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Successful Management of Long-standing Pityriasis Alba at Dr Batra's®: A Case Report

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ABSTRACT

Background: Pityriasis alba is a common benign hypopigmentary dermatosis predominantly affecting children and young adults. It presents as ill-defined hypopigmented macules or patches, commonly over the face, neck, and upper limbs. Although considered self-limiting, many patients experience cosmetic concerns, recurrent episodes, and psychological distress. Conventional treatment is mainly supportive and focuses on emollients, topical corticosteroids, and sun protection. Individualized homoeopathic treatment aims to address the patient as a whole rather than treating only the cutaneous manifestations.

Case Summary: A 25-year-old male engineer presented with recurrent hypopigmented patches over the neck, trunk, and upper extremities since early childhood. The lesions waxed and waned over nearly two decades without complete permanent remission. There was a significant family history of similar hypopigmented lesions. Clinical examination and Wood's lamp evaluation supported the diagnosis of Pityriasis alba after excluding other causes of hypopigmentation. Detailed constitutional case taking revealed characteristic mental and physical generals that guided individualized homoeopathic prescription.

Intervention: The patient received individualized constitutional homoeopathic treatment at Dr Batra's® Positive Health Clinics along with dietary counselling and skin care advice.

Outcome: Progressive reduction in lesion visibility, improved skin pigmentation, stabilization of disease activity, and improved patient confidence were observed during follow-up without development of new lesions.

Conclusion: This case demonstrates the potential role of individualized homoeopathic treatment in the long-term management of chronic Pityriasis alba. Larger controlled clinical studies are warranted to evaluate these observations.

Keywords: Pityriasis alba, Hypopigmentation, Individualized Homoeopathy, Constitutional Prescription, Case Report

1. Introduction

Pityriasis alba is a chronic benign inflammatory disorder characterized by poorly defined hypopigmented patches with fine scaling. It predominantly affects children and adolescents and is frequently associated with xerosis, atopic diathesis, and prolonged sun exposure. Although the exact etiology remains uncertain, impaired melanogenesis secondary to low-grade inflammation has been proposed.

The lesions are usually asymptomatic but may become cosmetically distressing, particularly in individuals with darker skin phototypes. Differential diagnoses include vitiligo, pityriasis versicolor, post-inflammatory hypopigmentation, progressive macular hypomelanosis, and nevus depigmentosus.

Homoeopathy emphasizes individualized treatment based on the totality of symptoms, incorporating physical characteristics, mental attributes, hereditary tendencies, and constitutional makeup. This case illustrates the successful management of chronic Pityriasis alba through individualized homoeopathic treatment.

2. Case Information

A 25-year-old unmarried male working as an engineer presented to Dr Batra's® Positive Health Clinics with complaints of recurrent hypopigmented patches involving the neck, trunk, and bilateral upper extremities.

The patient reported that the lesions first appeared at approximately 3–4 years of age and had persisted for nearly twenty years with intermittent spontaneous fading and recurrence. The lesions developed gradually without preceding trauma or inflammation. They were asymptomatic, with no itching, burning, pain, erythema, or scaling.

The patient observed that the lesions became more noticeable during winter. No definite relationship with sun exposure was identified.

2.1 History of Present Illness

The patient experienced recurrent episodes of hypopigmented patches since childhood. Individual lesions occasionally faded spontaneously but subsequently reappeared in the same or nearby locations.

He had previously consulted a tertiary dermatology centre approximately five years earlier and had received topical creams and lotions with only temporary improvement. Two months before presentation, he had initiated homoeopathic treatment elsewhere; however, the lesions appeared to increase, prompting consultation at Dr Batra's® Positive Health Clinics.

No history of trauma, preceding skin infections, excessive sunburn, chemical exposure, or occupational hazards was elicited.

2.2 Associated Complaints

The patient also complained of recurrent tonsillitis aggravated by cold water. There was no history of asthma, allergic rhinitis, eczema, diabetes mellitus, thyroid disease, autoimmune disorders, or other chronic illnesses.

2.3 Past History

- Recurrent malaria at 16 and 21 years of age
- Typhoid fever six months prior requiring hospitalization for three days
- Recurrent tonsillitis
- No surgical history

- No history of tuberculosis, leprosy, or autoimmune diseases

2.4 Family History

The patient reported a significant familial tendency toward similar hypopigmented lesions. Father had comparable white patches that gradually improved with age; younger brother had similar lesions; niece also suffered from comparable hypopigmented patches. Father had hypertension; mother suffered from migraine. The strong hereditary predisposition suggested a constitutional susceptibility.

2.5 Personal History

Occupation: Engineer. Marital Status: Unmarried. Diet: Mixed. Appetite: Normal. Craving: Spicy food. Thirst: Normal. Sleep: Restful. Bowel: Regular. Bladder: Normal. Addictions: Nil.

2.6 Physical Generals

- Appetite normal
- Desire for spicy food
- Normal thirst
- Chilly patient
- Thin body build
- Comfortable in air-conditioned environment
- Restful sleep
- Perspiration normal
- Urine and bowel habits normal

2.7 Mental Generals

The patient described himself as sympathetic, ambitious, and caring toward others. Although emotionally expressive, he tended to suppress anger rather than express it openly. He was career-oriented and focused on professional growth. Characteristic features included sympathetic disposition, ambitious nature, suppressed anger, desire for perfection, dreams of snakes, mild emotional sensitivity, and a responsible personality. These constitutional features played an important role in remedy selection.

2.8 Clinical Examination

General physical examination revealed a healthy young adult with stable vital signs. Dermatological examination showed multiple ill-defined hypopigmented macules and patches distributed over the neck, upper trunk, and bilateral upper extremities. The lesions demonstrated poorly defined margins without complete depigmentation. No erythema, scaling, induration, crusting, or sensory impairment was observed. Hair, nails, and mucous membranes were normal, with no regional lymphadenopathy.

2.9 Wood's Lamp Examination

Wood's lamp examination was performed as part of the clinical evaluation. The findings were not consistent with complete depigmentation typically observed in vitiligo. Clinical correlation favored the diagnosis of Pityriasis alba, supported by lesion morphology, chronic fluctuating course, and absence of characteristic vitiligo features.

2.10 Differential Diagnosis

- Pityriasis alba
- Vitiligo
- Progressive macular hypomelanosis
- Pityriasis versicolor

- Post-inflammatory hypopigmentation
- Nevus depigmentosus

2.11 Final Diagnosis

Pityriasis Alba

3. Clinical Analysis

The present case represents a chronic recurrent case of Pityriasis alba with onset during early childhood and persistence for nearly twenty years. Although Pityriasis alba is generally regarded as a benign and self-limiting inflammatory dermatosis, this patient exhibited repeated episodes of hypopigmented lesions with spontaneous remission and recurrence, significantly affecting cosmetic appearance and psychological well-being.

Several striking constitutional characteristics were observed during detailed case taking. The patient was sympathetic by nature, ambitious, emotionally balanced but inclined to suppress anger, and possessed a marked desire for spicy food. The presence of a strong hereditary predisposition, with similar lesions occurring in the father, younger brother, and niece, suggested an inherited constitutional susceptibility.

The absence of complete depigmentation, preservation of normal skin texture, ill-defined lesion borders, and fluctuating clinical course favored the diagnosis of Pityriasis alba rather than vitiligo. The individualized prescription was therefore based on the totality of constitutional, mental, physical, hereditary, and pathological characteristics rather than on the skin lesions alone.

3.1 Totality of Symptoms

Mental Generals: Sympathetic; ambitious; suppressed anger; responsible personality; mild emotional disposition; dreams of snakes.

Physical Generals: Desire for spicy food; chilly patient; thin build; restful sleep; normal appetite; normal thirst.

Particular Symptoms: Chronic recurrent hypopigmented patches; since childhood; ill-defined margins; neck; trunk; bilateral upper extremities; worse during winter; family history of similar lesions.

3.2 Repertorial Analysis

The following characteristic rubrics were selected during repertorization:

Mind: Ambition · Sympathy · Suppressed anger · Dreams—Snakes

Generalities: Desire for spicy food

Skin: Hypopigmented patches · Chronic recurrent eruptions · Hereditary skin disorder

Repertorial analysis revealed the following leading remedies: Carcinosinum, Natrum muriaticum, Crocus sativus, Phosphorus, Alumina, Arsenicum album, Calcarea carbonica, and Sepia. Among these remedies, Carcinosinum showed the closest correspondence with the patient's constitutional makeup, hereditary tendency, emotional characteristics, and chronic disease pattern.

Remedies	carc.	nat-m.	crot-c.	dendr-pol.	dulc.	ruta	sep.	phos.	aur-m-n.	lyc.	spong.	staph.	arg-n.	falco-pe.	germ-met.	kali-s.	podo
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Symptoms Covered	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3
Intensity	7	6	4	4	4	4	4	7	6	5	5	5	4	4	4	4	4
Result	4/7	4/6	4/4	4/4	4/4	4/4	4/4	3/7	3/6	3/5	3/5	3/5	3/4	3/4	3/4	3/4	3/4
Clipboard 1																	
MIND - AILMENTS FROM - anger - suppressed	1	2	1	1		1	1	1	2	3	1	3		1	2		1
MIND - SYMPATHETIC	3	2	1	1	1	1	1	3	2	1	3	1	1	2	1	2	2
MIND - AMBITION		1			1												
DREAMS - SNAKES	1		1	1	1	1	1						2	1		1	
GENERALS - FOOD and DRINKS - spices - desire	2	1	1	1	1	1	1	3	2	1	1	1	1		1	1	1

Figure 1. Repertorial analysis summary.

3.3 Selection of Remedy

Constitutional Remedy — Carcinosinum 200C: Based on the constitutional totality including strong hereditary predisposition, sympathetic personality, ambitious nature, suppressed emotions, desire for spicy food, dreams of snakes, long-standing chronic skin disorder, and chronic relapsing course.

Acute Remedy: Prescribed according to the presenting clinical picture whenever required during follow-up.

Intercurrent Remedy: Administered only when clinically indicated based on disease evolution and response.

3.4 Reason for Selecting Carcinosinum

Carcinosinum has a well-recognized sphere of action in chronic hereditary constitutions characterized by strong family history, long-standing recurrent illnesses, suppressed emotions, sympathetic and caring disposition, ambitious personality, and deep constitutional pathology. The patient's constitutional profile corresponded closely with these characteristics, making Carcinosinum the most suitable individualized prescription.

3.5 Auxiliary Management

The patient received comprehensive counseling regarding skin care and lifestyle modifications, including daily use of moisturizer, avoiding excessive soap application, avoiding unnecessary topical steroid use, maintaining adequate hydration, consuming a balanced nutritious diet, avoiding excessive friction over lesions, and regular follow-up for assessment of pigmentation.

4. Follow-up

The patient was reviewed periodically at Dr Batra's® Positive Health Clinics. Clinical assessment included photographic documentation, clinical examination, comparison of lesion size, pigmentation assessment, and evaluation of disease activity. Gradual improvement was observed throughout follow-up.

- Progressive reduction in lesion prominence
- Better blending with surrounding skin
- No development of new lesions
- Stabilization of disease
- Improved cosmetic appearance
- Increased patient confidence
- No adverse drug reactions

4.1 Outcome Assessment

Parameter	Baseline	Final Follow-up
Number of lesions	Multiple	Reduced
Pigmentation	Markedly reduced	Improved
Cosmetic appearance	Poor	Significantly improved
Disease activity	Active	Stable
New lesions	Present intermittently	None observed
Patient satisfaction	Low	Excellent

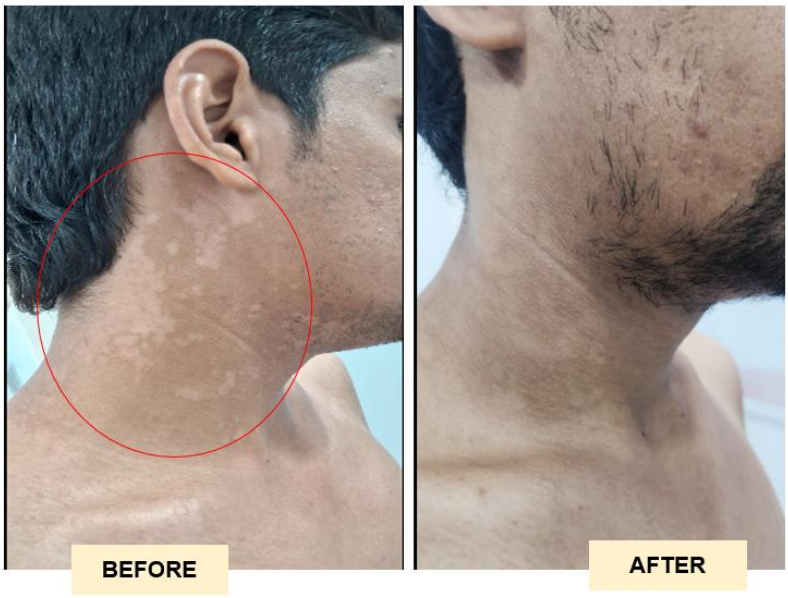

Figure 2. Serial photographic comparison of lesion pigmentation.

