

Role of Individualized Homoeopathic Medicine in the Treatment of Pityriasis Versicolor: A Case Report

Sushanta Sasmal¹, Abhisek Hui², Debojyoti Singha³

¹Asst. Prof. of Dept. of Repertory, Pratap Chandra Memorial Homoeopathic Hospital and College, 14/1, Narkeldanga North Road. Kolkata – 700 011.

²Post Graduate Trainee, Dept. of Materia Medica, Mahesh Bhattacharyya Homoeopathic Medical College & Hospital. Doomurjala, Howrah, West Bengal, India.

³Post Graduate Trainee, Dept. of Case Taking and Repertory, Mahesh Bhattacharyya Homoeopathic Medical College & Hospital. Doomurjala, Howrah, West Bengal, India.

Corresponding Author: Dr Sushanta Sasmal

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ABSTRACT

Tinea versicolor is a superficial fungal disease caused by *Malassezia furfur*, most commonly affecting adolescents & adults. TV is uncommon among newborns, particularly those aged under one year. Poor hygiene and perspiration, immunosuppression, the use of oils and greasy lotions, hyperhidrosis, and corticosteroids may all contribute to the appearance of the condition. It is clinically distinguished by hypopigmentation or hyperpigmentation. Most often, it occurs over the trunk. The case study is of 12-year male child diagnosed with pityriasis versicolor which was successfully treated with constitutional homoeopathic medicine. The aim of homoeopathy is not only to treat pityriasis versicolor but to address its underlying cause & individual susceptibility. This article gives a clinically useful review of a case with evidence about how an individualized homoeopathic medicine treated pityriasis versicolor successfully & this paper is intended to make readers aware of current thinking in homoeopathic field. The following case report shows the effectiveness of homoeopathy in the case of pityriasis versicolor.

Keywords: Case Report, Homoeopathy, Hypopigmented Macules, Individualization, *Malassezia*, Pityriasis versicolor, Tinea versicolor.

INTRODUCTION

Tinea versicolor (TV) is a superficial fungal infection of the skin caused by *Malassezia furfur*, which most commonly occurs in adolescents and adults. However, it is believed that TV can to younger children in tropical areas ^[1]. Several factors, including poor hygiene and sweating, immunosuppression, diabetes mellitus, the use of oils and oily creams, hyperhidrosis, and corticosteroids, have been established to

contribute to the appearance of the disease ^[2]. Hypopigmented or hyperpigmented macule patches clinically distinguish them. Most often, it occurs over the trunk. In infants, the manifestation of TV is relatively rare due to the immaturity of the sebaceous glands and the lower production of sebum, which serves as a source of *Malassezia* ^[3]. However, infant and newborn cases have been reported, with clinical presentations that differ from those observed in

adolescents and adults [4]. TV in infants tends to be more inflammatory, and lesions usually spread rapidly and are more challenging to treat [5]. The use of a topical antifungal is the initial therapy for the treatment of TV. The condition is diagnosed by the appearance of light or dark spots on the skin that are 3–5 mm in diameter, round or oval-shaped, and possibly covered with fine scales. The colour of the spots varies from pink to brown. The marks may coalesce & affect extensive areas and may often persist on the skin even after the infection has been treated & cleared. Wood's lamp shows yellow to yellow-green fluorescence in lesions with *Malassezia furfur* but is rarely used clinically. The confirmatory microscopic examination is done with skin scrapings or tape stripping treated with potassium hydroxide with or without blue-black ink. Microscopical visualization of the fungus appears as short & thick hyphae with a large number of various-sized spores (spaghetti and meatball appearance). Here a case report of TV in a male successfully treated with homoeopathic medicine has been presented. Here a case report of TV in a male successfully treated with homoeopathic medicine has been presented.

CASE PRESENTATION

Case Report: A 12-year male patient visited the OPD of Mahesh Bhattacharyya Homoeopathic Medical College & Hospital with a complaint of multiple hypopigmented spots on the right side of cheek & forearm

for 1 month. The itching aggravated after washing and bathing, particularly at night. He had no significant P/H or F/H whatsoever.

