

# Pityriasis versicolor in an infant treated with homoeopathy: A case report

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## Abstract

**Introduction:** Pityriasis versicolor (PV) is one of the common disorders characterised by cutaneous pigmentary changes due to the colonisation of the stratum corneum by a lipophilic fungus, *Malassezia*. It can occur at any age but is most commonly seen in young adults and is relatively rare in children. PV is not easy to cure, as relapse after the treatment can be as high as 80% within 2 years. **Case Summary:** The case reported here is of PV in 6-month-old child who was treated successfully with individualised homoeopathic medicine for 6 months. *Sulphur* was prescribed based on the totality of symptoms. Causal attribution of changes was assessed by Modified Naranjo Criteria. The patient had been observed for more than 2 years without recurrence. Treatment with homoeopathy should be explored in such recurrent and relapsing skin disorders.

**Keywords:** Case report, Fungal infection, Homoeopathy, Infant, Pityriasis versicolor

## INTRODUCTION

Pityriasis versicolor (PV) is a superficial mycosis, which affects the superficial layer of the stratum corneum. The causative organism is *Malassezia furfur*, a yeast-like lipophilic fungus.<sup>[1]</sup> *Malassezia* is a member of the normal skin flora of human beings. Under certain conditions, the commensal yeast transforms into filamentous pathogenic forms.<sup>[2]</sup> This may be triggered by various factors, including humidity and high temperature, hyperhidrosis, familial susceptibility and immunosuppression. Consequently, PV occurs more often in tropical climates (as much as 40%) as compared to temperate climates. PV is not easy to cure, as relapse following treatment can be as high as 80% within 2 years.<sup>[3]</sup>

PV is an important public health problem because of the increase in immunosuppressive states. Both sexes are equally prone to develop this condition.<sup>[4]</sup> It can occur at any age, but is most commonly seen in young adults and is relatively rare in children. It is rarely reported under the age of 1 year.

The condition is diagnosed by the appearance of light or dark spots on the skin that are 3–5 mm in diameter, round or oval-shaped and possibly covered with fine scales. The colour of the spots varies from pink to brown. The marks may coalesce and affect extensive areas and may often persist on the skin

even after the infection has been treated and cleared. The marks often occur on the upper chest and upper back, but can also involve the upper arms; neck; shoulders and among children in the tropics, the face. Wood's lamp shows yellow to yellow-green fluorescence in lesions with *Malassezia furfur*, but is rarely used clinically. The confirmatory microscopic examination is done with skin scrapings or tape stripping treated with potassium hydroxide with or without blue-black ink. Microscopical visualisation of the fungi appears as short and thick hyphae with a large number of various sized spores (spaghetti and meatball appearance). This is diagnostic of PV.

Topical therapy is the first line of conventional treatment for PV. Effective topical treatment for PV includes creams, lotions and shampoos containing selenium sulphide, zinc pyrithione, ketoconazole and terbinafine. The use of oral antifungals to treat PV is considered a second line treatment and used for recalcitrant or severe infections.

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**Received:** 29 June 2021; **Accepted:** 03 June 2022

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**How to cite this article:** Gautam P, Goel M. Pityriasis versicolor in an infant treated with homoeopathy: A case report. Indian J Res Homoeopathy 2022;16(2):132-138.

### Access this article online

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**DOI:**  
10.53945/2320-7094.1057

In the homoeopathic literature, reported evidence of the treatment of fungal infection could not be traced much. Even after a thorough search in electronic databases such as PubMed, Google scholar and AYUSH Research Portal using the keywords ‘Homoeopathy’, ‘tinea’ and ‘fungal’, only two clinical trials<sup>[5,6]</sup> could be found except along with few case reports,<sup>[7-9]</sup> a dissertation<sup>[10]</sup> and an article on athlete’s foot.<sup>[11]</sup> However, a few *in-vitro* experiments for enquiring the effects of high potencies of homoeopathic medicine in fungi have been done.<sup>[11]</sup> Hence, there is a need to explore much more in this area.

