



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2025; 9(3): 761-763
Received: 20-07-2025
Accepted: 25-08-2025

Akanksha Mishra
BHMS, MD, Psychaitry,
Assistant Professor,
Department of OBGY PIHR,
Parul University, Vadodara,
Gujarat, India

Pityriasis Alba in child cured by homeopathic therapy: A case report

Akanksha Mishra

DOI : <https://www.doi.org/10.33545/26164485.2025.v9.i4.L.1995>

Abstract

Pityriasis alba is a frequently observed non-serious dermatological condition. These are two uncommon variants that exist, like a pigmented type and an extensive type. Extensive pityriasis in Alba is rare. A pigmented type more persistent, more generalized, more symmetrical, and more persistent, more generalized, more symmetrical, and more frequently seen over the face, cheeks, and trunks. This report describes the improvement of a case of Pityriasis alba in one month of homeopathic management approach.

Keywords: Pityriasis alba, hypo pigmentation, homeopathic therapy, tinea alba

Introduction

It is a common disease usually seen in children. The morphology of Pityriasis alba is characterized by scaly hypo pigmented macule¹. It is a common cutaneous disorder usually asymptomatic, hypo-pigmented macule with or without mild scaling are its presenting lesions². It occurs on face as a rounded scaly patch of 0.5 to 2 cm in diameter having red or pink colour with loss of natural skin colour. Later the colour starts fading and there is loss of pigmentation within the patch³. There is minute scaling. This hypo pigmented patch is more evident in dark skins. The patches are, and mainly limited to the face, though the neck, chest and forearms may also be involved⁴.

Causes of Tinea (Pityriasis) Alba^[5, 6]

The precise etiology remains unidentified for Tinea Alba. Contributing factors include: Humid climate, heat, detergent and soaps, stress, dry skin, deficiency of vitamins and calcium, worms and parasites.

Risk Factor Pityriasis (Tinea Alba)^[7, 8, 9]

Age- Pityriasis alba is most common in children and adolescents. It occurs in approximately 2 to 5 percent of children. It's most frequently seen in children between the ages of 6 and 12 years. It's also very common in children with atopic dermatitis, an itchy inflammation of the skin.

Heat-Pityriasis alba often appears in children who take hot baths frequently or who are exposed to the sun without sunscreen. However, it's unclear if these factors cause the skin condition.

Humid climate - precipitates dryness of the skins

Skin soaps - without knowing, children and young adults may have acute reactions to skin soaps which they are not usually using

Asthma - skin asthma has manifestations similar to the symptoms of Pityriasis alba

Clothing detergents - some products are not hypoallergenic that it can result to skin irritation thus leading skin disorders

Case History

It is a case of 7-11-2023, a fair skinned complexion child 6 years of age presented with white spot patchy like eruption on left side cheeks for last 4 month. He is intelligent, craving sweets, fats, meats, and pickles. Thirst excessive, Constipation alternate days, frequent urination, sometimes very anxious about study. No other symptoms marked or noticeable.

Corresponding Author:
Akanksha Mishra
BHMS, MD, Psychaitry,
Assistant Professor,
Department of OBGY PIHR,
Parul University, Vadodara,
Gujarat, India

Medical History-A moisturising cream may improve the dry appearance. Some allopathic physician prescribed calamine lotion & light liquid paraffin lotion (Moisturex calm lotion)

Physical Generals Symptoms

- Appearance - fair complexion, hypopigmented macules (spot) left side cheeks (face).
- Appetite - good
- Desire - craving pickles, sweets, meat
- Thermal -hot
- Thirst-normal
- Sleep- good sleep
- Dream - no significant
- Perspiration - profuse no smell
- Stool- constipated alternate days, sometimes to be hard, no strain
- Urine - after drink of water frequent urination

- Mental Generals Symptoms - anxious about study
- Miasmatic Analysis - psora, sycosis, syphilis, tuberculosis
- Family History - No history pityriasis in family member

Totality of Symptoms

- Fair complexion, hypopigmented macules (spot) left side cheeks (face).
- face eruption skin Dryness
- Eruption on face white burning and itching
- face discolouration of skin white spot
- Stomach craving for candy sweet
- Stomach craving for meat
- Stomach craving for pickles
- Stool constipation alternate day

Diagnosis - Pityriasis (tinea Alba)

Repertorial Analysis

Repertorisation						
Symptoms: 8 Remedies: 67 Applied Filter						
Remedy Name	Sulph	Ars	Calc	Merc	Mag-c	Am-c
Totality / Symptom Covered	11 / 7	9 / 3	6 / 2	5 / 3	5 / 2	4 / 2
[Kent] [Face]Eruptions (see skin):Dry: (6)		3				
[Kent] [Face]Dryness (see skin): (9)	1	3				
[Boenning] [Stool]Constipation:On alternate days: (20)	3		4	2	3	
[Kent] [Skin]Discoloration:White:Spots: (4)	2	3	2	2		1
Repertorisation						
Symptoms: 8 Remedies: 67 Applied Filter						
Remedy Name	Sulph	Ars	Calc	Merc	Mag-c	Am-c
Totality / Symptom Covered	11 / 7	9 / 3	6 / 2	5 / 3	5 / 2	4 / 2
[Kent] [Skin]Eruptions:Rash (see granular):Close,white,with burning:An...	1					
[Special] [Obesity]Stomach:Desires:Candies, s...	1					3
[Kent] [Stomach]Desires:Pickles: (10)	2					
[Kent] [Stomach]Desires:Meat: (20)	1			1	2	

Prescription-

First Prescription (07-1-2024)

Rx,

Sulphur 200/ 2 doses followed by placebo for 1 month

Follow Up- (12-02-2024) notable clinical improvement.

