

Treatment of Vitiligo with Constitutional Homoeopathic Medicine: A Case Report

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ABSTRACT:

Vitiligo one of a multifactorial chronic skin disease clinically present as white hypo-pigmented macular spot anywhere on the skin due to deficiency or loss of melanocytes. Incidence around 0.5 to 2 % of total world population irrespective of their age groups, gender. More predominant in dark skinned people. ^[1] ^[2] Exact cause still not clear; most probable cause considered to be autoimmune destruction of melanocytes. According to distribution of lesions, vitiligo divided into two groups one is Segmental (SV) another is Non-segmental (NSV). It is completely harmless disease, but treatment is necessary for cosmetic purpose. In modern medicine management is mainly by topical corticosteroids & Photo-chemotherapy. In this case record 13-year-old girl, suffering from white hypo-pigmented spot over the face for 7-8 months. After 6 months treatment of modern medicine on improvement occurs then she came to NIH OPD for homoeopathic treatment. After careful case taking and Repertorization in Synthesis 8.1V by, using Radar 10 Natrium muriaticum has been selected as her individualized Homoeopathic Medicine. Medicine prescribed in centesimal potency along with advices to protein diet and regimen. Within 10 months of duration patient was completely cured. This case report shows success of individualized homoeopathic medicine in an incurable skin disease.

KEY WORDS: Homoeopathy, Hypopigment, Melanocytes, Natrium muriaticum, Vitiligo.

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INTRODUCTION:

Vitiligo one of a multifactorial chronic skin disease clinically present as white hypo-pigmented, nonscaly, macular spot with distinct margin anywhere on the skin due to deficiency or loss of melanocytes ^[1] Incidence around 0.5 to 2 % of total world population irrespective of their age groups, gender. More predominant in dark skinned

people ^[1-2]. In 2011, an International consensus classified vitiligo into 2 groups: - Segmental Vitiligo (SV) and Non-segmental Vitiligo (NSV). In patients who have both varieties called mixed vitiligo. NSV have many subtypes like acrofacial, mucosal, generalized, universal, mixed and rare. Generalized & acrofacial are most common subtypes ^{[1][2]}. Pathogenesis of vitiligo still

doubtable but recent different research work has been made our understanding of pathogenesis of vitiligo. 'Neural Hypothesis' considered depigmentation due to melanocytes destruction or inhibition of melanin production when a chemical mediator is released at the nerve ending. Another cause may be destruction of melanocytes by tyrosine, dopamine, a 5, 6-dihydroxyindole which are all involved with the normal production of melanin. Finally, we understand vitiligo is autoimmune destruction of melanocytes due to multiple mechanism including metabolic abnormalities, oxidative stress, generation of inflammatory mediators, cell detachment etc^{[2][3]}. Vitiligo generally diagnosed based on clinical findings no need for laboratory confirmation. Skin biopsy only need for exclude others pathology. In case of pale skin hand-held UV radiation device may helpful. For differentiating vitiligo from other depigmenting skin disease dermoscopy can helpful ^{[2][4]}. To provide proper management needed careful assessment. Details screening of patient's family history of Vitiligo and premature graying hair and family or personal history of thyroid or others autoimmune disease, skin phototype, presence of Koebner's phenomenon, presence of halo nevi, previous treatment, duration and effects, previous history of repigmentation, occupational history and effects of disease on quality of life, psychological stress factors, environmental factors, socio-economic factors should be assed ^{[1][2]}. Treatment of Vitiligo still challenging to dermatologist. Atfirst, we should reassurance the patients there is time consuming but safe and effective treatment available. There are different treatment options available according to types tropical or systemic corticosteroids, photochemotherapy or surgical technique like tissue and cellular

graft may help stabilizing or repigmentation. Despite of such advanced techniques treatments outcome are disappointed ^{[1][5]}. Even in this midst of despair *Homoeopathy* has shown a glimmer of hope because *homoeopathic* system of medicine based on patient's symptoms not by the disease's name, so we can treat any disease according to patient's symptoms. Plenty of research works shows vitiligo successfully treated by individualized homoeopathic medicine ^{[6] [7] [8][9][10]}. In this one the example of successful case.

