Recurrent Pityriasis Versicolor with Multiple Lipomas: A Case Report of Integrative Management with Miasmatic Homeopathic Assessment

MD. ABU RAIHAN

raihanttck@gmail.com

Bangladesh Open University https://orcid.org/0009-0004-1725-7395

Case Report

Keywords: pityriasis versicolor, multiple lipomas, homeopathy, miasmatic assessment, integrative medicine, case report, CARE guidelines

Posted Date: July 31st, 2026

DOI: https://doi.org/10.21203/rs.3.rs-10534057/v1

Additional Declarations: The authors declare no competing interests.

Abstract

Background: Recurrent pityriasis versicolor (PV) is a common superficial fungal infection that frequently relapses after conventional antifungal therapy. In classical homeopathy, recurrent diseases may be interpreted through the concept of chronic miasms. This case report describes the integrative management of recurrent PV in a patient with multiple lipomas, incorporating conventional antifungal treatment and a homeopathic miasmatic assessment.

Case Presentation: A 44-year-old man presented with recurrent, non-pruritic hypopigmented skin patches of one month's duration. He had experienced a similar episode 4–5 years earlier that resolved temporarily following topical treatment. Physical examination also revealed multiple painless lipomas over the chest and upper limbs. A positive family history of similar skin lesions and lipomas was reported in his father. The clinical diagnosis was pityriasis versicolor.

Intervention: Initial treatment consisted of conventional antifungal therapy using oral itraconazole and topical clotrimazole-based cream, resulting in clinical resolution of the skin lesions. Following completion of antifungal therapy, an individualized homeopathic management plan, based on miasmatic assessment, was initiated using *Bacillinum* as an intercurrent remedy and *Thuja occidentalis* as the constitutional remedy.

Outcome: The patient demonstrated complete clinical clearance of the fungal lesions following conventional treatment. Homeopathic treatment was subsequently introduced as part of the long-term management strategy. At the time of this report, the case suggests a favourable clinical course; however, longer follow-up is required to evaluate recurrence prevention and long-term outcomes.

Conclusion: This case illustrates an integrative management approach for recurrent pityriasis versicolor in a patient with multiple lipomas. While the patient's clinical outcome was favourable, conclusions regarding the effectiveness of homeopathic intervention cannot be drawn from a single case. Further well-designed clinical studies are needed to evaluate the potential role of integrative approaches in recurrent superficial fungal infections.

1. Introduction

Pityriasis versicolor (PV) is a common superficial fungal infection caused by lipophilic yeasts of the genus *Malassezia*. The disease is characterized by hypo- or hyperpigmented macules, with or without fine scaling, predominantly affecting the trunk, neck, and proximal upper extremities. Although topical and systemic antifungal therapy is generally effective, recurrence is common because of persistent host susceptibility and environmental factors, including heat, humidity, and excessive sweating (Hay & Ashbee, 2016).

Multiple lipomas are benign tumors of adipose tissue that may occur sporadically or as part of a familial predisposition. Although PV and multiple lipomas are distinct clinical entities with different

pathophysiological mechanisms, their coexistence in the same patient may warrant consideration of hereditary and constitutional factors during clinical assessment. However, no established biomedical evidence has demonstrated a causal relationship between these two conditions.

In classical homeopathy, chronic recurrent diseases are interpreted within the framework of the chronic miasm theory originally proposed by Hahnemann (1828). Integrative medicine combines conventional evidence-based treatment with complementary therapeutic approaches while prioritizing patient safety and clinical outcomes. In recurrent dermatological disorders, such an approach may provide immediate disease control together with individualized long-term patient management, although the effectiveness of complementary interventions requires further investigation.

This case report describes the integrative management of a 44-year-old man with recurrent pityriasis versicolor and multiple lipomas. The report presents the clinical features, conventional antifungal treatment, homeopathic miasmatic assessment, therapeutic rationale, and clinical follow-up. It has been prepared in accordance with the CARE (CAse REport) guidelines to contribute to the growing literature on integrative approaches for recurrent superficial fungal infections.

2. Literature Review

Pityriasis versicolor (PV) is a common superficial fungal infection caused by *Malassezia* species and accounts for a substantial proportion of superficial mycoses worldwide. Although topical and systemic antifungal agents are generally effective, recurrence is frequent because *Malassezia* remains a part of the normal skin microbiota and is influenced by host susceptibility, climate, sweating, and other predisposing factors (Hay & Ashbee, 2016; Gupta et al., 2002).

