

Evidence based Homoeopathy: Case Report of Vitiligo

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Abstract: *Vitiligo is a pigmentary disorder of the skin and mucous membrane that is characterized by white patches due to destruction of Melanocytes. Vitiligo occurs worldwide with an overall prevalence of 1%. Clinical experience and studies identify a positive role of Homoeopathy in skin conditions including Vitiligo where repigmentation has been reported. This case reported here is documented from the Dermatology Clinic at Regional Research Institute for Homoeopathy, Gudivada. The case treated with Individualized Homoeopathy medicine over a period of two years shows significant improvement which is evident from the photographs. This case shows the usefulness of Homoeopathic medicine in treating Vitiligo.*

Keywords: Homoeopathy; Vitiligo, Melanocytes, Autoimmune

1. Introduction

Vitiligo is believed to be an autoimmune disorder as people with Vitiligo are also likely to have other autoimmune diseases, such as autoimmune thyroid disease (Hashimoto's thyroiditis), diabetes mellitus, alopecia areata, Addison's disease and pernicious anemia¹.

It affects around 1% of the population. Vitiligo develops early in life and half the patients first notice Vitiligo before 20 years of age. Depending on type of bodily distribution there are three types of Vitiligo - Localized (Focal, Segmental or Mucosal), Generalized (Acrofacial, Vulgaris or Mixed) and Universal (rare type). The common type is 'Vitiligo Vulgaris'. Variant varieties include Linear, Trichrome, Quadrachrome, Inflammatory and Blue vitiligo¹.

Vitiligo has much psychosocial impact. Many studies show that there is a lot of social stigma, low self esteem, adjustment disorder, poor body image and low quality of life associated with Vitiligo patients².

2. Diagnosis

Generally diagnosis is made based on clinical findings. Wood's lamp is used on people with fair skin. Biopsy is seldom needed for differentiating Vitiligo from other hypopigmentary disorders. Investigations to determine other associated autoimmune disorders like Thyroiditis, Diabetes mellitus may occasionally be called for¹.

3. Treatment

As there is no acknowledged treatment modality available to cure Vitiligo, numerous method such as Cosmetics for concealment, Systemic phototherapy using UV light for repigmentation, Steroid therapy - systemic (prednisone) or corticosteroid creams, Depigmentation of unaffected skin parts, Micro-pigmentation (tattooing in dark-skinned individuals - works best for the lip area) and LASERs (Excimer laser), can be used for facade betterment of skin affected by vitiligo.

Most commonly used is treatment is PUVA (Psoralen + Ultra-Violet A light). Surgical therapy for Vitiligo is considered if the patient doesn't respond to PUVA treatment even after one year of remedy¹.

4. Case Report

History

A 13 years old girl presented in outpatient department of Regional Research Institute of Homoeopathy, Gudivada with complaint of Vitiligo patches on back since 8 months. She was not on any treatment. There was no family history of Vitiligo in family. A part from the main presenting complaint, she also reported recurrent tendency to take cold. She desires Chicken and Sweet. Thermal reaction chilly. She was very Shy, Timid. She was lean, thin and tall.

Following symptoms were considered for repertorization.

- 1) Timidity
- 2) Bashful
- 3) Desires sweet
- 4) Desires chicken
- 5) Skin discoloration white
- 6) Skin discoloration white spots Vitiligo

Repertorization was done using Hompath 8. Software (Complete repertory) Repertorial result is shown in **Table 1**.

5. Intervention

First prescription: On 24.11.2013 Phosphorus 30c, once a day for one month.

Basis of prescription: Medicine selected as per repertorization and in consultation with Materia medica was Phosphorus. Furthermore, Phosphorus was prescribed as it covers sensitive to cold and her thermal reaction was chilly. Therefore, Phosphorus 30c, once a day for one month was prescribed. In subsequent follow ups, potency was changed based on assessment of improvement in patches.

Follow-up

Follow-up of the patient was assessed monthly or as required. The details of follow-ups are given in **Table 2**.

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Table 1: Repertorization

Remedy Name	Phos	Hn/c	Sulph	Ans	Calc	Sil	Merc	Puls	Coca	Lyc	Sep	Kali-c	Graph	Hrt-ac
Totality	11	11	11	11	10	10	9	9	9	9	9	9	7	7
Symptom Covered	9	9	9	4	9	9	9	9	9	4	4	3	9	9
[C] [Mind]Timidity:	3	3	3	2	3	4	2	4	2	3	3	3	2	2
[C] [Mind]Timidity-Bashful:	1	2	2	2	1	2	3	3					1	1
[C] [Generalities]Food and drinks:Sweets:Desires:	2	2	3	3	2	1	2	2	1	3	2	2		2
[C] [Generalities]Food and drinks:Chicken:Desires:	2												2	
[C] [Skin]Discoloration:White:	1	2	1	3	1	1	1		1	1	1	3	1	1
[C] [Skin]Discoloration:White:Spots, vitiligo:	2	2	2	3	2	3	2		1	1	2		1	1

6. Results

The Vitiligo patches showed repigmentation on back. There was improvement of the Vitiligo patches with lower potency Phosphorus 30c. However, much significant improvement was observed with higher Phosphorus 1M potency. Vitiligo patches on back were completely resolved.