CASE REPORT:

A girl 13 years old, from electronic complex North 24 PGS, came to NIH OPD on 23/05/2022 with complain of hypopigmented white spot over the face below right lower eyelid (figure-1) since 7-8 months associated with allergic skin eruption and slight difficulty in breathing on exertion. White spot started just like small moles with no history of injury or any others illness; which were gradually increased day by day in spite modern medication and local application.

She had no significant past history. In family her father had a history of Tuberculosis; mother had a history of Allergy and Hypothyroidism.

She was sensitive to both heat and cold. She had a strong desire for fried egg, cold drink, ice-cream, salt and junk food. Aversion to meat and fish. Intolerance to meat, eating meat leads to itching. Stool hard passes at 2-3 days interval. Sweat- scanty, appetite - good, thirst- good, sound sleep, no dreams. Appearance lean and thin.

Mentally she was mild and introverted in nature, fond of travelling, tidy. History of antenatal stress and grief of her mother.

Repertory and Remedy Selection: -

Repertory selected: - Synthesis 8.1V by, using Radar 10. Because general symptoms are predominant in this case. 9 rubrics

selected on the basis of Kent's method of evaluation

1. Mind - Ailment from-grief
2. Mind - Mild.
3. Mind-Reserved.
4. Mind -Travelling desire.
5. General-Lean people.
6. General-Food and Drinks-Desire salt.
7. General-Food and Drinks -Aversion to fish
8. General-Food and Drinks-Intolerance to meat.
9. Skin discoloration- white spot.

REPERTORIAL ANALYSIS: -

Nat.mur- 18/8, Sep- 12/8, Sulph- 12/8, Phos- 18/7, Cal-c - 12/7. Nat- mur was prescribed because it covers 8 rubrics with maximum marks and after referring to Materia medica.

NATRIUM- MUR:- ^{[11][12]}

Lean thin emaciated, ailments from grief, introverted, mild, appetite less, profuse thirst, desire for salt, aversion to fish, intolerance meat and bread, hot patient, profuse sweat and white discoloration of skin.

PHOSPHORUS:- ^{[11][12]}

Lean thin tall slender persons, fair skin, communicative, sympathetic, nervous, oversensitive, and restless, desire Company. Profuse thirst, prefers cold things, juicy refreshing things, salt, sour, spicy things. Chilly patient, burning of palm and sole. White discoloration of skin.

I am confused between two medicine Natrium-mur and Phosphorus but finally I selected Natrium-mur because history of grief, patient is reserved, lean thin but not slender and fair like phosphorus, desire for salt, more likely hot.

Table-1: Follow Ups: -

Date	Condition	Prescription
26-7-22	Hypopigmentation slight decrease; few black spots appear. Allergic manifestation decreases. Stool hard; 2-3 days interval. Appetite good.	Natrium muriaticum 1M/ 1 Dose. Rubrum met 30/ 2 dram (2 months)
23-9-22	Hypopigmentation decreases; few more black spot appear Allergic manifestation decreases. Stool little soft; 1 day's interval. Appetite good.	Sac Lac 10M/ 1 Dose. Rubrum met 30/ 2 dram (2 months)
13-12-2022	Hypopigmentation again increases. Allergic manifestation more decreases, almost nil. Stool soft and daily passed. Appetite good.	Natrium muriaticum 10M/ 1 Dose Rubrum met 30/ 2 dram (2 months)
10-3-2023	Hypopigmentation totally turns in normal skin color. Allergic manifestation more decreases, almost nil. Stool soft and daily passed. (Figure-2) Appetite good.	Rubrum met 30/ 2 dram (2 months)