Here, a case report of PV in an infant successfully treated with homoeopathic constitutional medicine has been presented. This case is unique to the age of the patient, which is a rare presentation of PV. This case will not only contribute to the scientific literature on homoeopathic treatment of recurrent and relapsing skin disorders like PV but also throw light on the importance of observation in homoeopathic prescribing.

## CASE REPORT

A lady brought her 6-month-old girl child to the outpatient department of Dr. D. P. Rastogi Central Research Institute of Homoeopathy, NOIDA, with complaints of hypopigmented spots on her chest and abdomen with itching, which was worse at night. The child was apparently well till 2 months of age, but discolouration began on the chest and it gradually extended to the abdomen with itching [Figures 1 and 2]. Cosmetic concern and fear of vitiligo created anxiety in the mother and the other family members.

The child was born at 38 weeks of gestation through full-term normal vaginal delivery. Her birth weight was approximately 2.5 kg. Delivery was conducted at a hospital and there were no complications. The child had been receiving regular immunisations.

The baby had a history of recurrent diaper rash.

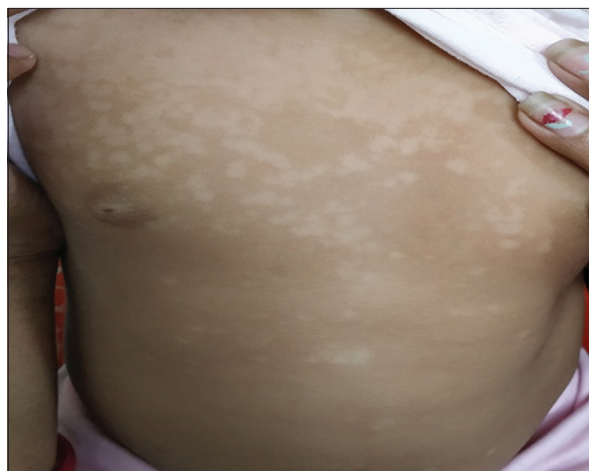


Figure 1: Before treatment

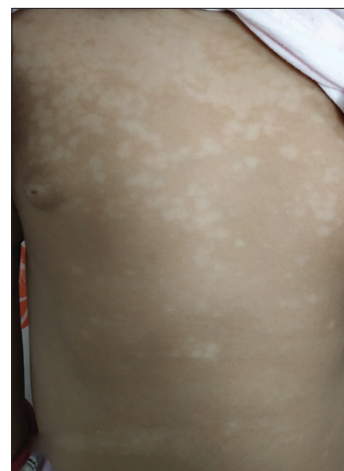


Figure 2: Before treatment

## Family history

There was a history of allergic rhinitis in the father.

## Mental and physical generals

The mother reported that the child cried while bathing. She passed loose stools in the morning, on and off. The child mostly slept on the abdomen and generally remained restless and kicked off clothing at night. She used to perspire profusely. Earlobes and face become red while crying. The child was exclusively on breastfeed till then.

## Clinical findings

### General examination

The child was smiling and staring during the examination. Weight: 6.2 Kg; Temperature: 98.3°F; Respiratory rate: 42/min.

### Skin examination

Small and multiple hypopigmented spots with size varying from 1–2 mm to 3–5 mm which coalesce to form large areas of numerous confluent hypopigmented macules with fine scales seen distributed on chest and abdomen.

## Diagnostic assessment

Diagnosis of PV was based on the characteristic clinical appearance and distribution of the lesions. On further examination, Besnier’s sign was positive. This sign is to be elicited in patients having PV, wherein the barely perceptible scales are made to stand out by scratching the lesion with a fingernail.<sup>[12]</sup> A skin lesion potassium hydroxide (KOH) examination revealed yeast and short mycelial forms resembling ‘ziti and meatballs’, which supported the diagnosis of PV [Figure 3].

