

Individualized Homeopathic Management of Tinea Pedis: Case Series of 10 Patients

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Abstract

Tinea pedis is the most common regional dermatophytosis, typically caused by *T. rubrum* and *T. mentagrophytes* var. *interdigitale*. The infection is characterized by maceration, fissuring, and a sharp scaling border, often predisposing to bacterial overgrowth. It is particularly common in athletes, swimmers, and military personnel. It is to evaluate the efficacy of individualized homeopathic medicines in 50 cases of tinea pedis and it is A case series of 50 patients diagnosed with tinea. Individualized remedies were prescribed based on totality of symptoms. Post treatment analysis revealed an overall positive reduction in DLQI across cases, validating the efficacy of Homoeopathic intervention. Outcome distribution indicated significant improvement in 58 % of cases, moderate improvement in 30 % of cases, mild improvement in 8 % of cases and status quo in only 4 % of cases.

Introduction

Tinea pedis is the most common regional dermatophytosis, typically caused by *T. rubrum* and *T. mentagrophytes* var. *interdigitale*. The infection is characterized by maceration, fissuring, and a sharp scaling border, often predisposing to bacterial overgrowth. It is particularly common in athletes, swimmers, and military personnel.¹

Prevalence of Tinea Pedis

Global Prevalence

Globally, dermatophytosis is recognized as one of the most common superficial infections, affecting nearly one-fifth of the world population at any given time.² A systematic review and meta-analysis focusing on military personnel—a high-risk group—estimated a pooled global prevalence of Tinea pedis at 17% (95% CI: 12–23%).³ Regional variations were noted, with the highest prevalence in the Americas and Australia (hot and humid climates) and the lowest in Europe (milder climates).³ Among children, a separate systematic review covering studies from 1959 to 2018 reported Tinea pedis prevalence ranging from 0.25% to 15.6%, with the highest rate (15.6%) observed in a male boarding school in Turkey.⁴

Prevalence in India

India bears a significant burden of dermatophytosis. A comprehensive retrospective analysis of 161,245 cases reported from 1939 to 2021 found that nearly 50% of all culture-positive cases evaluated (8,240 out of 16,657) were reported in the decade from 2011 to 2021 alone, indicating a sharp increase in recent years.² A more recent multi-center descriptive study from North India (2025) reported that Tinea pedis accounted for 15.0% of all dermatophytosis cases in a study population of 1,520 patients.³ The same study

identified poor hygiene practices (31.0%), occlusive clothing (26.0%), and obesity (21.0%) as the most common risk factors among affected individuals.⁴

Chronicity of Tinea Pedis

Tinea pedis is widely recognized as a chronic infection that frequently recurs after treatment. It is considered the most common dermatophytosis globally, affecting up to 25% of adults, and its chronic nature is attributed to several factors.⁵

The chronicity manifests in two primary ways:

- **Persistent Clinical Forms**

- Tinea pedis can present in chronic forms that persist for extended periods if left untreated. Two specific clinical variants are described as chronic.⁶
- Chronic hyperkeratotic tinea pedis: Caused by *Trichophyton rubrum*, this form presents with scaling and thickening of the soles, often in a moccasin distribution. This pattern can be long-lasting and difficult to eradicate.⁷
- Chronic intertriginous tinea pedis: Characterized by scaling, erythema, and erosion of the interdigital and subdigital skin, most commonly affecting the lateral 3 toes.⁶

- **High Recurrence Rates**

- a. Even with treatment, recurrence is common and treatment often must be prolonged to achieve a durable response. The reasons for this chronic and recurrent nature include:
- b. Incomplete Elimination of Fungus: Symptoms often improve before the fungus is completely eradicated. Stopping treatment too early allows remaining organisms to multiply, leading to recurrence. The fungal infection may last three to four weeks if treated adequately, but full clearance requires consistent application.⁸
- c. Reinfection from Environment: Fungal spores can survive in shoes, socks, towels, and communal surfaces (like locker room floors) for extended periods. Even after successful treatment, exposure to contaminated items can lead to reinfection.⁹
- d. Underlying Toenail Fungus (Onychomycosis): Toenail fungus often acts as a silent reservoir. Without addressing the nail infection, athlete's foot continues to recur even when skin symptoms are treated repeatedly.¹⁰
- e. Moisture and Occlusion: The fungus thrives in warm, moist environments. Foot sweating and occlusive footwear create ideal conditions for fungal growth. Moisture reduction on the feet and in footwear is necessary for preventing recurrence.⁸
- f. Skin Barrier Damage: Cracked, dry, or macerated skin allows fungi to penetrate more easily, particularly between the toes.⁹

