CASE REPORT e-ISSN: 2349-0659 p-ISSN; 2350-0964

A Case Report Demonstrating the Utility of Anti-Miasmatic Prescription to Treat Pityriasis Alba

Rajarshi Mallick Choudhury[1], Tuhina Parveen[2]*, Bidisha Ray[3], M. Krishna Manasa[4], Dhara Doshi[5], Jignasha Parmar[6], Drashti Upadhyay[4]

Abstract

Background: Pityriasis alba (PA) is a superficial skin disease with variable incidence and prevalence in different geographical regions globally. It chiefly affects children and adolescents and is characterized by pale, ill-defined macules, often with mild scaling and occasional pruritus. **Case History:** An 18-year-old male patient reported to a government hospital outpatient department with multiple circular hypopigmented spots on both cheeks with itching and mild burning for 8 months, which did not improve even after the use of medications and ointments. The case was clinically diagnosed as PA of the face. *Thuja occidentalis 0/1 (*50 millesimal potency), 14 doses, was prescribed after case-taking and analyzing the miasmatic basis of the symptoms from the available homeopathic literature. **Results:** Disappearance of hypopigmented lesions and itching followed within 21 days, without any diet or regimen, along with a score of +8 on Modified Naranjo Criteria for Homoeopathy. **Conclusion:** PA produces cosmetic discomfort. With properly individualized homeopathic medicine administered daily in the 50 millesimal potency, rapid resolution of symptoms may be possible.

Keywords: Homoeopathy, Pityriasis alba, *Thuja occidentalis*

Asian Pac. J. Health Sci., (2026); DOI: 10.21276/apjhs.2026.13.4.26

Introduction

Pityriasis alba (PA) is a benign, self-limiting skin condition predominantly affecting children and adolescents characterized by fine scales and pale colored, ill-defined macules and patches, typically circular or oval, often with mild scaling and occasional itching, more noticeable in individuals with darker skin tones. The most common sites of lesions are the cheeks, arms, and upper trunk. Although PA is self-limiting, the cosmetic effects are alarming for the patients, especially those with darker complexions. Usually, normal pigmentation is restored within months to a year without treatment, although the duration may be variable.[1,2] Low-potency topical corticosteroids are commonly used as standard intervention, though it has not yet been possible to define a specific timeline of resolution of symptoms, as the improvement may take weeks or years.[3] Various interventions for PA, such as hydrocarbons, oils, waxes, psoralen plus ultraviolet light A, photochemotherapy, and laser therapy, have been investigated with no evidence suggesting the superiority of one over the others.[3,4] Specific data on India prevalence is lacking; however, PA was the most frequent diagnosis (24.7%) out of all hypopigmented skin disorders in children attending a dermatology outpatient department (OPD) in Pondicherry.[5] Yaseen *et al*. (2013) conducted a cross-sectional study in Kashmir, India, consisting of 5000 students in the age group 6–19 years, out of which PA emerged at 15.8% prevalence with the highest rates of 68.7% in the 9–14 years age group.[6] PA is frequently associated with atopic dermatitis, xerosis, and sun exposure, but the exact cause is unknown.[7] Current research is aimed at rapid mitigation of the cosmetic defect PA brings along with it.[8,9] Existing evidence favors the role of homeopathic medicines, especially in 50 millesimal potencies in various skin disorders, but there is scanty evidence of their efficacy in PA.[10-14] In this clinical case report, the patient with PA was treated successfully with individualized homeopathic medicine in 50 millesimal potency.

[1]Department of Forensic Medicine and Toxicology, Gardi Vidyapith, L R Shah Homoeopathy College, Rajkot, Gujarat, India.

[2]Department of Repertory, Gardi Vidyapith, L R Shah Homoeopathy College, Rajkot, Gujarat, India.

[3]Department of Surgery, Gardi Vidyapith, L R Shah Homoeopathy College, Rajkot, Gujarat, India.

[4]Department of Organon of Medicine and Philosophy, Gardi Vidyapith, L R Shah Homoeopathy College, Rajkot, Gujarat, India.

[5]Department of Human Anatomy, Gardi Vidyapith, L R Shah Homoeopathy College, Rajkot, Gujarat, India.

[6]Department of Physiology and Biochemistry, Gardi Vidyapith, L R Shah Homoeopathy College, Rajkot, Gujarat, India.

