

Case Report

The Non-contagious Pityriasis versicolor in an Adult male treated with Individualized Homoeopathic Intervention: A descriptive study (Case Report)

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ABSTRACT

Tinea versicolor, also known as Pityriasis versicolor, is a common, non-painful, non-contagious, benign, superficial fungal infection of the skin. Pityriasis versicolor is caused by *Malassezia globosa* or few times *Malassezia furfur*, a dimorphic lipophilic fungus, also known as *Pityrosporum*. Meanwhile, they live in our body as a symbiotic relationship. P.V distribution of affected skin reflects the lipophilic nature of the fungus since the seborrheic areas (trunk, neck, and/or arms) are predominantly involved. P.V. not properly cured in conservative treatment, they must use palliative mode of treatment, whereas in homoeopathy lots of probabilities to cure are lurking up. Homoeopathy is a part of traditional complementary alternative medicine & it's very low cost, easily available, no side effects nor the palliative mode of treatment, that's why maybe it's the prime choice for P.V. management. We are presenting a P.V. case successfully treated by individualized homeopathic medicine without local application.

Key word: Pityriasis Versicolor, DLQI, MONARCH, IHM (Individualized homeopathic medicine), Local maladies, Psorico-Sycotic Miasam

Tinea versicolor, also known as Pityriasis versicolor, is a common, non-painful, non-contagious, benign, superficial fungal infection of the skin. Pityriasis versicolor is caused by *Malassezia globosa* or few times *Malassezia furfur*, a dimorphic lipophilic fungus, also known as *Pityrosporum* [1,2]. It is a component of normal skin flora and is most common in oily areas such as the face, scalp, back, etc. Meanwhile, they live in our body as a symbiotic relationship [2,3].

Malassezia can cause pityriasis versicolor when it converts to its pathogenic filamentous form when genetic predisposition, environmental conditions such as heat and humidity, immunodeficiency, pregnancy, oily skin, and application of oily lotions and creams, etc. are predominant

[4,5]. PV Skin lesions may be hypopigmented, hyperpigmented, or erythematous and occasionally become confluent and widespread. The distribution of affected skin reflects the lipophilic nature of the fungus since the seborrheic areas (trunk, neck, and/or arms) are predominantly involved [5].

PV has been reported worldwide, but it is more common in warm and humid conditions, about 50% in tropical countries and as low as 1.1% in cold climates such as Sweden [5,6]. PV occurs more frequently in adolescents and young adults probably due to the increase of sebum production by the sebaceous glands & increase in immune-suppressive states, which allow for a more lipidrich environment in which *Malassezia* can grow but very rare at 50 years [6,7].

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Pityriasis versicolor affects men and women equally and no specific ethnic predominance has been noted. PV is diagnosed on the bases of its characteristic clinical presentation (hyperpigmented or hypopigmented, finely scaling patches or plaques). Ultraviolet black light (Wood lamp) is rarely used clinically [1,4,6]. Scratch sign (coup d'angle sign, Besnier's sign, stroke of the nail) is to be elicited in patients having PV, wherein the barely perceptible scales are made to stand out by scratching the lesion with the fingernail [1,3,7,8].

Topical therapy is the first line of conventional treatment like creams, lotions & shampoos for PV. It's very unfortunate that we searched different electronic databases like; PubMed, Google Scholar, Core & Cochrane Library, etc. for review literature but we found very few papers [8,9]. So, this case report may be helpful for observation in homoeopathic prescription & contribute to the scientific literature on PV for exploring more. This case is unique to the age of the patient, which is a rare presentation of PV.

Case Report

A 50-year-old male came to clinic, with complaint of severe itching on his back, arm, chest, abdomen along with finely brown scaly patches & hypopigmentation. The complaints are always aggravated by sunrays, Excessive Sweat, warm, indigestion, night & Ameliorated by cold bathing, Rest. He is a businessman, that's why he continuously travels varieties area. This Complaint belongs 10-12 years. Before coming to the O.P.D/ clinic, she was treated with modern medication (anti-fungal, anti-histamines with steroidal ointment) for 5-6 years by a dermatologist, at that time his complaints were little ameliorate for 3-4 months and after that, scaly patches became more violent than earlier. He is diabetic for 4-5 years (FP: - 150 mg/dl & PP: - 240 mg/dl) & Continues taking modern medicine. He suffered from chickenpox in childhood.

Family history

There was a history of Diabetic in the father & mother suffered from gout complain.

