e-ISSN 3050-8460
Journal of Dermatology Research

ATHENAEUM SCIENTIFIC PUBLISHERS

Letter to Editor

Clotrimazole Dusting Powder Improves Patient-Reported Outcomes in Patients with Dermatophytosis: Real World Analysis from India

Rachna Jagia[1], Pallavi Mishra[2*], Dhiraj Dhoot[2]

[1]Dr Rachna Jagia Clinic, Janakpuri, New Delhi

[2]Dermatology, Global Medical Affairs, Glenmark Pharmaceuticals Private Limited, Mumbai, India

***Correspondence author:** Pallavi Mishra, Dermatology, Global Medical Affairs, Glenmark Pharmaceuticals Private Limited, Mumbai, India; Email: Pallavi.Mishra1@glenmarkpharma.com

Citation: Jagia R, et al. Clotrimazole Dusting Powder Improves Patient-Reported Outcomes in Patients with Dermatophytosis: Real World Analysis from India. J Dermatol Res. 2026;7(1):1-3.

https://doi.org/10.46889/JDR.2026.7110

Received Date: 21-01-2026

Accepted Date: 04-02-2026

Published Date: 11-02-2026

Letter to Editor

Dear Editor,

Dermatophytes are among the most common causes of superficial fungal infections globally and are particularly prevalent in developing countries. In tropical and subtropical regions such as India, high environmental temperatures and relative humidity create favourable conditions for the persistence and spread of dermatophytosis [1]. Recent epidemiological studies from various regions of India have demonstrated a marked increase in the prevalence of cutaneous dermatophytosis over the past few years [2,3]. In addition, a shift in the spectrum of causative organisms, including the emergence of less common species, has posed new challenges in the management of these infections [4].

Clotrimazole has demonstrated established therapeutic efficacy, confirmed by both mycological cure (negative microscopy and culture) and clinical improvement, in the treatment of tinea pedis, tinea cruris, tinea corporis, pityriasis versicolor and cutaneous candidiasis. Species-specific studies have further validated its activity against *Trichophyton rubrum, Trichophyton mentagrophytes, Epidermophyton floccosum, Microsporum canis, Malassezia furfur (Pityrosporum orbiculare)* and *Candida albicans* [5].

Clotrimazole dusting powder has been reported to be effective as an adjuvant therapy in the management of superficial fungal infections [6,7]. However, data evaluating patient-reported outcomes and real-world patient perspectives regarding its use in India remain limited. To address this gap, we conducted a patient-reported outcome study to assess the clinical utility of clotrimazole dusting powder in patients with dermatophytosis.

Following approval from an independent ethics committee, this multicentric real-world study was conducted in 697 patients across 233 dermatology clinics in India. The study population predominantly comprised middle-aged individuals, with a mean age of 40.15 years and showed a male predominance (63.99%). Patients from diverse occupational backgrounds were included, reflecting the widespread and routine use of clotrimazole dusting powder across varied professional and social groups.

Patient-reported outcomes provided valuable insights into the experiences of individuals using clotrimazole dusting powder. Tinea cruris (38.59%) and tinea corporis (32.71%) were the most common indications for its prescription. All patients (100%) were aware of the reason for being prescribed the powder. The most frequently reported reasons for its use were excessive sweating associated with itching (49.78%), followed by excessive sweating alone (23.39%) and ringworm infection (13.63%). These findings highlight the preventive role of clotrimazole dusting powder in controlling perspiration, a known aggravating factor in dermatophytosis.

A large majority of patients (97.70%) reported receiving counselling on appropriate care of the affected areas. Recurrent dermatophytosis was common, with 66.71% of patients reporting repeated episodes and 64.56% having previously used clotrimazole dusting powder. The most common sites of application were the groin (58.39%), followed by the axillae (25.82%) and feet (9.47%), with some patients applying the powder to multiple anatomical sites.

With regard to tolerability, 24.25% of patients reported mild adverse effects such as burning, redness or discomfort. The recommended duration of therapy varied, with nearly half of the patients (47.06%) advised to use the powder for 1-3 months. Concomitant antifungal therapy was commonly prescribed, with 93.97% of patients receiving topical creams, lotions or oral antifungal medications in addition to the dusting powder.