7. Discussion

The conventional mode of treatment uses numerous methods such as Systemic phototherapy using UV light for repigmentation, Steriod therapy or corticosteroid creams, Depigmentation of unaffected skin parts, Micro-pigmentation and LASERS etc, whereas this case treated with individualised homoeopathic medicine showed marked improvement in Vitiligo patches. In this case, after case history recording, repertorization and consultation with Materia medica, Phosphorus was prescribed on the basis of Individualization and totality of symptoms. In accordance to the directions of Dr. Hahnemann in the 6th Edition of Organon. The potency of medicine was raised and repeated as required. The patient showed marked improvement in Vitiligo patches when the medicine was given in higher potency. This case shows that when homoeopathic medicine prescribed based on homoeopathic principles shows more significant results as compared to other system.

Figure 1 & 2



Figure 1: Before Treatment

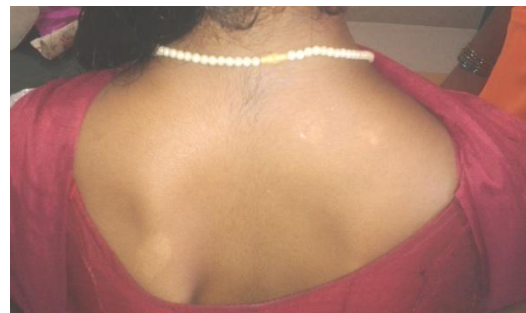


Figure 2: After treatment

8. Conclusion

Homoeopathic system of medicine treats patient as whole and not just symptoms. This case shows a positive role of homoeopathy in treating Vitiligo. A complete resolution of Vitiligo patches is documentary evidence (Fig. 1&2). However, larger controlled clinical trials are needed to study the efficacy of homoeopathy in the treatment of Vitiligo for further scientific validation of results.

9. Acknowledgement

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Table 2: Follow-up

Date	Symptoms	Medicines with doses, repetition	Justification
23.12.13	Colour change of the Vitiligo patches on the back.	Phosphorus 30c Once a day /30 days	As there was a colour change of the patches. Medicine was continued
24.2.14	Colour changes on the periphery of the Vitiligo patches on the back.	Phosphorus 30c Once a day /30 days	Improvement was observed in the Vitiligo patches. Same medicine was continued.
28.4.14	No change in the lesion was observed.	Phosphorus 30c Once a day /30 days	No change was observed in lesion, Phosphorus 30 was continued.
2.6.14	No change in the Vitiligo patches was observed	Phosphorus 30c Once a day /30 days	As no change was observed, Phosphorus 30 was repeated.
25.8.14	No improvement in the lesion was observed.	Phosphorus 200 Once a week , Sac lac for 30 days	As no change was observed, potency was raised, Phosphorus 200 once a week was prescribed.
27.10.14	Periphery regimentation of the Vitiligo patches on back.	Phosphorus 200 Once a week , Sac lac for 30 days	As there was improvement observed in the lesion, Phosphorus 200 once a week was continued.
10.1.15	Decrease in size of lesion on back with periphery repigmentation observed.	Phosphorus 200 Once a week , Sac lac for 30 days	As there was decrease in size and regimentation of the lesion, same medicine was continued.
9.3.15	Periphery repigmentation of Vitiligo patches was observed.	Phosphorus 200 Once a week , Sac lac for 30 days	With Improvement in lesion, Phosphorus 200 once a week was continued.
21.5.15	No change observed in the lesion.	Phosphorus 200 Once a week , Sac lac for 30 days	Since there was no change in lesion observed, same medicine was repeated.
9.8.15	No change observed in the lesion.	Phosphorus 1M Once a week , Sac lac for 30 days	As no change was observed, potency was raised, Phosphorus 1M once a week was prescribed.
12.9.15	Periphery repigmentation of Vitiligo patches with decrease in size was observed.	Phosphorus 1M Once a week , Sac lac for 30 days	There was decrease in size and regimentation of the lesion, therefore, same medicine was continued.
9.11.15	Marked improvement in the Vitiligo patches on back.	Phosphorus 1M Once a week , Sac lac for 30 days	With marked improvement in the lesion, therefore same medicine was repeated.
7.1.16	Complete resolution of the Vitiligo patches on back. With improvement in Vitiligo patches patient was advice to report after 2 months.	Sac Lac/2 months	As there was complete resolution of the Vitiligo patches on back, Therefore, Sac lac was prescribed
18.4.16	Complete resolution of the Vitiligo patches on back. No other new lesions.	Sac Lac/2 months	Complete resolution of the Vitiligo patches on back, Sac lac was continued.
20.6.16	Complete resolution of the Vitiligo patches on back. There was no further recurrence of other hypopigmented lesion on skin in last six months interval.	Sac Lac/2 months	Complete resolution of the Vitiligo patches on back without any recurrence or any other new lesion, Sac lac was continued.

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