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## Role of Homoeopathic Medicine in the treatment of Pityriasis Alba: A case report

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### Abstract

Hypo-pigmentation of skin, although is not a life threatening disease, but is considered to be a social stigma, so invariably associated with significant psychological trauma and social isolation<sup>[1]</sup>. Pityriasis Alba is one of the cause of secondary hypo-pigmentation. Others include Pityriasis Versicolour, Idiopathic Guttate Hypomelanosis, Phenylketonuria etc. It is a type of eczema presenting as depigmented areas on the face, particularly in children, with or without scale<sup>[2]</sup>. Even though it is commonly encountered in dermatological practice, there is paucity of Indian studies on the subject.<sup>3</sup>A case presented in this paper of 23 years old female suffering from Pityriasis Alba of 3 months duration. The lesion started with a reddish popular lesion on lateral aspect both the elbow joint. In 3-4 days, it started converting into pale patches. An individualized homoeopathic medicine, *Ignatia Amara* was prescribed followed by *Bacillinum* which showed complete resolution of the disease. This case report suggests homoeopathic treatment as a promising complementary or alternative therapy in such type of skin lesion.

**Keywords:** Pityriasis Alba, Quality of life, Homoeopathy, Case report

### Introduction

The changes in Community Medicine discipline over the period can be attributed to the changing epidemiological scenario of public health problems and advancement of knowledge and skills to manage them<sup>[2]</sup>.

The Homoeopathic Medical Educational Institutes have the dual responsibility of producing capable medical graduates and providing quality medical care to the people. Both go hand in hand as skills of medical teachers/students are upgraded by way of getting involved in medical practices hands-on exposure. There is a recent trend away from problem-based learning to case-based learning. The present article aims to reform the current teaching of Community Medicine in Homoeopathy at undergraduate level and an attempt to understand the need for post-graduation specialisation in Homoeopathic Community Medicine and to present a framework of recommendations for bringing in a paradigm shift in the teaching strategies and status assigned to Community Medicine in Homoeopathy as a subject.

### Perception and Education

The morphology of Pityriasis Alba is characterized by scaly hypo pigmented macule<sup>[4]</sup>. It is a common cutaneous disorder usually asymptomatic, hypo-pigmented macules with or without mild scaling are its presenting lesions. Its etiology and pathogenesis are still poorly understood<sup>[5]</sup>. Homoeopathy signifies a system of treatment in which the prescription is based on the similarities of symptoms of the patient, to those of a drug as obtained during proving of the drug on healthy human beings. Diagnosing Pityriasis Alba through clinical examination and rule out the local symptoms. Dr. Samuel Hahnemann says in the Organ on of Medicine that disease is the dynamic derangement of the vital dynamism by the dynamic influence of the disease producing agent<sup>[6]</sup>. Evidences in support of individualized homoeopathic treatment of Pityriasis Alba remains compromised; only single case review could be identified after a careful search in different electronic databases<sup>[7]</sup>. As stated by Dr. Hahnemann in his Organ on of Medicine in Aphorism 1, "The physician's high and only mission is to restore the sick to health, to cure, as it is termed."<sup>8</sup> Here another case report is presented. The cure of the following case gives a positive indication for homoeopathy.

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**Case proper**

**Patient’s detail:** A 23 year old female, fair complexion of average height came to Out Patient Department (OPD) of National Institute of Homoeopathy on 6<sup>th</sup> of January, 2021 with complaints of hypo-pigmented patches on the antero-lateral aspect of elbow joint for 3 months.

**History of Present Complaints:** Onset was sudden with reddish popular patch which gradually changed into white patches in 3-4 days. Slight itching was present on touch. No treatment was taken for that.

**Past History:** Measles and scabies found at an early age, both were cured by homeopathy.

**Family History:** She belongs to a middle class, well-educated family. Tuberculosis in the family history of the patient is seen. During intrauterine life, her mother was continuously under mental stress.

**General symptoms:** The patient was short tempered, nervous temperament, mild disposition. Appetite is good, cannot control hunger. Desire for rich food. Thirst is normal. Stool is regular but not at fixed time. The patient is thermally hot. Sweat profuse especially on face. Sleep is

good and refreshing. Menstrual history showed nothing abnormal.

The patient is lively and enjoys every part of life. She gets easily angered when someone contraindicates her views. She hesitated in sharing her problems with anyone. Negative thoughts always come in her mind.

**Totality of symptoms**

- Sensitive, easily angered nature.
- Lively
- Bad effects of anger and grief, broods in solitude over imaginary troubles.
- Contradiction excites anger.
- Ill effects from suppressed mental suffering.
- Appetite is good, cannot control hunger.
- Perspiration on face.
- Hypo pigmented patch on the lateral aspect of both elbows
- Thermally hot

**Timeline:** The duration of treatment was 2 months. Patient came to the Outpatient Department on January 6, 2021 with evidence of Pityriasis Alba of Elbow Joint and complete resolution was done on March 9, 2021.

