



Ayurvedic Management of Pityriasis versicolor in Children: A Case Report

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ABSTRACT

Pityriasis versicolor is a skin disorder /superficial cutaneous fungal infection seen in today's practice also known as Tinea versicolor. It is a chronic condition with mild usually asymptomatic infection of the skin caused by Malassezia species. It usually affects the sebaceous secretory areas of the scalp, face, trunk, upper chest, back, shoulder, and upper arm. The disease is worldwide in distribution but is more prevalent in tropical areas. In Ayurveda there is no such detailed description found but somehow correlated with *Sidhma Kushtha*, which is one among the *Maha Kushtha*. Here, a case of eight year old female will be discussed who was suffering from Pityriasis versicolor from last 1.5 years. Domestic treatment was taken at home but infection spreads with seasonal changes. With due course of treatment, it vanished all the white patches, constituting *Hypothetical Syrup* and *ointment*.

Keywords- Skin, Pityriasis versicolor, *Sidhma Kushtha*

INTRODUCTION

Pityriasis versicolor is a chronic, mild and usually asymptomatic infection of the stratum corneum. It is produced by the proliferation of lipid - dependent yeasts of the genus Malassezia, which are part of the normal flora of human skin. The infection is characterized by the development of erythematous scaly macules in sebum - rich areas of the skin, especially on the trunk, arms and neck. Occasionally, the face and groin are involved.^[1]

In *Charak Samhita*, *Sidhma Kushtha* is described as *vaat kaphaj* disease, which possess signs and symptoms such as *shweta* (white), *tamra* (copper color), *tanu* (thin), *alabu pushpa varnit* (similar to flower of Alabu), *yadrajo ghrishtam vimunchyati* (on scrubbing, sheds like dust), *sidhma prayen cha urasi* (usually happens in upper body parts) which can be compared with Pityriasis versicolor.^[2]

In *Sushrut Samhita*, it possess sign and symptoms such as *kandu* (itching), *shweta* (white), *tanu* (thin), *urdwakaaye* (happens in upper body parts), which is almost similar to *Charak Samhita*.^[3]

More extensive lesions occur in tropical climates, covering many sites on the body. Occasionally slight irritation may be noted by patients, but medical attention is generally sought for cosmetic reasons.^[4]

PATIENT INFORMATION

According to the informant (Father), his 8 year old female child was having chief complaints such as rough, scaly patches white in color, all over the face along with mild itching since last 1.5 years.[See figure-1]. Till now, domestic treatment was given to the child by her mother such as coconut oil massage but got temporary relief only and whenever there was change in season, symptoms got aggravated and spread on whole face. Then they came to Shri Krishna Government Ayurvedic College & Hospital, Kurukshetra on 01/12/2021. On history taking child had normal appetite, sleep of 7 hours, bladder evacuation 4-5 times a day and bowel habits were found normal. Child was on vegetarian diet and had a history of consumption of junk food. No signs of pallor, icterus, cyanosis, clubbing, lymphadenopathy and edema were found. On further history taking, no such history was found in family members.



Figure [1]

CLINICAL FINDINGS

On observation, white patches with dry, rough and scaly skin were seen all over the face along with mild itching. On scrapping, skin became flakier in appearance. On further examination under a Woods lamp light revealed a golden -yellow fluorescence.

DIAGNOSTIC ASSESSMENT

On the day of consultation, parents were advised for investigations of child for TSH, Serum Calcium and Vitamin D₃ levels, which were found within normal limits.

THERAPEUTIC INTERVENTION

Internally, Syrup was given 10 ml thrice a day with lukewarm water after having meals.

Externally, ointment was given for the local application on the affected part of the body twice a day daily after proper cleanliness and hygiene as mentioned in *Kushtha Chikitsa*.

S. No.	Name	Ingredients	Dose	Mode of Administration	Anupana
1.	Syrup	Manjishtha, Bakuchi, Aragwadha, Haridra, Nimba, Anantmool, Khadir, Guduchi, Shunthi, Daru haridra, Yashtimadhu, Rakta chandan, Kanchnaar, Punarnava, Draksha, Yashad bhasma Sphatika bhasma	10 ml, Thrice a day	Oral	Lukewarm water
2.	Ointment	Chakramard, Amlasaar Gandhak, Tankanamla Rasanjana.	Twice a day daily	Local application	-

Healthy diet and regime was explained to the parents to be followed by the child. Proper counseling was done.

