, diet and regimen, good hygiene practices were also advised. This case showed marked improvement suggesting a suitable selection of medicine. Since the patient had been suffering from complaints for 6 months, he was anxious and worried about the disease. *Tellurium Metallicum* 1M was given in a single dose. Generals and other individual characteristics and particulars were most similar to *Tellurium Metallicum* and considering the vitality of individual and predominant psoriciasm, we had prescribed *Tellurium Metallicum* 1M potency. Dr Samuel Hahnemann mentioned in the 283rd aphorism of *Organon of Medicine* 6th edition that the true physician will prescribe his well-selected homoeopathic medicine only in exactly as small a dose as will just suffice to overpower and annihilate the disease before him. [12] The cure is not organismic, but organic, not chemical, not mechanical, not local, not topic, not parasitic, but organic vital. [13] As expected, the patient responded quickly to the treatment and the complaints were relieved within a few months. The law of direction of cure has been explained by Constantine Hering as the perfect cure should be established as relieving symptoms in reverse order of development, from centre to periphery, from inner to outer and deeper organs to superficial. In this case, the chief complaint was tinea eruptions and the same was treated initially with antifungal lotions, resulting in temporary relief of complaints but not cured. After some time, the itching in eruptions aggravated, and he also developed pimples with itching that were associated with the chief complaint when the patient consulted at OPD for the first time. After considering the totality of symptoms, homoeopathic medicine

Rubrics	Source	Tell	Chast	Acton	Borac	Bell	Gnph	Hep	Kali-c	Lath	Lyc	Sag	Seph	Soph	Amtr	Amk	Am	Art	Bry	Cac	Chel	Coc	Coff
Weighted		19	18	15	15	11	17	14	15	17	17	20	13	20	13	19	12	13	12	15	12	11	14
Rubric covered		19	18	15	15	11	17	14	15	17	17	20	13	20	13	19	12	13	12	15	12	11	14
Rubric graded		19	18	15	15	11	17	14	15	17	17	20	13	20	13	19	12	13	12	15	12	11	14
LOCALIZATION Lower limbs sciatica right	(K) Extremity Part	2				1	1			2	2	1										1	
ERUPTIONS pimples itching	(K) Skin	3	2	1	1		3	2	1		1	2	1	2	1	2				2	1		1
ITCHING crawling	(K) Skin	1	2	2	2	1	1	1	2	1	3	3	3	1	1	2	1	1	1	1	1	1	3
NIGHT, nine pm. - five am. agg.	(K) Generals	3	2	2	2	3	3	3	2	3	2	3	2	3	1	2	3	3	2	3	2	2	3
FOOD and drinks apples desires	(K) Generals	1												1									1
LYING agg. bed, in	(K) Generals	2	1	1	1	1	1	2	2	3	3	3	1	3	3	1	1	2	2	1	2	1	1
FORGETFULNESS	(K) Mentals	1	2	2	3	2	2	1	1	2	1	1	1	2	3	1	1	2	1	1	2	3	3
SENSITIVE, touch, to	(K) Mentals	1	1	2		1		1	1	2			1					1	1				1
NEGLECTS everything	(K) Mentals	1	1			1																	1
ITCHING	(K) Male Sexual	1	3	1	1	1	2	1	1	1	1	2	1	2	2	1	1	1	1	1	2	1	3
ERUPTIONS	(K) Male Sexual	1	1	1	1	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
ERUPTIONS General	(K) Skin	2	3	2	3	1	2	1	3	1	3	3	2	3	1	2	1	3	2	3	1	1	1

Figure 1: Repertorial Chart

Prescription:-

Date:-08 /May/ 2023

Tellurium Metallicum 1M (one dose)

