WJPMR, 2025, 11(12), 134-141

Case Study

WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.wjpmr.com

Impact Factor: 6.842

ISSN (O): 2455-3301

ISSN (P): 3051-2557

Coden USA: WJPMBB

CLINICAL MANAGEMENT OF PITYRIASIS ALBA (HYPO-PIGMENTARY DERMATOSIS) WITH ALLERGY MARCH THROUGH AYURVEDA- A SINGLE CASE STUDY

Gupta Sahil[1]*

[1]CEO, Founder at the Institute of Applied Food Allergy® (IAFA), IAFA Ayurveda.

***Corresponding Author: Gupta Sahil**

CEO, Founder at the Institute of Applied Food Allergy® (IAFA), IAFA Ayurveda.

DOI: https://doi.org/10.5281/zenodo.17746563

How to cite this Article: Gupta Sahil1* (2025). Clinical Management Of Pityriasis Alba (Hypo-Pigmentary Dermatosis) With Allergy March Through Ayurveda- A Single Case Study. World Journal of Pharmaceutical and Medical Research, 11(12), 134–141.

Article Received on 27/10/2025 **Article Revised on 17/11/2025** **Article Published on 01/12/2025**

ABSTRACT

Aim: To evaluate the effectiveness of Ayurvedic management in a case of Pityriasis alba. **Background:** A chronic, low-grade, eczematous dermatosis commonly affecting children is known as Pityriasis alba. This hypo-pigmentary condition has a multifactorial etiology, which involves immune dysregulation, barrier dysfunction, and allergic predisposition. From the Ayurvedic perspective, it aligns with a Vata-Kaphaja-dominant skin disorder involving Rasa Dhatu. Along with this, the patient also exhibits early allergic manifestations, such as Vicharchika (atopic dermatitis), Pratishyaya (allergic rhinitis), and Tamaka Shwasa (asthma), which constitute a classical Atopic March, corresponding to Strotasa Atipravritti (hyperactivity of body channels). **Objective:** To assess clinical outcomes and symptomatic improvement in a child presenting with Pityriasis alba and allergic march following a three-month Ayurvedic treatment regimen. **Materials and Methods:** A single case of a 12-year-old boy with hypo-pigmented facial lesions, eczema, food intolerance, and allergic rhinitis was treated at IAFA, India, using internal and external Ayurvedic formulations. Observation-based qualitative and quantitative assessments were recorded before and after therapy. **Results:** Marked improvement was noted in skin pigmentation, pruritus, and eczema severity, with a significant reduction in nasal allergy and gastrointestinal disturbances. No adverse effects were observed throughout the treatment duration. The outcome suggests that comprehensive Ayurvedic management targeting Dosha, Dhatu, and Strotasa balance can halt the allergic march progression and reverse Pityriasis alba pathology.

KEYWORDS: Observation-based qualitative and quantitative assessments were recorded before and after therapy.

1. INTRODUCTION

Pityriasis alba is a common, benign, hypo-pigmentary dermatosis that predominantly affects children and adolescents, particularly between the ages of 3 and 16 years. Pityriasis alba presents as round or irregular, slightly scaly, hypopigmented patches, most commonly on the face, upper arms, and neck. Although this condition is self-limiting in nature, it often carries significant psychosocial implications due to cosmetic disfigurement and chronicity. The exact etiology of Pityriasis alba remains uncertain; however, it is widely regarded as a low-grade eczematous process associated with impaired skin barrier function, xerosis, exposure to ultraviolet light, and immune hypersensitivity reactions. Several clinical and immunological research studies have linked Pityriasis alba with atopic diathesis, forming part of the Atopic or Allergic March, which is a sequential progression of allergic manifestations starting from Atopic dermatitis in early childhood, followed by Allergic rhinitis and Asthma in later years. This reflects the chronic overactivation of the immune system and the dysregulation of mucocutaneous barriers across multiple organ systems. Such interrelationship highlights that Pityriasis alba may not be an isolated dermatological disease but rather a cutaneous reflection of a systemic allergic disposition.

