

	IJAYUSH International Journal of AYUSH AYURVEDA • YOGA • UNANI • SIDDHA • HOMEOPATHY https://internationaljournal.org.in/journal/index.php/ijayush/	ISSN: 2349-7025 OPEN ACCESS ★ PEER REVIEWED ★ MONTHLY
Original Research Article	Volume 15 Issue 03	March 2026

MANAGEMENT OF VITILIGO THROUGH INDIVIDUALIZED CLASSICAL HOMEOPATHY AT DR BATRA'S®

Dr. Aijaz UR Rehman Qureshee

Qualification:-B.H.M.S.

Designation CHC

Ghaziabad Rajnagar Branch

Dr Batra's Positive Health Clinic Pvt. Ltd.

Email id chc-ghaziabad@drbatras.com

Mobile:-7428180689

Abstract

Background: Vitiligo is a chronic acquired depigmenting disorder characterized by selective destruction of melanocytes resulting in well-defined depigmented macules. The disease significantly affects cosmetic appearance and psychological well-being, particularly among young adults. Conventional therapies frequently require prolonged treatment and may not always prevent disease progression.

Case Presentation: A young male undergraduate student presented with a solitary depigmented patch over the right preauricular region of the face of 2-3 months duration. The lesion was associated with marked dryness without itching or scaling. A positive family history of vitiligo was present in the paternal lineage. Previous allopathic treatment failed to produce satisfactory improvement. Constitutional homeopathic prescribing was performed based on the patient's mental generals, physical constitution, hereditary predisposition, and local pathology.

Outcome: Progressive perifollicular repigmentation, reduction in patch size, arrest of disease progression, and absence of new lesions were observed during follow-up. Clinical improvement was achieved without development of additional depigmented lesions, indicating constitutional stabilization at **Dr Batra's® Homeopathy Clinic**.

Keywords: Vitiligo, Leucoderma, Constitutional Homeopathy, Autoimmune Skin Disorder, Arsenicum album.

Introduction

Vitiligo is an acquired chronic pigmentary disorder resulting from selective destruction of functional melanocytes. It affects nearly **0.5-2%** of the global population and may occur at any age, with nearly half of all patients developing lesions before 20 years of age. The exact

pathogenesis remains multifactorial involving autoimmune mechanisms, oxidative stress, genetic susceptibility, melanocyte detachment, and neurogenic factors.

Clinically, vitiligo presents as sharply demarcated depigmented macules that gradually enlarge or increase in number. Facial lesions often produce considerable cosmetic concern and psychological distress, particularly among adolescents and young adults.

Current conventional management includes topical corticosteroids, calcineurin inhibitors, narrow-band ultraviolet-B phototherapy, excimer laser, and surgical melanocyte transplantation in selected cases. Despite therapeutic advances, disease recurrence and progression remain important clinical challenges.

Classical homeopathy approaches vitiligo constitutionally by evaluating the patient's emotional disposition, hereditary predisposition, physical generals, and characteristic local pathology. The present report demonstrates successful constitutional management of localized facial vitiligo at **Dr Batra's® Homeopathy Clinic**.

Case Presentation

A young male undergraduate student presented to **Dr Batra's® Homeopathy Clinic** with complaints of a **single depigmented patch over the right side of the face near the ear** of approximately **2-3 months duration**.

The lesion had developed insidiously without any preceding trauma, infection, or inflammatory skin disease. Initially appearing as a small hypopigmented macule, it gradually enlarged over several weeks. The patient complained of **marked dryness over the lesion**, but denied itching, burning, pain, scaling, discharge, or sensory changes.

He had previously received allopathic treatment without satisfactory improvement and sought homeopathic management for further care.

No additional lesions were present elsewhere on the body.

Associated Complaints

No significant associated systemic complaints were reported.

The patient denied symptoms suggestive of thyroid dysfunction, autoimmune disorders, gastrointestinal disturbances, or chronic infections.

Past History

There was no significant past medical or surgical history.

