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A concise overview of a successful homoeopathic treatment of Pityriasis Alba: A case report

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Abstract

Pityriasis Alba is a common, benign skin disorder consisting of characteristic round or oval hypo pigmented lesions with fine scales and occurring predominantly in children and adolescents. They are most commonly located on the face, arms, and upper trunk and are more noticeable in people with darker skin types. The exact cause was unknown. The duration of the rash is variable, lasting from several months to over a year. Here is a case of Pityriasis Alba that was successfully improved with Homoeopathic medicines, which indicates the significance of Homoeopathic medicines in the treatment of Pityriasis Alba.

Keywords: Homoeopathy, pityriasis alba, natrium arsenicosum

Introduction

"Pityriasis Alba is a prevalent, non-harmful skin condition marked by distinct round or oval lesions that are hypo-pigmented, accompanied by fine scales. It is most commonly seen in children and adolescents. The name 'Pityriasis' is derived from the presence of these fine scales, while 'alba' alludes to the pale coloration (hypopigmentation) of the lesions. Many patients with this condition have a history of atopy, and it is possible that pityriasis alba represents a minor manifestation of atopic dermatitis. Initially, the lesions may exhibit a mild redness (erythematous), which gradually transitions into a hypo-pigmented state over time [1].

Prevalence

"Pityriasis alba predominantly affects the pediatric and adolescent population, with an estimated occurrence rate of approximately 2 to 5 percent among children. It is most commonly observed in youngsters aged between 6 and 12 years. Notably, this condition is frequently found in children who also have atopic dermatitis, a skin condition characterized by itching and inflammation. Pityriasis alba tends to manifest in children who frequently engage in hot baths or have sun exposure without sunscreen. However, it remains uncertain whether these factors play a causal role in the development of this skin condition [2, 4].

Cause

The cause of Pityriasis Alba is unknown, although it has been regarded as a manifestation of another skin disorder called atopic dermatitis [2].

Clinical Features

Common Location: These lesions are typically found on the face, arms, and upper trunk and tend to be more conspicuous in individuals with darker skin tones. Sun exposure can highlight these skin abnormalities [1].

Lesion Characteristics: The lesions may exhibit round, oval, or irregular shapes and can appear in shades of red, pink, or skin-colored. Multiple patches can often be observed concurrently, primarily on the face and arms. The duration of the rash can vary, lasting from several months to over a year [2].

Color Transformation: Over time, pale pink or red spots may gradually transition into patches with lighter pigmentation.

While these patches usually resolve within a few months, they may persist for several years in some instances. They become particularly noticeable during the summer months when the surrounding skin darkens due to tanning. Interestingly, the pityriasis patches do not undergo this tan-related change [2].

Characteristics of Pigmented Area: This condition is characterized by areas of superficial pigmentation that may exhibit light scaling. The shape of these areas can be circinate (circular) or ovate (oval), and in some cases, they may have irregular borders. These borders are especially distinct when the condition occurs in individuals with deeply pigmented skin [3, 5].

Histo Pathological Features

- The microscopic features of pityriasis alba are those of a mild, chronic, nonspecific dermatitis with decreased melanin production.
- Several nonspecific histopathological features have been described. These include hyperkeratosis, parakeratosis, acanthosis, spongiosis, and perivascular infiltrates. These include irregular or markedly reduced melanin in the basal layer, no significant decrease in melanocyte count, and reduced number of active melanocytes with a decreased number and size of melanosomes [3].

History of the Patient

The patient or family history may include

- Atopic dermatitis
- Allergic rhinitis
- Asthma [3].

Physical Examination

- Physical examination reveals multiple round or oval-shaped hypopigmented macules or patches (or thin papules and plaques) with indistinct margins.
- There may be mild erythema and/or scaling.
- The lesions most commonly number from four to 20, measure 0.5 cm - 5 cm in size, and are distributed predominantly on the face, neck, upper arms, and upper trunk [3].

Diagnosis

- **Clinical Diagnosis:** Typically, diagnosis relies primarily on clinical signs and symptoms. While a biopsy can be conducted, it often reveals unremarkable changes when examined under a microscope [2].
- **Biopsy Findings:** Although specific diagnostic criteria do not exist, particular features in a biopsy sample obtained from a characteristic skin lesion can suggest the diagnosis. These features encompass irregular or significantly reduced melanin in the basal layer, an absence of substantial decreases in melanocyte count,

and a reduced number of active melanocytes characterized by a diminished number and size of melanosomes [3].