In terms of effectiveness, 86.95% of patients agreed or strongly agreed that clotrimazole dusting powder effectively helped in managing their condition. Notably, 90.10% reported a reduction in nocturnal itching, resulting in improved sleep quality. Overall quality of life improved in 87.51% of patients and satisfaction levels were high, with 95.55% of patients reporting that they were satisfied or very satisfied with the treatment. Furthermore, 98.57% expressed willingness to continue using clotrimazole dusting powder.

To the best of our knowledge, this study represents the first real-world evaluation of patient-reported outcome measures associated with clotrimazole dusting powder in the management of dermatophytosis in India. Although the concomitant use of other antifungal therapies represents a limitation, the findings clearly demonstrate the clinical utility of clotrimazole dusting powder, particularly in tinea cruris and tinea corporis. The powder was well accepted across diverse demographic and occupational groups, with high levels of awareness, compliance and patient-reported effectiveness. Despite a small proportion of patients experiencing mild adverse effects, overall satisfaction and willingness to continue therapy remained high. Importantly, clotrimazole dusting powder contributed to meaningful improvements in symptoms, sleep quality and overall quality of life, reinforcing its role as a valuable adjunctive option in the management of dermatophytosis.

Keywords: Dermatophytes; Fungal Infection; Clotrimazole; Dermatophytosis

---

Conflict of Interest

Dr Rachna Jagia declare no conflict of interest with respect to the research, authorship and/or publication of this article. Dr Dhiraj Dhoot and Dr Pallavi Mishra are employees of Glenmark Pharmaceuticals Ltd.

Funding Statement

This study was funded by Glenmark Pharmaceuticals Limited. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Acknowledgement

We would like to extend our thanks to all the institutes and respective investigators and team members for their support. We also appreciate the CRO support by Auriga Research Pvt. Ltd., India for end to end clinical trial management. We also thanks Ms Prajakta Bhosale (Glenmark Pharmaceuticals) for her project management support in the study.

Data Availability Statement

Not applicable.

Ethical Statement

The study adhered to the principles of the Declaration of Helsinki, complied with applicable Indian regulatory requirements (including the New Drugs and Clinical Trials Rules, 2019), and received ethics committee approval (Approval Letter No. GSER/2024/BMR/CL/191 from Good Society Ethical Research Independent Ethics Committee, dated 20th September, 2024) prior to initiation.

Informed Consent Statement

Not applicable.

Authors' Contributions

RJ was the principal investigator of the study. PM and DD are the employees of Glenmark.

References

1. Lakshmanan A, Ganeshkumar P, Mohan SR, Hemamalini M, Madhavan R. Epidemiological and clinical pattern of dermatomycoses in rural India. Indian J Med Microbiol. 2015;33:134-6.
2. Sharma Y, Jain S, Chandra K, Khurana VK, Kudesia M. Clinico-mycological evaluation of dermatophytes and non-dermatophytes isolated from various clinical samples: A study from North India. J Res Med Sci. 2012;17:817-8.
3. Agarwal US, Saran J, Agarwal P. Clinico-mycological study of dermatophytes in a tertiary care centre in northwest India. Indian J Dermatol Venereol Leprol. 2014;80:194.
4. Sahai S, Mishra D. Change in spectrum of dermatophytes isolated from superficial mycoses cases: First report from Central India. Indian J Dermatol Venereol Leprol. 2011;77:335-6.
5. Spiekermann PH, Young MD. Clinical evaluation of clotrimazole: A broad-spectrum antifungal agent. Arch Dermatol. 1976;112(3):350-2.
6. Ongsri P, Bunyaratavej S, Leeyaphan C, Pattanaprichakul P, Ongmahutmongkol P, Ariyatanasuporn N, et al. Efficacy of antifungal cream versus powder in the treatment of fungal foot skin infection and unpleasant foot odor at a medical department of a Thai naval rating school. Southeast Asian J Trop Med Public Health. 2018;49(2):297-303.
7. Ongsri P, Bangchang NN, Saengthong-Aram P, Leeyaphan C, Pattanaprichakul P, Bunyaratavej S. Efficacy of 1% clotrimazole powder monotherapy for treating tinea cruris: A comparative randomized study. Mil Med. 2024;189(11-12):e2494-8.