According to Ayurveda, Pityriasis alba closely correlates with Vata-Kaphaja condition and may fall under Kshudra Kustha, described in classical literature, characterized by Shveta (white), Rakta (reddish), Snigdha (unctuous), Utsanna (elevated), Sthira (stable), and Mandala

(circular) lesions. The pathogenesis (Samprapti) of this Kshudra Kustha involves the vitiation of Kapha Dosha, leading to the derangement of Rasa Dhatu, the first tissue responsible for nutrition, pigmentation, and immunity, resulting in discoloration and roughness of the skin along with Vata Dosha. The Ayurvedic explanation for the Allergic March aligns conceptually with Strotasa Ati-Pravritti, i.e., the hyperactivity of internal and external body channels. The sequential allergic manifestations are understood as the hyper-functional states of specific Strotas, i.e., Pranavaha Strotas (channels of respiration) leading to Tamaka Shwasa (Asthma), Rasavaha Strotas (channels of nutrient transport and skin function) leading to Vicharchika and Vata-Kaphaja dominant Kshudra Kustha (Atopic dermatitis and Pityriasis alba), Annavaha srotas (channels of digestion) leading to Ahara-Asatmyata (food intolerance and hypersensitivity). Thus, the modern concept of allergic cascade from food sensitivity to cutaneous and respiratory allergies parallels the Ayurvedic interpretation of progressive Srotodushti (sequential channel vitiation) initiated by Agni- Mandya (metabolic derangement) and Ama (toxin) accumulation. In Ayurveda, Pityriasis alba is not merely a superficial skin disease but a systemic Dosha- Dushti involving Kapha and Vata, leading to Rasa Dhatu Dushti and impaired Varna Utpatti (melanin formation). Hence, its management requires a multidimensional therapeutic strategy that aims at restoring Agni, detoxifying Rasa Dhatu, normalizing Strotas flow, and correcting the immune imbalance.

The present case study highlights the successful management of Pityriasis alba in a pediatric patient with concurrent features of the Allergic March, including Vicharchika (atopic dermatitis), Ahara Asatmyata (food intolerance), Vata-Kaphaja Pratishyaya (allergic rhinitis), and Tamaka Shvasa (asthma).

2. CASE PRESENTATION

A 12-year-old boy presented on 13th July 2023 with complaints of hypopigmented, round patches on the face and fingers persisting for two months, along with a history of eczema since childhood. The patient also reported intermittent bloating, soft bowel movements, and recurrent nasal allergies with seasonal exacerbations suggestive of hay fever and mild asthma. His father had a similar history of eczema, asthma, and depigmented patches, indicating hereditary predisposition. On examination, multiple dry, scaly, hypo-pigmented lesions were observed over the peri-oral region and dorsal fingers without significant pruritus. The overall presentation corresponded to Vata-Kaphaja Kustha in Ayurveda, forming part of an atopic or allergic march continuum involving Vicharchika (eczema), Ahara-Asatmyata (food intolerance), Vata-Kaphaja Pratishyaya (allergic rhinitis), and Tamaka Shvasa (asthma).

2.1 Patient Details

- **Age/Sex:** 12 years / Male
- **Date of first consultation:** 13th July 2023
- **Clinical ID:** 8174

2.2 Chief Complaints

- Hypopigmented round patch on the face and fingers (2 months).
- History of eczema since childhood (peri-oral and hands).
- Occasional bloating and abdominal pain.
- Recurrent nasal allergies, hay fever, and asthma.

2.3 Family History

Father also had eczema, asthma, and white patches on fingers, indicating genetic predisposition.

2.4 Associated Findings

Colic in infancy, flaky scalp, and hypersensitivity to environmental triggers.

2.5 Diagnosis

Pityriasis Alba (Vata-Kapha dominant Kshudra Kustha)

3 METHODS

3.1 Intervention Protocols

The intervention was designed according to the Ayurvedic diagnosis of Vata-Kapha dominant Kshudra Kustha condition, i.e., Pityriasis alba with systemic allergic diathesis forming part of the Atopic March. The therapeutic aim was to restore Dosha, Dhatu, and Strotas balance, pacify Kapha-Vata Dosha, detoxify Rasa Dhatu, and strengthen the cutaneous and gastrointestinal systems. The approach emphasized Ama- Pachana (detoxification), Rasayana (rejuvenation), and Kusthaghna actions while preventing recurrence through immune modulation and digestive correction. The intervention included internal and external Ayurvedic formulations supported by strict dietary and lifestyle guidelines. The overall therapy aims.