Differential Diagnosis

- **Atopic dermatitis:** Atopic dermatitis, often referred to as eczema, is a chronic (long-lasting) disease that causes inflammation, redness, and irritation of the skin. It's common in young children but can occur at any age [6].
- **Mycosis fungoides:** Mycosis fungoides is the most common form of a type of black skin. Patches are most commonly found on the lower abdomen, upper thighs, buttocks, and breasts. Mycosis fungoides usually occurs in adults over age 50 [7].
- **Vitiligo:** It is an autoimmune caused by the lack of a pigment called melanin in the skin. More common around the mouth, eyes, fingers, wrists, armpits and groin [8].
- **Leprosy:** Hansen's disease, is a chronic infectious disease caused by Mycobacterium leprae. Clinical diagnosis points are (1) definite loss of sensation in a pale (hypopigmented) or reddish skin patch; (2) thickened or enlarged peripheral nerve, with loss of sensation and/or weakness of the muscles supplied by that nerve; (3) microscopic detection of bacilli in a slit-skin smear [9].

"A Wood lamp examination can be valuable in distinguishing between pityriasis alba and pityriasis versicolor. In the case of pityriasis versicolor, the application of potassium hydroxide reveals the presence of spores and hyphae, which are not found in pityriasis alba [3]."

General management

"Pityriasis alba is a self-limiting condition that poses no significant health risks. To manage it, a healthcare provider should advise individuals to take measures to reduce exposure to potential triggers, such as limiting sun exposure, using sunscreen regularly, and avoiding hot water baths [3]."

Personal Data

Name: Mr. XYYY

Age: 45

Sex: Male

Religion: Hindu Education: SSLC

Occupation: Daily wages

Marital status: Married

Presenting Complaints

A 45 years old male reported with complaints of whitish round shaped discoloration all over the back since one and half year.< warm bath

Table 1: Presenting Complaints

Location and Duration	Sensation and Pathology	Modalities	Concomitants IF Any
Skin: (Back- All over the back from upper to lower medial to lateral parts) Since one year	-Whitish round shape non elevated skin patches	< warm bath	

History of presenting complaints

Patient was apparently well before one year. Initially it started as whitish round shape non elevated patches in the

neck and then it spread to all over the whole part of back from upper to lower and medial to lateral parts. Complaints get increased by warm bathing and there is no itching. He

took allopathic treatment for 4 months but no relief. There is no pain, eruptions or any discharges.

Life Space investigation

He was born in a lower socioeconomic status. His father worked as a daily wage laborer, while his mother took care of the household. He was the eldest son in his family and had one younger brother. Because of his family's financial situation, he could not to continue his education after completing the 11th grade. He began working in coal mines, but by the age of 21, he developed asthmatic problems, prompting him to return to his hometown.

After returning to his native place, he decided to work as a shopkeeper. He got married at the age of 27 and had two children. His wife was exceptionally friendly and kind, which brought him immense happiness in his family life. Tragically, his father passed away at the age of 67 due to an accident, but his mother remained alive and continued to live with him.

He does not have much interest to do work but for the family financial support he finish his work on time with accountable. He faced significant stress in his work by waking up daily at 4 am to prepare for the day at his shop. His employer imposed heavy workloads on him. His son never obeys his words. That's make him constantly worried about his work and his son's future life and studies. Sometimes he suffers with headache. During headache he does not like to do work. He was unwavering in his commitments about his family. Which made him quite emotional, often leading to sleepless nights.

Past History: Asthma at the age of 21 treated with allopathy relieved.

Family History

Father: Asthma **Mother:** Hypertension

Mental Generals

- Strong responsibility
- Emotional
- Worry

Physical Generals

Sleep disturbed due to worry all other Generals is good, normal and regular.

Reaction

- **Desire:** Sweets
- **Aversion:** Starchy foods, Coverings

Systemic Examination

Skin

Inspection: Whitish round shape discoloration present in back from upper part to lower part. No swelling present. No eruption present. No abnormal discharge present.

Palpation: No tenderness present. No local warmth present.

Totality Of symptoms

- Strong responsibility++
- Emotional and worry about his son++
- During headache aversion to work
- **Desire:** sweets+
- **Aversion:** starchy foods, Covering
- **Sleep:** Disturbed (Due to worry about the future of his son and he never obey his words)
- Sensitivity to cold (Tendency to take cold easily)
- Whitish discoloration of back
- **Past history:** Asthmatic complaints from working in a coal mine