Clinical Findings: On examination, small & hypopigmented spots with sizes varying from 1-2 mm to 3-5 mm coalesce to form large areas of numerous confluent hypopigmented macules with fine scales seen distributed in the face and forearm. The patient had a good appetite but could not tolerate hunger and desired fish, cold food, sour items, meat, and sweets. His thirst was moderate. The patient was thermally hot and palms were hot too. He had no problem with urination but faced difficulty while passing stool. The patient was restless while narrating his complaint.

Diagnostic Assessment: Diagnosis of TV was based on its characteristic clinical presentation (hyperpigmented or hypopigmented, finely whitish-brown scaling patches) & distribution on lesions. On further examination, Scratch/ Besnier's sign was positive & it is to be elicited in patients having TV.

Analysis of the Case: With the help of characteristic physical generals & particulars, the totality of the symptoms was formed to individualize the patient. After considering the characteristic physical general symptoms, I gave him *Sulphur* 30 /1D followed by Placebo 30/OD for 14 days.

Follow up & Outcomes:

Table 1: Therapeutic applications and timeline of treatment of the case –

Date of visit	Observations	Prescription
20/11/23	Hypopigmented spot over face and forearm reduced. The bowel movement got better.	Rubrum 200/21D
01/12/23	Complete disappearance of the hypopigmented spot. Normal skin colour restored.	Rubrum 200/21D

CLINICAL IMAGES:



Figure 1



Figure 3



Figure 2



Figure 4

Before treatment

After treatment

Repertorisation

Type Keywords for Quick Repertorisation (Ctrl+F)

Symptoms : 7 Remedies : 294 Filters : Normal

Remedy	Sulph	Puls	Nat-m	Kali-s	Lach	ThuJ	Phos	Zinc	lyc	Sil	Graph	Merc	Apis	Calc
Totally	15	14	12	11	11	10	10	10	10	10	9	9	9	9
Symptoms Covered	6	6	6	5	5	6	5	5	4	4	5	5	4	4
Kingdom	🌿	🌿	🌿	🐾	🐾	🌿	🌿	🌿	🌿	🌿	🌿	🌿	🐾	🐾
[Kent] [Mind]RESTLESSNESS, NERVOUSNESS: (249)	3	3	2	2	2	2	1	3	3	3	2	3	2	3
[Kent] [Stomach]DESIRE: Sour,acids,etc.: (77)	2	2	2	1	2	1	2						2	2
[Kent] [Stomach]DESIRE: Meat: (20)	1		1								1	1		
[Kent] [Stomach]DESIRE: Cold Food: (14)		3	1	2		2	3	1	2	2				
[Kent] [Rectum]CONSTIPATION (SEE INACTIVITY):Difficult stool (see inactivity): (115)	3	2	3	3	3	3	2	3	2	3	3	2	2	2
[Kent] [Generalities]HEAT:Sensation of: (86)	3	3	3	3	2	1	2	2	3		1	2	3	2
[Kent] [Skin]ITCHING:Night: (44)	3	1			2	1		1		2	2	1		

Figure 4: Repertorial analysis of the case

DISCUSSION

Pityriasis versicolor normally presents in individual with very few symptoms and hence, according to homoeopathic philosophy, falls within the domain of ‘so-called local maladies. Samuel Hahnemann has extensively discussed about the nature & homoeopathic treatment of such conditions in his Organon of Medicine from aphorism 185-203⁽⁹⁻¹⁰⁾. Then few local manifestations always originate from a miasmatic disturbance deep within. They are truly chronic in nature, sometimes it belongs to one sided disease. The case of PV responded rapidly to the indicated homoeopathic remedy, Sulphur, which was prescribed in 30 the potency and the skin returned to normal color in 2-3 weeks of treatment. So, this case is clearly shown how homoeopathic remedy can cure PV without any medical external application. However, more studies like randomized and controlled trials with larger sample sizes are suggested to establish the efficacy of homoeopathic individualized or constitutional remedies in the treatment of pityriasis. As it is a single case report that is why it has some limitations.

CONCLUSION

In the above-described case, it is very clear that individualized similimum remedy can give magical recovery. This case shows the efficacy of individualized homoeopathic medicines in the case of pityriasis versicolor. No local application was used and the patient is well improved only by the internal application of suitable homoeopathic medicine.

Declaration by Authors

Declaration of Patient Consent: Taken

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Conflict of Interest: The authors declare no conflict of interest.

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