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Pityriasis versicolor in an adult treated by individualized homeopathic medicine: A case report

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Abstract

Pityriasis versicolor, commonly known as tinea versicolor, is a prevalent and benign superficial fungal infection of the skin, falling under the category of Malassezia-related diseases. This dermatological condition manifest as delicate, scaly macule, exhibiting either hyperpigmented or hypopigmented characteristics. The anatomical region most frequently impacted by this infection include the trunk, neck, and proximal extremities. While over the counter and prescription antifungal medications are commonly used for treatment. The integration of a holistic approach utilizing homeopathy has shown promising outcomes and positive results. This case report details the treatment of a 53-year-old man clinically diagnosed with pityriasis versicolor, who was treated using personalized homeopathic medicine. The homeopathic approach focused on the patient's characteristics symptoms and overall health, aiming to address the underlying cause and promote holistic healing. Throughout the treatment period, the patient experienced a gradual improvement in skin itching, discoloration and overall, wellbeing with no recurrence of the infection. This report underscores the potential benefits of individualized homeopathy by addressing not only the outward manifestations of ailments but also delving into the underlying imbalances, thus promoting comprehensive and enduring healing. Additionally, the report emphasizes individualized homeopathy as a safe, gentle, and remarkably cost-effective treatment.

Keywords: Homoeopathy, individualized, pityriasis versicolor, tinea versicolor, Staphysagria.

Introduction

Pityriasis Versicolor (PV), formerly known as tinea versicolor, is a skin condition caused by *Malassezia furfur*, a type of yeast previously known as *Pityrosporum ovale*. Unlike tinea, it is not caused by Dermatophytes. This condition occurs when this yeast overgrows in hot and humid conditions, leading to release of carbolic acid that reduces skin tanning and causes hypopigmentation. PV typically presented as hypopigmented, scaly and perifollicular macules, which can be also erythematous or hyperpigmented, giving its name "versicolor." The lesions often coalesce, but perifollicular character remains at the edges. Scratching the lesions, such as with the help of glass slide, may accentuate the branny scaling [1]. PV manifests as well limited scaly macule that may be separated by healthy skin or coalesce into irregular patches. The lesions may hypopigmented or hyperpigmented and are located preferably in seborrheic areas. Lesions usually predominate on back [2]. PV presents as significant public health concern due to the rising prevalence of immunosuppressive conditions. Both genders have equal susceptibility to developing this condition [3]. Familial history of tinea versicolor is more common than expected by chance, possibly due to genetic susceptibility or favourable conditions for colonization, though the exact cause remain uncertain [4]. PV, a superficial fungal infection, is caused by *Malassezia*, a dimorphic lipophilic fungus also known as *Pityrosporum*. This fungus is part of the normal skin flora and exists in 14 different species. The primary species associated with PV are *Malassezia furfur*, *Malassezia globosa*, and *Malassezia sympodialis*. Despite its presence as a commensal on healthy skin, the exact pathogenic role of *Malassezia* species in skin disease like pityriasis versicolor remains incompletely understood. In cases of PV, *Malassezia* can convert to its pathogenic filamentous form, triggering the condition. The factors contributing to this pathogenic conversion include genetic predisposition, environmental condition such as heat and humidity, immunodeficiency, pregnancy, oily skin, and use of oily lotions and Creams [5-6].

Diagnosis of pityriasis versicolor is usually easily made, based on its characteristic clinical presentation (hyperpigmented or hypopigmented, finely scaling patches or plaques) [7-8] utilizing ultraviolet black light (wood lamp) can reveal the characteristic coppery orange fluorescence in pityriasis versicolor. Confirming the diagnosis involves examining scales soaked in potassium hydroxide, which reveals the distinctive grape-like clusters of yeast cells and elongated hyphae [9]. This case report elucidates the successful homoeopathic treatment of pityriasis versicolor in an adult through the application of constitutional medicine. This singular instance not only enriches the scientific literature concerning homoeopathic intervention for recurring and relapsing skin conditions such as PV but also underscores the significance of keen observation in the process of homoeopathic prescribing.

Case History

A 53-year-old male patient visited our outpatient department (OPD) with the primary concern of discolored, finely scaly patches located on his back, upper arms, and neck. These lesions were accompanied by a prickling sensation and had persisted for several months. The patient noted that his symptoms worsened upon exposure to sunlight, scratching, and friction from clothing, while gentle rubbing provided relief. In the patient's family history, his grandmother had a history of scalp psoriasis. Notable general characteristics include a preference for sweet and salty foods, as well as experiencing profuse perspiration. On the mental front, the patient displays symptoms such as suppressed anger, suppressed emotions, and a hurriedness.

