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Pityriasis Alba Treated by Individualized Homoeopathic Medicine: A Case Report

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ABSTRACT:

Pityriasis Alba is a common benign skin lesion that occurs in children and adolescents, aged 03 to 16 years, with 90% of cases occurring in those younger than 12 years. The diagnosis of Pityriasis Alba is based on the clinical presentation and distribution of the lesion that is ill-defined, asymptomatic, hypopigmented macules and patches, oval or round shaped, involving predominantly face, especially the cheeks, arms, and upper trunk, with mild scaling and occasional pruritus. A 15-year-old girl came to our outpatient Department with her mother with the complaint of white patch on her face for 1 month. After taking individualized homoeopathic medicine, *Thuja occidentalis*, she was improved within 03 month. The case was documented photographically at the onset and the end of the treatment. Children's Dermatology Life Quality Index was maintained at every visit and showed a gradual decrease in every visit.

KEYWORDS: Children's Dermatology Life Quality Index, Individualized homoeopathic medicine, Modified Naranjo Criteria for Homoeopathy, Pityriasis Alba.

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INTRODUCTION:

Pityriasis Alba is a common benign skin lesion found in day-to-day medical practice. Pityriasis alba predominantly occurs in children and adolescents aged 03 to 16 years, with 90% of cases occurring in those younger than 12 and it is more noticeable in those with darker skin time. [1,2,3] Pityriasis Alba is characterized by ill-defined, asymptomatic hypopigmented macules and patches, oval or round shaped, involving

predominantly the face, especially the cheeks, arms, and upper trunk, with mild scaling and occasional pruritus.^[1] There is markedly reduced pigment in the epidermis without significant reduction in melanocyte count and on an electron microscope, degenerative changes in melanocytes and a reduced number of melanosomes within keratinocytes have been seen.^[5] The diagnosis of Pityriasis Alba is based on the peculiar clinical presentation and

distribution of the lesion. However. pityriasis alba follows a spontaneous, selfresolving course, gradually restoring normal skin pigmentation varies from several months to a few years, although most cases typically resolve within 1 year. [1] A study in Iraq with 86 pityriasis alba patients (mean age 8.9 years) reported higher prevalence in males, aggravating factors like sunlight and soap, facial lesions, a link to socioeconomic status, and an 18.9% prevalence among school children in central India.[4-6]Conventional treatment pityriasis alba is with low-potency topical steroids, such as 1% hydrocortisone cream or ointment, which may be helpful in some patients.^[1] There is only one report on the use of targeted phototherapy for pityriasis alba.[7]

Some homoeopathic medicines are claimed to be effective against Pityriasis Alba such as Ignatia amara, Bacillinum, Natrium arsenicum, Silicea. [8-11] In this case report we want to show that Pityriasis Alba improved within in 03 month by the individualized Homoeopathic medicine. The case was documented photographically at the onset and the end of the treatment. This case report has been reported as per the HOM-CASE CARE guideline, to add evidence of successful homoeopathic treatment in case of Pityriasis Alba and improvement of the quality of life of the patient. [12]

CASE REPORT:

A 15-year-old Muslim girl came to our outpatient Department with her mother on 9th August 2023 with the complaint of white scaly oval-shaped patch on her face for 01 month, occasionally itching associated with left-sided headaches mainly in the parietal lobe for 03 month. Itching aggravated at night and headache aggravated from cold and damp weather. She used

allopathic medicine and ointment but there is no significant result noticed. All the chief complaints were noticed after taking the DPT Booster vaccine, 04 month ago as per patient narration. She had a history of warts which was treated by Homoeopathic medicine, 5 years ago and otitis media which was treated by allopathic medicine, 3 years ago. The patient is a school-going girl reading in class 8 standards. She has no addiction to any particular thing. The environment of the patient is very much cold and damp all over the year. Her mother was suffering from hypertension for 4 years and under allopathic medication.