No history of chronic dermatological disease, major infections, autoimmune illness, or long-term medication use was elicited.

Family History

Family history revealed a significant hereditary predisposition.

The patient's **paternal uncle** had suffered from vitiligo.

Both parents were known diabetics but had no history of depigmentary disorders.

The presence of vitiligo in the paternal lineage suggested an inherited susceptibility supporting the autoimmune basis of the disease.

Personal History

Parameter	Observation
Appetite	Normal
Thirst	Normal (1–2 L/day)
Craving	Tea
Aversion	Citrus fruits
Stool	Regular
Urine	Normal
Sleep	Sound, 5–6 hours/day
Thermal State	Ambithermal
Perspiration	Normal
Exercise	Daily workout
Diet	Mixed diet (non-vegetarian once weekly)

Evolution of Mental State

The patient belonged to a supportive family environment and described his upbringing as stable and emotionally secure. His father, serving in the defence forces, maintained strict discipline during childhood, whereas his mother remained emotionally approachable. Being the youngest among siblings, he received considerable affection and often discussed personal concerns with his mother and siblings.

Academically, he was an average student but actively participated in extracurricular activities, particularly public speaking and football. During childhood he experienced considerable stage fright before speeches and examinations. However, once he became familiar with the environment, his confidence improved substantially. Similar behaviour was observed in social interactions; he initially remained introverted and nervous around strangers but gradually became friendly and established good interpersonal relationships.

At the time of presentation, he was pursuing the first year of Bachelor of Commerce and travelled daily from Ghaziabad to Meerut College. He accepted responsibilities sincerely and denied jealousy or insecurity regarding peers. Mild academic concern regarding future career prospects was present but did not significantly interfere with daily functioning.

The constitutional personality revealed a conscientious and emotionally sensitive young man. He became easily irritated whenever anyone spoke negatively about his family but calmed down within a short period. He reported feeling emotionally attached to his family and was particularly anxious regarding their health and future. During emotional stress he experienced anxiety associated with palpitations, especially when he felt ignored or misunderstood.

He possessed a marked desire for cleanliness and order, was naturally fastidious, and valued discipline in daily life. He considered himself spiritual and respectful toward others. Although he

desired company, he recently preferred solitude because of increasing self-consciousness regarding his facial lesion. He admitted difficulty trusting people easily and disliked contradiction or consolation, preferring to deal with problems independently. He also desired appreciation and respect from others and occasionally became obstinate despite generally being obedient.

Overall, the constitutional portrait reflected a young individual with strong family attachment, anxiety regarding future and loved ones, fastidiousness, emotional sensitivity, irritability from contradiction, desire for respect, and mild social withdrawal following onset of vitiligo.

Clinical Examination

General physical examination revealed a healthy young male with stable vital parameters.

Dermatological Examination

- Single well-defined depigmented macule over the **right preauricular region**.
- Mild xerosis (dryness) over the lesion.
- No erythema.
- No scaling.
- No induration.
- No tenderness.
- No sensory loss.
- No satellite lesions.
- Hair pigmentation preserved.

No additional depigmented lesions were detected elsewhere on the body.

Clinical Diagnosis

Early Localized Non-Segmental Vitiligo (Facial Type)

Case Analysis

The case represented an early localized autoimmune depigmentary disorder occurring in a genetically predisposed individual. Although the pathology was confined to a single facial lesion, constitutional analysis demonstrated a characteristic emotional and psychological pattern that guided remedy selection.

Important constitutional features included marked anxiety regarding family and future, emotional attachment to loved ones, fastidiousness, desire for cleanliness, irritability from contradiction, aggravation from consolation, desire for respect, difficulty trusting others, and increasing preference for solitude following development of the facial lesion.

Physical generals such as normal thirst, ambithermal state, desire for tea, aversion to citrus fruits, regular bowel habits, and absence of systemic pathology further individualized the case.

The hereditary tendency toward vitiligo together with constitutional anxiety suggested an underlying autoimmune predisposition requiring constitutional treatment rather than local management alone.