- To correct metabolic imbalance (Agni Deepana and Ama Pachana) to recover from food intolerance and improve nutrient assimilation.
- To purify the blood and restore tissue balance (Rasadhatu Shodhana and Tvak Dhatu Prasadana).
- To regulate immune hypersensitivity by normalizing Pranavaha and Rasavaha Strotas function, thereby delaying the allergic progression.

3.2 Ayurvedic Diagnostic Framework

The diagnosis was established based on the clinical presentation, Ayurvedic pathological understanding, and involvement of specific Dosha, Dhatu, and Strotas systems. The symptoms of circular, hypopigmented, slightly scaly lesions with dryness and mild itching correlated with the Vata-Kapha dominant Kshudra Kustha group. Other allergic symptoms involving the nasal, gastrointestinal, and respiratory systems reflected Srotasa Atipravritti of Rasavaha, Annavaha, and Pranavaha Strotas. The complete Ayurvedic diagnostic interpretation is summarized below.

Table 1: Ayurvedic Diagnostic Assessment.

Parameter	Interpretation
Vyadhi (Disease)	Pityriasis alba
Dosha	Predominantly Kapha, associated with Vata
Dhatu involved	Rasa Dhatu and Tvak Dhatu
Strotas involved	Rasavaha, Pranavaha, and Annavaha srotas
Samprapati (Pathogenesis)	Kapha-Vata Dushti leading to Rasadhatu Avarodha (obstruction of nutrient circulation) and Twak Varna Hani (loss of pigmentation)
Associated Vyadhi	Ahara-Asatmyata (Food Intolerance), Tamaka Shwasa (Asthma), Vicharchika (Atopic Dermatitis), Vata-Kaphaja Pratishyaya (Allergic Rhinitis)

3.3 Ayurvedic Treatment Protocol

The treatment strategy was divided into external and internal measures, both aimed at restoring normal pigmentation and preventing relapse by stabilizing Kapha, Vata, and clearing Rasavaha Strotas.

External Therapy: The patient was advised to use local and topical applications to nourish, protect, and re-pigment the affected skin. IAFA 333 Oil and IAFA 333 Cream were applied over facial and digital lesions twice daily. These preparations, containing Sveta Kuṭaja (Wrightia tinctoria), Sirisha (Albizia lebbeck), Nimba (Azadirachta indica), Karanja (Pongamia glabra), and Narikela Taila (Cocos nucifera Linn.), etc., were selected for their Kusthaghna, Tvak-Prasadana, Varnya, and Sothahara properties. Nasayoga Grutham (medicated ghee prepared with Yashtimadhu and cow's ghee) was instilled as Pratimarsha Nasya twice daily to purify Pranavaha Strotas, enhance local immunity, and reduce nasal allergy and asthmatic sensitivity. These topical and nasal interventions provided both local nourishment and systemic support by balancing Kapha in the upper body.

Internal Therapy

Internal administration aimed to eliminate Ama, balance digestion, and rejuvenate Rasa Dhatu through herbal combinations with Deepana, Pachana, Rasayana, and Kusthaghna actions. Aahra Amrutham Ras, a polyherbal formulation, was administered to correct Ahara Asatmyata and maintain gastrointestinal integrity. IAFA Skin Detox Drops, composed of herbs like Manjistha (*Rubia cordifolia*), Khadira (*Acacia catechu*), etc., were prescribed for blood purification and systemic detoxification. Triphala Swaras were included to regulate bowel function, enhance digestion, and provide mild antioxidants and Rasayana support. These formulations give a synergistic effect to re-establish Agni, clear Rasavaha Strotas, and normalize cutaneous pigmentation mechanisms.

3.4 Ayurvedic Treatment Protocol for Different Follow-Ups

The therapeutic regimen was monitored and adjusted over a three-month treatment duration with monthly follow-ups. Dosage and frequency were standardized based on age, disease chronicity, and response.