Corresponding Author: Tuhina Parveen, Department of Repertory, Gardi Vidyapith, L R Shah Homoeopathy College, Rajkot, Gujarat, India. E-mail: drtuhina12@gmail.com

How to cite this article: Choudhury RM, Parveen T, Ray B, Manasa MK, Doshi D, Parmar J, Upadhyay D. A Case Report Demonstrating the Utility of Anti-Miasmatic Prescription to Treat Pityriasis Alba. Asian Pac. J. Health Sci., 2026;13(4):122-126.

Source of support: Nil.

Conflicts of interest: None.

Received: 11/09/2026 **Revised:** 18/09/2026 **Accepted:** 13/10/2026

The article adheres to the HOM-CASE-CARE guidelines for reporting clinical case reports.

Patient Information

Demographic Information and Present Complaints

An 18-year-old, Islam, male, of lower socio-economic status, residing at Canning, Sundarban, P.S. Jibantala, bearing OPD Regn No. – DHMC/RG2500046409, reported to a government hospital on May 23rd, 2025, complaining of multiple dry circular

©2026 The Author(s). This is an open access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

hypopigmented lesions on both cheeks with mild burning and itching for the past 8 months.

History of Present Complaints

Before reporting to us, he had consulted at a government hospital and undergone treatment, including the use of topical applications for 2 months without significant improvement. He discontinued the previous medications for more than 1 month before reporting to the current OPD.

Personal and Family History

There was a past medical history of appendicitis, which was managed surgically with appendicectomy, and there was a family history of diabetes mellitus in his mother.

Physical Generals

Case taking revealed normal appetite and an average water consumption of 2–3 L/day. He had a strong desire for chicken. Character of stools was occasionally mucoid with a general tendency to constipation, along with a sensation of incomplete evacuation. He had a constant sensation of chilliness. Nothing significant was revealed on interrogation regarding urine, sweat, or sleep.

Mental Generals

No strong peculiarities were found regarding the mental state.

Clinical Findings

Multiple small, circular, dry hypopigmented patches over both cheeks. Hypopigmented spots near the chin coalesced with each other to resemble large areas of hypopigmentation with no specific shape. There was very mild scaling of the skin, but no oozing of moisture from any lesion. These findings led to the clinical diagnosis of PA.

Totality of Symptoms

The totality hence formed consisted of occasional mucoid stools and a sense of incomplete evacuation, with a general sensitiveness to cold. Particular symptoms were multiple, dry, circular hypopigmented lesions on both cheeks with mild burning and itching. There was a history of appendicitis managed surgically by appendicectomy. The family history consisted of diabetes mellitus in the mother.

Miasmatic Analysis

The miasmatic analysis was done based on the symptoms from the existing homeopathic literature [Table 1].[15-17]

Repertorial Analysis

Since very striking mental and physical general symptoms were not available, the use of repertory for drug selection was averted. However, a retrospective repertorization was done based on repertory to the homeopathic materia medica by James Tyler Kent to look for indicated remedies in this case, where *Thuja* was not found in the leading remedies after repertorization.

Timeline

Details of the follow-up are mentioned in Table 2.

Diagnostic Assessment

The diagnosis of PA was established through clinical examination of skin lesions. Multiple small, circular, dry hypopigmented patches over both cheeks. Hypopigmented spots near the chin enlarged and coalesced with each other to resemble large areas of hypopigmentation with no specific shape. There was mild scaling of the skin but no oozing of moisture from any lesion. Only the face was affected. There were no hypopigmented spots over limbs or trunks, or the back. Demonstration of fungal hyphae would have added to the strength of evidence, but considering the education and socio-economic status of the patient, combined with the history of failure of treatment, long distance of travel from home to hospital, and repeated visits to the hospital would have increased expenditure of the patient and a possible loss to follow-up the patient. Hence, a diagnosis was established clinically.

Therapeutic Intervention

Individualized homeopathic medicine was prescribed as a pharmacologic intervention. *Thuja Occidentalis* (common name – Arbor Vitae), 0/1 (first dilution according to the 50 millesimal scale as described in the 6th edition of Organon of Medicine), was