5. Discussion

Pityriasis alba is a benign inflammatory hypopigmentary dermatosis predominantly affecting children and young adults. It is characterized by ill-defined hypopigmented macules or patches, commonly distributed over the face, neck, upper trunk, and extremities. Although the condition is self-limiting in many individuals, recurrent episodes and persistent cosmetic concerns frequently prompt patients to seek medical care.

The exact etiopathogenesis remains unclear; however, multiple factors including mild eczema, xerosis, ultraviolet exposure, impaired melanosome transfer, nutritional deficiencies, and genetic predisposition have been implicated. The lesions are usually asymptomatic but may become more apparent during winter because of increased xerosis or during summer owing to tanning of the surrounding normal skin.

In the present case, the patient had experienced recurrent hypopigmented lesions for nearly two decades, beginning in early childhood. The fluctuating course, spontaneous fading and recurrence, positive family history, and absence of complete depigmentation strongly supported the diagnosis of Pityriasis alba. Clinical examination and Wood's lamp evaluation excluded vitiligo and other causes of hypopigmentation.

Homoeopathy approaches such chronic dermatological disorders through individualization, emphasizing the constitutional characteristics, hereditary tendencies, physical generals, mental disposition, and characteristic modalities of the patient rather than focusing solely on local pathology. The present patient demonstrated several characteristic constitutional features, including sympathetic

nature, ambition, suppressed emotions, hereditary predisposition, and desire for spicy food. These features guided the selection of an individualized constitutional remedy.

During follow-up, progressive improvement in pigmentation and stabilization of lesions were observed without the appearance of new lesions. The patient also reported increased confidence and satisfaction with the cosmetic outcome. Although a causal relationship cannot be conclusively established from a single case report, the sustained clinical improvement observed over follow-up suggests that individualized homoeopathic treatment may have contributed to disease stabilization and improvement in quality of life. Further prospective observational studies and randomized controlled trials are required to evaluate the effectiveness of individualized homoeopathic treatment in patients with chronic Pityriasis alba.

6. Health-Related Quality of Life (HRQL)

Before treatment, the patient reported embarrassment due to the visible hypopigmented patches, particularly on exposed areas of the body. Although asymptomatic, the cosmetic appearance negatively affected self-confidence.

Following individualized homoeopathic treatment, the patient expressed greater satisfaction with skin appearance, social confidence improved, anxiety regarding disease progression decreased, daily activities were performed without concern regarding skin lesions, and overall quality of life improved significantly.

7. Learning Points

- Pityriasis alba should be differentiated carefully from vitiligo and other hypopigmentary disorders through thorough clinical examination and appropriate investigations.
- A detailed constitutional evaluation may identify characteristic mental and physical generals useful for individualized homoeopathic prescription.
- Family history and hereditary tendencies may provide valuable insights during case analysis.
- Long-standing hypopigmented dermatoses require regular photographic documentation for objective assessment.
- Individualized homoeopathic treatment may contribute to stabilization of disease activity and improvement in cosmetic appearance and patient quality of life.
- Counseling regarding skin hydration, sun protection, and appropriate skincare remains an essential component of management.

8. References

1. Bolognia JL, Schaffer JV, Cerroni L. Dermatology. 4th ed. Philadelphia: Elsevier; 2018.
2. Kang S, Amagai M, Bruckner AL, Enk AH, Margolis DJ, McMichael AJ, et al. Fitzpatrick's Dermatology. 9th ed. New York: McGraw-Hill Education; 2019.
3. James WD, Elston DM, Treat JR, Rosenbach MA, Neuhaus IM. Andrews' Diseases of the Skin: Clinical Dermatology. 14th ed. Philadelphia: Elsevier; 2024.
4. Habif TP. Clinical Dermatology: A Color Guide to Diagnosis and Therapy. 7th ed. Philadelphia: Elsevier; 2021.
5. Burns T, Breathnach S, Cox N, Griffiths C. Rook's Textbook of Dermatology. 10th ed. Oxford: Wiley-Blackwell; 2023.
6. Taïeb A, Boralevi F. Pityriasis alba. Dermatol Clin. 2005;23(2):251-9.
7. Jha AK, Sonthalia S, Lallas A. Hypopigmentary disorders in children: an update. Indian Dermatol Online J. 2021;12(3):339-352.

8. Sarkar R, Garg VK. Disorders of pigmentation in children. Indian J Dermatol Venereol Leprol. 2013;79(5):606-621.

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