Psychological Impact due to Tinea Pedis

1. High Impact on Quality of Life

A 2025 cross-sectional study from India quantified this impact using the Dermatology Life Quality Index (DLQI). Among 123 patients with dermatophytosis, 60% reported a "very large" and 28% an "extremely large" effect on their quality of life. The study noted that despite varying sites of infection, the psychosocial impact was consistently significant, affecting both genders equally.¹¹

2. Specific Emotional Burdens

Patients commonly struggle with embarrassment, depression, and a diminished quality of life beyond the

physical discomfort. A separate qualitative study found that the condition triggers feelings of shame, with a clear gender difference: for men, it was often an "annoyance," while for women, it was tied to a "pressure to have perfect feet" and often felt "private and shameful". Furthermore, a 1940s-era observation (which remains relevant today) noted that patients can develop "veritable phobias" regarding the condition's contagiousness, leading to obsessive scrubbing and anxiety.¹²

3. Stigma and Social Exclusion

Research on similar dermatophyte infections (like onychomycosis) indicates that nail and skin changes can lead to loss of confidence, low self-esteem, anxiety, depression, and even social exclusion. The cosmetic disfigurement and the perception of being "unclean" contribute significantly to the social stigma.^{13,14}

The Rationale: Why Homoeopathy?

The Concept of "Terrain" vs. the Fungus

Conventional medicine focuses primarily on eliminating the pathogenic agent—the fungus—using antifungal drugs. However, this approach often overlooks the host's internal environment or "terrain". The terrain theory, championed by scientists like Béchamp and later acknowledged by Pasteur, posits that the condition of the host organism is more critical than the presence of the microbe itself. Even Claude Bernard emphasized that maintaining homeostasis is fundamental to preventing infections.¹⁵ In the context of *Tinea pedis*, this explains why, despite effective antifungal therapy, recurrence rates remain high: the underlying susceptibility—the terrain—remains unaddressed.^{16,17} A favorable terrain can allow the fungus to thrive, while a resilient host terrain can resist or overcome the infection.¹⁵

The Vital Force and Homeopathic Individualization

Homeopathy offers a fundamentally different paradigm based on the principle of individualization.¹⁸ It recognizes a dynamic, self-regulating energy or force within the organism, traditionally referred to as the vital force (or dynamis).^{19,20} This vital force maintains health and homeostasis. Disease, including a chronic fungal infection, is understood not merely as a local invasion but as a dynamic disturbance or "torque" that disrupts the vital force's equilibrium, leading to symptom expression. The symptoms of *Tinea pedis*—itching, scaling, redness—are thus viewed as the organism's reaction to this disturbance rather than the disease itself.²⁰

A modern theoretical model conceptualizes the vital force as a quantized gyroscope. In this model, disease acts as a "braking torque" that slows the vital force's angular momentum, causing it to "precess" (i.e., express symptoms). A well-chosen homeopathic remedy acts as an "accelerating torque," restoring the vital force's equilibrium and reducing symptom expression.²⁰

Homeopathic Treatment: Treating the Host, Not the Bug

Homeopathy aims to treat the host susceptibility—the unique terrain—rather than directly attacking the fungus.^{15,21} The homeopathic physician assesses the patient's unique constitution, including physical characteristics, mental state, emotional patterns, and lifestyle factors, to understand their specific susceptibility.^{21,22} This is often articulated through the concept of the terrain homoeopathy—the patient's predisposition to certain ailments and their individual defense mechanisms.²¹

The homeopathic prescription is thus individualized to the patient's totality of symptoms.¹⁸ As one case series on *Tinea faciei* demonstrated, while the clinical diagnosis was the same, the prescribed remedies

varied (e.g., Natrum muriaticum, Nux vomica) based on the individual's unique presentation.²³ By stimulating the patient's own healing response through a potentized remedy, homeopathy seeks to restore the balance of the vital force.¹⁶ This strengthens the organism's natural defences, making it more resilient to infection and less prone to recurrence.¹⁵ This patient-centered model is particularly valuable for chronic, recurrent conditions like Tinea pedis, where conventional treatments often fail to provide a lasting cure.^{16,17}

Methodology

• Inclusion Criteria:

- Diagnostic Criteria based on KOH Staining of Skin Sample.
- Newly diagnosed and pre-diagnosed cases.
- All patients of both gender between 20-60 years of age.

