

## Evidence Based Case Report on Homoeopathic Treatment of Pityriasis Versicolor

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### ABSTRACT

Pityriasis Versicolor is a common fungal skin infection<sup>[1]</sup>. It's sometimes also called as Tinea versicolor. Pityriasis versicolor causes patches of skin to change colour. The patches usually occur on the chest, upper back, upper arms, neck or tummy. The patches are flat and round and can join up to form large areas. They may look scaly and can sometimes be itchy<sup>[2]</sup>. It is a case report on pityriasis versicolor. On first visit, the patient was having white coloured spots on neck and upper chest area. Symptomatology was erected after taking the case properly and repertorization was done by synthesis repertory. The medicine was prescribed in centesimal potency and patient was better with in 3 months.

**Keywords-** Pityriasis versicolor, Homoeopathy, Fungal, Centesimal.

**Abbreviations:** Quality of life (QOL), History Of (H/O)

## I. INTRODUCTION

Tinea versicolor is a fungal infection that causes small patches of discolored spots on your skin. It's also called pityriasis versicolor. It resulted from the over activity of a type of yeast that naturally lives on your skin. When the yeast grows out of control, it causes this skin disease, which appears as a rash<sup>[3]</sup>. This fungus is part of the normal skin flora but it can cause disease when it converts to its pathogenic hyphal form. Certain environmental, genetic, and immunological factors can predispose to this pathogenic conversion and contribute to the development of disease. The fungus grows best in warm and humid conditions, that why there is higher prevalence of pityriasis versicolor in humid tropical climates. A survey in central Sweden found a 0.5% prevalence of pityriasis versicolor, whereas the prevalence is as high as 50% in tropical countries.<sup>[4][5]</sup>. The fungus can grow easily in increase sebum

production and in more lipid-rich environment therefore the significant increase in disease prevalence between childhood and adolescence, probably due to hormonal changes. The disease is also more common among adolescents and young adults who are physically active.<sup>[6]</sup> Although effective oral and topical treatment options exist, disease recurrence is common and pityriasis versicolor can have a significant impact on quality of life (QOL)

## II. SYMPTOMS

- Skin discoloration usually in patches especially on the back, chest, neck and upper arms, which may appear lighter or darker than usual.
- Mild itching.
- Scaling Pityriasis versicolor, also known as tinea versicolor, is a common fungal infection of the skin. It is caused by the yeast Malassezia, which is a normal

component of the skin flora. The condition is characterized by the development of small, discolored patches on the skin.

Here are some key features of pityriasis versicolor:

**Appearance:** The patches can be white, pink, red, tan, or brown, and they may be lighter or darker than the surrounding skin. These patches often form on the chest, back, shoulders, neck, and upper arms.

**Scaling:** The affected areas may have fine, scaly flakes or powdery scales. The scaling is more noticeable after scratching the affected skin.<sup>[7]</sup>

**Itching:** While pityriasis versicolor is generally not painful, some individuals may experience mild itching. Itching is often more pronounced when the person is sweating.

**Worsening with Sun Exposure:** The patches may become more apparent or noticeable after sun exposure because the yeast that causes the condition can interfere with the normal tanning response of the skin.

**Risk Factors:** Factors that may contribute to the development of pityriasis versicolor include hot and humid weather, excessive sweating, oily skin, and a weakened immune system.

**Diagnosis:** Often diagnosis of pityriasis versicolor based on the appearance of the skin and may confirm it by scraping off a small sample of the affected skin for microscopic examination.<sup>[8][9][10]</sup>

**Prevention:** To prevent recurrence, individuals are often advised to use antifungal cleansers regularly, especially in warm and humid climates. Wearing breathable clothing and avoiding excessive heat and sweating can also help prevent the growth of the yeast.

### III. DIFFERENTIAL DIAGNOSIS

**Seborrheic Dermatitis:** This chronic inflammatory skin condition can resemble pityriasis versicolor, especially when it occurs on the scalp or face. Seborrheic dermatitis is characterized by red, scaly patches that may be itchy.

**Vitiligo:** Vitiligo is a skin disorder that results in the loss of skin color in patches. Unlike pityriasis versicolor, vitiligo is not caused by a fungal infection and does not typically have scaling. It is characterized by depigmented, white patches on the skin.

**Tinea Corporis (Ringworm):** Ringworm is another fungal infection that can resemble pityriasis versicolor. However, ringworm often presents as a more circular or ring-shaped rash with a raised, red border.

**Post-inflammatory Hypopigmentation:** In some cases, skin discoloration may occur after inflammation or injury to the skin. This can sometimes be confused with pityriasis versicolor, especially if there is residual hypopigmentation.

**Nummular Eczema:** Nummular eczema is a type of eczema characterized by coin-shaped patches of irritated

skin. The patches can be scaly and may be mistaken for pityriasis versicolor.

**Tinea Versicolor Alba:** This is a variant of pityriasis versicolor where the patches are hypopigmented rather than hyperpigmented. It may be more challenging to distinguish from other hypopigmented conditions.

**Pityriasis Rosea:** While less likely to be confused with pityriasis versicolor, pityriasis rosea is a common, self-limiting rash that may present with scaly, pink patches. It usually has a distinctive "herald patch" and follows a characteristic pattern.

**Erythrasma:** Erythrasma is a bacterial infection that can mimic the appearance of pityriasis versicolor. It often occurs in skin folds and presents with red or brown patches.

**Contact Dermatitis:** Contact dermatitis, caused by skin exposure to irritants or allergens, can lead to redness, itching, and scaling. It may be localized to the area of contact.

### IV. MODERN TREATMENT

The disease can not considered to be contagious as the causative agent of pityriasis versicolor is a commensal fungal inhabitant of the normal skin flora. Pityriasis versicolor also not lead to either permanent scarring or any pigmentary disorders. However, in many cases, recurrence occur despite of available effective treatment.<sup>[11][12][13]</sup>. It may be treated effectively with topical and/or systemic agents. Topical medications are considered the first-line therapy . Topical treatments are divided into nonspecific antifungal agents (sulfur plus salicylic acid, selenium sulfide 2.5%, and zinc-pyrithione) that primarily remove dead tissue and prevent further invasion, and specific antifungal drugs, that have fungicidal or fungistatic effects. Antifungal agents include imidazole (clotrimazole 1%, ketoconazole 2%, econazole, isoconazole, miconazole), ciclopirox olamine 1%, and allylamine (terbinafine 1%).

### V. CASE REPORT

#### *Present Complaints:*

Mrs. A, 32 years old presented to outpatient department with White patchy discoloration over neck and chest area from last 6 months. No itching but sometimes irritation occurs. Headache from last 4 months; Aggravation- Daytime; Amelioration- Not specific Some times bursting headache.

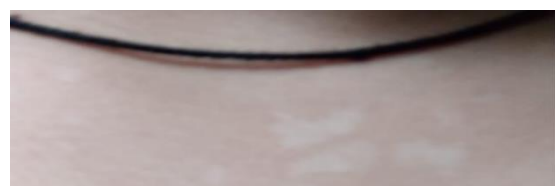


Figure 1: First visit (05/05/2022)

**Family History:**

- Father – No complaints
- Mother- No complaints
- Grandmother- Osteoarthritis
- Grandfather- osteoarthritis

**Gynaecological & Obstetrical History:**

- Menarche- 13 years
- Duration- 5-6 days
- Flow intensity- normal (more on 1st day)
- Pain- mild on 1st and 2nd day

**Past History:**

- H/O Frequent coryza (1 year ago)
- H/O Tympanic membrane rupture due to trauma in childhood

**General Symptoms:**

**Physical Generals-**

- Appetite- Normal; desire for warm food
- Thirst- increased (4-5 liters per day)
- Desire- salty food+++ , spicy food
- Aversion- fatty food
- Intolerance- milk → leading to gastric complaints
- Thermal- Hot
- Sun- Headache from Sun
- Perspiration- increased; overall
- Allergy- not as such
- Tendency- recurrent coryza
- Urine – Normal
- Sleep- Unrefreshing sleep even after full time sleep  
Anxiety at night
- Dreams- not any specific
- Stool- Constipation ( sometimes)- unsatisfactory
- Salivation- Normal

**Mental Generals-**

- Anger- Not expressive
- Stress- sensitive to even slightest trifles in family.
- Weeps Only when alone; not in front of others.
- Fear of darkness and of being alone  
Sad and depressed
- Consolation aggravation (doesn't want to speak to anyone)
- Company aversion; wants to alone; doesn't like to be with people

**Analysis of Case**

- The case is of PITYRIASIS VERSICOLOR with patient suffering from anxiety and stress.
- The patient is not so happy in marriage is and also not expressive about her sufferings and has consolation aggravation.
- Patient's thermal is hot and has sun sensitivity
- With desire for salty food

**Evaluation of Symptoms**

Mental symptoms of patient are marked:-

- Marked sensitivity; Company aversion, sad and depressed with consolation aggravation; brooding constant
- She had marked fear of darkness and being alone but more marked fear in darkness.