## Therapeutic intervention

A detailed case taking was done as per Hahnemannian guidelines of case taking given in Organon of medicine<sup>[13]</sup> and the symptoms were elicited from the mother. Because of the paucity of subjective symptoms, symptoms given by the mother became the main and reliable source of information. Based

on the predominance of general symptoms, repertorisation was done according to the Kentian method. The following symptoms were considered for repertorisation:

1. Restlessness at night
2. Aversion to bathing
3. Sleeps on abdomen
4. Profuse perspiration
5. Loose stools in morning
6. Hypopigmented, scaly and itching spots.

Repertorisation was done using RADAR 10 software (Schroyens F. RADAR 10, Synthesis 9.0 [SE90], Archibel Homoeopathic Software). Repertorisation chart is shown in Figure 4.

After repertorising, *Sulphur*, *Sepia*, *Pulsatilla*, *Belladonna* and *Calcarea carb.* were among the top medicines. After carefully analysing the symptoms and referring to the materia medica by different authors, *Sulphur* was selected as the most appropriate homoeopathic remedy for the case. Furthermore, a history of a recurrent diaper rash and a family history of atopy covered by Psoric miasm went more in favour of *Sulph.* Hence, individualised homoeopathic treatment was started with a single dose of *Sulph 30*, 5 pills dissolved in a little water followed by placebo. During follow-up, changes in the signs and symptoms were assessed from time to time and medicine was not repeated as long as the improvement in symptoms of the patient continued.

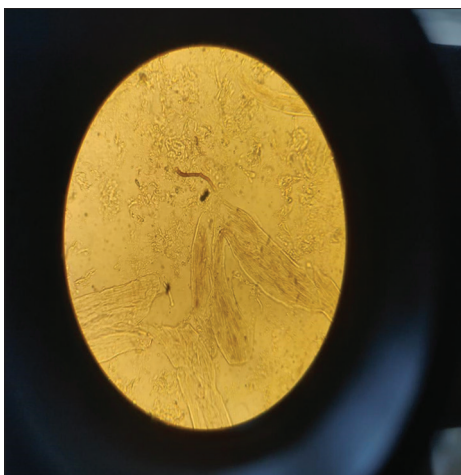


Figure 3: Fungi Image

Investigation window for remedies	
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J Sherr    Rajan's Miasms    Display	
	sulph.    sep.    pul.    bell.    calc.    lycop.    phos.    ars.    phos-1.    merc.    nat. sul.    sil.    stac.    amm. carb.    hepat.    kali.
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 8 7 7 7 7 7 7 7 6 6 6 6 6 6 6 6 6 6 20 18 15 14 14 14 14 11 15 15 12 12 12 11 10 10 9
1. MIND - RESTLESSNESS - night (281) 1	3 2 3 2 2 3 2 1 3 3 3 1 1 1 1 - 2 1 1
2. GENERALS - BATHING - aversion to bathing (82) 1	3 3 2 2 2 1 1 1 2 - 3 1 - 1 1 3 2 2 1
3. SLEEP - POSITION - abdomen, on (52) 1	2 3 2 2 1 2 2 1 1 - - 2 - - 1 - - -
4. PERSPIRATION - PROFUSE (285) 1	2 3 2 3 3 3 2 3 3 2 3 3 3 3 2 1 3 3 3
5. STOOL - SOFT - morning (5) 1	3 - - - - - - - - - - - - - - - - -
6. SKIN - ERUPTIONS - scaly (147) 1	2 3 2 2 2 1 3 1 3 2 2 2 2 2 1 1 1 1
7. SKIN - DISCOLORATION - spots (76) 1	2 1 2 2 2 2 2 1 2 2 1 1 3 2 2 1 1 1
8. SKIN - ERUPTIONS - itching (187) 1	3 3 2 1 2 2 2 2 3 3 2 3 2 3 2 1 2 2

Figure 4: Repertorisation chart

Miasmatic evaluation of the symptoms was done with the help of ‘The Chronic disease by Dr. Samuel Hahnemann’ which showed the predominance of Psoric miasm,<sup>[14]</sup> which again favoured the selection of *Sulph* as the appropriate remedy. A history of recurrent diaper rash and a family history of allergic rhinitis further supported the miasmatic analysis.

