

Individualized Homeopathic Treatment of Vitiligo: A Case Report

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Abstract: **Background:** Vitiligo is a chronic acquired depigmentary disorder characterized by the selective destruction of melanocytes, resulting in white macules and patches on the skin. The condition often causes significant psychological and social distress, especially in young individuals. This case report describes the homoeopathic management of a young male patient suffering from localized vitiligo affecting the posterior neck region. Individualized constitutional treatment was prescribed based on totality of symptoms. Progressive repigmentation and arrest of disease progression were observed during follow-up. This case highlights the potential role of individualized homoeopathic treatment in the management of vitiligo. **Objectives:** **Primary Objective:** a) To evaluate the clinical outcome of individualized homoeopathic treatment in a patient with localized non-segmental vitiligo, assessed by repigmentation of depigmented skin lesions and arrest of disease progression. **Secondary Objectives:** a) To assess improvement in the patient's psychological well-being, self-confidence, and quality of life following homoeopathic treatment. b) To observe changes in the size, number, and distribution of vitiligo lesions during follow-up. c) To evaluate the safety and tolerability of individualized homoeopathic treatment. d) To document the course of treatment and follow-up as a clinical case report contributing to the evidence base for homoeopathic management. **Treatment:** Treatment duration was: 1) Primary Outcome Measure 2) Degree of repigmentation of vitiligo lesions assessed clinically through serial photographic documentation and comparison of lesion size, extent, and pigmentation before and after treatment. 3) Secondary Outcome Measures 4) Reduction in the size and number of depigmented patches. 5) Improvement in the quality and uniformity of skin pigmentation. 6) Improvement in patient-reported psychological well-being, self-confidence, and social interactions. 7) Assessment of overall health status and general well-being during treatment. 8) Monitoring for any adverse effects or aggravations associated with homoeopathic treatment. **Results:** Clinical photographs demonstrated progressive repigmentation of the affected areas over the course of treatment. The patient reported increased confidence and satisfaction with the outcome. No adverse effects were noted during treatment. **Conclusion:** This case demonstrates favorable clinical improvement in localized vitiligo following individualized homoeopathic treatment. The patient showed gradual repigmentation, cessation of disease progression, and improvement in psychological well-being. Homoeopathy may offer a complementary therapeutic option in selected cases of vitiligo, warranting further scientific investigation.

Keywords: Vitiligo, Leucoderma, Homoeopathy, Individualized treatment, Constitutional remedy, Case report

1. Introduction

Definition

Vitiligo is an acquired pigmentary disorder characterized by circumscribed depigmented macules resulting from the loss of melanocytes. The prevalence of vitiligo ranges from 0.5% to 2% worldwide and affects individuals of all ages and both sexes equally. Although the disease is not life-threatening, it can have profound psychosocial consequences due to cosmetic disfigurement.

The exact etiology remains uncertain; however, autoimmune, genetic, oxidative stress, neural, and biochemical theories have been proposed. Conventional management includes topical corticosteroids, calcineurin inhibitors, phototherapy, and surgical interventions, which often provide variable results and may be associated with adverse effects.

Causes

The exact cause of vitiligo is unknown, but several factors are implicated: Autoimmune Mechanism, Autoantibodies and T-cells destroy melanocytes. Genetic Factors, Positive family history in some patients.

Neurogenic Factors, Neurochemical mediators may damage melanocytes. Oxidative Stress, Accumulation of free radicals leads to melanocyte destruction. Environmental Triggers Physical trauma (Koebner phenomenon), Sunburn, Chemical exposure, Emotional stress

Pathogenesis:

Melanocytes are selectively destroyed or become dysfunctional. Loss of melanin production causes depigmented patches. Autoimmune-mediated cytotoxic T-cell attack is considered the primary mechanism.

Histopathology shows: Absence or marked reduction of melanocytes in affected skin. Minimal inflammatory infiltrate. Normal skin architecture otherwise.

2. Clinical Features

- Cutaneous Features
- Well-defined depigmented white patches.
- Symmetrical distribution is common.
- Gradual enlargement of lesions.
- Irregular or smooth margins.

Common Sites

Face (especially around eyes and mouth) Hands and fingers, Feet, Elbows and knees, Axilla, Genital region, Areas subjected to friction, Hair Changes, Leukotrichia (whitening of hair within lesions). Mucosal Involvement, Lips, Oral mucosa, Genital mucosa, usually asymptomatic.

Symptoms

Occasionally mild itching before lesion development.

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Types of Vitiligo

Non-segmental vitiligo (most common), Segmental vitiligo, Focal vitiligo, Acrofacial vitiligo, Universal vitiligo

Diagnosis:

Clinical Diagnosis Based on: Characteristic depigmented patches. Distribution pattern. Family and autoimmune disease history. Wood's Lamp Examination, Lesions appear bright chalky-white under ultraviolet light. Helps identify early lesions. Dermoscopy Laboratory Investigations (if required), Blood glucose, Complete blood count, Vitamin B12 levels, Skin Biopsy (Rarely Required)

Homoeopathic Approach

Homoeopathy approaches the patient as a whole and emphasizes individualized treatment based on characteristic mental, physical, and particular symptoms. The present case demonstrates the clinical outcome of individualized homoeopathic treatment in a patient with localized vitiligo.

