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Pityriasis rosea: Rapid resolution with individualized homoeopathic treatment

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Abstract
Pityriasis rosea (PR) is a common and self-limiting skin condition, primarily seen in children and young adults. *Pityriasis rosea*, is also known as pityriasis circinata. It typically begins with a solitary lesion known as the "herald patch," followed by multiple smaller eruptions along the cleavage lines of the trunk, forming the characteristic "Christmas tree" pattern. Though its exact etiology is unknown, a viral trigger is suspected. While itching may be present in various intensities, some patients are asymptomatic. Treatment is generally supportive, focusing on relieving itching with antihistamines, topical *corticosteroids*, or natural skin-soothing agents. Most cases are known to resolve within 6 to 10 weeks. However, this case study presents a 38-year-old male patient with classical *Pityriasis rosea*, treated successfully using individualized homoeopathic medicine Apis mellifica, resulting in rapid symptomatic relief and lesion resolution within 2 weeks of treatment.

Keywords: *Pityriasis rosea*, pityriasis circinata, herald patch, Apis mellifica, homoeopathy

Introduction
Pityriasis rosea, first described by Gibert in the 1860's, derives its name from a Greek word *"pityriasis"* (scaling) and *"rosea"* (pink), as recorded in Fitzpatrick's dermatology. It is an acute, self-limiting skin eruption predominantly seen in individuals aged 10-35 years. The disease typically begins with a single salmon-colored plaque, known as "herald patch" followed later by a widespread rash oriented along Langer's lines, resembling a Christmas tree.
Oakley *et al*., DermNet NZ; gives a precise description of the Herald Patch, as a 2-5 cm oval, scaly plaque, with a trailing edge, with collarette scaling. The eruption predominantly affects the trunk and resolves spontaneously in 6-10 weeks. While often asymptomatic, some patients experience moderate to severe pruritus. The suspected etiology includes viral infections, autoimmune tendencies, and environmental triggers.

Etiology
The etiology remains unclear, however features like seasonal variation and community clustering suggest that it is an infectious disease. Infections like viruses, bacteria, and spirochetes, as well as non-infective causes like atopy and autoimmunity are known causes of PR. Upper respiratory tract infections that precede PR suggest that streptococcus plays a role in developing this condition, as stated by in the '*Pityriasis rosea*' by Litchman, Nair, Syed, & Le (2024) [4].
The etiological factors as summarised by Zawar V, Chuh A in the Indian Journal of Dermatology are:

- Rosea is most common in teenagers and young adults (10-35 year-olds), however it can affect people of any age.
- Occurs more often in women.
- Approximate incidence of 0.5% to 2%.
- May be more common in spring and autumn.

Conventional Treatment / Management
PR is a self-limiting exanthematous disease. Besides the general measures like using moisturizers, bathing with soap alternatives, and cautiously exposing skin to sunlight without burning, some specific treatments may also be used. As noted in Litchman, Nair, Syed, & Le

(2024) [4], most patients are seen to respond to emollients, antihistamines, and topical steroids. Macrolides and acyclovir lead to faster resolution of lesions and help to relieve pruritus. Narrowband ultraviolet B therapy is also used; it alters the immune response in the skin and has shown favorable results in patients.

As recorded in DermNet, treatment includes topical and oral steroids besides antihistamines etc. the time frame for recovery for *Pityriasis rosea* is about 6-10 weeks after which skin discoloration may persist for a few months before returning to normal.

Materials and Methods-Case report

A 38-year-old male came down with sudden onset of circular, inflamed eruptions with moderate to severe itching on the trunk**.** Initially patient suspected to have an allergic component, but as itching increased and rash spread on back and chest, the patient consulted his company physician and was diagnosed with *Pityriasis rosea*. He was prescribed antihistamines and a topical steroid (one-month course), with an estimated recovery period of 2-3 months. Patient opted to take only antihistamines and declined the steroidal long course treatment. With no relief in the itching component, despite antihistamines for 4 days, and considering spread on the entire torso, back and chest, the young man decided to seek homoeopathic care due to prior successful experiences for other complaints and thus stopped all allopathy medicines.

Clinical Presentation

At the onset, the patient presented with circular inflamed eruptions with itching of moderate to severe intensity on the back and chest since 7 days. Patient complained of much itching with burning and stinging sensation. Also experienced sensation of heat around lesions.