Rx,

Sulphur 200/ 1 dose followed by placebo for 1 month.

Result

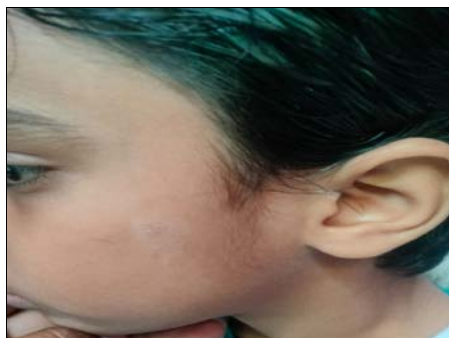
Repertorisation was done by using the software Hompath software mobile app, using Kent's Repertory giving priority to mental generals followed by particular symptoms.

After reportorial analysis, sulphur covered maximum marks i.e. 11/7. Sulphur was prescribed after consultation with

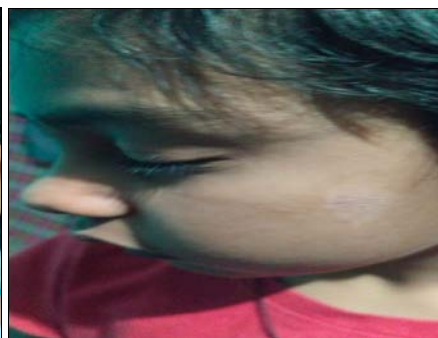
Materia Medica.

Hypo- pigmented patch on the left cheek face partially disappeared within a period of 1 months of homoeopathic management approach.

After management approach patient picture -



Before prescription patient picture



After 1st follow-up

Discussion^[10, 11, 12]

The the patient reported hypo-pigmented patch on left side cheeks. There was no family history of Pityriasis alba or other benign skin disease in the family. This case treated with individualized homoeopathic medicine showed resolution of pigmentation of skin of left side cheeks.

As there is no effective management approach in conventional medicine, a substantial number of Pityriasis alba patients resort to Complementary and alternative medicine (CAM). Patient's choice of management approach gave positive response through homoeopathic management approach

Conclusion

This study highlights homoeopathic management approach as a promising complementary or alternative therapy and emphasizes the need of repertorisation in individualized homoeopathic prescription. This case shows a positive role of homeopathic therapy in treating Pityriasis alba. However, this is a single case study and requires well designed studies which may be taken up for future scientific validation.

References

1. Al-Refu K. Dermoscopy is a new diagnostic tool in diagnosis of common hypopigmented macular disease: a descriptive study. *Dermatology Reports*. 2018;11(1):7916. doi:10.4081/dr.2018.7916.
2. Miazek N, Michalek I, Pawlowska-Kisiel M, Olszewska M, Rudnicka L. Pityriasis alba common disease, enigmatic entity: up-to-date review of the literature. *Pediatr Dermatol*. 2015;32(6):786-791. doi:10.1111/pde.12683.
3. Karanfilian KM, Behbahani S, Lambert MW, *et al*. The pathophysiology of *Pityriasis alba*: time-dependent histologic changes. *Clin Dermatol*. 2020;38(3):354-356. doi:10.1016/j.clindermatol.2019.07.002.
4. Jadotte YT, Janniger CK. *Pityriasis alba* revisited: perspectives on an enigmatic disorder of childhood. *Cutis*. 2011;87(2):66-72.
5. Swami S. Alternative medical management of localized skin hypopigmentation by homeopathic medicine - a breakthrough in medical management. *World Journal of Pharmaceutical Research*. 2016;5(2):699-704.
6. Boon A, College NR, Walker BR. Davidson's

principles and practice of medicine. 21st ed. Edinburgh: Churchill Livingstone Elsevier; 2010. p. 1-1200.

7. Vinod S, Singh G, Dash K, Grover S. Clinic-epidemiological study of *Pityriasis alba*. *Indian J Dermatol Venereol Leprol*. 2002;68(6):338-340.
8. Khanna N. Illustrated synopsis of dermatology and sexually transmitted diseases. 5th ed. New Delhi: Elsevier Relx India Pvt. Ltd.; 2006. p. 1-350.
9. Jassim HM. *Pityriasis alba*: an epidemiological and clinical study. *International Journal of Advance Research*. 2020;8(5):875-880.
10. Dey S. Essentials of practice and practice of homeopathic therapy. 3rd ed. Kolkata: Smt. Parana Bhattacharya; 2009. p. 1-250.
11. Dewan D, Taneja D, Singh U, Mittal R, Khurana A. Homoeopathic research in vitiligo: current scenario. *Indian J Res Homoeopathy*. 2017;11(4):226-236.
12. Hahnemann S. Organon of medicine. 26th impression. New Delhi: B. Jain Publishers Ltd.; 2011. p. 1-53.

How to Cite This Article

Mishra A. Pityriasis alba in child cured by homeopathic therapy: A case report. *International Journal of Homoeopathic Sciences* 2025; 9(3): 761-763.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-Share Alike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.