**First prescription**

*Sulph 30*/single dose followed by Placebo 30 TDS for 7 days was prescribed on the first visit (27 December 2018). The patient was sent for KOH examination of skin lesion to check for fungal infection and to rule out her fear of vitiligo.

**Follow-up and outcomes**

Follow-up of the patient was assessed fortnightly or earlier as per the requirement. The patient adhered to the medical

**Table 1: Assessment by Modified Naranjo Criteria score**

Item	Yes	No	Not sure/N/A
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
3. Was there a homoeopathic aggravation of symptom?	+1		
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		
5. Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	+1		
6A. Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
6B. Direction of cure: Did at least two 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?		0	
7. Did old symptoms (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8. 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)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test and clinical observation.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?		0	
<b>Total</b>	<b>10</b>		

intervention even after the initial aggravation of symptoms after raising the potency from 30C to 200C. The potency was changed based on the assessment of symptom/sign improvement. Details of follow-ups are given in Figure 5.

The final outcome and possible causal attribution of the changes, in this case, were assessed using the ‘Modified Naranjo Criteria’ as proposed by HPUS Clinical data Working Group (2020) [Table 1].<sup>[15]</sup> The total score of outcome, in this case, was 10, which was close to the maximum score of 13 as per Modified Naranjo Criteria.

The patient showed gradual improvement in hypopigmented spots, scaling and itching gradually after prescription of *Sulph* 200 with slight initial aggravation at the beginning of treatment. There was a significant improvement in the attainment of normal skin colour in hypopigmented spots which resolved completely over 6 months duration [Figures 6 a,b and 7]. The patient’s few symptoms such as diarrhoea and restlessness at night were also better after taking treatment along with the main presenting complaint. The patient was observed for more than 2 years without any recurrence of symptoms.

## DISCUSSION

Homoeopathy is a system of medicine which treats the patient as a whole and not just the disease after taking into account all the subjective and objective symptoms of the patient. Most skin diseases are not diseases of the skin, but they are constitutional diseases which manifest themselves in the skin and try to produce an outlet for the diseased matter by way of the skin, the skin this acting as a kind of safety valve.<sup>[16]</sup> As per Hahnemannian classification, PV comes under the category of local diseases which needs to be dealt with proper antipsoric medicine after considering the exact character of the local affection, all the changes, sufferings and symptoms observable in the patient’s health along with the management of obstacles to cure, if any, like hyperhidrosis in this case.

Dr Hahnemann, in his *Chronic Diseases* textbook,<sup>[14]</sup> 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’. According to the