General Management of Vitiligo

Sun Protection Use broad-spectrum sunscreen (SPF \geq 30). Avoid excessive sun exposure and sunburn. Wear protective clothing when outdoors. Avoid Triggering Factors, Minimize skin trauma, friction, and pressure (Koebner phenomenon). Avoid exposure to harmful chemicals when possible. Healthy Lifestyle, Maintain a balanced diet rich in fruits and vegetables. Manage stress through relaxation techniques and regular physical activity.

1) Patient Information

Name: XYZ Age: 17 years Sex: Male Religion: Muslim Occupation: Student Date of First Consultation: 15/01/2024

2) Chief Complaints

Depigmented white patches over posterior neck and nape of neck since 3 years. Gradual increase in size and number of patches.

3) History Of Present Illness

Patient was apparently healthy 3 years ago when a small white patch appeared on the posterior aspect of the neck near the hairline. The lesion gradually enlarged and multiple satellite depigmented macules appeared around the primary lesion.

No itching, pain, burning, scaling, or discharge associated with lesions. No history of trauma, burns, chemical exposure, or drug intake before onset.

4) Past History

No history of diabetes mellitus. No thyroid disorders. No tuberculosis. No major surgeries.

5) Family History -Nil**6) Personal History**

Appetite: Increased, **Thirst:** Increased (4–5 litres/day), **Cravings:** Cold drinks, ice cream, spicy food, **Aversion:** Fatty food, **Perspiration:** Profuse, especially on scalp, **Thermal State:** Chilly patient, **Sleep:** Sound **Bowel Habits:** Regular, **Bladder Habits:** Normal

7) Mental Generals- Nothing specific**8) Physical Examination**

General Examination, Conscious and cooperative. Moderately built and nourished. Pulse: 78/min BP: 110/70 mmHg Temperature: Afebrile Respiratory Rate: 18/min

9) Dermatological Examination

Inspection, Multiple depigmented milky-white patches over posterior neck extending to hairline. Margins well defined. No scaling or erythema. Site; Posterior neck and nape region. Number; Multiple. Shape; Irregular. Surface: Smooth. Sensation: Intact. Hair Changes: No leucotrichia.

10) Investigations

Baseline Investigations, CBC – Within normal limits, ESR – Normal, Thyroid Profile – Normal, FBS – Normal ANA – Negative

Clinical Diagnosis: Vitiligo Vulgaris [ED63.0]

11) Totality of Symptoms

Physical Generals, Increased thirst, Desire for cold drinks, Profuse perspiration of scalp, Chilly patient, Particulars, Vitiligo over nape of neck, Progressive depigmentation

12) Repertory Used (Complete Repertory)**13) Repertorial Result**

Phosphorus, Arsenicum Sulphuratum Flavum, Sulphur, Calcarea Carbonica

14) Prescription

First Prescription; Phosphorus 30C Single dose Followed by: Placebo BD for 4 weeks Auxiliary Remedy; Arsenicum Sulphuratum Flavum 6X 4 tablets TDS

15) Follow-Up

15/01/2024	White patches over, nape of neck,	Phosphorus 30C, 3 doses; ASF 6X, 2 tabs TDS × 2 months
18/03/2024	C/o haemorrhoids with protrusion, White patches on nape of neck is not changed.	Syphilinum 1M one dose, Phosphorus 30C, 3 doses; ASF 6X, 2 tabs TDS × 2 months.
12/05/2024	Initial brown pigmentation at margins of neck lesions.	Phosphorus 30C, 3 doses; ASF 6X, 2 tabs TDS × 2 months
10/07/2024	Pigmentation increasing over neck; no spread of disease. C/o haemorrhoids reduced	Phosphorus 200C, single dose; ASF 6X, 2 tabs TDS × 2 months
26/10/2024	About 40% repigmentation over neck patches.	Phosphorus 30C, single dose; ASF 6X, 2 tabs TDS × 2 months
15/12/2024	C/o fullness of abdomen and loss of appetite Further perifollicular pigmentation; lesions becoming smaller.	Carbo veg 200C 1-1-1 3days LM1 weekly; ASF 6X, 2 tabs TDS × 2 months
20/02/2025	Approximately 60% repigmentation. No fresh patches.	Phosphorus 200 one dose ASF 6X, 2 tabs TDS × 2 months
17/04/2025	Marked improvement in neck showing pigmentation.	LM2 weekly; ASF 6X, 2 tabs TDS × 2 months

Assessment by Photographs



Figure 1: Before treatment extensive depigmented lesions over nape of neck



Figure 2: Early perifollicular pigmentation after treatment



Figure 3: Reduction in lesion size and repigmentation



Figure 4: Near complete repigmentation after treatment.

3. Outcome

The patient showed progressive repigmentation with no appearance of new lesions during follow-up. Significant cosmetic improvement was observed within 12 months of individualized homoeopathic treatment.

Case Conclusion: This case demonstrates the successful management of vitiligo using individualized homoeopathic remedy, Phosphorus. selected on constitutional indications, along with Arsenicum Sulphuratum Flavum 6X as an organ remedy, was associated with gradual and sustained repigmentation, improved patient confidence, and absence of disease progression during follow-up.

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4. Conclusion

This case showed gradual repigmentation, arrest of disease progression, and improved psychological well-being following individualized homoeopathic treatment. The findings suggest that homoeopathy may have a complementary role in the management of localized vitiligo, although further studies are needed to confirm its effectiveness.

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