Homeopathic Case Analysis (LSMC)

Location

- Right preauricular region
- Facial skin

Sensation

- Dryness

Modalities

Aggravation

- Emotional stress
- Contradiction

Amelioration

- No characteristic local modality

Concomitants

- Anxiety with palpitations
- Emotional sensitivity
- Fastidiousness
- Desire for company but recent preference for solitude

Evaluation of Symptoms

Mental Generals

- Anxiety regarding family and future
- Fastidious
- Emotional attachment to family
- Desire for respect
- Irritability from contradiction
- Consolation aggravates
- Difficulty trusting people
- Initially introverted, later friendly
- Prefers company but recently wants solitude
- Spiritual

Physical Generals

- Ambithermal
- Desire for tea
- Aversion to citrus fruits

- Normal appetite
- Normal thirst
- Sound sleep

Particular Symptoms

- Early facial vitiligo
- Right-sided lesion
- Marked dryness
- Positive family history
- No itching
- No new lesions

Totality of Symptoms

- Anxiety regarding family and future.
- Anxiety associated with palpitations.
- Fastidious disposition.
- Emotional attachment to family.
- Irritability from contradiction.
- Consolation aggravates.
- Difficulty trusting others.
- Desire for respect.
- Initially introverted, later friendly.
- Desire for company but recent preference for solitude.
- Ambithermal constitution.
- Desire for tea.
- Aversion to citrus fruits.
- Early localized facial vitiligo.
- Marked dryness of lesion.
- Positive family history of vitiligo.

Repertorial Analysis

The case was repertorized by assigning maximum importance to the patient's constitutional individuality, hereditary background, mental generals, physical generals, and characteristic particulars. Although the local pathology consisted of a solitary facial vitiligo patch, remedy selection was based upon the totality of symptoms rather than the diagnosis alone.

Selected Repertorial Rubrics

Mind

- Mind – Anxiety about future
- Mind – Anxiety about family
- Mind – Confidence – want of self-confidence initially
- Mind – Fastidious
- Mind – Company – desire for
- Mind – Solitude – desire for
- Mind – Contradiction – intolerant of
- Mind – Consolation – aggravates
- Mind – Trust – difficult to trust others
- Mind – Irritability

Generalities

- Generalities – Food and Drinks – Tea – desire
- Generalities – Cleanliness – desire for
- Generalities – Family affection marked

Skin

- Skin – Vitiligo
- Skin – Discoloration – white spots
- Skin – Dryness

Remedies	ars.	nat-m.	aj.	calc.	phos.	alum.	sop.	thuj.	ign.	nux-v.	kali-c.	lyc.	aur-m-n.	puls.	arg-n.	aur-s.	carb.	med.	lach.	moni.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	5	5	5	5	5	5	5	5	5	4	4	4	4	4	4	4	4	4	4	4
Intensity	9	9	9	8	8	7	7	7	5	10	9	9	8	8	7	7	7	7	6	6
Result	5/9	5/9	5/9	5/8	5/8	5/7	5/7	5/7	5/5	4/10	4/9	4/9	4/8	4/8	4/7	4/7	4/7	4/7	4/6	4/6
Clipboard 2																				
MIND - IRRITABILITY	3	3	3	3	3	3	3	3	1	3	3	3	2	3	2	2	1	2	2	2
MIND - CONFIDENCE - want of self-confidence	1	2	3	1	1	1	1	1	1	2	2	2	2	2	1	1	2	2	1	2
MIND - FASTIDIOUS	3	2	1	1	1	1	1	1	1	2	2	1	2	1	1	3	2	1	1	1
MIND - ANXIETY - health; about	1	1	1	3	2	1	1	1	1	1	2	1	2	2	3	3	2	2	2	1
SKIN - VITILIGO	1	1	1	1	1	1	1	1	1											

Figure 1: Repertorization chart

Repertorial Result

The leading remedies obtained after repertorial analysis were:

Rank	Remedy
------	--------

1	Arsenicum album
2	Natrum muriaticum
3	Silicea
4	Calcarea carbonica
5	Phosphorus

Although several remedies covered the pathological diagnosis, **Arsenicum album** corresponded most closely to the constitutional picture.