Table 1: Miasmatic analysis

Sl. No.	*Symptoms*	*Miasm*	*Background and references*
1.	Stool – occasional mucoid stools and a sense of incomplete evacuation.	Sycosis	Mucus in stool indicates the exaggerated catarrhal state of secondary sycosis.[15]
2.	Multiple, dry, circular hypopigmented lesions on both cheeks with mild burning and itching.	Sycosis	HA Roberts mentions that any sycotic eruption will have a circular, circumscribed character.[15]
3.	Past medical history: Appendicitis managed surgically with appendicectomy.	Sycosis	J.H. Allen's work on Sycosis mentions that appendicitis is frequently caused due to secondary sycosis.[16] Many persons affected with secondary or tertiary sycosis have attacks of appendicitis, after removal of which other important organs are affected. This indicates a suppression of sycosis. Appendicitis is directly associated with sycosis.[15] Surgical treatment of diseases suppress the sycotic symptoms and leads to further complications of the sycotic nature.[16]
4.	Family history: Mother has diabetes mellitus.	Sycosis	Diabetes mellitus is an important anamnestic indicator of the sycotic miasm if found in the past history or the family history of the patient.[17]

administered in 14 doses, once daily, in the morning in an empty stomach. One dose marked on the medicine bottle was advised to be mixed and stirred with one glass of water. One tablespoonful from that mixture was to be taken per mouth. The rest of the mixture was to be disposed away.

Justification of Prescription

With the confirmation of the strong sycosis miasmatic background, the general sensation of chilliness, along with Boenninghausen's work on anamnesis of sycosis, which has been predominantly written on a background of clinical experiences with the drug *Thuja*,[17] *T. occidentalis* was prescribed on account of its ability as a well-known remedy to cure symptoms of the sycosis miasm. The 50 millesimal potency was administered in accordance with Hahnemann's directions on the renewed dynamization method in the 6th edition of Organon of Medicine.

Follow-up and Outcomes

Clinician- and Patient-Assessed Outcomes

Modified Naranjo criteria for homoeopathy (MONARCH) inventory was used to assess outcome and causal attribution of changes.[18] Total score for MONARCH inventory +8 [Figure 1].

Intervention Adherence and Tolerability

Assessed verbally at follow-ups by interrogating the patient about the mode of intake of medicine and the appearance of new symptoms after the administration of the same.

Adverse and Unanticipated Events

No homeopathic aggravation was observed or reported by the patient.

Table 2: Milestones related to diagnoses and intervention, and follow-up

Date	*Symptoms*	*Diagnosis*	*Intervention*
May 23rd, 2025 (baseline)	Multiple, dry, circular hypopigmented lesions on both cheeks with mild burning and itching. Stool - occasional mucoid stools with sensation of incomplete evacuation. Thermal reaction - sensation of coldness, chilly. Past medical history of appendicitis managed surgically with appendicectomy. Family history - diabetes mellitus in mother.	Clinically diagnosed as Pityriasis alba.	*Thuja occidentalis* 0/1, 14 doses OD×morning×14 days.
June 13th, 2025 (follow-up 1)	No circular hypopigmented spots on the face. No itching or burning Mild burning sensation of the skin of the face on exposure to the sun heat. Stool - improved from last visit, daily motions, satisfactory evacuation.		Placebo, OD×28 days
August 1st, 2025 (follow-up 2)	No circular hypopigmentation of the face was observable. No recurrence of symptoms or new complaints.		Placebo once daily for 28 days.

Domains		Yes	No	Not sure or Not applicable
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	(+2)	−1	0
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	(+1)	−2	0
3	Was there a homeopathic aggravation of symptoms?	+1	(0)	0
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	(+1)	0	0
5	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	(+1)	0	0
6 A	Direction of cure: did some symptoms improve in the opposite order to the development of symptoms of the disease?	+1	0	(0)
6B	Direction of cure: did at least one of the following aspects apply to the order of improvement in 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)
7	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	(0)	0
8	Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	−3	(+1)	0
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	(+2)	0	0
10	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	(0)

Figure 1: Causal attribution of changes assessed through modified Naranjo criteria for homoeopathy

Date	*Prescription*	*Evidence*
May 23, 2025	*Thuja occidentalis* *0/1*, 14 doses	
June 13, 2025	Placebo	

Figure 2: Objective evidence

Objective Evidence

Refer to Figure 2.

Results

The patient showed complete resolution of symptoms on the first follow-up, within a time interval of 20 days from baseline, after the prescription of *T. occidentalis*. Improvement has been documented by objective evidence showing the return of normal pigmentation of the skin of the face.