- Tingling or smarting at the edge of lesions.< Heat, warm rooms, bathing, exertion
- < Touch, friction, scratching
- > Cold applications, fresh air

Table 1: LSMC TABLE

Location	Sensation	Modality	Concomitant
Trunk, especially back, chest, abdomen Since 7 days Lesions along cleavage lines ("Christmas tree pattern")	Inflammation +++ • Burning, stinging, and itching • Feeling of heat around lesions • Tingling or smarting at the edge of lesions Collarette Scaling++	• < Heat, warm rooms, bathing, exertion • < Touch, friction, scratching • > Cold applications, fresh air	

On interrogation on life space, no particular event was observed, only general work stress on and off, but current situation caused much anxiety about health with restlessness, irritability and hypersensitivity to environmental stimuli especially heat.

Physical Generals

- **Thirst:** Thirst less
- **Appetite:** Normal
- **Craving /aversion-**Nothing significant
- **Sleep/Rest:** Disturbed due to discomfort

Physicals Findings

- **Temperature:** Afebrile
- **Pulse:**74b /min

The diagnosis of *Pytiriasis rosea* was confirmed as per the below diagnostic guidelines.

Table 1: Diagnostic criteria of pityriasis rosea[44]

Essential clinical features:

1. Discrete circular or oval lesions
2. Scaling on most lesions
3. Peripheral collarette scaling with central clearance on at least two lesions

Optional clinical features (at least one has to be present):

1. Truncal and proximal limb distribution, with less than 10% of lesions distal to mid-upper-arm and mid-thigh
2. Orientation of most lesions along direction of the ribs
3. A herald patch (not necessarily the largest) appearing at least two days before the generalized eruption

Exclusional clinical features:

1. Multiple small vesicles at the center of two or more lesions
2. Most lesions on palmar or plantar skin surfaces
3. Clinical or serological evidence of secondary syphilis

{Table 1 is reproduced from Chuh[44] with permission}

Fig 1: Diagnostic Criteria for *Pityriasis rosea*

Totality of Symptoms

- Acute onset

- Burning, stinging eruptions
- Puffy, red, inflamed skin
- < Heat, > Cold
- Thirstlessness
- Restlessness,
- Anxiety health,
- Irritability.

Prescription

Medicine: Based on the above totality**,** Apis *mellifica* 30C was prescribed.

Dose: 3 doses in water, day 1, followed by two more doses on day 3 and day 5 based on symptom monitoring.

Follow-Up and Result

(Treatment Timeline and Clinical Progress)

- **Day 1:** Patient was prescribed *Apis mellifica* 30C, 3 doses in water.
- **Within 24 hours:** Approximately 40% reduction in itching and burning sensation was reported.
- By 48 hours:
  Overall 50% improvement noted in itching and burning. Two more doses of Apis mellifica 30C were administered in water.

By Day 5

- 70% reduction in itching
- 70% reduction in burning and smarting sensation
- Inflammation surrounding the eruptions had subsided by 50%
- Lesions appeared dull pink and less raised
- Scalling was visible
- Two more doses of Apis mellifica 30C in water were given.

By Day 10

a. 90% fading of skin eruptions
b. Patient was asymptomatic
c. No further medication was administered.

By Day 15

a. Complete resolution of all skin lesions
b. Skin appeared clear and normal, with a little residual dry scaling.

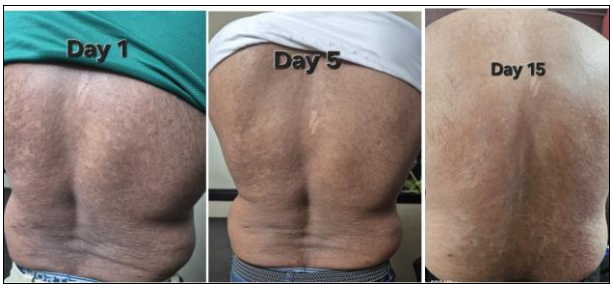

Fig 2: Recovery timeline-Day 1, Day5, Day 15

Discussion

This case highlights the effectiveness of *Apis mellifica* in managing acute dermatological conditions like *Pityriasis rosea*. The selection was based on the simillimum reflecting physical sensations, modalities, mental state, and general symptoms. Homoeopathy offered a safe, rapid, and non-suppressive approach without the side effects of prolonged steroid use.

Conclusion

Homoeopathy, when prescribed on the basis of individualizing totality, can offer quick and gentle relief in acute dermatological conditions such as *Pityriasis rosea*. This case demonstrates the potential of *Apis mellifica* as a valuable remedy in managing inflammatory skin disorders with prominent burning, stinging, and hypersensitivity symptoms.

Conflict of Interest

Not available

Financial Support

Not available

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