Evidence based Case Report of Pityriasis Versicolor Treated with Sulphur 200

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Abstract—Background:Pityriasis Versicolor is a superficial fungal infection caused by Malassezia species, characterized by hypopigmented or hyperpigmented macules with mild scaling and itching. Conventional treatments involve antifungals, but recurrence is common. Homoeopathy, based on individualization and symptom similarity, can offer long-lasting relief. Case Summary:

A 26-year-old male presented with multiple hypopigmented macules on the back of the neck for three months, associated with itching and mild scaling. Symptoms were aggravated by heat and perspiration and relieved by cool air and bathing. Based on repertorization and individualization, Sulphur 200 (single dose) was prescribed, followed by a placebo. Significant improvement was observed within 15 days without recurrence.

Conclusion:

This case highlights the efficacy of Sulphur in treating chronic, relapsing skin conditions. The successful resolution of symptoms without recurrence emphasizes the need for further research on homoeopathic management of superficial fungal infections.

Index Terms—Pityriasis Versicolor, Sulphur, Fungal Infection.

I. INTRODUCTION

Pityriasis Versicolor (PV), also known as Tinea Versicolor, is a common superficial fungal infection caused by Malassezia species, affecting the skin's pigment-producing cells. It presents as hypopigmented or hyperpigmented macules with mild scaling, predominantly on the trunk, neck, and upper arms. The condition worsens in hot and humid climates, with increased perspiration playing a triggering role.

Conventional allopathic treatment includes topical and oral antifungals, but recurrence rates remain high. Homoeopathy offers a holistic approach based on symptom similarity and individualization. This case report documents the effective use of Sulphur 200 in treating PV, demonstrating significant improvement within two weeks without recurrence.

Case Report

Patient Details

Name: XYZAge: 26 YearsSex: MaleAddress: Rajkot

Occupation: Delivery Boy

• Socio Economic: Lower Middle Class

• Marital Status: Engaged

Chief Complaint

Duration: 3 months

Symptoms: Multiple hypopigmented macules on the back of the neck, mild scaling, itching, and burning Modalities:

- Aggravation: Hot weather, perspiration-Amelioration: Cold air,No secondary infection, deep ulceration, or systemic involvement

LSMC

Locatio	Sensatio	Modalities	Concomitant
n	n		S
Posterio	Itching,	Aggravated	
r Neck	burning,	by heat,	
	rough	perspiration	
	patches,	;	
	scaling	Ameliorate	
		d by cool	
		air	

Past History

No history of similar conditions in the past

Family History

No significant family history of skin disorders or systemic illnesses

Physical Examination

Consciousness: Conscious

 General Appearance: Fair complexion, mildly oily skin

Height: 170 cmWeight: 65 kgPulse: 78/min

• Blood Pressure: 116/76 mmHg

Temperature: 98.6°F
Respiratory Rate: 16/min
Lymphadenopathy: Absent

• Skin Examination:

Multiple well-defined hypopigmented macules with mild scaling.

• No erythema or oozing.

Physical General:

Appetite: NormalThirst: Increased

• Cravings: Spicy, pungent foods

Aversion: Milk

Perspiration: Profuse, offensive, especially on upper body

• Stool: Occasional hard stool, tendency for constipation

• Urine: Normal

• Sleep: Disturbed, due to itching

• Thermals: Hot patient

Physical Particular:

· Skin is dry, rough, and scaly

• Itching aggravates with warmth

• Hypopigmented macules with mild scaling

• Perspiration worsens Itching

Mental General:

• Irritability due to itching

• Prefers being alone

• Restless yet sluggish in activity

• Neglects cleanliness

Diagnosis:

- The patient is diagnosed with Pityriasis Versicolor, a superficial fungal infection caused by Malassezia species.
- This condition is characterized by multiple hypopigmented macules with mild scaling on the back of the neck, associated with itching and burning, which worsen with heat and perspiration and improve with cool air.
- Key diagnostic features in this case: Hypopigmented macules with mild scaling. Itching and burning, aggravated by heat and perspiration. Profuse and offensive perspiration, especially on the upper body.

Differential Diagnosis:

- While Pityriasis Versicolor is the most likely diagnosis, other skin conditions that mimic its presentation should be considered:
- Pityriasis Alba: Hypopigmented patches, usually on the face. No significant scaling or itching. More common in children and associated with dry skin.
- Vitiligo: Well-defined depigmented (not hypopigmented) patches.No scaling, itching, or burning.Progressive loss of pigmentation over time.
- Tinea Corporis (Ringworm): Annular (ringshaped) lesions with red raised borders. More pronounced inflammation, sometimes with pustules.

II. EVALUATION OF SYMPTOMS (WITH MIASMATIC CONSIDERATION AND JUSTIFICATION)

Symptoms	Category	Miasm	Relevance to Sulphur		
Hypopigmented macules	Pathological	Psora	Sulphur is well-known for chronic skin		
with mild scaling on Back	(Common)		eruptions, particularly scaly, itching, and		
of the neck			burning rashes.		
Itching, worse from heat	Characteristic	Psora	Sulphur has marked itching, especially worse		
and perspiration, better in	Particular		from heat and relieved by cool air.		
cool air					

Profuse, offensive perspiration	Physical General	Psora	Sulphur patients often perspire heavily, and it tends to be offensive.
Increased thirst	Physical General	Psora	Sulphur patients typically have increased thirst, often for cold drinks.
Craving for spicy food, aversion to milk	Physical General	Psora	Sulphur has a strong craving for spicy food and an aversion to milk.
Irritable due to itching	Mental General	Psora	Sulphur patients tend to be irritable, especially when suffering from physical discomfort.
Prefers solitude	Mental General	Psora	Sulphur individuals often prefer being alone and enjoy intellectual pursuits.
Neglects cleanliness	Mental General	Psora	One of the keynotes of Sulphur is untidiness, aversion to bathing, and general neglect of
			cleanliness.