Discussion

PA is a common disease of the skin in children and adolescents, and it brings along with it severe cosmetic discomfort. Current research is aimed at the rapid resolution of the symptoms. However, the setback is the time duration in which improvement can be sought after. PA is self-limiting, but its course can extend from weeks to years.[1] With pharmacological treatment, this time duration may be reduced, but in many cases, the resolution takes a very long time. *T. occidentalis* is a plant native to North America and Europe containing an active ingredient, alpha-thujone,[19] and a well-known anti-sycotic medicine. It bears a very strong therapeutic relation with both the primary and secondary manifestations of the sycosis miasm. *Thuja* has been shown to be effective against many microbial infections, specifically of the skin such as warts, ringworm, and mycotic keratitis.[19-21] *Thuja* has antifungal action against *Saccharomyces cerevisiae*, *Aspergillus parasiticus*, *Aspergillus niger*, *Aspergillus flavus*, *Trichophyton rubrum*, *Macrophomina*, and *Fusarium solani*.[20,21] With Hahnemann's preparation of *T. occidentalis* from fresh twigs,[22] combined with the application of *Thuja* as a therapeutic agent based on the Law of similia, along with the working theory of chronic diseases, the clinical utility of *Thuja* becomes enlarged. In this case, *T. occidentalis 0/1* was prescribed based on the totality of symptoms and sycosis miasmatic background. The choice of the 50 millesimal potency was made to avoid the possibility of aggravation and obtain a rapid cure as termed by Hahnemann (Aph 246, 6th edition). The reason for 14 doses being prescribed was that in chronic diseases, correctly chosen homeopathic medicine may be repeated daily, even for months, as mentioned by Hahnemann (Aph 248, 6th edition).[23] The circular hypopigmented patches, the past history of appendicitis, and family history of diabetes mellitus are important anamnestic indications for the sycosis miasm. In many cases, where skin diseases express themselves in such a manner that they resemble Hahnemann's one-sided, "so-called local maladies" (Aph 185–200),[23] the anamnesis in many cases will provide prescribing indications. The rapid improvement of the symptoms within 3 weeks, which previously did not respond to topical medications, is of value. It helps generate basic evidence supporting the role of 50 millesimal potencies in the treatment of PA, and sets the stage for further studies. No auxiliary measures with diet and hygiene were advised.

Conclusion

Although there is evidence on the efficacy of the 50 millesimal potencies in chronic skin diseases, there is limited evidence favoring the role of individualized homeopathic medicines in PA prescribed in the 50 millesimal potencies. Case reports being the lowest kind of evidence, studies on larger number of participants with PA are required to generate stronger evidence supporting the role of individualized homeopathic medicines in 50 millesimal potencies. This case report serves to verify the writings on the sycosis miasm by authors on homeopathy as discussed above, and also generates primitive evidence on the efficacy of the 50 millesimal potencies in PA without any adverse events or aggravation. The consideration of the sycosis miasm in PA and prescription of an anti-sycotic medicine in 50 millesimal potencies may help in the rapid resolution of the disease.

Patient Perspective

The patient mentioned that the symptoms started resolving gradually after starting the medications. Complete improvement had already taken place by the end of 2 weeks. The sensation of incomplete evacuation had also improved, and there were no episodes of mucoid stools since starting the medications till the end of the second follow-up. This suggests the rapidity and efficacy of homeopathic medicines when well-indicated remedies are administered in proper dosage.

Informed Consent

Verbal and written informed consent was obtained from the patient.

Conflicts of Interest

The authors declare no potential conflicts of interest with respect to research, authorship, and/or publication of this article.

Funding

None.

Acknowledgment

The authors sincerely express gratitude to teachers and mentors for their valuable guidance and encouragement during the preparation of this case report. The authors are also thankful to the patient for their cooperation and consent to use the clinical details for academic purposes while maintaining confidentiality.

Copyright and Permission Statement

We confirm that the materials included in this chapter do not violate copyright laws. Where relevant, appropriate permissions have been obtained from the original copyright holder(s). All original sources have been appropriately acknowledged and/or referenced.