Homoeopathic Generalities

Mental generals: The patient is easily anger & shouted continuously & consolation make him anger. He wants to be solitude. Patient is a businessman & sometimes he faced business embarrassment.

Physical generals: Patient's appetite is regular, addicted to alcohol, and thirsty (4lit/day) & tongue white, cracked.

Patient's desire for Chicken, Salt, cold food & Thermal relation was HOT++. The stool was constipated, and semisolid in nature. Sleep well & no urine complained by the patient.

Clinical findings

General examination: The patient was talkative & gentle during the examination. Weight: 60 Kg; Temperature: 98.3°F; Respiratory rate: 16/min; B.P: - 128/82 mm of Hg, Palpation of Abdomen: - Normal, Reflex gait: - Normal.

Skin examination: Small and multiple hypopigmented spots with size varying from 1-2 cm to 3-4 cm. & fine whitish-brown scales seen distributed on chest, abdomen, arm & back.

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

Provisional Diagnosis: Pityriasis Versicolor

Miasmatic Analysis: According to Dr T. F. Allen [10] most of skin diseases are either secondary or tertiary state of miasmatic action. Here, this case belongs to psorico-sycotic miasam. Always remember that Miasmatic analysis of any case of disease and patient is an important pillar of homoeopathic treatment, there is no break of rule in case of skin diseases.

Analysis & Totality of symptoms: 1) Easily anger or grief 2) Consolation aggravation 3) Want to be alone 4) Itching agg. By sunrays or photosensitive, sweat, warm & amel. By cold, rest 5) Desire for salty & hot thinks 6) Thirsty 7) Hypopigmented, scaly, and itching spots. 8) Oily skin 9) Pityriasis

Bases of Selection Constitutional Individualized Homoeopathic Medicine (CIHM): Repertorial analysis done by kent & Symptoms Cross cheek done by Clark materia medica [11]. We selected 1st remedy Nat.mur as a constitutional remedy.

First prescription: Nat. mur 0/2 /10 dose followed by Placebo 30 TDS for 10 days was prescribed on the first visit (Date: -13/05/2022). The patient was sent for Blood sugar Fasting and a postprandial test to check.

Table 1: Repertorization of the Analytic Symptoms

Remedy Name	Nat-m	Ars	Calc	Sulph	Sep	Merc	Bry	Carb-v	Ign	Phos	Rhus-t	Bell
Totally	28	17	15	15	15	14	14	14	14	14	14	13
Symptoms Covered	10	6	9	7	6	7	6	6	6	6	6	7
Kingdom												
[Kent] [Mind] Anger, irascibility (see irritability, quarrelsome):	3	3	2	3	3	1	3	2	3	2	2	2
[Kent] [Mind] Grief: Silent:	3								3			
[Kent] [Mind] Consolation :Agg:	3	2	1		3	1			3			2
[Kent] [Mind] Company: Aversion to:	3		1	2	2		2	2	3	1	2	2
[Kent] [Skin] Itching:	3	3	2	3	3	3	2	3	1	2	3	1
[Kent] [Skin] Itching: Perspiration agg:						2						
[Kent] [Generalities] Sun: From exposure to:	3		1	1			2	2	1			2
[Kent] [Face] Greasy:	2		1			2	2				2	
[Kent] [Skin] Eruptions: Scaly:	2	3	2	2	3	2				3	2	2
[Kent] [Skin] Itching: Cold air: Amel:												
[Kent] [Stomach] Desires: Salt things:	3		2	1				3		3		
[Kent] [Stomach] Desires: Warm :Food:		3										
[Kent] [Stomach] Thirst:	3	3	3	3	1	3	3	2		3	3	2

