

Effectiveness of treatment with Homeopathic medicine in managing the case of Vitiligo- A Case Report

Aditya Kukreti,^{1*} Prince Kumar²

¹Postgraduate Scholar, School of Allied Health Sciences, Delhi Pharmaceutical Sciences & Research University, Delhi, India

²MD(H), Dept. of Case taking and Repertory, Bakson Homoeopathic Medical College and Hospital, Uttar Pradesh, India

ABSTRACT:

Vitiligo, a common depigmenting skin disorder, has an estimated prevalence of 0.5–2% of the population worldwide. The disease is characterized by the selective loss of melanocytes which results in typical non-scaly, chalky-white macules. Aetiology is still unknown and it is difficult to cure. In this case, a 7year-old girl approached our clinic with complaints of milky-white patches in cheeks, lips, chin, distal phalanges, both hands, both legs, genitalia for 2 years. Along with the main complaints, she had hard dark colour offensive stool, stains a lot while passing and bedwetting at night with offensive character since 1 year. Initially, *Silicea* 0/1 once in every alternate day on early morning in empty stomach for 30 days was given and gradually increasing potency upto *Silicea* 0/3 for each month, from then patient shows gradual improvement in bedwetting and constipation. After 3 months, *Lachesis* 1M, one dose followed by Placebo for 30 days was started and same treatment was given for next two months which shows promising improvement in white milky patches in the affected part. This case report shows the effectiveness of treatment with homeopathic medicine in managing the case of Vitiligo.

KEY WORDS: Bedwetting, Constipation, Homoeopathy, *Lachesis*, *Silicea*, Vitiligo.

Received: 17.01.2022 Revised: 07.02.2022 Accepted: 01.03.2022 Published: 20.03.2022

Quick Response code



*Corresponding Author:

Dr. Aditya Kukreti

Postgraduate Scholar, School of Allied Health Sciences,
Delhi Pharmaceutical Sciences & Research University,
Delhi, India

E-mail : adityakukreti.kukreti@gmail.com

INTRODUCTION:

Vitiligo is an idiopathic, acquired, circumscribed, hypomelanotic disease characterized by the destruction of epidermal melanocytes, leading to the loss of skin pigment. [1] There are two clinical forms of vitiligo: segmental and non-segmental, with the segmental variant

having a unilateral distribution of patches and the non-segmental form having a scattered distribution. [2] It affects about 0.5–2 percent of the world's population, with no gender, age, or racial differences. [3] It is distinguished by bilateral, often symmetrical, depigmented macules or patches that appear in a random pattern

over the entire body surface. It frequently affects areas prone to pressure, friction, and/or trauma. It could start in childhood or early adulthood. [4] The exact cause of vitiligo is still unknown. There appears to be a genetic predisposition (polygenic with variable expression) as well as several possible precipitating factors. [5]

Conventional treatment consists of a combination of topical corticosteroids or calcineurin inhibitors, which suppress the local immune response in the skin, and narrowband ultraviolet light B therapy (nbUVB), which does not only suppress the immune system but also stimulates melanocyte regeneration from hair follicles. [6] The following criteria are used to assess the response to vitiligo treatment: cessation of spread; the appearance of skin repigmentation; and overall quality of life during treatment. However, no therapeutic study has yet demonstrated long-term benefits using these criteria, and more research is needed to establish evidence for effective vitiligo treatment. [7]

Patients frequently seek vitiligo treatment from homoeopathic practitioners. Following that, the homoeopathic literature suggested a number of medicines for the conditions referred to as 'vitiligo,' 'leucoderma,' and 'hypopigmented spots,' including: *Alumina*, *Ammonium carbonicum*, *Antimonium crudum*, *Arsenicum album*, *Arsenicum sulphuratum flavum*, *Aurum metallicum*, *Berberis vulgaris*, *Bryonia alba*, *Calcarea carbonica*, *Carb Coca*, *Dulcamara*, *Graphites*, *Kalium muriaticum*, *Lycopodium clavatum*, *Mercurius solubilis*, *Natrum muriaticum*, *Natrum carbonicum*, *Nitricum acidum*, *Phosphoricum acidum*, *Pulsatilla*, *Sambucus nigra*, *Sepia officinalis*, *Silicea terra*, *Sumbulus moschatus*, *Sulphur*, *Tarentula hispanica*, *Veratrum album*, and *Zincum phosphoricum*. [8]

CASE REPORT:

A 7 years old girl, resident of Faridabad came to our clinic with complaints of milky white patches in cheeks, lips, chin, distal phalanges, both hands, both legs, genitalia for 2years. Along with the main complaints, she had hard dark colour offensive stool which stain a lot while passing and bedwetting at night with offensive character for 1 year.

On examination, Skin had discrete, multiple, scattered lesions on legs, hands, cheeks, chin, lips, genitalia with irregular in shape had milky-white colour with no abnormal sensations. Based on clinical finding, it is suggestive the case of Vitiligo.

Among Generals, her appetite was good but built was thin and emaciated. She prefers sweets. Her thirst was scanty. She perspired profusely with offensive character on palm and soles. Sometimes she also had burning micturition at daytime. She is mentally active, good in studies, could remember poems, mathematical tables easily.

Case Analysis, Repertorisation and Selection of Remedy:

The symptoms were evaluated and the case was analysed accordingly. The totality of symptoms was constructed on the basis of general symptoms as well as particular symptoms After analysing and evaluating the symptoms based on totality and individualisation, we constructed the reportorial totality with RADAR OPUS PRO 1.41.16, Synthesis treasure edition 2009v (English) software. The reportorial chart is shown in Fig 1.

After repertorisation, *Silicea* was covered 10 out of 11 rubrics with a maximum score of (23/10) and verify from Materia Medica [9] prescribed this remedy in 0/1 LM potency once in every alternate day and advised to be taken early morning in empty stomach for 30 days. Potency selection based on patient susceptibility, age,

duration, nature and seat of disease [10]. On line and follow up mentioned in Table 1.
01/08/2018 gave first prescription, time

Table 1: Time line and Follow-up:

Date of Visit	Observation	Prescription
01/08/2018 (Fig-2)	Milky white patches in cheeks, lips, chin, distal phalanges, both hands, both legs, genitalia. Hard dark colour offensive stool which stain a lot while passing and bedwetting at night with offensive character	<i>Silicea</i> 0/1 once in every alternate day on early morning in empty stomach for 30 days
02/09/2018	Significant improvement in bedwetting and constipation had slightly improved but patches remained as it is.	<i>Silicea</i> 0/2 once in every alternate day on early morning in empty stomach for 30 days
07/10/2018	Constipation had improved but patches remained as it is.	<i>Silicea</i> 0/3 once in every alternate day on early morning in empty stomach for 30 days
05/11/2018	Patches remain same She used to come with her brother but this time her mother came along. On further enquiring her mother, stated that she was very talkative and they even got complains about her from school. She was not comfortable around her siblings as according to her they got all the attention from their parents.	<i>Lachesis</i> 1M/1dose followed by Placebo for 30 days
10/12/2018 (Fig 3)	Re-pigmentation was started in affected areas No other associated complaints	<i>Lachesis</i> 1M/1dose followed by Placebo for 90 days
30/03/2019 (Fig-4)	The normal texture of the affected area was retained No other associated complaints	No medication

Table-2: MONARCH Inventory (improved version of the Modified Naranjo Criteria for Homeopathy)

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the Homoeopathic medicine was prescribed	+2		
2 Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1		
3 Was there a homeopathic aggravation of symptoms?		0	
4. 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)?	+2		
5. Did overall well-being improve? (Suggest using a validated scale	+1		

INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS (IJA-CARE)

or mention about changes in physical, emotional, and behavioural elements)			
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?			Not sure
6B. 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 downwards?			Not sure
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8. 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)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?			N/A

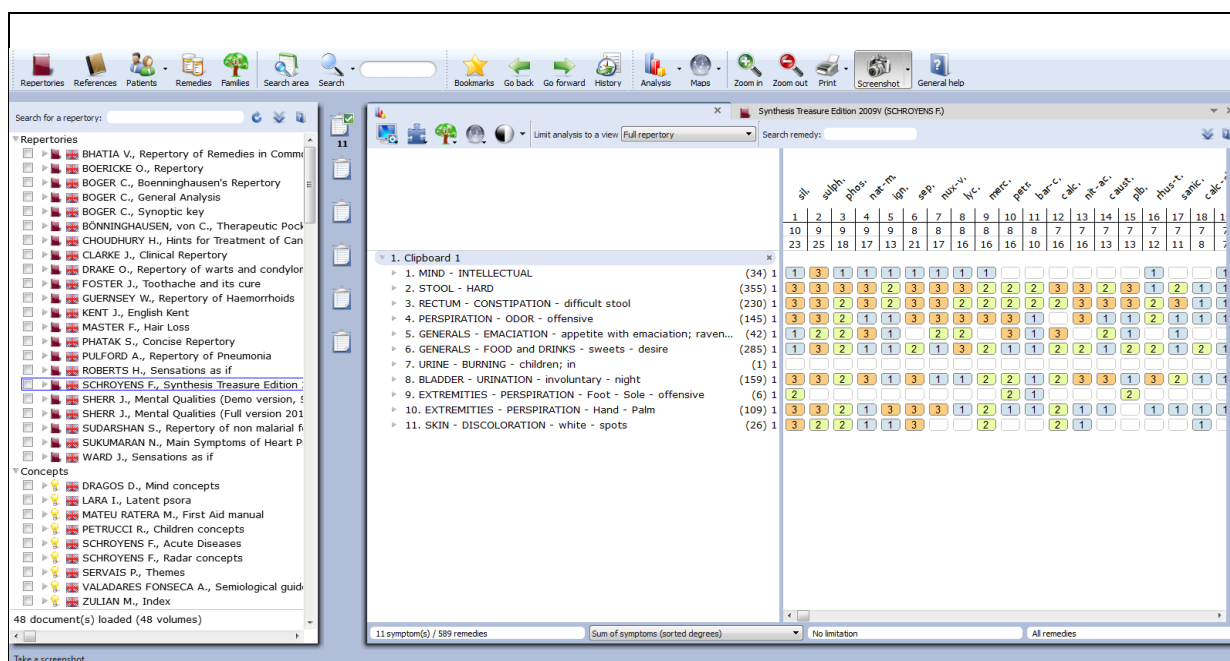


Fig 1: Reportorial chart of Radar Opus Pro .16, Synthesis Treasure Edition 2009v (English) software



Fig- 2: Before Treatment



Fig- 3: After Treatment



Fig- 4: After Treatment

RESULT AND DISCUSSION:

This case report deals with the most common acquired depigmentation disorder of skin, vitiligo which is thought to be autoimmune, which is successfully treated with homoeopathic medicine was presented. The selection of medicine was based on the strict principles of individualization, single medicine, and minimum dose. Bedwetting and constipation were improved first with help of *Silicea* but patches still persist. After further enquiring her mother, stated that she was very talkative and they even got complains about her from school. She was not comfortable around her siblings as according to her they got all the attention from their parents. Case was further analysed and *Lachesis* prescribed on basis of symptoms. Also according to Clark, *Silicea* is followed well by *Lachesis*.^[9] Complete pigmentation over white patches was achieved after complete course of treatment (Table 1).

The MONARCH inventory (improved version of Modified Naranjo criteria for Homoeopathy) is a valuable tool to assess the causal relationship between the homoeopathic intervention and clinical outcome.^[11] Total score was 9, which suggested a definite association between the Individualised homoeopathic medicine

intervention and the clinical outcome (Definite:9≥; Probable 5-8; Possible 1-4; and Doubtful≤0) (Table2). Therefore, according to Hom-CASE-CARE guidelines, this case report showed the positive causal attribution of the individualised medicine towards this case of Vitiligo with associated complaint

Ailments that manifest on the external parts, according to homoeopathy, do not arise from any external cause; rather, they are the result of an internal malady. It is completely incorrect to regard them as merely local affections and to treat them solely with topical applications^[12]. According to §189, "no external malady can arise, persist, or grow without some internal cause, without the cooperation of the entire organism, which must therefore be in a diseased state. It could not appear at all without the consent of the entire rest of the health."^[13] This case not only put the lights on the effectiveness of homoeopathy medicines but also favours its literature.