Homoeopathic Generals: Physical Generals:

The patient presents with a decreased appetite, experiencing occasional cutting pain in the epigastrium after eating. Her tongue appears moist and clear, and has a moderate thirst, consuming 1-2 liters of water daily. There are no specific food cravings, but the patient has an aversion to meat and potatoes. Additionally, they exhibit intolerance to tea, which causes toothache. Bowel habits are irregular, with mostly loose stools in the early morning following breakfast and coffee, but she also experience occasional constipation and pain during bowel movements. Urination is described as unsatisfactory, accompanied by cutting pain at the end of micturition. Sweating occurs on uncovered areas and has a sour odor. Sleep is average, amounting to 5-6 hours per night, with no significant dreams reported. The patient feels chilly and has a general tendency to catch colds easily.

Mental general:

The patient was very emotional and sensitive. Her mother said she is emotional, cries after watching sad movies or hearing sad songs. She had a fixed idea about something living in her abdomen.

Analysis of the case:

After conventional case taking was done following the rules and philosophy of the Organon of medicine, the totality of symptoms was constructed to find the most simillimum individualized homoeopathic medicine.

The following totalities of symptom are considered for repertorization:

- Bad effects of vaccination.
- White scaly oval-shaped patch on the face.
- Left-sided headache mainly in the parietal lobe aggravated by cold and damp weather.
- Emotional and sensitive.
- Fixed idea about something living in the abdomen.
- Intolerance: To tea causes toothache.
- Dislike: Meat and potato.
- Loose stool in the early morning after having breakfast and coffee.
- Feel cutting pain at the end of micturition.
- Sweat: On uncovered parts in the daytime with a sour smell.
- General tendency: To take cold easily.

Diagnostic Assessment:

The Diagnosis was made by clinical presentation such as ill-defined hypopigmented lesions with fine scales and oval shaped on face of children.

Repertorial analysis:

Homoeopathy is a symptomatological way of treatment where the totality of symptoms is more important to selection remedy. Here the totality of symptoms clearly indicates the picture of Thuja occidentalis but for final confirmation, software reportorial a assessment was done after converting the totality of symptoms into rubrics using Hompath classic version 8.0 based on Kent After repertorisation, Thuja repertory. occidentalis covered most of the symptoms both physical and mental, with a total score of 18 which is the highest score, followed by Silicea terra, Sulphur, Lycopodium clavatum, Nux vomica, Mercurius, Natrium muriaticum, Bryonia alba, Calcarea carbonica, Rhus toxicodendron, Setia officinalis, Natrium carbonicum. Phosphorus, Pulsatilla nigricans show in Picture no. 4.

THERAPEUTIC INTERVENTION:

After repertorial analysis and consultation with various materia medica [13, 14, 15] considering the physical make-up and individual characteristics of the patient, homoeopathic medicine Thuja occidentalis was selected as simillimum for this case. Thuja occidentalis 200/ 2 dose, OD for 2 days and Placebo for 28 doses BD for 14 days was prescribed.

Follow-up assessment:

The follow-up of the patient was done at fortnightly, monthly, and quarterly intervals. During the follow-up all changes in the clinical presentation were noted and homoeopathic medicine was unchanged. The case timeline including the 1st visit and subsequent follow-up with prescription and CDLQI score is presented in Table no.1. Finally, the skin lesion on the face and headache symptoms disappeared after 03 month of treatment (Picture no. 6, 7,8) and the reappearance of symptoms was not reported after 03 month of follow up.

Objective Evidence & Possible causal attribution of changes:

Photographic evidence documented the improvement of oval-shaped an hypopigmented facial patch following homoeopathic treatment. The Children's Dermatology Life Quality Index (CDLQI score)[16] initially 12, indicating severe impact on the patient's quality of life, gradually decreased to 0, highlighting significant improvement. Modified Naranjo Criteria for Homoeopathy (MONARCH) was used to relationships between homoeopathic treatment and its result. MONARCH score obtained 10 domains with a maximum score of +13 and a

minimum score of -6. In this case, the MONARCH score at the final visit was +9, as shown in Table no. 2, which means a positive causal attribution of the individualized Homoeopathic treatment in the case of Pityriasis Alba. [17]

Intervention adherence and tolerability: On every follow up patient was inquired about timely consumption of medicine in the prescribed dose.