Totality Of Symptoms:

► Mental Generals:

Irritable due to itching

Prefers solitude

Neglects cleanliness

► Physical Generals:

Profuse offensive perspiration

Increased thirst

Craving for spicy food, aversion to milk

► Characteristic Particulars:

Itching, worse from heat and perspiration, better in cool air

► Pathological:

Hypopigmented macules with mild scaling on Back of the neck

III. REPERTORIZATION (KENT'S REPERTORY ON ZOMEO)

Remedy	Sulph	Sep	Phos	Lyc	Merc	Sil	Puls	Led	Petr	Psor	Ars
Totality	13	13	10	10	10	10	9	8	8	8	8
Symptoms Covered	6	5	5	4	4	4	4	4	4	4	3
Kingdom	Minerals	Animals, Sarcodes	Minerals	Plants	Minerals	Minerals	Plants	Plants	Minerals	Animals, Nosodes	Minerals
[Kent] [Skin]ERUPTIONS:Scaly: (54)	2	3	3		2	2		2	1	2	3
[Kent] [Skin]ERUPTIONS:Itching:Warmth :Agg: (12)	2			2	3		2	2		2	
[Kent] [Skin]DRY: (121)	3	2	3	3	2	3	2	3	3	2	3
[Kent] [Perspiration]ODOUR:Offensive: (59)	3	3	2	3	3	3	3	1	3	2	2
[Kent] [Stomach]AVERSION:Milk: (30)	2	2	1			2	2				
[Kent] [Mind]COMPANY:Aversion to:Amel, when alone: (21)	1	3	1	2					1		

Treatment:

- Sulphur 200 (3 Pills) Single dose Followed by
- SL 3 Pills TDS for 7 Days
- ► Adviced:
- Maintain Hygiene.
- Avoid Direct sun exposure of affected part.
- Take plenty of water.

- Avoid Junk food
- Take proper rest and sleep
- Follow up after 1 week

Justification of Prescription:

• Sulphur covers chronic, relapsing skin conditions with itching, burning, and scaling.

- Modalities match: Worse from heat and perspiration, better with cool air.
- The patient's perspiration, thirst, cravings, and mental restlessness align with Sulphur's totality.
- Psoric miasm dominance fits Sulphur's anti-psoric nature.
- Potency Justification: Sulphur 200 was selected as a deep-acting antipsoric remedy, considering the chronicity and intensity of symptoms.

Follow ups:

On Day 7th:

- Symptoms:
- Itching and burning reduced by **50%**.
- Scaling decreased, but hypopigmented macules still present.
- No new lesions appeared, and existing ones showed early signs of healing.
- Sleep quality improved, indicating reduced irritation from itching.

Examination:

- Skin texture smoother, with a noticeable decrease in scaling.
- No signs of secondary infection or further spread of macules.
- Treatment Plan:
- No repetition of Sulphur 200 as improvement was steady.
- SL (Placebo) 3 Pills TDS for another week to maintain progress.
- Reinforcement of hygiene practices, avoidance of excessive heat and perspiration.

On Day 15th:

- Symptoms:
- Hypopigmented macules continued to fade.
- No itching or burning sensations.
- Scaling almost completely resolved.
- Patient's perspiration improved, showing less offensive odor.
- General feeling of well-being, with no signs of discomfort.
- Examination:
- Skin appeared healthier with restored pigmentation in affected areas.
- No recurrence of macules or development of new lesions.
- Treatment Plan:

- No further doses of Sulphur were needed.
- Advised continued skin care and follow-up if symptoms reappear

Overall Outcome:

- Complete recovery within 15 days with no recurrence.
- No requirement for repeated dosing, supporting the deep action of Sulphur 200.
- Patient satisfaction was high, and lifestyle modifications (hygiene, sun exposure avoidance) were well-followed.
- **Photographic Evidence attached at last

IV. DISCUSSION

Homoeopathy, based on symptom similarity, can offer long-lasting relief in chronic skin conditions. Sulphur, a known anti-psoric remedy, addresses the constitutional and miasmatic aspects of Pityriasis Versicolor.

This case demonstrated:

Marked improvement in itching, scaling, and pigmentation within 15 days
 No recurrence observed post-treatment
 No need for frequent repetition, suggesting deep, curative action of Sulphur

V. CONCLUSION

This case highlights the efficacy of Sulphur 200 Single Dose in treating Pityriasis Versicolor, demonstrating significant symptom relief and no recurrence within a short period. Homoeopathy proves to be an effective treatment option, warranting further research into its role in chronic superficial fungal infections.

VI. ACKNOWLEDGMENTS

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Conflict of Interest None declared.

Ethical Considerations

Written informed consent was obtained from the patient for publication. Patient confidentiality has been maintained

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Photographic Evidence:

