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## A SUCCESSFULLY TREATED CASE OF VITILIGO WITH INDIVIDUALISED HOMOEOPATHIC MEDICINE- A CASE REPORT

<sup>1</sup>Dr. Dastagiri.P\*, <sup>2</sup>Dr. Xnix Xavier

<sup>1</sup>Research officer/S-I, National Homoeopathy Research Institute in Mental Health,  
Under Central Council for Research in Homoeopathy,  
Ministry of AYUSH, Kottayam, Kerala.

<sup>2</sup>Research officer/S-I, National Homoeopathy Research Institute in Mental Health,  
Under Central Council for Research in Homoeopathy, Ministry of AYUSH,  
Kottayam, Kerala

Corresponding Author's Email ID: drdastagirinhrimh@gmail.com

### Abstract:

**Background:** Vitiligo is the most common depigmentation disorder presented as an absence of pigmented cells in the epidermis resulting in a macular or hypopigmented patch all over the body. Mucous membranes of lips, genitalia, sun-exposed areas such as the face, hands and rarely hair and eyes may also be affected. Many articles have shown the efficacy of individualised homoeopathic medicines in the treatment of Vitiligo.

**Method:** A case of Focal Vitiligo (FC) is done according to the HOM- CASE guidelines with intervention of individualised Homoeopathic medicine Phosphorus in ultra dilution.

**Result:** The vitiligo spots are healed completely without any adverse events. The outcome was assessed by Monarch Inventory (Improved version of the modified Naranjo criteria for Homoeopathy) along with the photographs.

**Conclusion:** This case study has proven over and again the strength of Individualised homoeopathic prescription. This case study's findings merit rigorous clinical trials, especially Randomized Controlled Trials (RCT), to test the efficacy of an individualised homoeopathic intervention in vitiligo cases.

**Keywords:** Vitiligo, Phosphorus, Constitutional Prescription, Homoeopathy.

## INTRODUCTION

Vitiligo is the most common and acquired pigmentary skin disorder presented as an absence of pigmented cells from the epidermis that results in white macules and patches on the body.<sup>[1]</sup> Most commonly seen all over the body, including mucous membranes of lips, genitalia, sun-exposed areas such as face and hands, rarely hair and eyes may also be affected.<sup>[2]</sup> It affects around 0.5 -2% of the world population, both in adults and children.<sup>[3]</sup> In India, the prevalence of Vitiligo is found to be 0.89% among hospital attendees. It is higher among females than in males, and the positive family history, consanguinity, hypothyroid disorders were higher in Vitiligo cases than in controls. In 46% of all cases, this disease's onset was found before 20 years of age and 80% of cases developed before 40 years.<sup>[4]</sup> Vitiligo has been classified based on clinical grounds mainly in two significant forms, namely Segmental Vitiligo (SV) and Non-segmental Vitiligo (NSV), the latter including several variants (Generalised Vitiligo, acrofacial Vitiligo, universal Vitiligo).<sup>[5]</sup>

The exact aetiology of Vitiligo is poorly understood and is often considered a multifactorial disease with complex pathogenesis encompassing several postulations implicating autoimmune, biochemical, cytotoxic, viral, oxidant-antioxidant and neural mechanisms for destruction of the melanocyte function in genetically predisposed. Certain autoimmune diseases like Autoimmune thyroiditis, Grave's disease, Addison's disease, Diabetes Mellitus, Alopecia Areata, and Pernicious Anaemia in patients and their first-degree relatives favours its autoimmune aetiology.<sup>[6]</sup>

The course of the illness is very variable. Some patients' lesions may remain static or progress very slowly, whereas, in others, the disease progresses very fast and covers the whole body in few months. In some cases, the repigmentation appears spontaneously, especially in perifollicular.<sup>[7]</sup> This disease is often the cause of psychological distress, social stigmatisation, depression, self-consciousness, and low self-esteem.<sup>[8][9]</sup>

Homoeopathy has a significant role in treating Vitiligo and has reported about 11 studies with constitutional treatment. These are the most commonly indicated remedies; *Sulphur*, *Arsenicum album*, *Arsenicum sulphuratum flavum*, *Calcarea carbonica*, *Causticum*, *Hydroquinone*, *Phosphorus*, *Lycopodium clavatum*, *Natrum muriaticum*, *Natrum*

*sulphuricum, Nitric acidum, Sepia officinalis, Silicea terra, Thuja occidentalis, Tuberculinum, and Mercurius solubilis.* [10]

## **METHOD**

A case of Focal vitiligo reporting according to the HOM- CASE guidelines, an extension of CARE guidelines<sup>[11]</sup> intervened with indicated individualised Homoeopathic medicine, further accessed the causal relationship between the clinical improvement by using the Monarch Inventory (Improved version of the modified Naranjo criteria for Homoeopathy) along with the photographs.

## **CASE REPORT**

A 19-year-old male presented with diagnosed focal Vitiligo, hypopigmented patch/macule on the face at the labial commissure for three months. It started with itching at the site with no eruptions, for which the patient took Ayurvedic and Modern conventional medicine with no improvement.

## **PAST HISTORY**

H/o chickenpox two years back, for which he took Modern conventional treatment with complete relief; after that, he had dengue, for which again he took conventional medicine. He also had torsion of the testis, for which he underwent surgery.

## **FAMILY HISTORY**

There was no history of either Vitiligo or any other major illness in the family.

## **GENERALS**

The patient is a non-vegetarian with a good appetite, desire for fish, sour things like pickle, and intolerance of bakery items which causes Urticaria like eruptions. He had an increased thirst, especially for cold water. Thermally he was hot. He was very communicative and friendly with a strong desire for company and sympathised with the sufferings of animals.

## **ANALYSIS OF THE CASE**

The case was analysed with due importance to the characteristic mental general followed by physical general and particulars. Sympathy for pets, communicative and friendly outgoing nature with a strong desire for company, thermals hot, thirst for cold water, desire sour especially pickles and fish, intolerance for bakery food as it caused Urticaria like eruptions and the white patch on the face at the angle of mouth were considered to frame the totality.

## REPERTORIAL ANALYSIS

Repertorization was done by Synthesis treasure edition 2009v, in RADAROPUS software.<sup>[12]</sup> The repertorization chart is presented in figure .1.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
phos.	1																						
psora.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5	5	5	5	5	5	5	5
spon.	19	13	10	10	10	9	9	9	9	8	8	8	8	8	13	10	9	9	7	7	7	6	6
calc.																							
f.c.																							
aggr.																							
lach.p.																							
nat.m.																							
sep.																							
lach.v.																							
sulph.																							
tinc.v.																							
spong.																							
vena.																							
verat.																							
ars.																							
ign.																							
pulm.																							
carb.																							
lach.																							
lach.																							
cupr.																							

**Fig-1: Case Repertorization sheet.**

Considering the totality and following consultation with the Materia Medica and miasmatic analysis, Phosphorus was selected and prescribed in 200C potency.

## MIASMATIC ANALYSIS

Miasmatic analysis of all the symptoms considered for totality was done using Dr R.P Patel's Chronic Miasms in homoeopathy and their cure, and the predominant Miasm was Psora and Syphilitic. <sup>[13]</sup> <sup>[14]</sup>

**MIASMATIC EVALUATION OF THE SYMPTOMS****SYMPTOMS/RUBRICS****MIASM**

- |  |              |
|--|--------------|
| 1. Sympathy for pets                         |              |
| 2. Communicative and friendly (affectionate) | Latent Psora |
| 3. Desire for company                        | Psora        |
| 4. Thermally hot                             | Psora        |
| 5. Thirst for cold water                     | Psora        |
| 6. Desire sour, pickles                      | Psora        |
| 7. Desire fish                               | Psora        |
| 8. Intolerance bakery food causes urticaria  | Psora        |
| 9. Vitiligo                                  | Syphilitic.  |

Follow-up of the case with treatment.

<b>Date and Visit</b>	<b>Signs and Symptoms</b>	<b>Prescription and Remarks</b>
16.08.2019 First Visit	Hypopigmented patches on both sides of the labial commissure.	Phosphorus 200c two doses at fifteen days interval in the morning on an empty stomach, Sac-lac for one month.
22. 11.2019 Second Visit	Mild pigmentation appears in the patches. Generals are good—no other new symptoms.	Sac-lac for one month.
19. 12. 2019 Third Visit	No further improvement seen in the patches. Hence, repeated the same medicine.	Phosphorus 200c two doses at fifteen days interval in the morning on an empty stomach., Sac-lac for one month.
11/02/2020 Fourth Visit	Almost 95% pigmentation appeared—no urticaria since starting the medicinal intervention even after taking bakery items.	Sac-lac for one month.
30/06/2020 Fifth Visit	Due to Lockdown, the patient could not attend the OPD regularly, could not observe further improvement in the patches. Hence prescribed the same medicine in higher potency.	Phosphorus 1M one dose, Sac-lac for two months on request by the patient.

25/08/2020 Sixth Visit	Complete disappearance of the hypopigmented patches. No urticaria till date since treatment commenced. Generals are good, and no other new complaints are recorded.	Sac-lac for three months on request by the patient.
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**Monarch Inventory (Improved version of the modified Naranjo criteria for Homoeopathy)<sup>[15]</sup>**