Adverse and unanticipated events: No adverse and unanticipated events are noticed during the whole homoeopathic process of treatment.

Tabl-1: Follow-Up:

Date	Symptoms	Prescription	Justification			
09/08/2023		1. Thuja occidentalis 200 /2dose. In sac. lac. Each dose to be taken once daily on empty stomach for 2 days. 2. Placebo for 14 days	On the basis of the totality of symptom &repertorization.			
18/08/2023	 White hypopigmentation on face remain same. No new hypopigmented spots noticed. After taking medicine, headache was aggravated but in 2 to 3 days it became normal and till date the patient had no headache. 	1. Placebo for 28 days	Dr. J.T. Kent, in his book Lectures on Homoeopathic Philosophy, highlights that in cases of quick, short, and strong aggravation followed by rapid patient improvement, treatment has a favorable prognosis, and he advises practitioners to wait and watch, refraining from repeating the remedy. [21]			
05/09/2023	 Hypopigmented spots on face became darker. No itching. Patient suffered from headache twice till date. Cutting pain of urination decrease. 	1. Placebo for 28 days	Patient was better then before			

Sometime feels cutting pain in epigastrium. 10/10/2023 1. Placebo for 28 days Standstill condition. Hypopigmentation on face became darker but marked improvement does not observe. No itching. No headache No cutting pain in epigastrium. Cutting pain of urination decrease. 26/10/2023 1. Thuja occidentalis We observed further Hypopigmentation on dose. improvement of skin lesions of 1M/1 face remain same. No sac.lac. the face, and no new lesion itching. One dose to be taken observed. In this condition, No headache. in morning on empty according to the rule No cutting pain in repetition, first remedy in higher stomach. epigastrium. potency was prescribed [21] 2. Placebo for 28 days Cutting pain of In the Organon of urination decrease. medicine, Hahnemann advised every repetition of the same remedy will be the "slightly changed potency from the former." Dr H.A. Roberts has the view, "A remedy should not be changed without very good reasons. The remedy may be repeated at the necessary intervals through a whole range of potencies, securing the full amount of good from each potency before passing on to the next" [22]. 16/11/2023 1. Placebo for 28 days Complete Patient was better than before disappearance of hypopigmented spots from face. Normal skin color appears. No headache. No cutting pain in epigastrium. Cutting pain of urination decrease. 18/12/2023 1. Placebo for 60 days To see any recurrence of the No reappearance of symptoms was noticed or not. spots on face notice. No new complain.

22/02/2024	•	No reappearance of	1. Patien	it was advised
		hypopigmented spots	to visit	OPD, if any
		on face notice.	Other	complains
	•	No new complain.	occurs.	

Table-2: Modified Naranjo Criteria:

S1.	Modified Naranjo Criteria	Answers of the	Score
No.		patient	
1	Was there an improvement in the main symptom	Yes	+2
	or condition for which the homeopathic medicine		
	was prescribed?		
2	Did the clinical improvement occur within a	Yes	+1
	plausible time frame relative to the drug intake?		
3	Was there an initial aggravation of symptoms?	Yes	+1
4	Did the effect encompass more than the main	Yes	+1
	symptom or condition (i.e., were other symptoms		
	ultimately improved or changed)?		
5	Did over all well-being improve? (suggest using	Yes	+1
	validated scale)		
6A	Direction of cure: did some symptoms improve in	Not Sure	0
	the opposite order of the development of		
	symptoms of the disease?		
6B	Direction of cure: did at least two of the following	Not Sure	0
	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		
7	Did "old symptoms" (defined as non-seasonal and	No	0
	non-cyclical symptoms that were previously		
	thought to have resolved) reappear temporarily		
	during the course of improvement?		
8	Are there alternate causes (other than the medicine)	No	+1
	that—with a high probability— could have caused		
	the improvement? (Consider known course of		
	disease, other forms of treatment ,and other		
	clinically relevant interventions)		
9	Was the health improvement confirmed by any	Yes	+2
	objective evidence? (e.g., laboratory test, clinical		
	observation, etc.)		
10	Did repeat dosing, if conducted, create similar	No	0
	clinical improvement?		
Total			+9

Table-3: The Children's Dermatology Life Quality Index (CDLQI):

The	Children's Dermatology Life Quality Index		•						
(CDLQI)			CDLQI Score in every visit						
Sl.		1st	2nd	3rd	4th	5th	6th	7^{th}	8th
No	Items	visit	visit	visit	visit	visit	visit	visit	visit
	Over the last week, how itchy, "scratchy", sore or								
1	painful has your skin been?	2	2	0	0	0	0	0	0
	Over the last week, how embarrassed or self								
	conscious, upset or sad have you been because of								
2	your skin?	3	3	2	2	1	1	1	0
	Over the last week, how much has your skin								
3	affected your friendships?	1	1	1	0	0	0	0	0
	Over the last week, how much have you changed								
	or worn different or special clothes/shoes								
4	because of your skin?	1	1	1	1	0	0	0	0
	Over the last week, how much has your skin								
_	trouble affected going out, playing, or doing	4	4	4	4				
5	hobbies?	1	1	1	1	0	0	0	0
	Over the last week, how much have you avoided								
	swimming or other sports because of your skin	1	1	1	1	1	0	0	
6	trouble?	1	1	1	1	1	0	0	0
	Last week, was it school time? Or was it holiday								
	time? If school time: Over the last week, how								
	much did your skin problem affect your school								
	work? If holiday time: How much over the last week, has your skin problem interfered with your								
7	enjoyment of the holiday?	0	0	0	0	0	0	0	0
,	Over the last week, how much trouble have you								
	had because of your skin with other people								
	calling you names, teasing, bullying, asking								
8	questions or avoiding you?	3	3	3	2	2	1	0	0
	Over the last week, how much has your sleep								
9	been affected by your skin problem?	0	0	0	0	0	0	0	0
	Over the last week, how much of a problem has								
10	the treatment for your skin been?	0	0	0	0	0	0	0	0
	•								
Total		12	12	9	7	4	2	1	0



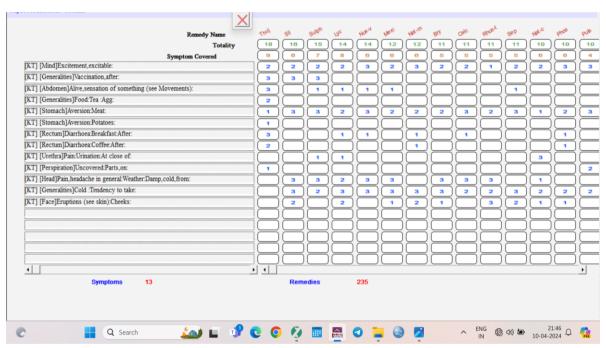
Picture no. 1 (Before treatment)



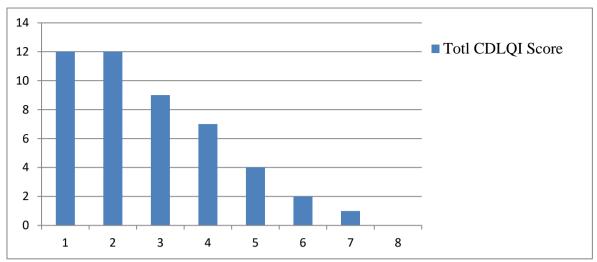
Picture no. 2 (Before treatment)



Picture no. 3 (Before treatment)



Picture no. 4 (Repertorization chart)



Picture no. 5 (A graphical presentation of the gradual decreasing of CDLQI score in every visit)



DISCUSSION:

Pityriasis Alba, a common benign skin condition in children and adolescents aged 3-16 years, is diagnosed by characteristic asymptomatic, hypopigmented, oval or round macules and patches, predominantly on the face, cheeks, arms, and upper trunk, with mild scaling and occasional pruritus. It is a spontaneous, self-resolving disease gradually restoring normal to skin pigmentation varies from several months to a few years, although most cases typically resolve within 1 year. This case is evidence that successfully treated Pityriasis Alba by individualized Homoeopathic

Thuja occidentalis in 03 month. In aphorism 282 foot note of Organon of medicine, Hahnemann advice internal as well as external application of Thuja occidentalis in the treatment of warts. Another doubleblind, randomized, placebo-controlled trial for the treatment of tinea corporis, with 62 patients was done where Thuja occidentalis was prescribed 11.3% [18]. Numerous investigations have shown that the mother tincture of Thuja occidentalis has antifungal properties that are effective against a wide of fungus species, including Aspergillus and Saccharomyces [19].

Conventional treatment for pityriasis Alba is with low-potency topical steroids, such as 1% hydrocortisone cream or ointment, which may be helpful in some patients. But in the aphorism 203 in Organon of Medicine, Hahnemann said "This pernicious external mode of treatment is one of the most criminal procedure the medical world can guilt of." and also said "every external treatment of such local symptoms, the object of which is to remove them from the surface of the body, whilst the internal miasmatic disease is left uncured." [20] In this case after careful report case taking and repertorization, Thuja occidentalis 200/ 2 doses was prescribed. After that, the headache symptoms were changed but skin lesion remains same. So a placebo was given for 75 days after 1stprescription, i.e. in 4th visit a standstill condition of skin lesion on face was observed. In this condition according to the rule of repetition of the first remedy advised to wait and watch for a considerable period without giving any medicine [21]. At the 5th visit, we observed no further improvement of skin lesions of the face, and no new lesion observed. In this condition, according to the rule of repetition, first remedy in higher potency was prescribed [21].

Following all the advice of homoeopathic regarding the stalwarts guideline repetition of the first remedy we prescribed the same medicine in higher potency that is Thuja occidentalis 1M/ 1 dose in sac lac. In this case report the case came to a standstill within condition 75 days after 1st prescription, whereas Dr. R. G. Miller mentioned on his drug relationship that the duration of Thuja occidentalis is 75 days [23]. After repetition of the same drug in higher potency, we observed a marked improvement with respect to complete disappearance of hypopigmented spot from face and normal skin the color

appeared. This homoeopathic intervention improved the clinical presentation of Pityriasis Alba on 16/11/2023 and the reappearance of spot on the face was not noticed within 03 months of follow-up. Rather than a selection of medicine and proper potency, the selection of dose is equally important for homoeopathic treatment. For this purpose, Hahnemann said that 'The suitableness of a medicine for any given case of disease does not depend on its accurate homoeopathic selection alone, but likewise on the proper size, or rather smallness of the dose', [20]. So, the selection of minimum dose is very important to avoid any medicinal aggravation and for quick recovery. In this case according to the philosophy of dose selection of Hahnemann, at first, two doses were selected and at the time of repetition of the same medicine in higher potency one dose was selected. This case report is evident that the proper selection of individualized homoeopathic medicine and proper adherence to the homoeopathic principle is also necessary for successful treatment of Pityriasis Alba to improve the quality of life of the patient.

CONCLUSION:

The present case report showed the effectiveness of individualized Homoeopathic medicine, *Thuja occidentalis* in the treatment of Pityriasis Alba along with the improvement of the quality of life of the patient.

Declaration of patient Assent:

The patient and the parent of the patient gave verbal assent to publish her homoeopathic treatment result in this case report. I assure you that any personal document will not be published.

Acknowledgement:

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Consent of patient:

The consent of the patient has been taken for publication and procedure without disclosing the identity of the patient.

Conflict of interest: The author declares that there is no conflict of interest.

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