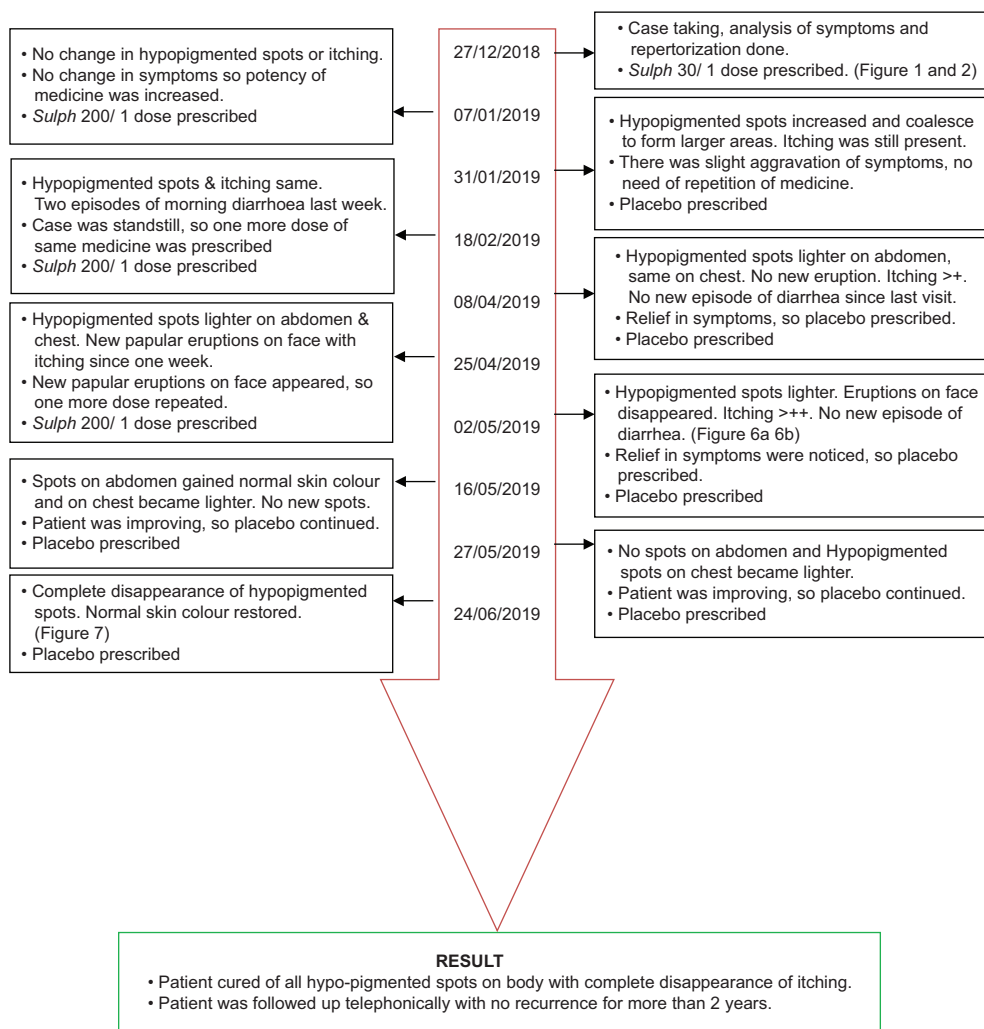
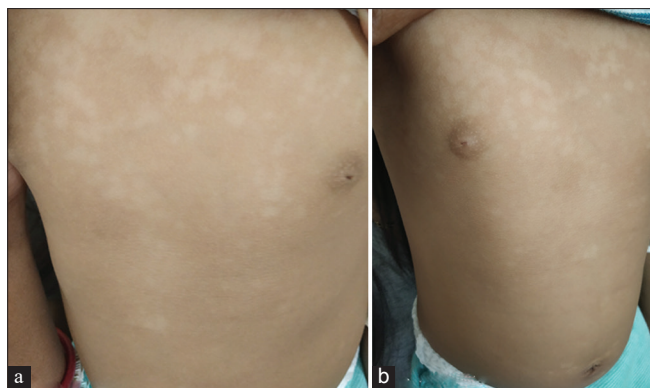


Figure 5: Follow-up timeline





**Figure 6:** (a and b) During Treatment (Follow-up visit no. 7)



**Figure 7:** After Treatment (Follow-up visit no. 10)

aphorism 9 of Organon of medicine,<sup>[13]</sup> in a state of health, the vital force is a dynamic energy that keeps us alive and maintains our organs and systems in a harmonious whole. Similarly, *Malassezia* as a normal component of skin flora remains asymptomatic. However, when the vital force gets deranged dynamically, the commensal yeast transforms into a pathogenic form leading to the development of a group of signs and symptoms.

Dr. J. Chrompton Burnett in his book<sup>[17]</sup> on ringworms said that *'absolutely healthy children do not and cannot, catch it. Before they can catch ringworm, it is essential that they be in tainted health in some way... The Trichophyton is not the disease itself, but its organic scavenger. Cure the internal disease, and this scavenger dies'*.

Fungal infections are one of the common conditions which homoeopathic physicians come across in their practice and treat successfully. However, still not much has been recorded to contribute to evidence-based records.