• Exclusion Criteria:

- Patients suffering from other severe systemic disease like Diabetes Mellitus,
- Hypertension, Thyroid disorders.
- Advanced and irreversible pathological cases which require immediate medical attention.
- Patient taking other mode of treatment for Tinea Pedis.
- Patient having 21-30 score which is having extremely large effect on patient's life.

• Withdrawal criteria –

- Cases which are having irregular follow ups.
- Patients with secondary infection pyoderma, septic conditions.
- Participant voluntarily withdraws from the study.
- Cases with no improvement within 4 months.

METHOD-

1. **Duration of study-** 12 months
2. **Selection of Remedy-** According to Hahnemann's 5th and 6th edition of organon of Medicine and repertorial analysis.
3. **Selection of potency-** According to Hahnemann's 5th and 6th edition of organon of Medicine.
4. **Follow up criteria-** Every 7 days upto 4-6 months.

Outcome Measures:

Response will be analyzed into 3 categories:

- Significant improvement: Sensation of well-being physically and mentally. Disappearance of the symptoms of Tinea Pedis for which the patient approached without recurrence within the period of study.
- Moderate improvement Sensation of well-being physically and mentally. Disappearance of the symptoms of Tinea Pedis but recurrence is there during study period.
- Mild improvement: Decrease in the intensity or frequency of the presenting complain with feeling of well-being.
- Status Quo: Neither increase nor decrease in the symptoms of the patient.

Few cases Before and After photographs of Intervention of Individualized Homoeopathic Medicines in cases of Tinea Pedis :-



CASE DETAILS

SR No	Age (Years)	Gender	Totality of Symptoms	Remedy with Dosage	Result
1	58	Female	Restlessness and nervousness Blisters on both feet with moist discharge < night , touch , warmth of bed , wet weather Skin unhealthy in general Vertigo of old age person Pain in both eyes in monsoon	RHUS TOXICODENDRON 200 4-0-4-0 X 7 DAYS	Significant improvement
2	25	Female	Cracks in right foot alongwith white excoriation Dryness of skin and itching< 11 am Sensitiveness+2 of skin in general Large quantity of thirst for water Absence of perspiration Standing oftenly aggravates generally	SULPHUR 200 4-0-4-0 X 7 DAYS	Significant improvement
3	48	Male	Forgetful Desire for alcoholic drinks White eruption on left foot alongwith offensive	TELLURIUM 200 4-0-4-0 X 7 DAYS	Significant improvement

			perspiration< touch , lying in bed Moist discharge from skin Itching of scalp and pimples itching < warm		
4	51	Male	Better when alone , aversion to company Indifference to everything Crusty eruption on right foot Itching of eruptions < warm room , bathing Cold perspiration on foot Pale discoloration on face Aversion to bread	SEPIA 200 4-0-4-0 X 7 DAYS	Significant improvement
5	40	Male	Refuses to answer questions Anxiety < evening Dryness of skin Ineffectual urging and straining to pass stools Profuse perspiration at night Thirst for large quantity of water Left foot crusty fetid eruption Itching< scratching, bathing, lying in bed	SULPHUR 200 4-0-4-0 X 7 DAYS	Significant improvement

6	49	Female	difficulty while concentration Consolation aggravates Impatient + Fungal excoriation of skin with itching and hardening< scratching , during menses , > walking in wind Forehead pain > eating , < cold , during menses Offensive perspiration, profuse from anger	SEPIA 200 4-0-4-0 X 7 DAYS	Significant improvement
7	55	Female	anger from contradiction Consolation aggravates Sleeplessness after 3 am early morning Desire for sweets Aversion to milk Dry itching eruption on right foot between toes < afternoon, cold air , > during and after sleep Profuse perspiration on foot	SEPIA 200 4-0-4-0 X 7 DAYS	Significant improvement
8	28	Female	Mild patient Sensitive to noise Scab like eruption on right foot with itching and burning< getting feet wet , touch , > warm	SILICEA TERRA 200 4-0-0-0 X 7 DAYS	Significant improvement

			bed Pain at forehead< cold air Delayed menses everytime Constipated Profuse perspiration on head		
9	36	Male	aversion to company, better when alone Homesick Moist discharging eruption of lower limb and itching< bathing, open air , > lying in bed Itching of scalp < open air Heaviness of both lower limbs	PETROLEUM 200 4- 0-4-0 X 7 DAYS	Significant improvement
10	34	Male	Anxious when alone Answers slowly Generalised weakness Vesicular eruption on both legs > open air , motion < bathing, lying in bed Coldness of legs < evening Cracked skin of lower limbs	ZINCUM METALLICUM 200 4-0-0-0 X 7 DAYS	Significant improvement

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