Case analysis

The patient's overall well-being and emotional state were thoroughly evaluated to determine a tailored homeopathic

treatment plan. By closely examining the distinctive mental and physical symptoms presented, we constructed a comprehensive collection of symptoms, known as the totality of symptoms. This enabled us to achieve a precise individualization of the case. Considering both the characteristic mental traits and general aspects, and factoring in the underlying miasm, we decided to prescribe Staphysagria 200 in three doses.

The case progress was closely monitored through regular follow-up sessions. Following the administration of the prescribed medicine, the patient displayed signs of improvement. With this positive response in mind, a subsequent prescription of Staphysagria 1M as a single dose was made after a span of three months, as the case appeared to have reached a standstill. Notably, the patient's condition continued to ameliorate following the intake of this medicine as well.

To sustain the healing momentum, a placebo was continued for the ensuing three months. This holistic approach, taking into account the patient's physical, mental, and emotional states, alongside the judicious use of homeopathic remedies, has contributed to the steady progress observed in the patient's overall health.

Follow-up and outcome

The patient diligently followed the prescribed homeopathic treatment plan. Follow-up and outcomes the patient was followed-up and assessed at regular intervals. Over the course of six months, the patient's pityriasis versicolor completely resolved, with no recurrence of the infection. Furthermore, the patient reported an overall improvement in his energy levels, sleep quality, and emotional well-being. The Examination findings and assessment during the follow ups are shown in Table- 1.

Table 1: Date, Show Presenting Complaints and Prescription

Date	Presenting Complaints	Prescription
22-08-2022	Case came to opd with erythematous, finely scaly patches located on back, upper arm and neck with mild prickling. (Figure 1.1)	1. Staph. 200/3dose 2. Placebo / tds
20-09-2022	No prickling in eruptions, Itching relieved by 70%, and colour of eruption changes from reddish to white colour. Patient is feeling better. (Figure. 1.2)	Placebo / tds
13-10-2022	The itching sensation subsided, and the color of the eruptions returning to a normal state. (figure 1.3)	Placebo / tds
01-11-2022	Patient says no more improvement. (Figure 1.4)	Staph 1M/one dose
24-11-2022	No itching and prickling. The eruptions on the patient's skin appeared to have diminished, leaving behind a subtle whitish discoloration that was devoid of scaling. (figure 1.5)	Placebo / tds
21-12-2022	All sign and symptoms recovered. (Figure. 1.6)	Placebo / tds



Fig 1: 22 august 2022



Fig 2: 20 September 2022



Fig 3: 13 October 2022



Fig 4: 1 November 2022



Fig 5: 24 November 2022



Fig 6: 21 December 2022

Discussion

This case report serves as a compelling illustration of the effective treatment of pityriasis versicolor through personalized homeopathic intervention. The chosen remedy, *Staphysagria* 200 °C, was meticulously determined by considering the patient's distinctive symptoms and emotional state, aligning with the fundamental tenets of homeopathy. The selection of homeopathic medicines is thought to influence the human immune system's activity, provoking an immune response. While the precise mechanism of action remains undiscovered, this lack of exhaustive understanding doesn't undermine the embrace of homeopathy by patients.

Remarkably, the treatment led to a gradual resolution of the skin infection, accompanied by a discernible enhancement in the patient's overall physical health and emotional equilibrium. This case stands as a testament to the potential of homeopathy to provide tailored therapeutic solutions, improving the well-being of individuals in ways that extend beyond conventional medical paradigms.

Conclusion

The utilization of individualized homeopathic medicine emerges as a promising and secure strategy for addressing the complexities of pityriasis versicolor. The present case report underscores the considerable advantages derived from a holistic approach that factors in the patient's entire constitution and symptomatic presentation in the management of this intricate skin ailment. As with any

medical intervention, it remains imperative for patients to seek the counsel of proficient homeopathic practitioners to receive tailored care and expert guidance.

While the groundwork of this case report is indeed promising, it is crucial to acknowledge the necessity for further investigation. Extensive research and a broader array of case studies are warranted to delve deeper into the potential efficacy and scope of individualized homeopathy in effectively managing skin infections such as pityriasis versicolor. By doing so, we can better appreciate the comprehensive impact of this approach, potentially advancing our knowledge and refining treatment options in the realm of skin disorders.

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Conflict of Interest: Not available

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