FOLLOW UP & OUTCOME

After a detailed assessment of the whole case, treatment was started from the same day i.e. 01/12/2021. Medicines were given by both internal intake and external application.

On 2nd visit (28/12/2021), skin appeared less dry and scaly as compared to previous visit but white patches remained same [See Figure 2]. Itching was found occasionally.

On 3rd visit (12/01/2022), skin appeared smooth, shiny and less scaly along with decrease in number of white patches throughout the face [See Figure 3]. Itching was no more a complaint.

On 4th visit (19/01/2022), skin appeared smooth with no scales and white patches were reduced to maximum extent, leaving minimal discoloration [See Figure 4].

A subsequent result was seen in 50 days of treatment, as there was relief in sign and symptoms. Itching was reduced to maximum extent on 2nd visit and disappeared at 3rd visit. Appearance of skin improved slightly in 3rd visit and completely cured with minor discoloration on 4th visit.

Oral medications were stopped and continued with the ointment only.



2nd Visit (28/12/2021)

[Figure 2]

3rd Visit (12/01/2022)

[Figure 3]

4th Visit (19/01/2022)

[Figure 4]

DISCUSSION

The causative agent i.e. *Malassezia* of pityriasis versicolor is a common fungal inhabitant of the normal skin flora, and therefore the disease is not considered to be contagious. In addition, pityriasis versicolor does not lead to either permanent scarring or pigmentary disorders.^[5]

Syrup has following contents and possesses properties such as *Kaphavaatahara*, *Kushthaghna*, *Krimighna* & *Kandughna*.

Sr. No.	Contents	Karma
1.	Manjistha	<i>Pittahara, Kushthaghna, Raktadoshahara.</i> ⁶
2.	Bakuchi	<i>Kaphahara, Kushthaghna, Krmighna, Kandughna</i> ⁷
3.	Aragwadha	<i>Tridosahara, Kushthaghna, Krmighna</i> ⁸
4.	Nimba	<i>Kaphapittaghna, Twagadoshahar, Krimighna, Kushthahara</i> ⁹ ,
5.	Anantmool	<i>Tridosahara, Kushthaghna, Krmighna</i> ¹⁰
6.	Khadir	<i>Kushthaghna</i> ¹¹
7.	Guduchi	<i>Tridosahara, Kushthaghna</i> ¹²
8.	Shunthi	<i>Vaatkaphaghna, Deepana, Pachana</i> ¹³
9.	Haridra	<i>Kushthaghna, Krmighna, Kandughna</i> ¹⁴
10.	Daruharidra	<i>Kaphapittaghna karma., Twagadoshahar, Krimighna, Kushthahara</i> ¹⁵
11.	Yashtimadhu	<i>Pittanilasrajitt</i> ¹⁶
12.	Rakta chandan	<i>Raktapittahara</i> ¹⁷
13.	Kanchnar	<i>Kaphapittaghna, Krimighna, Kushthaghna</i> ¹⁸
14.	Punarnava	<i>Sleshmapittraktavinashani</i> ¹⁹
15.	Draksha	<i>Vaatpittahara</i> ²⁰
16.	Yashad bhasma	<i>Pittakaphahara, Raktashodhana, Krmighna, Kushthaghna, Kandughna</i> ²¹
17.	Sphatika bhasma	<i>Kushthaghna, Krmighna</i> ²²

Ointment has following contents and mostly possesses *Kaphavaatahara*, *Kushthgna* & *Krimighna* properties.

Sr. No.	Contents	Karma
1.	Chakramard	<i>Vaatkaphaghna, Kushthaghna, Krmighna, Dadrughna</i> ²³
2.	Amlasaar Gandhak	<i>Krimidoshhar, Jantughna, Kushthahara</i> ²⁴
3.	Tankanamla	<i>Kaphavaathara, Vishaghna</i> ²⁵
4.	Rasanjana	<i>Kaphapittaghna karma., Twagadoshahar, Krimighna, Kushthahara</i> ¹⁵

Almost all the ingredients of syrup and ointment constitute of *kandughna, krimighna, Kushthaghna* and *kaphahara* properties which is most suitable for the treatment of Pityriasis versicolor as it is a *kapha* dominant disease.

CONCLUSION

Medicines were made easily available while keeping an eye on its cost and palatability. No adverse reaction was noticed during the medication.

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