Table 2: Formulations used along with their dosage, frequency, route, time of administration, and duration.

Formulation	Dosage and Frequency	Route of administration	Time of administration	Duration
Nasayoga Grutham	2-4 drops twice daily	Pratimarsha Nasya (bilateral nostrils)	Morning and bedtime	Continuous for 3 months
IAFA 333 Oil	Local application twice daily	External (topical)	Morning and evening after cleansing	Continuous for 3 months
IAFA 333 Cream	3–5 g per application, 2–3 times/day	External (topical)	After oil absorption	Continuous for 3 months
Aahar Amrutham Ras	7.5 ml twice daily with an equal amount of water	Oral	After meals	3 months
IAFA Skin Detox Drops	2 ml twice daily	Oral	Before meals	3 months
Triphala Swaras	7.5 ml once daily	Oral	At bedtime with water	3 months

Table 3: Ayurvedic Treatment Phases along with their Clinical Outcome and Objectives.

Phase and Duration	Clinical Outcomes Observed	Therapeutic Objectives	Scientific Validation
Phase I- Detoxification and Gut Correction (13 July- 12 August 2023)	● Marked reduction in abdominal bloating and soft stool frequency within 2 weeks. ● Appetite, sleep, and bowel regularity improved. ● Skin dryness slightly reduced.	Stimulate Agni and digest Ama. Correct Ahara Asatmayta and stabilize Annavaha Strotas. This phase: Prepare the system for systemic detoxification.	Deepana–Pachana actions restore digestive fire and reduce Ama (toxin). Modern studies confirm that Ayurvedic gastrointestinal modulators improve gut-skin axis and microbiota balance, enhancing immune homeostasis.
Phase II- Systemic Detoxification and Immune Modulation (13 August- 12 September 2023)	● Reduction in itching and eczema severity. ● Disappearance of lesions. ● Nasal allergy frequency decreased from daily to occasional.	Purify Rasa and Tvak Dhatu. Regulate Kapha-Vata Dosha and clear Rasavaha Strotas. Initiate immune modulation and detoxification.	Rakta- Shodhana and Strotoshodhaka herbs clear metabolic toxins and normalize immune overactivity.
Phase III - Pigmentation and Skin Barrier Restoration (13 September – 12 October 2023)	● Hypopigmented facial and digital lesions showed visible re-pigmentation from week 6 onward. ● Scaling, dryness, and roughness were resolved completely. ● Facial tone became uniform, and skin texture normalized.	Promote Varna Utpatti (melanin synthesis). Rejuvenate Tvak Dhatu and restore epidermal barrier integrity. Prevent recurrence through Rasayana and Varnya effects.	This Vata-Kaphaja dominant Kshudra Kustha pathogenesis involves Rasadhatu Avarodha. Rasayana therapy reverses this by enhancing tissue nutrition and melanocyte function. Herbs like Wrightia tinctoria and similar herbs are scientifically proven to stimulate melanogenesis and suppress inflammatory mediators, which are present in the formulation used.
Phase IV - Respiratory and Nasal Allergy Regulation (Parallel Therapy, i.e., July to October 2023)	● Sneezing, nasal blockage, and breathlessness were markedly reduced by the end of the second month. ● No asthma recurrence during the entire therapy. Improved sleep and nasal patency.	Purify Pranavaha Strotas and pacify Kapha- Vata Dosha. Prevent allergic march progression. Maintain mucosal immunity.	Ayurvedic Nasya therapy supports mucosal clearance and local immunity. Herbs like Glycyrrhiza glabra present in the formulation are validated for bronchodilatory, anti-inflammatory, and mucosal healing effects.

Table 4: Monitoring Parameters and Clinical Outcomes.