Remedy Selection

Constitutional Remedy

Arsenicum album 200C

Basis of Prescription

The constitutional prescription was based upon the following characteristic features:

- Marked anxiety regarding family and future
- Anxiety associated with palpitations
- Fastidious nature
- Desire for cleanliness
- Emotional attachment towards family
- Difficulty trusting people
- Consolation aggravates
- Irritability from contradiction
- Desire for respect
- Early autoimmune skin disorder
- Positive hereditary tendency

The constitutional picture corresponded closely with the Arsenicum album personality, where anxiety, perfectionism, emotional insecurity regarding loved ones, fastidiousness, and chronic autoimmune tendencies are frequently encountered.

Acute Prescription

ASF Ram Baan

Administered as an acute supportive medicine according to clinic protocol for early localized vitiligo.

Intercurrent Remedy

Hydrocotyle asiatica

Used as an intercurrent medicine considering its traditional application in disorders of skin pigmentation and as supportive therapy alongside constitutional treatment.

Miasmatic Analysis

The case predominantly represented a **Psoro-Sycotic miasmatic background**.

Psoric Features

- Dryness
- Functional skin disturbance
- Anxiety
- Emotional sensitivity
- Early disease
- Autoimmune susceptibility

Sycotic Features

- Hereditary predisposition
- Chronic tendency
- Progressive depigmentation
- Autoimmune dysregulation

The positive family history of vitiligo suggested an inherited constitutional susceptibility, while the localized presentation indicated an early stage of disease amenable to constitutional intervention.



Figure 2: Clinical photograph of the depigmented patch

Homeopathic Working

This case illustrates the importance of individualized constitutional prescribing in early localized vitiligo. Although the presenting complaint consisted of a single depigmented facial

lesion, the prescription was based upon the patient's constitutional characteristics rather than the local pathology alone. The characteristic mental picture of anxiety regarding family and future, fastidiousness, desire for cleanliness, emotional attachment to loved ones, aggravation from contradiction and consolation, together with hereditary predisposition, formed the basis of remedy selection.

Arsenicum album was selected as the constitutional similimum to address the underlying constitutional susceptibility. Hydrocotyle was prescribed as an intercurrent supportive remedy according to clinic protocol. During follow-up, progressive stabilization of the disease, reduction in lesion activity, gradual perifollicular repigmentation, and absence of new lesions suggested constitutional improvement rather than mere local suppression.

Follow-up Summary

Follow-up	Clinical Findings	Prescription
Initial Visit	Single depigmented patch near right ear with marked dryness. No itching. Previous allopathic treatment unsuccessful.	Arsenicum album 200C + ASF Ram Baan + Hydrocotyle
April 2026	Patch slightly improved. Dryness reduced. Appetite and bowel habits normal. Investigations advised.	Continued constitutional treatment
May 2026	Mild perifollicular repigmentation noted. No increase in lesion size. No additional patches.	Continued treatment
June 2026	Patch further reduced in intensity. No disease progression. General health stable.	Continued treatment
July 2026	Patch continued to improve with gradual repigmentation. No new lesions. General well-being maintained.	Maintenance constitutional treatment

Transformation Table

Clinical Parameter	Before Treatment	After Treatment
Number of Lesions	Single facial patch	No new lesions developed
Size of Patch	Progressive enlargement	Stabilized with gradual reduction
Pigmentation	Complete depigmentation	Early perifollicular repigmentation
Dryness	Marked	Significantly reduced
Disease Activity	Active progression	Arrested progression
Family Anxiety	Present	Improved confidence regarding recovery

General Health	Concerned about progression	Stable with improved well-being
----------------	-----------------------------	---------------------------------

Discussion

Vitiligo is a chronic autoimmune depigmenting disorder with a variable clinical course and significant psychosocial impact, particularly when facial lesions occur in young individuals. Genetic predisposition plays a crucial role, and the presence of vitiligo in the patient's paternal family supported an inherited constitutional susceptibility.