CONCLUSION:

Vitiligo is a skin disease which is more difficult to cure even in current era. This case report shows effectiveness of treatment with homeopathic medicine in managing the case of Vitiligo. It will be the

platform for the researcher to do more study in a greater number of patients.

LIMITATION OF STUDY:

It is a single case report. More Case series can be recorded and published to establish the effectiveness of homoeopathic medicine in the treatment of Vitiligo in future.

DECLARATION OF PATIENT CONSENT:

The authors certify that they have obtained patient consent for treatment and publication of images without disclosing the identity of patient.

REFERENCES:

1. Jain A, Mal J, Mehndiratta V, Chander R, Patra SK. Study of Oxidative Stress in Vitiligo. *Indian J Clin Biochem.* 2011 Jan;26(1):78-81.
2. Custurone P, Di Bartolomeo L, Irrera N, Borgia F, Altavilla D, Bitto A, et al. Role of Cytokines in Vitiligo: Pathogenesis and Possible Targets for Old and New Treatments. *Int J Mol Sci.* 2021 Oct 22;22(21):11429.
3. Kuroda Y, Yang L, Lai S, Guo J, Sayo T, Takahashi Y, et al. A Lower Irradiation Dose of 308 nm Monochromatic Excimer Light Might Be Sufficient for Vitiligo Treatment: A Novel Insight Gained from In Vitro and In Vivo Analyses. *Int J Mol Sci.* 2021 Sep 27;22(19):10409.
4. Bergqvist C, Ezzedine K. Vitiligo: A Review. *Dermatology.* 2020;236(6):571-92.
5. <https://www.karger.com/Article/FullText/106412> [Last Accessed on 2022 Jan 15]
6. Riding RL, Harris JE. The role of Memory CD8+ T cells in Human Vitiligo. *J Immunol Baltim Md* 1950. 2019 Jul 1;203(1):11-9.
7. Mahesh S, Mallappa M, Tsintzas D, Vithoulkas G. Homeopathic Treatment of Vitiligo: A Report of Fourteen Cases. *Am J Case Rep.* 2017 Dec 2;18:1276-83.
8. Dewan D, Taneja D, Singh U, Mittal R, Khurana A. Homoeopathic research in vitiligo: Current scenario. *Indian J Res Homoeopathy.* 2017 Jan 1;11:226.
9. <http://www.homeoint.org/books4/close/chapter05.htm> [Last Accessed on 2022 Jan 16].
10. <http://www.homeoint.org/clarke/s/sil.htm> [Last Accessed on 2022 Jan 16].
11. Lamba CD, Gupta VK, van Haselen R, Rutten L, Mahajan N, Molla AM, et al. Evaluation of the Modified Naranjo Criteria for Assessing Causal Attribution of Clinical Outcome to Homeopathic Intervention as Presented in Case Reports. *Homeopathy J Fac Homeopathy.* 2020 Nov;109(4):191-7.
12. Pandey S, Pandit RK. Individualized Homoeopathic approach in a case of Vitiligo with Hypothyroidism - A Case Report. *Int J AYUSH Case Rep.* 2020 Sep 29;4(3):125-34.
13. <http://www.homeoint.org/books/hahorgan/organ180.htm#P189> [Last Accessed on 2022 Jan 16]

CONFLICT OF INTEREST: Author declares that there is no conflict of interest.

GUARANTOR: Corresponding author is guarantor of this article and its contents.

SOURCE OF SUPPORT: None

HOW TO CITE THIS ARTICLE:

Kukreti A, Prince Ku. Effectiveness of treatment with Homeopathic medicine in managing the case of Vitiligo- A Case Report. *Int. J. AYUSH CaRe.* 2022; 6(1):76-81.