**Reportorial Sheet**

1. Clipboard 1																										
1. MIND - GRIEF - ailments, from																										
2. MIND - MIRTH, hilarity, liveliness, etc.																										
3. MIND - RESERVED																										
4. MIND - ANGER, irascibility																										
5. GENERALS - HEATED, becoming																										
6. FACE - PERSPIRATION																										
	ign.	nat-m.	puls.	hyos.	aur.	bell.	lach.	lyc	nux-v.	op.	phos.	staph.	ars.	verat.	caps.	ip.	cyd.	dro.	calc.	carb-v.	cocc.	coff.	kali-c.	ph-ac.	sep.	ca.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
	6	6	6	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	4	4	4	4	4
	13	12	12	11	10	10	10	10	10	10	9	9	8	8	7	7	6	6	9	8	8	8	8	8	8	7
1.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
2.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
3.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
4.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
5.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
6.	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

**Result:** Repertorisation was done by using the software RADAR®, using Kent’s Repertory [9] giving priority to mental generals followed by particular symptoms. After reportorial analysis, *Ignatia Amara* was found to cover 13 marks covering 6 symptoms which is followed by *Natrum muriaticum*, *Pulsatilla*, *Hyoscyamus* and *Aurum metallicum*. After consulting homoeopathic material medical, *Ignatia amara* was prescribed followed by *Bacillinum*. Hypo-pigmented patch on the elbow completely disappeared within a period of 2 months of homoeopathic treatment.

**Prescription:** One dose of *Ignatia Amara* 200C was prescribed on 6<sup>th</sup> of January, 2021. Along with it, placebo was prescribed for 4 weeks. Follow up was taken on 8<sup>th</sup> February, 2021, nothing change was noted in the lesion. After seeing the case again, on the basis of family history in which tuberculosis was most prominent, *Bacillinum* 200C was prescribed. After 1 month of follow up, the lesion of both the arms totally disappeared.

**Assessment by modified Naranjo score**

Items	Yes	No	Not Sure/NA
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
3. Was there an initial aggravation of symptom?		0	
4. Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1		
5. Did overall wellbeing improve?		0	
6. Did the course of improvement follow Hering's Rule?	+2		
7. Did old symptoms (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8. Are there alternate causes (other than the medicine) that-with a high probability could have caused the improvement? (e.g. known course of disease, other forms of treatment and other clinically relevant intervention)		+1	
9. Was the effect confirmed by objective evidence as measured by external observation(s)?	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?		0	

The final causal attribution score in this case was assessed using the Modified Naranjo Criteria, as proposed by the HPUS Clinical data Working Group, June 2014 [10]. The total score was 8, thus suggesting a "probable" association between the medicine and the outcome [definite:  $\geq 9$ ; probable 5-8; possible 1-4; and doubtful  $\leq 0$ ]. Reporting of this case adhered to the Hom-CASE-CARE guideline<sup>11</sup>.

**Evidence**

**Fig 1:** Before treatment



**Fig 2:** After treatment

**Discussion**

The patient presented with hypo-pigmented patch on both elbows. There was no family history of Pityriasis Alba or

other benign skin disease in the family. This case treated with individualized homoeopathic medicine showed complete resolution of pigmentation of skin of both elbows without any recurrence in a follow up period. As there is no effective treatment in conventional medicine, a substantial number of Pityriasis Alba patients resort to Complementary and alternative medicine (CAM). Patient's choice of treatment gave positive response through homoeopathic treatment.

In this case, Ignatia Amara 200 was selected as a 'Similimum' on the basis of totality of symptoms followed by repertorial analysis and consultation with Homoeopathic Material Medical which was given more priority in this case. After seeing the case again, on the basis of family history in which tuberculosis was most prominent, Bacillinum 200C was prescribed according to the response of the medicine as an inter-current, which followed the principles of Homoeopathy and second prescription of Kentian philosophy. Finally, the treatment outcome of resolution of Pityriasis Alba making it clinically almost subside was highly satisfactory. The total score of outcome as per Modified Naranjo Criteria was 8 in this case, which was almost close to the maximum score of 13 with Probable Outcome. This explicitly shows the causal attribution of the homoeopathic treatment toward resolution of the Pityriasis Alba in this case.

Evidences in support of individualized homoeopathic treatment of Pityriasis Alba remains compromised; hypo-pigmentation related case report like 'Homoeopathic research in vitiligo: Current scenario' by Dewan D *et al.* [7] presented a review article related to Homoeopathy on vitiligo were identified. Studies identify a positive role of Homoeopathy in vitiligo were re-pigmentation has been reported. After searching electronic data base, very few case reports of Pityriasis Alba related to homoeopathy has been identified.

Thus, the outcome of this case of Pityriasis Alba of the girl indicates the beneficial treatment effect by an individualized homoeopathic medicine.

**Conclusion**

This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and emphasizes the need of repertorisation in individualized homoeopathic prescription. This case shows a positive role of Homoeopathy 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.

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