References

1. Givler DN, Saleh HM, Givler A. Pityriasis Alba. In: StatPearls. Treasure Island, FL: StatPearls Publishing; 2026. Available from: https://www.ncbi.nlm.nih.gov/books/nbk431061 [Last accessed on 2026 Aug 12].
2. Jawade SA, Chugh VS, Gohil SK, Mistry AS, Umrigar DD. A clinico-etiological study of dermatoses in pediatric age group in tertiary health care center in south Gujarat Region. Indian J Dermatol 2015;60:635.
3. Plensdorf S, Livieratos M, Dada N. Pigmentation disorders: Diagnosis and management. Am Fam Physician 2017;96:797-804.
4. Rao M, Young K, Jackson-Cowan L, Kourosh A, Theodosakis N. Post-inflammatory hypopigmentation: Review of the etiology, clinical manifestations, and treatment options. J Clin Med 2023;12:1243.
5. Sori T, Nath AK, Thappa DM, Jaisankar TJ. Hypopigmentary disorders in children in South India. Indian J Dermatol 2011;56:546-9.
6. Yaseen U, Hassan I. Prevalence of various skin disorders in school going children of Kashmir valley of North India: A cross-sectional study. Indian J Paediatr Dermatol 2013;14:67-72.
7. Gawai SR, Asokan N, Narayanan B. Association of pityriasis alba with atopic dermatitis: A cross-sectional study. Indian J Dermatol 2021;66:567-8.
8. Abdel-Wahab HM, Ragaie MH. Pityriasis alba: Toward an effective treatment. J Dermatolog Treat 2022;33:2285-9.
9. Moreno-Cruz B, Torres-Álvarez B, Hernández-Blanco D, Castanedo-Cazares JP. Double-blind, placebo-controlled, randomized study comparing 0.0003% calcitriol with 0.1% tacrolimus ointments for the treatment of endemic pityriasis alba. Dermatol Res Pract 2012;2012:303275.
10. Hazra P, Mukherjee SK, Ganguly S, Roy AS, Dutta S, Sadhukhan S, *et al*. A comparative study of 50-millesimal potencies and centesimal potencies in the treatment of Tinea corporis: An open, randomised, pilot trial. Homœopath Links 2021;34:267-77.
11. Abarna S, Venugopal J, Sivaranjani T, Poruthukaren K, Raj P, Suresh S. Evaluating the usefulness of 50 millesimal potencies in the treatment of chronic diseases - a retrospective study. Ind J Res Homeopathy 2015;9:96-101
12. Gupta AK, Lamba P. Homoeopathic treatment of psoriasis using fifty-millesimal (LM) potency: A case report. Altern Ther Health Med 2024;30:50-3.
13. Karuppusamy A, Paul S, Chattopadhyay A, Balamurugan D, Malathi M, Kumar A, *et al*. Individualized homeopathic medicines in treatment of vitiligo: Double-blind, randomized, placebo-controlled pilot trial. J Integr Complement Med 2022;28:96-102.
14. Balamurugan D, Nayak C, Chattopadhyay A, Karuppusamy A, Ambrose MM, Kumar A, *et al*. Individualized homeopathic medicines in the treatment of psoriasis vulgaris: Double-blind, randomized, placebo-controlled trial. Complement Med Res 2023;30:317-31.
15. Roberts HA. Principles and Art of Cure by Homoeopathy: Student's Economy Edition. Delhi, India: B Jain; 1996. p. 235-6.
16. Allen JH. Chronic Miasms with Repertory: Revised Edition. New Delhi, India: B Jain; 2007. p. 240, 247-8.
17. Boenninghausen CM. Lesser Writings of C M F Von Boenninghausen. New Delhi, India: B Jain; 2019. p. 149.
18. Lamba CD, Mahajan N, Gupta VK, Rutten L, Teut M, Tapakis L, *et al*. MONARCH inventory for causal attribution in homeopathy case reports: Explanation and elaboration. Homeopathy 2025;114:173-82.
19. Tsiri D, Graikou K, Pobłocka-Olech L, Krauze-Baranowska M, Spyropoulos C, Chinou I. Chemosystematic value of the essential oil composition of *Thuja* species cultivated in Poland-antimicrobial activity. Molecules 2009;14:4707-15.
20. Thakur M, Sobti R, Kaur T. Medicinal and biological potential of *Thuja occidentalis*: A comprehensive review. Asian Pac J Trop Med 2023;16:148-61.
21. Caruntu S, Ciceu A, Olah NK, Don I, Hermenean A, Cotoraci C. *Thuja occidentalis* L. (*Cupressaceae*): Ethnobotany, phytochemistry and biological activity. Molecules 2020;25:5416.
22. Hahnemann S. Materia Medica Pura. New Delhi, India: B Jain; 2004.
23. Hahnemann S. In: Dudgeon RE, Boericke W, (Translators). Organon of Medicine. 5th, 6th ed. New Delhi: B Jain Publishers Private Limited; 2023.