The peculiarity of this case report is that PV which is otherwise most commonly seen in young adults occurred in an infant. In the homoeopathic system of medicine, observation becomes the main and reliable source for gathering information in the case of children due to the paucity of subjective symptoms. Borland's work<sup>[18]</sup> was the first step towards the efforts made

in the field of paediatric materia medica. A careful observation, along with history elicited from the mother, helped us in prescribing successfully. Symptoms that we can easily observe often lead to the correct remedy quickly.

In this case report, on the third visit after prescribing *Sulphur* 200, there was an initial aggravation of symptoms for which the patient came, hypopigmented spots increased and coalesced to form larger spots. After a few more follow-ups, patient showed improvement in the main complaint along with other symptoms such as diarrhoea and papular eruptions over the face. Hence, the effect of medicine encompasses more than the main symptom and the patient was improved as a whole. Hypopigmented spots on the abdomen came after hypopigmented spots on the chest and disappeared earlier than the hypopigmented chest, following the direction of cure. This case report shows that when indicated, *Sulph* is helpful in PV in infants. It has been well known that conventional treatment uses oral and topical antifungal agents and there are chances of recurrence.<sup>[19]</sup> Whereas in this case, individualised homoeopathic medicine not only brought back normal skin colour to the hypopigmented spots but also no recurrence was reported for more than 2 years of follow-up. In one case series titled 'Appearance of Acute Inflammatory State Indicates Improvement in Atopic Dermatitis Cases under Classical Homeopathic Treatment: A Case Series', homoeopathy showed improvement in Pityriasis<sup>[20]</sup> as a comorbidity with atopic dermatitis. The effect of homoeopathic treatment in pityriasis also corroborates with this case report. However, more studies like randomised and controlled trials with larger sample sizes are suggested to establish the efficacy of homoeopathic individualised or constitutional remedies in the treatment of pityriasis.

## CONCLUSION

Homoeopathy is a specialised system of medicine which treats the patient as a whole and not just the disease. The reappearance of normal skin colour and non-recurrence of lesions of PV for more than 2 years point towards the usefulness of homoeopathy in such conditions.

## Declaration of patient consent

The authors certify that the mother of the child had given her consent for photographs and other clinical information to be reported in the journal. The mother was made to understand that the name and initials will not be published and due efforts will be made to conceal the identity. The mother was very happy as her daughter's skin complaint was not vitiligo and was treated successfully with the homoeopathic treatment.

## Financial support and sponsorship

Nil.

## Conflicts of interest

None declared.

## REFERENCES

1. Jena DK, Sengupta S, Dwari BC, Ram MK. Pityriasis versicolor in the pediatric age group. *Indian J Dermatol Venereol Leprol* 2005;71:259-61.