Parameter	Frequency of Evaluation	Observed Clinical Outcome
Lesion status	Every 15 days during the first month, followed by a monthly review	Scaling and discoloration began to resolve by the 3rd week; normal pigmentation was restored by the end of the 3rd month.
Symptom scoring (itching, dryness, irritation)	At each follow-up, using a 0–5 Visual Analogue Scale (VAS)	Pruritus and dryness were reduced markedly by week 4 and reached 0 by the 2nd month; maintained throughout therapy.
Digestive health	Weekly	Appetite normalized; bowel movements became regular and formed; no bloating or abdominal discomfort reported after week 3.
Skin texture and sensitivity	Monthly	Skin surface became smooth and evenly toned; mild scalp dandruff persisted up to the 3rd month, but without irritation.
Respiratory and nasal symptoms	Biweekly	Sneezing, nasal obstruction, and asthma-related discomfort completely subsided by week 8.
Diet and lifestyle adherence	Weekly self-report and physician review	Approx. 90 % adherence maintained; improved energy, sleep, and general well-being noted by 6 weeks.
Relapse monitoring (post-therapy)	November–December 2023	No relapse or new lesions were observed during the two-month observation phase.

Observation Protocol

All clinical outcomes were monitored through structured teleconsultations and guided self-assessment. Visual inspection of affected areas was performed via high-resolution video calls, allowing assessment of lesion size, scaling, pigmentation, and surface texture. The patient and guardian were trained to record weekly skin photographs under natural light for objective comparison. Symptom intensity, i.e., itching, dryness, and irritation, was scored using a 0–5 Visual Analogue Scale (VAS), where 0 = no symptom and 5 = severe. Digestive and respiratory parameters were tracked through a structured feedback log. Dietary and lifestyle advice was verified weekly, with motivational counseling provided for adherence improvement. All observations were documented systematically at the IAFA clinic and reviewed by the attending physician.

3.4 Dietary and Lifestyle Monitoring

Pathya (Recommended Diet and Habits)

- The patient was advised to maintain a light, non-irritant, easily digestible, and nourishing diet throughout therapy.
- Consume old food grains such as green gram (Mudga) and Patola (bitter gourd).
- Take 200 ml of bottle-gourd (lauki) juice in the morning with five leaves of Mentha (Pudina), two leaves of *Ocimum sanctum* (Tulsi), and a pinch of black pepper (Krishna Maricha).
- Drink water stored overnight in a copper vessel early in the morning to enhance Agni and metabolic clarity.
- Consume wheat-grass juice regularly to promote detoxifying activity.
- Prefer non-dairy creamers and lactose-free alternatives when required.
- Take small quantities of lukewarm water frequently to aid digestion and reduce Kapha Ama.
- Increase intake of fiber-rich fruits and vegetables to regulate bowel function and purify Rasa Dhatu.
- Include one green leafy vegetable or green food daily.
- Use old rice, buckwheat, ragi, whole corn, millets, and gluten-free oats as staple cereals.
- Regularly use cumin (Jeeraka) and curry leaves (Kari Patta) in the diet to stimulate digestive enzyme secretion and enhance nutrient absorption.
- Consume fresh fruits or juice of one fruit daily, preferably pomegranate (*Punica granatum*) for Raktaprasadana.
- Avoid direct sun exposure and protect skin from extreme heat, cold, or wind to prevent Tvak Dosha Prakopa.
- Maintain personal hygiene, low-carbohydrate, and light vegetarian food habits.
- Follow regular sleep patterns, mild physical exercise, and maintain a calm and positive mental state.

Apathya (Foods and Habits to Avoid)

- To prevent Kapha-Vata aggravation and recurrence of lesions, the following items and habits were strictly prohibited:
- High-lactose foods such as milk, curd, cheese, and other dairy products.
- High-gluten foods, including wheat and bakery items.
- High-fat foods- butter, cheese, margarine, cream, and all fried or greasy dishes.
- Packaged and processed foods containing artificial colors, flavors, or sweeteners.
- Yeast-fermented foods and beverages (e.g., bakery yeast, alcohol).
- Foods are dominant in Amla, Katu, and Lavana rasa (sour, pungent, salty taste).
- Aquatic meats (Anupa Mamsa) like seafood, prawns, Thai food, etc.
- Certain vegetables like brinjal, radish, capsicum, mushroom, ladyfinger, lemon, tomato, and garlic should be avoided.
- Beans, chickpea (Chana), and kidney bean (Rajmah) should be avoided.
- Fruits like bananas and avocado.
- Confectioneries like chocolates, jaggery, and heavy sweets.
- Irregular meal timings or eating before the previous meal's digestion.
- Daytime sleep, sedentary habits, and sleep deprivation at night.
- Stress, anger, anxiety, or excessive emotional strain.
- Poor hygiene, wearing tight or synthetic clothes, or sharing personal items such as towels and linens.