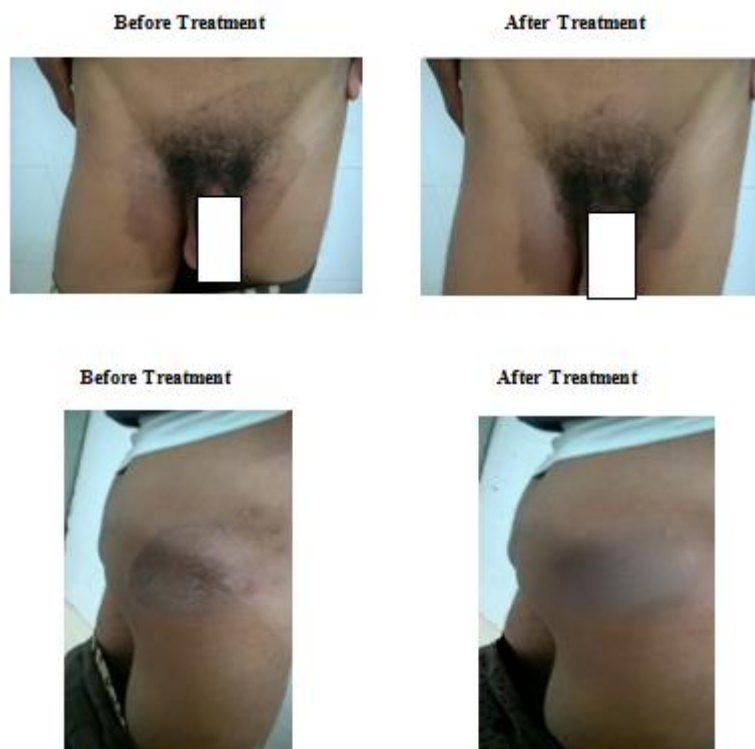
On an empty stomach

SL, three times a day (T.D.S.)

for 14 days

Table 2: Follow Up

Date	Complaints	Prescription	Remarks	C A Scale Score	
				Before Treatment	After Treatment
08 May 2023	Pruritus severe and severe densely distributed popular eruptions with erythema and scaling	<i>Tellurium Metallicum</i> 1M, one dose (30 size medicated one globule) morning on an empty stomach	Single, simple and similar medicine in minute dose	12	—
18 May 2023	Pruritus moderate and moderately distributed popular eruptions with moderate redness and scaling moderately visible	<i>Placebo</i> for 2 weeks	The striking improvement in the. Transient homoeopathic aggravation was noted in the itching but resolved soon after.	--	08
28 May 2023	Pruritus moderate and moderately distributed popular eruptions with mild redness	<i>Placebo</i> or 3 weeks	The patient is generally better.	---	05
07 June 2023	Pruritus moderate and mild scarcely distributed popular eruptions	<i>Placebo</i> for 3 weeks	The patient is generally better.	---	03
17 June 2023	Pruritus moderate and mild scarcely distributed popular eruptions	<i>Placebo</i> for 3 weeks	The patient is generally better.	---	03
27 June 2023	Pruritus moderate and mild scarcely distributed popular eruptions	<i>Placebo</i> for 1 month	The patient is generally better.	---	03
07 July 2023	Pruritus moderate and mild scarcely distributed popular eruptions	<i>Placebo</i> for 1 month	The patient is generally better.	---	03
17 July 2023	Pruritus moderate	<i>Placebo</i> for 1 month	The patient is generally better.	---	02
27 July 2023	Pruritus moderate	<i>Placebo</i> for 1 month	Tinea cruris wholly disappeared	---	02
06 August 2023	Pruritus mild	<i>Placebo</i> for 1 month	No complaints	---	01
18 August 2023	No any Pruritus and popular eruptions with erythema and scaling	<i>Placebo</i> for 1 month	-	---	0

**Table3:-Clinical Assessment tool on Tinea Cruris.**

Score	Pruritus	Papular eruptions	Erythema	Scaling
0	Absent	Absent	Absent	Absent
1	Mild, Occasionally disturbing daily activities	Mild, Scarcely Distributed	Mild redness	Mild, scarcely Visible only in some areas
2	Moderate, Often Disturbing daily activities	Moderately distributed	Moderate Redness	Moderate Visible in Some areas
3	Severe, frequently disturbing daily activities and sleep	Severe, Densely Distributed and/ or Presence of Plaques	Severe bright redness easily Visualized	Severe, thick covering large areas

Note: Clinical symptom score was calculated before treatment as well as after treatment and was compared to assess the effectiveness of homeopathic medicines. Following outcomes were assessed:

- **Improvement:** If the score was reduced by 4 or more, after the treatment.
- **Status Quo:** If the score remained the same or was reduced by less than 4, after the treatment.
- **Worse:** If the score was increased even after the treatment.

Tellurium Metallicum was given according to homeopathic principles. In response to this intervention, the night aggravation was relieved first followed by relief in tinea eruptions which was in accordance with the law of direction of cure. In general, *Tellurium Metallicum* is given for various skin ailments as a specific medicine, and we get positive results on most occasions, but when we consider the patient as a whole and with a holistic approach, *Tellurium Metallicum* given as a homeopathic medicine results in not only cure of chief complaint but also relieves all other associated complaints within a considerable time and indeed the law of direction of cure was evident.

Conclusion

Homeopathic medicine plays a key role in treating patients holistically. The total eradication of tinea cruris without any recurrence during the 6-month follow-up period highlights the beneficial impact of individualized homeopathic remedy *Tellurium Metallicum* in addressing both the condition itself and associated complaints. Hence, it's imperative to conduct additional prospective studies to scientifically validate the therapeutic efficacy of *Tellurium Metallicum* in the treatment of tinea cruris.

Declaration of patient consent

We confirm that the patient has provided written informed consent for the publication of their images and clinical information in the journal. The patient acknowledges that their name and contact information will be kept confidential, and all reasonable efforts will be made to protect their identity. However, complete anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

Nil.

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