2. Ghosh SK, Dey SK, Saha I, Barbhuiya JN, Ghosh A, Roy AK. Pityriasis versicolor: A clinicomycological and epidemiological study from a tertiary care hospital. *Indian J Dermatol* 2008;53:182-85.
3. Faergemann J. Pityrosporum species as a cause of allergy and infection. *Allergy* 1999;54:413-19.
4. Rao GS, Kuruvilla M, Kumar P, Vinod V. Clinico-epidermiological studies on Tinea versicolor. *Indian J Dermatol Venereol Leprol* 2002;68:208-9.
5. Gupta Y, Tuteja S, Acharya A, Tripathi V. Effectiveness of homoeopathy in tinea corporis and tinea cruris-a prospective, longitudinal observational study. *Int J Adv Ayurveda Yoga Unani Siddha Homeopathy* 2021;10:618-27.
6. Bhardwaj OP, Manchanda RK, Gupta R. Evaluation of bacillinum in tinea infection. *Br Homoeopathic J* 1990;79:10-11.
7. Uttamchandani PA, Patil AD. Homoeopathy an alternative therapy for dermatophyte infections. *Int J Health Sci Res* 2019;9:316-20.
8. Bala R, Srivastava A. Constitutional treatment of tinea cruris in homoeopathy-a case report. *Int J Health Sci Res* 2019;9:54-61.
9. Gupta S, Jain P. Role of homoeopathic medicines in tinea corporis: A case study. *Int J Homoeopathic Sci* 2019;3:1-4.
10. Paga SB. The Study of Homoeopathic Remedy Profile on Tinea Corporis. Mangalore: Father Muller Homoeopathic Medical College and Hospital Deralakatte; 2012.
11. Pal PP. Athlete's foot (Tinea pedis). *Int J Homoeopathic Sci* 2019;3:68-9.
12. Kangle S, Amladi S, Sawant S. Scaly signs in dermatology. *Indian J Dermatol Venereol Leprol* 2006;72:161-4.
13. Hahnemann S. Translation. In: Dudgeon RE, Boericke W, editors. *Organon of Medicine*. 5<sup>th</sup>, 6<sup>th</sup> ed. New Delhi: B. Jain Publishers; 2010.
14. Hahnemann S. *The Chronic Diseases, their Peculiar Nature and their Homoeopathic Cure*. New Delhi; B Jain Publishers Pvt. Ltd.; 1999.
15. Lamba CD. Evaluation of the modified naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy* 2020;109:191-7.
16. Barker JE. *My testimonial of Healing*. New Delhi: B Jain Publishers; 1996. p. 209.
17. Chitkara HL. *Best of Burnett*. New Delhi: B Jain Publishers (P) Ltd.; 2007. p. 114.
18. Douglas B. *Children Types*. New Delhi: B Jain Publishers (P) Ltd.; 2004.
19. Karray M, McKinney WP. Tinea Versicolor. In: StatPearls. Treasure Island, FL: StatPearls Publishing; 2022. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482500> [Last accessed on 2021 Aug 11].
20. Mahesh S, Mallappa M, Habchi O, Konstanta V, Chise C, Sykiotou P, *et al*. Appearance of acute inflammatory State indicates improvement in atopic dermatitis cases under classical homeopathic treatment: A case series. *Clin Med Insights Case Rep* 2021;14:1179547621994103.

**Titre: Pityriasis Versicolor chez un nourrisson traité par homéopathie : Un rapport de cas**

**Résumé: Introduction:** Le pityriasis versicolor (PV) est l'une des affections courantes caractérisées par des modifications pigmentaires cutanées dues à la colonisation de la couche cornée par un champignon lipophile, *Malassezia*. Elle peut survenir à tout âge, mais elle est le plus souvent observée chez les jeunes adultes et est relativement rare chez les enfants. La PV n'est pas facile à guérir, car les rechutes après le traitement peuvent atteindre 80 % dans les deux ans. **Résumé du cas:** Le cas rapporté ici est celui de PV chez un enfant de 06 mois qui a été traité avec succès par un médicament homéopathique individualisé pendant 6 mois. Le soufre a été prescrit en fonction de l'ensemble des symptômes. L'attribution causale des changements a été évaluée par les critères modifiés de Naranjo. Le patient a été observé pendant plus de 2 ans sans récurrence. Le traitement par homéopathie devrait être exploré dans de tels troubles cutanés récurrents et récidivants.

**Titel: Pityriasis versicolor bei einem mit Homöopathie behandelten Säugling: Ein Fallbericht**

**Abstrakt: Einleitung:** Pityriasis versicolor (PV) ist eine der häufigsten Erkrankungen, die durch kutane Pigmentveränderungen aufgrund der Besiedlung des Stratum corneum durch einen lipophilen Pilz, *Malassezia*, gekennzeichnet ist. Sie kann in jedem Alter auftreten, tritt jedoch am häufigsten bei jungen Erwachsenen auf und ist bei Kindern relativ selten. PV ist nicht leicht zu heilen, da der Rückfall nach der Behandlung innerhalb von 2 Jahren bis zu 80 % betragen kann. **Zusammenfassung der Fälle:** Der hier berichtete Fall betrifft PV bei einem 06 Monate alten Kind, das 6 Monate lang erfolgreich mit individualisierter homöopathischer Medizin behandelt wurde. Sulfur wurde basierend auf der Gesamtheit der Symptome verschrieben. Die kausale Zuordnung von Änderungen wurde anhand der modifizierten Naranjo-Kriterien bewertet. Der Patient wurde über 2 Jahre rezidivfrei beobachtet. Die Behandlung mit Homöopathie sollte bei solchen wiederkehrenden und rezidivierenden Hauterkrankungen untersucht werden.