- Her sleep was Unrefreshing (due to mental turmoil) so given second priority
- Then the chief complaint was white patchy discoloration of skin
- Last the physical general- cold taking tendency
- Food and drink (desire and aversion).

**Totality of Symptoms**

- Complete clinical picture of patient during illness-
- White patchy discoloration on skin with mentals – sad and depressed; weeps in alone
- Mental general- Sad with company aversion (Doesn't like to interact much) broods about little happenings in life for long and consolation aggravation; fear of dark
- Physical general- Hot Patient; thirst increased; constipated; sun sensitivity; salty food desire; milk intolerance; sleep Unrefreshed (Lassitude)

**Miasmatic Approach**

- She was an oversensitive patient (she used to get affected from slightest trifles)
- Susceptibility to cold (recurrent coryza)
- Skin affections- white patchy discoloration on neck and chest.
- Sun sensitivity
- PREDOMINANT MIASM- PSORA

**Rubrics Taken**

- MIND- Company aversion to
- MIND-Fear dark of
- SLEEP-Unrefreshing
- SKIN-Discolouration -white
- GENERALS-Cold taking a-tendency
- GENERALS-Food and Drinks-milk aversion
- GENERALS-Food and Drinks-salt-desire

**Repertorial Analysis**

For repertorization Synthesis repertory<sup>[14]</sup>, Repertorium Homoeopathicum Syntheticum was used.

**Repertorization-**

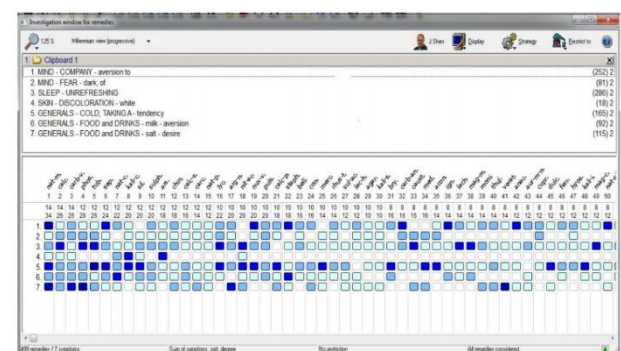


Figure 2: Repertorial chart

**Medicine Prescribed**

Natrum mur 200, single dose given followed by Sac Lac.

**Follow- Up**

1.	05/05/2022	White patchy discoloration on neck	•Sac Lac 30/TDS
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		And chest area from last 6 months Headache from last 4 months	•Natrum mur 200/ 3 dose
2.	10/06/2022	Not much improvement in patches Slight relief in headache	RubrumMet. 200/1 dose Sac Lac 30/TDS
3.	09/07/2022	Improvement in Pityriasis versicolor discoloration with Relief in headache Sleep refresh than before	RubrumMet. 200/1 dose Sac Lac 30/TDS
4.	15/07/2022	Improvement in Pityriasis versicolor with hypopigmentation in skin getting darker	Sac Lac 30/TDS



Figure 3: (During Treatment)

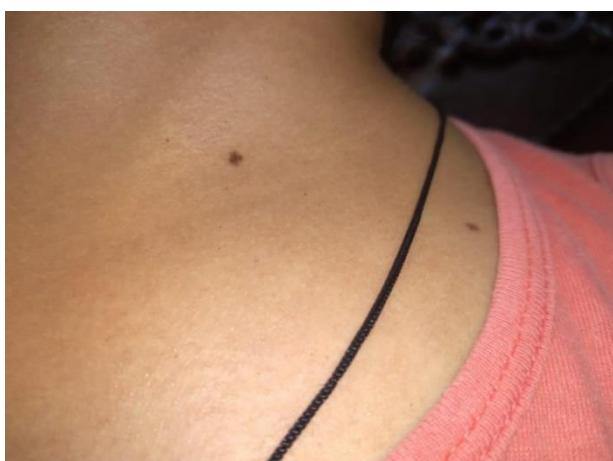


Figure 4: (After treatment)

## VI. DISCUSSION

The patient had no family history of pityriasis. A Constitutional remedy chosen after proper case taking and totality resulted in improvement of the patient. This

case report demonstrates the efficacy of Homoeopathic medicine in Pityriasis versicolor without any side effects over modern medicines.

## VII. RESULTS AND CONCLUSION

This case has showed marked improvement within 3 months of administration of constitutional homoeopathic medicine which was chosen after proper case taking. But, a single case study is not enough scientific researches required in the field for the validation of results.

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### Patient Consent

Patient consent was taken for publishing photos and case report.

### Sponsorship

Nil

### Conflict of Interest

None declared

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