4. RESULTS

Table 5: Changes in Major Symptoms during Treatment.

Date / Phase	Main Symptoms	Symptom Severity (0-5 Scale) *	Progress Summary
13 July 2023 (Before Treatment)	Hypopigmented round patches on face and fingers, mild dryness and scaling, no significant itching, occasional nasal blockage, mild bloating	Discoloration: 5 Scaling: 3 Dryness: 3 Itching: 1 Nasal allergy: 3 Digestive discomfort: 2	Chronic hypopigmented lesions with a background of atopy and mild digestive disturbance. Classified as Kshudra Kustha with Kapha-Vata predominance.
13 August 2023 (After 1 Month)	Scaling reduced markedly, lesions became lighter, nasal allergies decreased, and digestion normalized.	Discoloration: 3 Scaling: 1 Dryness: 2	Early improvement in Rasa Dhatu metabolism. Skin texture is smoother, and no new lesions were observed.

		Itching: 0 Nasal allergy: 1 Digestive discomfort: 0	
13 September 2023 (After 2 Months)	Most patches are faint, no scaling or dryness, appetite and bowel habits are stable, and there are no nasal allergy episodes	Discoloration: 2 Scaling: 0 Dryness: 1 Itching: 0 Nasal allergy: 0 Digestive discomfort: 0	70-80% pigmentation restoration, Kapha- Vata balance achieved. Respiratory and GI symptoms are completely resolved.
13 October 2023 (After 3 Months - Completion)	Skin tone nearly normal, faint marks only visible under bright light, complete symptom remission	Discoloration: 0 Scaling: 0 Dryness: 0 Itching: 0 Nasal allergy: 0 Digestive discomfort: 0	Clinical recovery achieved, no new lesions, Rasa Dhatu and Tvak Dhatu equilibrium restored.
13 December 2023 (Follow-up after 2 Months)	Skin clear and evenly toned, no recurrence, good appetite and energy, mild scalp dryness persisted.	Discoloration: 0 Scaling: 0 Dryness:1 Itching: 0 Nasal allergy: 0 Digestive discomfort: 0	Sustained remission without medication. No relapse of Pityriasis alba or allergic symptoms. Maintained through dietary discipline and external care.

***Severity Scale**

0 = None | 1 = Mild | 2 = Moderate | 3 = Marked | 4 = High | 5 = Severe

5. DISCUSSION

5.1 Pathophysiological Understanding

From an Ayurvedic standpoint, Pityriasis Alba corresponds to Vata-Kaphaja dominant Kshudra Kustha, a skin disorder primarily involving Rasa and Tvak Dhatu. The circular, white, slightly raised, non-itchy patches denote Kapha-Vriddhi with associated Vata vitiation leading to Snigdhata (unctuousness), Sthairya (stiffness), and Varna-Hani (loss of color). Chronicity and familial predisposition in this case indicated Dosha-Dushya Sammurcchana with Rasavaha Strotas obstruction and metabolic sluggishness (Ama Sanchaya). Along with this nasal allergy, eczema, and asthma signified systemic Srotasa Attivritti (hyperactivity of body channels), aligning with the concept of Allergic March. The therapeutic approach thus aimed at digesting and eliminating Ama (toxins) and enhancing Agni at both the gut and tissue level, purifying Rasa Dhatu and clearing Rasavaha Strotas, restoring Tvak Dhatu through Rasayana and Varnya interventions.

5.2 Phase-wise Therapeutic Protocol

Phase I- Detoxification and Gut Correction (13 July- 12 August 2023)

The initial phase focused on Ama- Pachana and digestive correction using internal formulations like Aahra Amrutham Ras, Triphala Swaras to balance Agni and eliminate metabolic toxins. External application with IAFA 333 Oil and Cream provided local Kaphahara and Kushtaghna effects. Within 3 weeks, bloating and digestive irregularities subsided, and scaling reduced significantly.

