

Healing the Skin from Within: A Case Study of Ringworm in Homoeopathy

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ABSTRACT- 32 years female having ring worm cured with homoeopathy. Ringworm is a common fungal infection with widespread occurrence, affecting people of all ages. It is particularly prevalent in warm, humid climates and can be spread through direct skin contact with infected people or animals, or by sharing personal items like towels and clothing. Factors such as participation in contact sports, wearing tight clothing, or having a weakened immune system increase the risk of infection. Ringworm accounts for roughly half of the estimated 650 million fungal skin infections globally. Homoeopathic medicine plays a great role to treat the disease and provide healthy life again.

KEY WORDS – Ring Worm, no self-love, self-doubt, stress, Identity, rawness, redness, embarrassment, Homoeopathic approach- Natrum Mur.

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INTRODUCTION

The main cause of ringworm is a group of fungi called dermatophytes, which thrive in warm, moist environments and can spread through direct contact with an infected person, animal, or contaminated object. The fungi feed on keratin, a protein found in the outer layer of skin, hair, and nails.

Despite its name, ringworm doesn't have anything to do with worms. Other similar fungal infections can affect the scalp, feet, groin and nails. These fungal infections, medically known as 'tinea', are not serious and are usually easily treated. However, they are contagious and easily spread.

Stress can cause Ringworm. While the skin infection is mainly caused due to an infection with the fungus, the condition can be worsened by stress. Flare-ups, which are the development of red itchy rashes on the skin, can be increased and further worsened by the stressful state of mind and body.

Ringworm is contagious until 48 hours after starting antifungal treatment. Without treatment, it remains contagious as long as the rash is present, which can be several weeks. The fungal spores that cause ringworm can survive on surfaces for a long time, so it's important to take precautions like avoiding sharing items to prevent reinfection and spreading.

People who have close contact with infected animals such as dogs and cats, especially puppies or kittens, or

rats are more likely to get ringworm. Persons who have a weakened immune system are at greater risk of becoming infected.

Early stages of ringworm typically begin as a small, red, scaly patch or bump that is often itchy. The patch may have a clear or scaly area in the center, with a slightly raised and red edge, and can spread and develop into a ring-like shape over time. These initial signs can also include small, red pimples that slowly spread.

The side effects of ringworm are typically manageable symptoms like itchy, scaly, and red rashes, and complications can include secondary bacterial infections, permanent hair loss, scarring, and discoloration. These complications are more likely if the infection is left untreated or if it's a severe case, especially on the scalp or in the beard area, notes the [World Health Organization \(WHO\)](#)

DIAGNOSIS: Physical Examination, Wood's Lamp Test, Potassium Hydroxide (KOH) Preparation, Fungal Culture, Biopsy.

CASE: 32yr old female came with the eruptions in both underarm, she is suffering from it from past 5 days. It is started with mid itching of the parts. Then she noticed there is redness. And all symptoms increases after the whole day of sweating in under arms. Gradually it starts to stink fishy. And size of the eruptions are increasing. She was unable to use any

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anti-perspiring product on it. And it makes her smell bad. Thus, she was embarrassed by herself. She don't want to go out in public because she have fear that because of horrible smell people will judge her that she is unhygienic.

She doesn't wanted to have allopathic treatment which is mainly steroids.

Constitution of patient is fatty, fair skin and underarms is full of red and white scabs and offensive smell and is not able to bear touch of cloths.

Skin – normal to dry skin, but in underarms sweaty and moist, red eruptions covered with white dead skin.

Offensive smell.

Thermal Reaction – Hot

Appetite – Normal

Thirst- Increased

Stool – regular, twice a day

Urine – Scanty. Hot and yellow

Menstrual history- Regular, 32 days cycle

Sleep – Disturbed

Dreams- of future events, accident, deaths

Repeated dreams- falling from height, fear of large quantity of water but she still falls into it.

LIFE SPACE

She is from middle class family. She has always followed what her parents told her to. She has killed her desires. She wanted to be an artist but father didn't approved. She was angry inside but was not reacting. She has developed Hypothyroidism in her college years.

She felts helpless and after gaining weight, the self-love was gone. After failing in classes in college she started to have self-doubts.

Any complex difficult situations makes her want to run away or she should have injured herself so she don't have to face the situation. But after the situation is over she thinks how silly she was overthinking all that.

After completion of study when she started job, she started to self-love and stand up the situation with fear but little bit of confidence.

ANALYSIS OF CASE

A. Characteristic Particular Symptoms

Local Symptoms

- Bilateral axillary eruptions
- Moist, red, offensive
- Fishy odour
- White dead skin/scabs
- Aggravation perspiration, cannot bear touch of clothes
- Burning, soreness
- Offensive body odour causing embarrassment

General Symptoms

- Hot patient
- Increased thirst
- Scanty, hot urine
- Sleep disturbed
- Obese constitution
- Fair complexion
- Hypothyroid background

Mental-Emotional State analysis:

Mental State	Interpretation
Suppressed desires since childhood	Silent grief/anger
Obedient to parents	Yielding
Artistic aptitude but suppressed	Suppressed will
Silent anger	Suppressed emotions/anger
Self-doubt after failures	Self-doubt
Embarrassment	Shame
Wants to run away from difficult situations	Escape desire for
Thoughts of self-injury during stress	Self-image harm

Table no. 1(Mental state analysis)

B. Miasmatic Analysis

Psoro-Sycotic

C. Dreams Analysis

Recurrent dreams:

- Falling from height
- Water fear yet falling into it

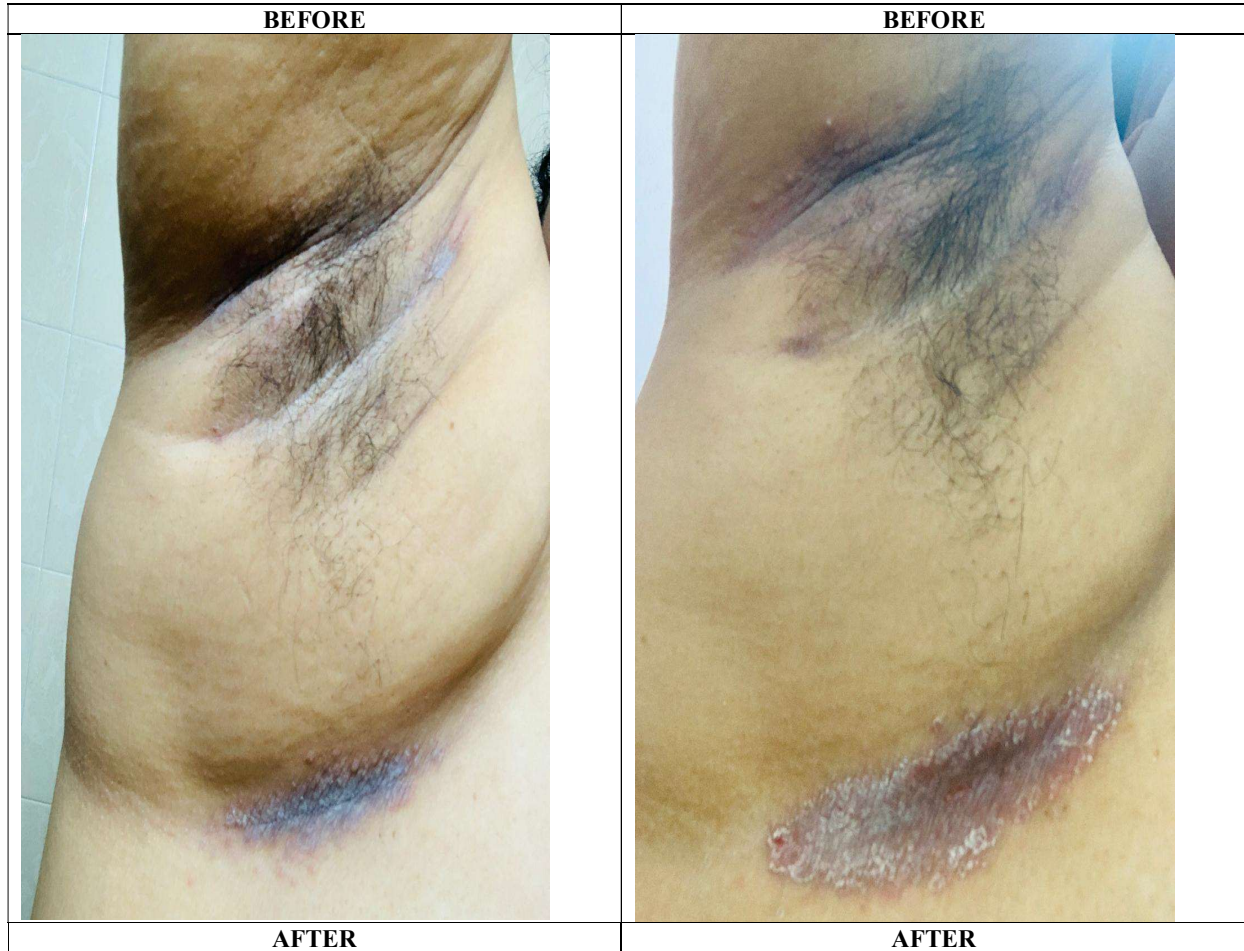
Repertorisation Chart						
11:49						
← Repertorisation						
Symptoms: 4 Remedies: 17 Applied Filter						
Remedy Name	Lyc	Nat-m	Bry	Anac	Phyt	Iod
Totality / Symptom Covered	9 / 3	8 / 4	5 / 2	4 / 2	3 / 1	2 / 2
[Kent] [Mind]Anger,irascibility (see irritability,quarrelsome):Ailments after an...	3	2				
[Boenning] [Aggravation and Amelioration]Emotions:Anger, vexation, e...	4	2	3			
[Kent] [Mind]Confidence:Want of self: (52)	2	1	2	3		1
[Kent] [Skin]Eruptions:Herpetic:Circinate: (23)		3		1	3	1

Table no. 2(Repertorisation Chart)

Rx- Natrum Muriaticum- 200 one single dose HS

Follow up after 15 days- itching redness remarkably reduced, sound sleep, offensive odour has also reduced, mentally feels calm.

PICTURES OF CONDITION BEFORE AND AFTER HAVINH HOMOEOPATHIC TREATMENT





REFERENCES

1. World Health Organization (WHO). *Dermatophytosis (Ringworm)*. World Health Organization.
2. Centers for Disease Control and Prevention (CDC). *Ringworm (Tinea)*. U.S. Department of Health and Human Services.
3. Mayo Clinic. *Ringworm (Body) – Symptoms and Causes*. Mayo Foundation for Medical Education and Research.
4. National Health Service (NHS). *Ringworm*. National Health Service, UK.
5. Habif, T. P. (2016). *Clinical Dermatology: A Color Guide to Diagnosis and Therapy* (6th ed.). Elsevier.
6. James, W. D., Berger, T. G., & Elston, D. M. (2015). *Andrews' Diseases of the Skin: Clinical Dermatology* (12th ed.). Elsevier.
7. American Academy of Dermatology Association (AAD). *Ringworm: Diagnosis and Treatment*.