

Pityriasis Versicolour Managed by Individualized Homoeopathic Medicine- A Case Report

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Abstract:

Pityriasis Versicolor, also known as tinea versicolor, is a common, benign, superficial fungal infection of the skin. Clinical features of pityriasis Versicolor include either hyperpigmented or hypopigmented finely scaled macules. The most frequently affected sites are the trunk, neck, and proximal extremities is caused by *Malassezia* species. This condition is one of the most common superficial fungal infections worldwide, particularly in tropical climates. Pityriasis Versicolor, is difficult to cure and the chances for relapse or recurrent infections are high due to the presence of *Malassezia* in the normal skin flora. In this case a male patient approached to our Out Patient department with complaints of hypopigmented, finely scaly patches in back with itching for 1 months, which was diagnosed as Pityriasis Versicolour after clinical examination. Initially we started our treatment with *Carcinosinum* 200, and from then patient shows gradual improvement. Within a period of 1 month patient shows promising improvement and it takes 2 more months to subside other residual complaints. This case report not only portrays effectiveness of individualised homoeopathy but also focuses on the cost effectiveness of homoeopathic treatments.

Keywords: Homoeopathy, Individualisation, Pityriasis Versicolour, Tinea Versicolour.

Received: 22.11.2021 Revised: 19.12.2021 Accepted: 23.12.2021 Published: 26.12.2021

Quick Response code



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Introduction:

Pityriasis versicolor (PV) is a chronic cutaneous fungal infection caused by proliferation of lipophilic yeast (*Malassezia* species) in the stratum corneum. The most common *Malassezia* species associated with PV is *M. globosa*, with *M. sympodialis* and *M. furfur*

also frequently seen. In most cases of PV, *Malassezia*, as a part of normal skin flora, are not pathogenic unless they assume a mycelial form. This may be triggered by various factors, including humidity and high temperature, hyperhidrosis, familial susceptibility, and immunosuppression. Consequently, PV occurs

more frequently in tropical climates (as much as 40%) as compared to temperate climates. PV is difficult to cure, as relapse following treatment can be as high as 80% within 2 years. ^[1] Pityriasis versicolor, also known as tinea versicolor, is a frequent, benign, superficial fungal infection of the skin. It belongs to Pityriasis versicolor has been reported worldwide, but it is more common in warm and humid conditions. The prevalence is as high as 50% in tropical countries and as low as 1.1% in cold climates such as Sweden. Pityriasis versicolor occurs more frequently in adolescents and young adults probably due to the increase of sebum production by the sebaceous glands which allow for a more lipid-rich environment in which *Malassezia* can grow. Pityriasis versicolor affects men and women equally and no specific ethnic Pityriasis versicolor is caused by *Malassezia*, a dimorphic lipophilic fungus, also known as *Pityrosporum*. It is a component of normal skin flora. To date, 14 species of *Malassezia* have The exact pathogenic role of *Malassezia* spp. in skin disease is not entirely understood. Whereas PV is a superficial fungal infection that may involve high fungal load without significant inflammation. *Malassezia* is commensal of healthy skin, and it is most common in oily areas such as the face, scalp, and back. However, *Malassezia* can cause pityriasis Diagnosis of pityriasis versicolor is usually easily made on the basis of its characteristic clinical presentation (hyperpigmented or hypopigmented, finely scaling patches or plaques). ^[10-12] The ultraviolet black light (Wood lamp) may help to demonstrate the

Case Presentation:

A 26 years old patient named Abhishek Karmakar, came to our OPD, with complaints of hypopigmented, finely scaly patches in back with itching for 1 month. His complaints were getting aggravated from touch & bathing. History of past illness led us to know that he has suffered from chicken pox at age 10 years, and

Malassezia-related diseases. Clinical features of pityriasis versicolor include either hyperpigmented or hypopigmented finely scaly macules. The most frequently affected sites are the trunk, neck, and proximal extremities. The diagnosis of pityriasis versicolor is often made on clinical grounds alone. ^[2]

predominance has been noted. ^[3] *M. furfur* ubiquitously colonizes adults and even infants by age 3 to 6 months, and it does not have a predilection for any particular age or sex. ^[3-4] In PV, adults age 20 to 50 are most commonly affected when sebaceous gland activity is at its peak. Incidence is higher in the summer months and tropical areas, as prevalence approaches 40% in these regions. PV may also represent up to 3% of dermatology visits in temperate areas. ^[5-7]

been identified. The main species isolated in pityriasis versicolor are *Malassezia furfur*, *Malassezia globosa*, *Malassezia sympodialis*.

versicolor when it converts to its pathogenic filamentous form. Factors that lead to this pathogenic conversion include a genetic predisposition, environmental conditions such as heat and humidity, immunodeficiency, pregnancy, oily skin, and application of oily lotions and creams. ^[8-9]

coppery-orange fluorescence of pityriasis versicolor. The diagnosis is confirmed by microscopic examination of scales soaked in potassium hydroxide examination, which demonstrates the typical grape-like clusters of yeast cells and long hyphae.

typhoid at the age of 16 years, history of cat bite & vaccinated. Family history led us to know that his grandfather had lung carcinoma, tuberculosis; Grandmother had Hypertension & bronchial asthma, OA knee, h/o of type 2 DM of his father. Among generals, his appetite was ravenous & changeable. He prefers sweet, salts, meat. His thirst was profuse. His complaints are aggravating from bathing. He prefers to lie on

abdomen, had tendency to take cold, prefers thunderstorm and enjoys rain. He is mentally restless, anxious about the future and fastidious.

Analysis of the case:

With the help of characteristic mental and physical symptoms, we formed the totality of symptoms and individualization of the case. His particular complaints and modifying factors, strong family history of cancer, TB, Type 2 DM, Hypertension, Osteoarthritis. Among generals, ravenous & changeable appetite, sweet, salt, meat desire, profuse thirst, bathing aggravation. Prefers lying on abdomen, prefers

thunderstorms and enjoy rain. Along with characteristic mental general like anxious about the future, and examination, and fastidiousness. Considering the miasm after forming totality the patient was prescribed carnosin 200, 1 dose and was instructed to take once in early morning in empty stomach, followed by placebo for next 7 days. After taking medicine, patient was improving. And placebo continued for 3 months.

Table-1: Treatment and follow-up:

Date	Presenting Complaints	Medicine
First Visit.	Complaints of hypopigmented, finely scaly patches in back with itching for 1 month.	Carcinosinum 200/ 1 dose, Followed by placebo for 1 week.
Second visit.	Redness of hypopigmented patches, with itching.	Placebo for 1 week, 14 dose.
Third Visit.	Redness decrease, itching decrease.	Placebo for 1 month, 28 dose.
Forth Visit.	Redness subsides, Itching subsides.	Placebo for 1 month.
Fifth Visit.	Hypopigmented patches subsides, scaly eruption decrease, no itching.	Placebo for 1 month.
Sixth Visit.	No scaly patches, no itching, complete cure done.	No medication.



Fig- 1: First visit. (6.03.21).



Fig-2: Second visit.(13.03.21)

Figure 3: Third visit.(20.03.21)



Fig-4: Fourth visit.(17.03.21).

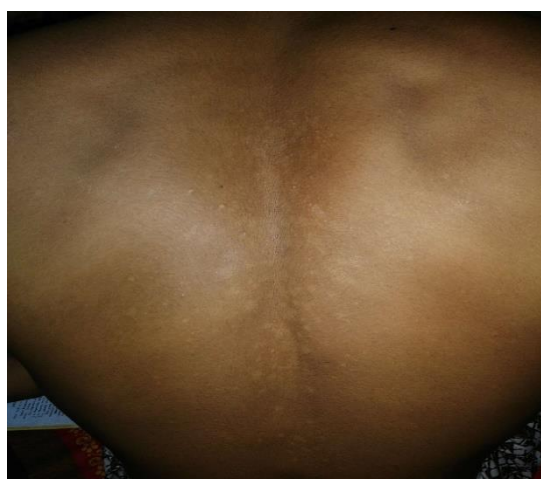


Fig- 5: Fifth visit.(15.04.21)



Fig-6: Sixth visit. (15.05.21)

Discussion:

A very careful history of patient, extensive clinical examination, and individualization of the case on the basis of homoeopathic philosophy help us select the *Carcinosinum* 200, as this medicine is a nosode so i gave him higher potency in single dose, as patient was hypersensitive. Homoeopathic treatment claims it's because of individualistic approach. Here in this case, with complaints of hypopigmented, finely scaly patches in back with itching for 1 month. His complaints were getting aggravated from touch & bathing. has been cured successfully with ultra-diluted homoeopathic

medicines. Homoeopathic medicines can alter the activity of human immune system and elicit immune response. It is true that exact mechanism of action is still unknown but that does not interfere with the acceptance of homoeopathy among the patient. On the contrary homoeopathic medicines are less prone to develop adverse drug reactions due to ultra-diluted medicinal preparations. In developing countries like India, disease complications are also associated with escalation in the cost of treatment, where homoeopathy can play a crucial role to cut down the cost of treatment as well. Thus, the

above-discussed was managed successfully with the classically selected homoeopathic medicine.

Pityriasis Versicolour should be differentiated from Pityriasis alba, and Pityriasis rosea. Pityriasis alba is a common, benign skin disorder occurring predominantly in children and adolescents. Most patients have a history of atopy, and pityriasis alba may be a minor manifestation of atopic dermatitis. It is characterized by ill-defined macules and patches (or thin plaques), round or oval, often with mild scaling, and sometimes with mild pruritus. Pityriasis alba resolves spontaneously, with a gradual return of normal skin pigmentation.^[13] Pityriasis rosea (PR) is an acute, self-limiting exanthemata's disease associated with the endogenous systemic reactivation of human herpesvirus (HHV)-6 and/or HHV-7. The disease typically begins with a single, erythematous plaque.^[14] Lack of awareness among the patients and lack of availability make use of homoeopathy difficult for the patients across the world. The cases which are being cured by practitioner are not coming under light due to lack of awareness among the practitioners. This case not only puts

lights on the effectiveness of homoeopathy medicines but also raise a strong question in favour of its use.

Conclusion:

This case report shows positive effect of treatment with individualized homeopathic medicine in managing the case of Pityriasis Versicolor.

Limitation of study:

As it is a single case report. In future case series can be recorded and published to establish the effectiveness of individualized homoeopathic medicine in Pityriasis Versicolor.

Declaration of patient consent:

The authors certify that they have obtained all appropriate patient consent for treatment and publication of images without disclosing the identity of patient.

Acknowledgment:

We would like to acknowledge Department of Repertory of our institution for their support.

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- Guarantor:** Corresponding author is guarantor of this article and its contents.
- Conflict of interest:** Author declares that there is no conflict of interest.
- Source of support:** None
- How to cite this article:**
Sasmal S, Mallick P. Pityriasis Versicolour Managed By individualized Homoeopathic Medicine-A Case Report. *Int. J. AYUSH CaRe*. 2021; 5(4):315-320.