Table 2: Elaborated Table no 1 due to haziness of Picture

Remedy Name	Natm	Ars	Calc	Sulph	Sep	Merc	Bry	Carbv	Ign	Phos	Rhust	Bell
Totally	28	17	15	15	15	14	14	14	14	14	14	13
Symptoms Covered	10	6	9	7	6	7	6	6	6	6	6	7
Kingdom												
[Kent] [Mind] Anger, irascibility (see irritability, quarrelsome):	3	3	2	3	3	1	3	2	3	2	2	2
[Kent] [Mind] Grief: Silent:	3								3			
[Kent] [Mind] Consolation :Agg:	3	2	1		3	1			3			2
[Kent] [Mind] Company: Aversion to:	3		1	2	2		2	2	3	1	2	2
[Kent] [Skin] Itching:	3	3	2	3	3	3	2	3	1	2	3	1
[Kent] [Skin] Itching: Perspiration agg:						2						
[Kent] [Generalities] Sun: From exposure to:	3		1	1			2	2	1			2
[Kent] [Face] Greasy:	2		1			2	2				2	
[Kent] [Skin] Eruptions: Scaly:	2	3	2	2	3	2				3	2	2
[Kent] [Skin] Itching: Cold air: Amel:												
[Kent] [Stomach] Desires: Salt things:	3		2	1				3		3		
[Kent] [Stomach] Desires: Warm: Food:		3										
[Kent] [Stomach] Thirst:	3	3	3	3	1	3	3	2		3	3	2

Table 3: Timeline including follow-up of the case

Follow-up	Date	Symptoms	Advised Remedy
1 st	19/06/2022	Analysis of symptoms and repertorization done. 1 st prescription was Nat.mur 0/2 & patient symptoms are relief. No new symptoms outcome, no changes happened on hypopigmentation but frequency of itching is ameliorated. That is the main reason for potency increases.	Nat. mur 0/4/10 dose followed by Placebo 30/ 10 dose.
2 nd	22/07/2022	In the 2 nd follow-up itching as usual remain under sunlight, Constipation not present, stool regular & No new hypopigmentation spot come.	1) Nat.Mur 0/6/ 10 dose evening vac.van 2) Placebo-200/1o dose in BDPC.

3 rd	16/09/2022	Complain is aggravated, stool constipated, Hypopigmentation spot is stand still. Indigestion present last few days. Overall patient fell better	1) Thuja 0/2/6 dose in evening vac.van. 2) Nat. phos 6X/ 4tab BDPC at warm water.
4 th	05/11/2022	Patient feels better. Itching complaints still remain & all spot is slightly>. Indigestion> & stool regular. New complain arrived that is he suffered common cold.	1) Nat. mur 0/8/ 10 dose evening × vac.van 2) Rhus tox 200/ 3 hourly interval/4 days.
5 th	02/12/2022	In the 5 th follow-up patient feels improved himself. All pigment spots are reduced their size & Common cold complain >.	1) Nat. mur 0/10/10 dose evening × vac.van 2) Placebo 200/10 dose in BDPC.
6 th	06/02/2023	Itching complain > & Photosensitivity complain less, Stool regular, and Hypopigmented spot size was reduced continuously. No new symptoms came.	1) Nat. mur 0/12/10 × evening vac.van 2) Placebo- 1M/10× BDPC.
7 th	25/03/23	Spots on abdomen gained normal skin colour and on chest became lighter. No new spots. Patient was improving.	Placebo- 1M/10 dose OD
8 th	17/04/23	Patient all complained>, specially itching. No new spot detected and all spot are pigmented one by one.	Placebo- 1M/ 2 doses× vac.van ×2 day
9 th	20/05/23	Patient main complaint is disappearance of hypopigmented spots. Normal skin colour restored.	Placebo- 1M/10 dose × vac.van × morning.

Dermatology Life Quality Index (DLqi) [12]

Hospital No: Dr. Abhinandan Das's Clinic

Date: 13/05/2022

Name: MR. XY Score: 24/30

Address: 303, Raja Ram Mohan Roy Road, Kolkata-700008

Diagnosis: Tinea Versicolor or Pityriasis Versicolor

The aim of this questionnaire is to measure how much your skin problem has affected your life over the last week. Please tick (✓) one box for each question.

- Over the last week, how **itchy, sore, painful** or **stinging** has your skin been? A/N: **Very much** [✓] **A lot** [] **A little** [] **Not at all** []
- Over the last week, how **embarrassed** or **self-conscious** have you been because of your skin? A/N: **Very much** [✓] **A lot** [] **A little** [] **Not at all** []
- Over the last week, how much has your skin interfered with you going **shopping** or looking after your **home** or **garden**? A/N: **Very much** [] **A lot** [✓] **A little** [] **Not at all** [] **Not relevant** []
- Over the last week, how much has your skin influenced the **clothes** you wear? A/N: **Very much** [] **A lot** [✓] **A little** [] **Not at all** [] **Not relevant** []