Multiple lipomas are benign adipose tissue tumors that may occur sporadically or in familial forms. While no established biomedical evidence demonstrates a causal association between recurrent PV and multiple lipomas, the coexistence of these conditions, particularly in the presence of a positive family history, may justify a comprehensive clinical and constitutional assessment.

Within the theoretical framework of classical homeopathy, Hahnemann proposed that chronic recurrent diseases reflect underlying miasmatic predispositions (Hahnemann, 1828). Allen later described benign tissue overgrowths, including lipomas, as manifestations consistent with the sycotic miasm (Allen, 1910). These concepts belong to the homeopathic theoretical model and should be interpreted separately from contemporary biomedical pathophysiology.

Published evidence regarding the role of integrative management in recurrent pityriasis versicolor remains limited. Therefore, well-documented CARE-compliant case reports can provide clinically relevant observations and generate hypotheses for future controlled studies rather than establish treatment efficacy.

3. Methods

This study is presented as a single-patient case report prepared in accordance with the CARE (CAse REport) guidelines. The patient was observed longitudinally for approximately 10 years, allowing the investigator to document disease recurrence, clinical progression, treatment responses, seasonal variation, and follow-up findings over time. Repeated clinical assessments and direct patient interactions were conducted throughout the observation period to ensure accurate documentation of the patient's clinical course. Clinical information was obtained through detailed history taking, physical examination, serial follow-up evaluations, and review of previous treatment records when available. Data collected included demographic characteristics, presenting complaints, past medical history, family history, dermatological findings, and treatment outcomes.

The diagnosis of pityriasis versicolor was established on clinical grounds. Homeopathic assessment was performed according to the principles of classical homeopathy, including constitutional evaluation and miasmatic assessment, to guide individualized remedy selection.

An integrative management strategy was adopted. Conventional allopathic antifungal therapy consisting of oral itraconazole and topical clotrimazole cream was administered initially to achieve clinical resolution of the fungal infection, after which individualized homeopathic treatment was introduced as part of long-term management. Written informed consent was obtained from the patient for publication of this case report. All potentially identifiable personal information has been removed to maintain patient confidentiality.

4.1 Patient Information

A 44-year-old Bangladeshi male government employee from Jashore presented with recurrent hypopigmented skin lesions that had persisted intermittently since adulthood. The patient had been under longitudinal clinical observation by the investigator for approximately 10 years, allowing repeated assessment of disease progression, recurrence, and treatment response.

The patient initially noticed multiple small white macules over the affected areas. Over time, these lesions gradually enlarged, became circular, and developed a greyish discoloration. According to the patient's description, the lesions became more prominent during periods of excessive heat and sweating, when they appeared swollen and extended over a wider area. The patient denied itching, pain, burning sensation, ulceration, discharge, or sensory loss throughout the course of the disease.

The patient also had multiple painless lipomas. A positive family history was noted, as his father had experienced both similar lipomas and recurrent skin lesions. He reported no history of smoking or alcohol consumption and had no known major chronic systemic illnesses at the time of presentation.

4.2 Clinical Findings

At the time of presentation, the patient exhibited multiple hypopigmented macules involving the shoulders, posterior neck, and lateral cervical region. The lesions initially appeared as two to three small

white macules but gradually increased in size and number, forming a confluent patch-like distribution over the affected areas.

The lesions showed progressive hypopigmentation with a greyish discoloration over time. According to the patient's history, they became more prominent during periods of excessive heat and sweating, when the affected areas appeared mildly swollen and more extensively visible. There was no associated pruritus, burning sensation, pain, ulceration, discharge, sensory impairment, or clinically appreciable fine scaling.

The diagnosis of pityriasis versicolor was established on clinical examination based on the characteristic distribution, morphology, recurrent course, and exclusion of alternative clinical diagnoses. No potassium hydroxide (KOH) microscopy, Wood's lamp examination, fungal culture, or skin biopsy was performed.

Physical examination also identified multiple soft, painless, mobile subcutaneous lipomas. These were located over the dorsal aspect of the forearm proximal to the wrist and on the upper abdomen, including three to four lesions on the right upper abdominal wall. The lesions were clinically consistent with benign lipomas and had remained stable during the observation period.