Remedy	Nat-ar	Phos	Sulph	Lyc	Nat-m	Kali-s	Art	Calc	Si	Graph	Sep	Pls
Totality	20	26	23	21	19	15	24	23	22	21	21	20
Symptoms Covered	10	8	8	8	8	8	7	7	7	7	7	7
Kingdom												
[Complete] [Mind]RESPONSIBILITY:Strong, or too: (68)	1			1	1	1		3				1
[Complete] [Mind]INDOLENCE, AVERSION TO WORK:Headache, during: (21)	2	2								1	1	
[Complete] [Generalities]FOOD AND DRINKS:Sweets:Desires: (300)	1	3	4	4	2	1	2	3	1	4	3	3
[Complete] [Generalities]FOOD AND DRINKS:Farinaceous food, starchy:Aversion:...	1	3	1	1	1	3	3					
[Complete] [Sleep]DISTURBED:Excitement, emotional, agg: (343)	1	3	3	3	4	1	4	3	4	2	3	4
[Complete] [Sleep]SLEEPLESSNESS:Night: (420)	4	4	4	4	3	4	4	4	4	3	4	4
[Complete] [Respiration]ASTHMATIC:Miners asthma, from coal dust: (5)	3		3						3			
[Complete] [Skin]PITYRIASIS: (53)	1	3	1	1	1	1	3	3	3	4	3	1
[Complete] [Generalities]COLD TAKING, BECOMING:Easily: (293)	4	4	4	4	4	1	4	4	4	4	4	4
[Complete] [Generalities]WHITENESS, PALENESS OF PARTS USUALLY RED: (452)	2	4	3	3	3	3	4	3	3	3	3	3

Provisional Diagnosis

1. Pityriasis Alba
2. Pityriasis versicolor

Final diagnosis: Pityriasis Alba

Prescription for one week

Natrium Arsenicosum 30 / 1 DOSE (Early morning empty stomach) Blank PILLS (3-3-3)
Blank Tablets (1-0-1)

Progress and follow up: The final outcome and possible causal attribution of the changes, in this case, were assessed using the ‘Modified Naranjo Criteria’ as proposed by HPUS Clinical data Working Group (2020) [10]. The total score of outcome, in this case, was 10, which was close to the maximum score of 13 as per Modified Naranjo Criteria. This case report is an evidence for significant role of individualized homeopathic medicines in Pityriasis Alba.

Per Modified Naranjo Criteria

Table 2: Naranjo Criteria

Assessment by Modified Naranjo Criteria score				
Item	Yes	No	Not Sure N/A	Score
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2			2
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1			1
3. Was there a homoeopathic aggravation of symptoms?		0		0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, Improved or changed)?	+1			1
5. Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+1			1
6A. Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?		0		0
6B. Direction of cure: Did at least two of the following aspects apply to the order of improvement in symptoms - from organs of more importance to those of less importance? - from deeper to more superficial aspects of the individual? - from the top downwards?		0		0
7. Did old symptoms (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1			1
8. Are there alternate causes (other than the medicine) that with a high probability – could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant intervention)		+1		1
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test and clinical observation.)	+2			2
10. Did repeat dosing, if conducted, create similar clinical improvement	+1			1
Total				10

Table 3: Follow up

Date	Symptoms	Prescription
31-11-2022	Whitish round shaped spots still present. Old Asthmatic complaints reappear.	Natrium Arsenicosum 30 / 1 Dose (Early morning empty stomach) Blank Pills (3-3-3) Blank Tablets(1-0-1) For two weeks
13-12-2022	Whitish round shaped spots slightly lighter. No new spots Asthmatic complaints relieved.	Natrium Arsenicosum 30 / 1 dose (early morning empty stomach) blank pills (3-3-3) blank tablets(1-0-1) for two weeks
27-12-2022	Whitish round shaped Spots on the lower part of back comes in to normal color No new spots	Natrium Arsenicosum 30 / 1 dose (early morning empty stomach) blank pills(3-3-3) blank tablets(1-0-1) for two weeks
11-1-2023	Whitish round shaped Spots on the upper part of back lighter greatly.	Natrium Arsenicosum 30 / 1 dose (early morning empty stomach) blank pills(3-3-3) blank tablets (1-0-1) for two weeks
25-1-2023	- Complete disappearance of hypo pigmented spots. - Normal skin color restored	Sacrum Lacticum / 1 dose (Early morning empty stomach) Blank pills (3-3-3) blank tablets (1-0-1) for two weeks



Fig 1: Before Treatment (24-11-2022) Fig 2: During Treatment (27-12-2022) Fig 3: After Treatment (25-1-2023)

Discussion

Homeopathy is a therapeutic system that prioritizes the treatment of the entire patient rather than solely focusing on the disease itself. According to the Hahnemannian classification, certain conditions fall into the category of local diseases. These conditions require a tailored approach involving the use of appropriate antipsoric remedies. Dr.

Hahnemann, in his work on Chronic Diseases, emphasized that the human skin doesn't undergo changes independently; rather, its condition is closely intertwined with the well-being of the entire organism. Skin ailments are often a manifestation induced and compelled by the general diseased state or the absence of normality in the whole body [11].

Conclusion

Pityriasis alba can be successfully improved with homoeopathic medicines based on detailed individual case analysis. Homeopathic treatment has shown the ability to improve pityriasis alba. Homeopathic medicines treat the individual as whole. Hence the case report shows marked improvement in the skin complaints of the patient.

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