Phase II- Systemic Detoxification and Immune Regulation (13 August- 12 September 2023)

This phase aimed at Rasadhatu purification and Srotoshodhana using IAFA Skin Detox Drops and continued topical therapy. Immune modulation was achieved through various herbal formulations like Giloye (Tinospora cordifolia), Manjistha (Rubia cordifolia), etc. Clinically, itching and nasal allergies disappeared, and skin patches lightened markedly, showing 70–80% improvement.

Phase III- Pigmentation Restoration and Tissue Repair (13 September- 12 October 2023)

Rejuvenative therapy targeted Tvak Dhatu regeneration and melanocyte activation. IAFA 333 Oil and Cream supported pigment synthesis (Varna Utpatti) and skin-barrier integrity, while Triphala and Aahar Amrutham Ras maintained systemic detoxification. Hypopigmentation is nearly resolved by the end of this phase, with complete texture normalization and no new lesions.

Phase IV- Observation and Relapse Prevention (November – December 2023)

The observation phase focused on maintaining remission and reinforcing lifestyle and dietary habits (Pathya-Apathya). Internal medicines were tapered, and topical applications continued for protective support. Patient follow-up through video consultations confirmed complete remission, no recurrence, and overall physical and mental well-being.

5.3 Pharmacological Correlation

Table 6: Pharmacological Correlation of Formulations and Herbs Used Externally.

Formulation	Key Ingredients	Therapeutic Actions
IAFA 333 Oil	Shweta Kutaja (*Wrightia tinctoria*), Sirisha (*Albizia lebbeck*), Nimba (*Azadirachta indica*), Narikela Taila (*Cocos nucifera*)	Kusthaghna, Varnya, and Tvaka Prasadana enhance melanogenesis, reduce dryness and scaling, and provide anti-inflammatory and antimicrobial actions.
IAFA 333 Cream	Shweta Kutaja (*Wrightia tinctoria*), Sirisha (*Albizia lebbeck*), Nimba (*Azadirachta indica*), Karanja (*Pongamia glabra*), Narikela Taila (*Cocos nucifera*)	Restores skin texture, promotes pigment formation, and protects the epidermal barrier, rich in fatty acids supporting hydration.
Nasayoga Grutham	Yashtimadhu (*Glycyrrhiza glabra*), Go Grutham	Lubricates Pranavaha Strotas, reduces nasal allergy and asthma tendency, exhibits mucoprotective and bronchodilatory effects.

Table 7: Pharmacological Correlation of Formulations and Herbs Used Internally.

Formulation	Key Ingredients	Therapeutic Actions
Aahar Amrutham Ras	*Euphorbia thymifolia, Vitex negundo, Aegle marmelos, Phyllanthus niruri, Boerhavia diffusa*	Improves digestion, enhances liver function, detoxifies the gut, and supports Aahara Asatmyata correction. Exhibits anti-inflammatory, antimicrobial, and hepatoprotective effects.
IAFA Skin Detox Drops	*Adhatoda vasica, Foeniculum vulgare, Rubia cordifolia, Tinospora cordifolia, Tricosanthus diocia, Acacia catechu, Cassia fistula, Cedrus deodara, Embelia ribes*	Rakta- Shodhaka, Rasayana, and immunomodulatory. Purifies Rasa Dhatu, reduces Ama, regulates cytokine imbalance.
Triphala Swaras	*Phyllanthus emblica, Terminalia chebula, Terminalia bellirica*	RasAyana, an antioxidant and rejuvenative, maintains bowel regularity and aids detoxification.