**शीर्षक: एक शिशु में सेंहुआ/सिहम का एक नवजात शिशु में होम्योपैथी के साथ इलाज किया गया: विषय अध्ययन**

**सार: परिचय:** सेंहुआ/सिहम(पीवी) एक लिपोफिलिक कवक, मालासेजिया द्वारा स्ट्रेटम कोर्नयूम के बस जाने के कारण त्वचीय रंग संबंधी परिवर्तन आम विकारों में से एक है। यह किसी भी उम्र में हो सकता है लेकिन आमतौर पर युवा वयस्कों में देखा जाता है और बच्चों में अपेक्षाकृत दुर्लभ है। पीवी का इलाज करना आसान नहीं है, क्योंकि उपचार के बाद पुनरावर्तन 2 वर्ष के भीतर 80% तक अधिक हो सकता है। **विषय सारांश:** यहां रिपोर्ट किया गया मामला 06 महीने के बच्चे में पीवी का है जिसे 6 महीने के लिए व्यक्तिगत होम्योपैथिक दवा के साथ सफलतापूर्वक इलाज किया गया था। लक्षणों की समग्रता के आधार पर सल्फर निर्धारित किया गया था। परिवर्तनों के कारण लक्षण का मूल्यांकन संशोधित नारंजो मानदंड द्वारा किया गया था। रोगी का पुनरावृत्ति के बिना 2 वर्ष से अधिक समय तक अवलोकन किया गया था। होम्योपैथी के साथ उपचार इस तरह के आवर्तक और पुनरावर्तन त्वचा विकारों में पता लगाया जाना चाहिए।

**Título: Pitriasis versicolor en un lactante tratado con homeopatía: Informe de caso**

**Resumen: Introducción:** La pitriasis versicolor (PV) es uno de los trastornos comunes caracterizados por cambios pigmentarios cutáneos debidos a la colonización del estrato córneo por un hongo lipofílico, *Malassezia*. Puede ocurrir a cualquier edad, pero se ve más comúnmente en adultos jóvenes y es relativamente raro en niños. La PV no es fácil de curar, ya que la recaída después del tratamiento puede ser tan alta como 80% dentro de 2 años. **Resumen del caso:** El caso reportado aquí es de PV en un niño de 06 meses de edad que fue tratado exitosamente con medicina homeopática individualizada por 6 meses. El azufre se recetó en base a la totalidad de los síntomas. La atribución causal de los cambios fue evaluada por los criterios modificados de Naranjo. El paciente había sido observado durante más de 2 años sin recidiva. El tratamiento con Homeopatía debe explorarse en tales trastornos cutáneos recurrentes y recurrentes.

**标题: 用顺势疗法治疗婴儿的花叶垂病: 一例报告**

**摘要: 引言:** 脓疱疮 (PV) 是一种常见的疾病, 其特征是由于嗜脂性真菌马拉塞齐亚对角质层的殖民化而导致皮肤色素变化. 它可以发生在任何年龄, 但最常见于年轻人, 在儿童中相对罕见. PV不易治愈, 治疗后复发可在2年内高达80%. **个案摘要:** 这里报道的病例是PV在06个月大的孩子谁成功地治疗个体化的同化药物6个月. 硫是根据症状的总体来开处方的. 通过修改的纳兰乔标准评估变化的因果归因. 患者观察2年以上无复发. 在这种复发性和复发性皮肤病中, 应探索用顺势疗法治疗