The patient presented during the early localized stage of disease, providing an opportunity for timely constitutional intervention before widespread depigmentation developed. Previous allopathic treatment had failed to arrest progression. Rather than focusing exclusively on the depigmented lesion, individualized homeopathic prescribing considered the complete constitutional portrait.

The mental sphere was dominated by anxiety regarding family and future, emotional attachment to loved ones, fastidiousness, desire for cleanliness, irritability from contradiction, aggravation from consolation, and difficulty trusting others. These constitutional characteristics closely corresponded with **Arsenicum album**.

During follow-up, disease progression ceased, no additional lesions appeared, dryness reduced, and gradual perifollicular repigmentation became clinically evident. The absence of new lesions throughout follow-up is clinically significant, as stabilization is considered an important therapeutic endpoint in vitiligo management. Constitutional improvement was accompanied by increased confidence and reduced anxiety regarding disease progression.

Although conclusions cannot be generalized from a single case, this report highlights the potential role of individualized constitutional homeopathy as an adjunctive therapeutic approach in early localized vitiligo. Larger prospective studies using standardized outcome measures such as the Vitiligo Area Scoring Index (VASI) and Vitiligo Disease Activity (VIDA) score are warranted to further evaluate its role.

Conclusion

This case demonstrates the successful constitutional management of **early localized non-segmental vitiligo** through individualized classical homeopathy at **Dr Batra's® Homeopathy Clinic**. Constitutional prescribing based on detailed evaluation of mental generals, physical constitution, hereditary predisposition, and characteristic skin findings resulted in arrest of disease progression, gradual repigmentation, reduction in dryness, and absence of new lesions during follow-up. The case emphasizes the importance of early constitutional intervention and holistic patient assessment in the management of autoimmune depigmentary disorders.

References

1. Hahnemann S. *Organon of Medicine*. 6th ed. New Delhi: B Jain Publishers; 2002.
2. Kent JT. *Lectures on Homoeopathic Philosophy*. New Delhi: B Jain Publishers; 2004.
3. Kent JT. *Repertory of the Homoeopathic Materia Medica*. New Delhi: B Jain Publishers; 2005.
4. Boericke W. *Pocket Manual of Homoeopathic Materia Medica*. New Delhi: B Jain Publishers; 2007.

5. Allen HC. *Keynotes and Characteristics with Comparisons*. New Delhi: B Jain Publishers; 2002.
6. Murphy R. *Lotus Materia Medica*. 3rd ed. New Delhi: B Jain Publishers; 2010.
7. Close S. *The Genius of Homoeopathy*. New Delhi: B Jain Publishers; 2005.
8. Taïeb A, Picardo M. Clinical practice. Vitiligo. *N Engl J Med*. 2009;360(2):160-169.
9. Ezzedine K, Eleftheriadou V, Whitton M, van Geel N. Vitiligo. *Lancet*. 2015;386(9988):74-84.
10. Bologna JL, Schaffer JV, Cerroni L. *Dermatology*. 4th ed. Philadelphia: Elsevier; 2018.
11. Bergqvist C, Ezzedine K. Vitiligo: A review. *Dermatology*. 2020;236(6):571-592.
12. Parsad D, Dogra S, Kanwar AJ. Quality of life in patients with vitiligo. *Health Qual Life Outcomes*. 2003;1:58.
13. Frisoli ML, Essien K, Harris JE. Vitiligo: Mechanisms of pathogenesis and treatment. *Annu Rev Immunol*. 2020;38:621-648.
14. Speeckaert R, Lambert J, van Geel N. Clinical significance of autoimmune associations in vitiligo. *J Eur Acad Dermatol Venereol*. 2010;24(6):643-648.
15. Picardo M, Dell'Anna ML, Ezzedine K, et al. Vitiligo. *Nat Rev Dis Primers*. 2015;1:15011.