6. CONCLUSION

This case study demonstrates that Ayurvedic management of Pityriasis Alba, when guided by Dosha-Dhatu- Strotas principles and executed through a phase-wise therapeutic protocol, can achieve remission and restoration of normal pigmentation without adverse effects. The patient, a 12-year-old male presenting with Pityriasis Alba and associated allergic diathesis, i.e., eczema, food intolerance, and mild asthma, showed clinical recovery within three months and remained relapse-free during a two-month follow-up. This outcome highlights that systematic Ayurvedic interventions focusing on Agni correction (Ama Pachana), Rasa and Tvak Dhatu rejuvenation (Rasayana-Varnya Chikitsa), and immune regulation by Srotoshodhana and Kapha-Vata Shamana can effectively break the pathological sequence of Allergic March and restore dermatological homeostasis in pediatric patients.

Furthermore, the integration of dietary discipline, i.e., Pathya-Apathya, external therapies, and Rasayana support ensured long-term stability and cosmetic satisfaction. The results affirm the potential of Ayurveda in managing chronic hypo-pigmentary and atopic skin conditions through individualized and safe therapeutic protocols.

7. Ethical Considerations and Consent

This study was conducted in compliance with ethical standards for pediatric case documentation. Informed consent for treatment, documentation, and publication was obtained from the patient's parent/ guardian prior to initiation of therapy, following IAFA clinical protocols. All patient identifiers have been removed to ensure confidentiality.

REFERENCE

1. Agnivesha, Charaka, Dridhabala. In: Charaka Samhita, ed. Vaidya Jadavaji Trikamji Aacharya, editor. Varanasi: Chaukhamba Sanskrit Sansthan, 2009.
2. Sushruta. In: Sushruta Samhita, Sutra Sthana, ed. Vaidya Jadavji Trikamji Acharya, editor. Varanasi: Choukhambha Orientalia, 2005.
3. Vagbhata. In: Ashtanga Hrudaya, 9th ed. Anna Moreshwar Kunte, Krishnashastri Navarre, Harishastri, editors. Varanasi: Choukhambha Orientalia, 2005.
4. Bhavamishra. In: Bhava Prakasha Nighantu 11th ed., part 2. Brahma Shankara Mishra, editor. Varanasi: Choukhambha Bharati Academy, 2009.
5. Dr. Gyanendra Pandey, Dravyaguna Vigyana, reprint 2012, Chawkhamba Krishnadas Academy.
6. Kljaic Bukvic, Blazenka & Blekić, Mario & Pečnjak, Marija. (2019). Allergic March. 10.5772/intechopen 85553.
7. Duczmal, Ewa & Bręborowicz, A. & Duczmal, Tomasz. (2010). Allergic march in childhood. Postepy Dermatologii i Alergologii, 27: 231-237.
8. de las Vecillas, Leticia & Quirce, Santiago. (2023). The Multiple Trajectories of the Allergic March. Journal of Investigational Allergy and Clinical Immunology, 34. 10.18176/jiaci 0983.
9. Melioli, Giovanni & Marcomini, L. & Agazzi, A. & Bazurro, G. & Rossi, L. & Tosca, Maria Angela & Minale, Paola & Rossi, Renato & Walter, Canonica

& Passal acqua, Giovanni. (2012). The Allergic March Resolved At the Allergen Component Level. Journal of Allergy and Clinical Immunology, 129. AB370. 10.1016/j.jaci.2012.01.023.
10. Vinod, Sujatha & Singh, Gurcharan & Dash, K & Grover, Sanjiv. (2001). Clinico-epidemiological study of pityriasis alba. Indian journal of dermatology, venereology, and leprology, 68: 338-40.
11. Burkhart, Craig & Burkhart, Craig. (2009). Pityriasis Alba: A Condition with Possibly Multiple Etiologies. The Open Dermatology Journal. 3. 7-8. 10.2174/1874372200903010007.
12. Sharquie, Khalifa & Noaimi, Adil & Salmo, Haitham. (2013). Pityriasis alba versus Vitiligo. Journal of the Saudi Society of Dermatology & Dermatologic Surgery, 17: 51–54. 10.1016/j.jssdds.2013.05.002.
13. https://store.iafaforallergy.com/products/iafa-skin-detox-drops
14. https://store.iafaforallergy.com/products/iafa-333-cream
15. https://store.iafaforallergy.com/products/iafa-333-oil
16. https://store.iafaforallergy.com/products/nasa-yoga-grutham
17. https://store.iafaforallergy.com/products/aahara-amrutham-ras