- Over the last week, how much has your skin affected any **social** or **leisure** activities? A/N: **Very much** [] **A lot** [✓] **A little** [] **Not at all** [] **Not relevant** []
- Over the last week, how much has your skin made it difficult for you to do any **sport**? A/N: **Very much** [✓] **A lot** [] **A little** [] **Not at all** [] **Not relevant** []
- Over the last week, has your skin prevented you from **working** or **studying**? A/N: **Yes** [✓] **No** [] **Not relevant** []
- If "No", over the last week how much has your skin been a problem at **work** or **studying**? A/N: **A lot** [] **A little** [] **Not at all** []
- Over the last week, how much has your skin created problems with your **partner** or any of your **close friends** or **relatives**? A/N: **Very much** [✓] **A lot** [] **A little** [] **Not at all** [] **Not relevant** []
- Over the last week, how much has your skin caused any **sexual difficulties**? A/N: **Very much** [] **A lot** [] **A little** [] **Not at all** [] **Not relevant** [✓]]
- Over the last week, how much of a problem has the **treatment** for your skin been, for example by making your home messy, or by taking up time? A/N: **Very much** [✓] **A lot** [] **A little** [] **Not at all** [] **Not relevant** []

Scoring: The scoring of each question is as follows: Very much scored= 3, A lot scored =2, A little scored=1, Not at all scored =0, Not relevant scored 0, Question 7, 'prevented work or studying' scored 3

Table 4: Assessment by Modified Naranjo Criteria Score (MONARCH) [13]

Item/ Question	Yes	No	Not sure or NA
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	0	0
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	-2	0
Was there an initial aggravation of symptom? (Need to define in glossary)	+1	0	0
Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1	0	0
Did overall wellbeing improve? (Suggest using a validated scale)	+1	0	0
Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms -from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards.	+1	0	0
Did old symptoms" (Defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
Are there alternate causes (Other than the medicine) that-with a high probability- could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant intervention	-2	+1	0
Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.)	+1	0	0
Did repeat dosing, if conducted, create similar clinical improvement?	+2	0	0
Total scoring Range =Maximum score=13 Minimum score=02			Score=09

Outcome: The monarch score of +9/13 (Table-2) indicates that the improvement is attributed to the Homoeopathic medicine NAT. MUR.

**Figure 1: Before Homoeopathic Treatment****Figure 2: After Homoeopathic Treatment**

DISCUSSION

Pityriasis versicolor normally presents in individuals 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 and homoeopathic treatment of such conditions in his Organon of Medicine from aphorism 185-203[14,15]. These few local manifestations always originate from a miasmatic disturbance deep within. They are truly chronic in nature, sometimes it belongs to one-sided diseases (Aphorism 173) [14'15].

Proper case-taking & anti-miasmatic or deep-acting remedies can help to recover from this situation. This fundamental homoeopathic philosophy propounded by Hahnemann nearly 213 years back stands verified today as nearly all (so-called) local diseases are relapsing, remitting by nature viz. pityriasis versicolor, most local fungal skin diseases, viral skin diseases etc. Dr Hahnemann, in his *Chronic Diseases* textbook, [15] said '*human skin does not evolve by itself, without the cooperation of the rest of the living whole, nor does it become sick in any way without being induced and compelled to it by the general diseased state by the lack of normality in the whole organism*'. This case is very peculiar because P.V mainly occurred in children & very rare for adults. So, under this circumstance, we repertorised the analytical symptoms of P.V & chosen

Nat. mur as a constitutional remedy followed by a *Placebo*. In the 3rd follow up we are given *Thuja Occident* followed by a *Nat.phos 6X* because the case was stand still condition & indigestion.

In the 6th follow-up patient complaint was completely ameliorated, followed by *Nat.mur 0/12* & patient further continued for 9th follow-up for psychological satisfaction. In this case report we also measure DLQI =24/30 [16] & MONARCH [16] for any drug adverse reaction but the outcome value is 09/13. So, this case is clearly shown how homeopathic remedy can cure P.V without any medical external application & this case also maintained Hom-CARE procedures [17]. However, more studies like randomised and controlled trials with larger sample sizes are suggested to establish the efficacy of homeopathic individualised or constitutional remedies in the treatment of pityriasis. As it is a single case report that is why it has some limitations.

CONCLUSION

Homeopathy is a specialised system of medicine which treats the patient as a whole and not just the disease. This case report shows positive effect of treatment with individualized homeopathic medicine in managing the case of Pityriasis Versicolor for adult.

Declaration of patient consent: The author certifies that he has obtained the appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initials will not be published.

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