Domains	Yes	No	Not Sure or N/A	The score for successfully treated cases	Justification
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-1	0	2	The patient came with white patch complaints on both sides of the labial commissure that completely resolved and has not recurred to date.
Did the clinical improvement occur within a plausible Timeframe relative to the medicine intake?	+1	-2	0	1	The patient had the complaint for three months before starting the medicine and marked improvement seen in the first follow up itself
Was there a homoeopathic aggravation of symptoms?	+1	0	0	0	Not observed
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	+1	0	0	1	Urticaria like eruption, which the patient had after intake of bakery items, has

					not occurred during the follow-up.
Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	<b>+1</b>	<b>0</b>	<b>0</b>	<b>1</b>	Since the patch was on the face, it had affected his confidence which showed marked improvement after recovery.
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	<b>+1</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms  From organs of more importance to those of less importance?  From deeper to more superficial aspects of the individual?  From the top downward?	<b>+1</b>	<b>0</b>	<b>0</b>	<b>0</b>	Not applicable
Did 'old symptoms' (defined as nonseasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	<b>+1</b>	<b>0</b>	<b>0</b>	<b>0</b>	Not observed
Are there alternative causes (i.e. other than the medicine) that – with a high probability –could have produced the improvement? (consider known course of disease, other forms of treatment, and other clinically relevant interventions)	<b>-3</b>	<b>+1</b>	<b>0</b>	<b>1</b>	Not observed
Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	<b>+2</b>	<b>0</b>	<b>0</b>	<b>2</b>	Before and after photographs
Did repeat dosing, if conducted, create similar clinical improvement?	<b>+1</b>	<b>0</b>	<b>0</b>	<b>1</b>	

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**Total score 9; N/A not applicable**

### **Results:**

Homoeopathic case taking is unique among the other system of medicine as it considers the patient as a whole rather than just treating the parts affected. Mental generals, Physical generals, and particulars are taken into totality with contemplating miasm as an underlying cause of the illness. According to the Homeopathic principles, after extracting the totality of symptoms and considering the underlying Tubercular Miasm, homoeopathic potentised remedy Phosphorus was administered.<sup>[16]</sup>

Based on the age, constitution, habits, environment, pathology of the condition, seat and nature of the disease, previous treatment, moderate to high potency was indicated; hence we prescribed the 200c potency at infrequent intervals.<sup>[17]</sup>

Once the patient is improving both subjectively and objectively, Dr J.T. Kent instructed us to 'Wait and Watch', and after cessation of the improvement, we repeat the same remedy in the same potency in the third visit. On the fourth visit, 95% improvement observed in the hypopigmented patch, but due to Covid lockdown patient came to the follow-up after four months with no further improvement.<sup>[18]</sup> Hence, we prescribed the same remedy in 1M potency on the fifth visit, followed by sac-lac for two months on the patient's request and considering the pandemic. Eventually, the white patch completely regained pigmentation without any adverse events during the entire treatment. Based on the Modified Naranjo Criteria score, it can be concluded that there is evidence to attribute a causal relationship between the treatment and the clinical improvement in the patient. The improvement also helped the patient gain confidence and feel good about his looks, thereby improving his life quality.

**First visit**



**Second visit**



**Third Visit**



**Fourth visit**



**Fifth Visit**



**Sixth visit**



### **Discussion:**

Vitiligo is the most common progressive depigmentation disorder that results from the destruction of melanocytes in the epidermis, causing a macular hypopigmented patch. The present case represents that this disease's mean age is typical in young people as per Sarma N, Chakraborty et al. in their multicentric study. This result concurred with Gupta and Manchanda's opinion that repigmentation appears spontaneously in non-segmental Vitiligo when constitutional medicine is prescribed. Thus, our results strengthen the fact that constitutional prescription will alleviate the disease in Vitiligo like chronic disorders. The remedy has been selected based on the strict principles of Individualization, single and minimum dose, as Dewan et al. has mentioned that Phosphorus is one of the medicines frequently indicated in treating Vitiligo disorders. Through repertorization, Phosphorus had covered maximum rubrics and had the highest score; the patient's physical appearance, lean, tall, slender, and disposition also helped confirm the remedy. Moreover, on miasmatic analysis, this case denoted Tubercular Miasm (Psora + Syphilis), and Phosphorus covered both the constitutional and Miasmatic perspectives.

The repigmentation observed once the intervention started, which proved the positive effect of constitutional prescription in Homoeopathy. The relationship between treatment and clinical outcome reaffirmed based on the high Modified Naranjo Criteria Score 9. Recurrence and remissions are common in Vitiligo; even after the irregular intervention, the symptoms' non-recurrence was highly appreciative and advised to continue the follow-up for observation.

### **Conclusion:**

This case study has proven over and again the strength of Individualised homoeopathic prescription. After the treatment, the patient's chief symptom was treated successfully, and he had improved on the general plane too; with a good appetite, sound and refreshing sleep, he regained his confidence about his appearance and future. However, it will be reviewed for the next two years to consider recurrence or any other new condition. The Cost and care comparatively are very economical with no side effects are boon to Homoeopathy. This case study's findings merit rigorous clinical trials, especially

Randomized Controlled Trials (RCT), to test the efficacy of an individualised homoeopathic intervention in Vitiligo cases.

**Declaration of patient consent:**

The authors certify that the patient completed a consent form in which he gave his consent for his medical images and other clinical details to be reported anonymously in an academic journal. The patient understands that his name and initials will not be published and that all due efforts are made to conceal his identity.

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**Conflicts of interest:** Not declared

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