4.3 Timeline

The patient first noticed small hypopigmented skin lesions at approximately 14–15 years of age. Initially, only two to three discrete white macules were present over the shoulder region. Over subsequent years, the lesions gradually increased in size and extended to involve the shoulders, posterior neck, and cervical region. The patient reported that the lesions became more prominent during hot weather and excessive sweating, whereas they partially subsided during the winter months.

Approximately four to five years before the current presentation, the patient received conventional treatment consisting of oral antifungal medication and topical cream, which resulted in temporary clinical improvement. However, the lesions recurred approximately two to three months before the present consultation. Although homeopathic treatment had been prescribed previously, adherence was irregular because the patient experienced seasonal improvement during winter, resulting in interruption of long-term therapy.

4.4 Diagnostic Assessment

The patient was initially evaluated by a government-registered dermatologist, who established the clinical diagnosis of recurrent pityriasis versicolor based on the characteristic history, lesion distribution, and physical examination. No potassium hydroxide (KOH) microscopy, Wood's lamp examination, fungal culture, or skin biopsy was performed.

Multiple painless subcutaneous lipomas were identified on clinical examination. The patient had not undergone imaging studies, biopsy, or surgical treatment for these lesions. A positive family history of

similar lipomas and recurrent skin lesions in the patient's father supported consideration of a hereditary predisposition.

Following confirmation of the dermatological diagnosis, an individualized homeopathic assessment was undertaken. Constitutional characteristics, clinical history, recurrence pattern, and family history were evaluated within the theoretical framework of classical homeopathic miasmatic assessment to guide remedy selection. This assessment was used as a complementary clinical approach and did not replace the conventional dermatological diagnosis.

4.5 Therapeutic Intervention and Follow-up

Management was undertaken using an integrative approach. Initial treatment consisted of conventional allopathic antifungal therapy with oral itraconazole and topical clotrimazole cream, resulting in clinical resolution of the active fungal infection. Following completion of allopathic treatment, individualized homeopathic management was initiated based on constitutional and miasmatic assessment. The patient was followed longitudinally through scheduled clinical reviews, during which lesion morphology, recurrence pattern, seasonal variation, and overall clinical status were documented. Because adherence to long-term homeopathic treatment had previously been inconsistent, the preventive effect of homeopathic therapy on recurrence could not be conclusively determined. Continued follow-up has therefore been recommended to evaluate long-term clinical outcomes.

5. Discussion

Recurrent pityriasis versicolor is characterized by frequent relapse despite successful antifungal treatment, particularly in individuals exposed to heat, humidity, and other predisposing factors. In this case, the patient's clinical course, including onset during adolescence, seasonal exacerbation in hot weather, and partial remission during winter, was consistent with the recognized pattern of recurrent pityriasis versicolor.

An additional clinical finding was the presence of multiple lipomas with a positive family history in the patient's father. Although no established biomedical relationship has been demonstrated between recurrent pityriasis versicolor and multiple lipomas, this observation highlights the importance of considering hereditary and constitutional factors during comprehensive clinical assessment.

The patient was initially diagnosed and managed by a government-registered dermatologist. Homeopathic treatment was subsequently introduced as an individualized complementary approach following conventional antifungal therapy. Because adherence to long-term homeopathic treatment had been inconsistent, the effect of this intervention on recurrence prevention cannot be determined from this single case.

The principal strength of this report is the approximately 10-year longitudinal observation of the patient, which enabled documentation of disease progression, seasonal variation, family history, and treatment response. However, as a single case report based primarily on clinical diagnosis without mycological

confirmation, the findings should be interpreted cautiously. Further prospective studies with standardized outcome measures are needed to evaluate the potential role of integrative management in recurrent pityriasis versicolor.

6. Conclusion

This case report describes the integrative management of recurrent pityriasis versicolor with multiple lipomas in a 44-year-old man who was followed clinically for approximately 10 years. Conventional antifungal therapy resulted in clinical resolution of the active fungal infection, while individualized homeopathic management was introduced as a complementary long-term approach. Although the patient's clinical course was favourable, this single case does not establish treatment effectiveness. Further prospective studies with microbiological confirmation and standardized outcome measures are required to evaluate the potential role of integrative management in recurrent pityriasis versicolor.

Declarations

Ethics Approval

Ethics committee approval was not required for this single-patient case report according to institutional policy.

Patient Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying clinical information.

Funding

The authors received no financial support for the research, authorship, or publication of this article.

Conflict of Interest

The authors declare that there are no conflicts of interest.

Data Availability

The data supporting the findings of this case report are available from the corresponding author upon reasonable request.

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