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 or mention about changes in physical, emotional and behavioral elements)	+1		
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
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?			0
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: Before Treatment



Fig-2: After treatment

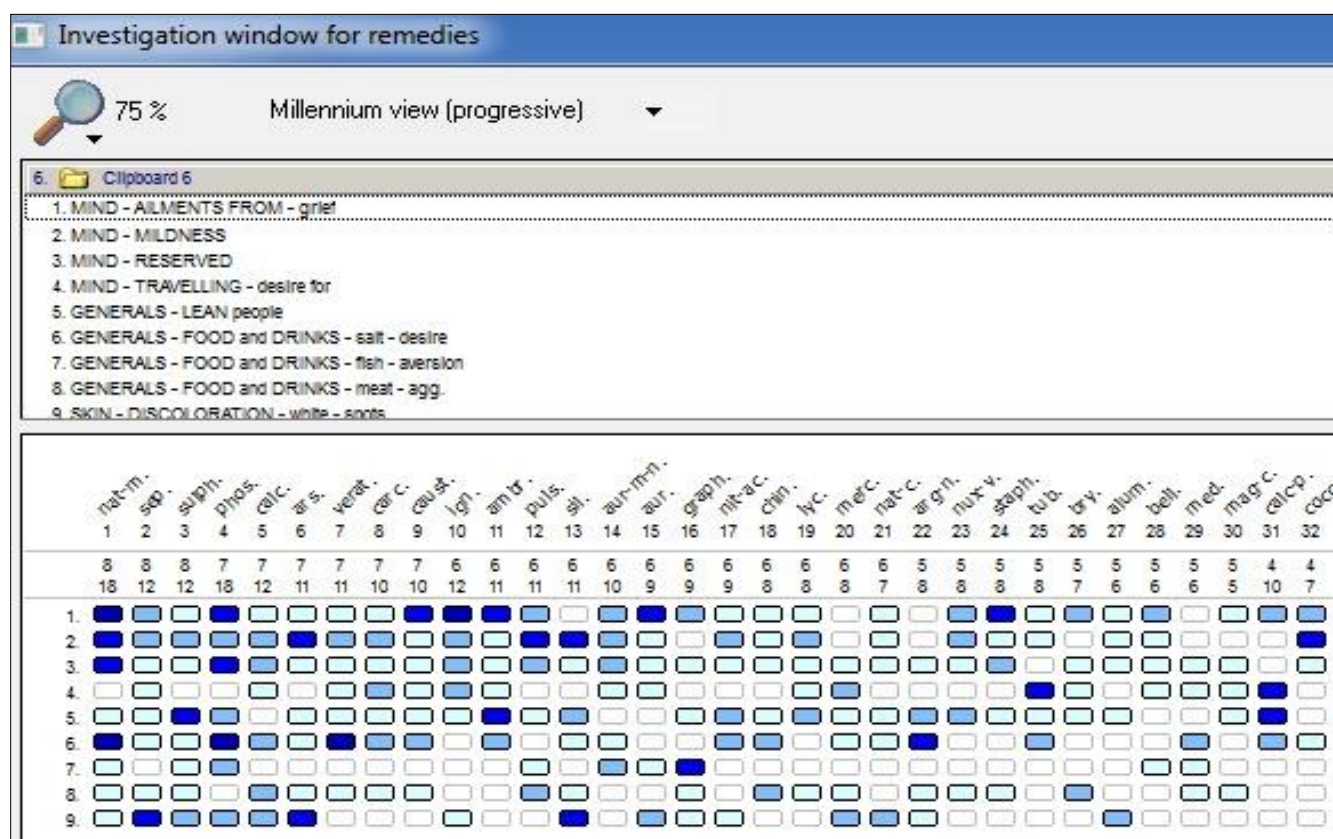


Fig-3: Repertorial Result Synthesis 8.1v By, Using Radar 10.

DISCUSSION:

The above case was a 13 years old girl having hypopigmented spot over the face. She had a treatment history of under the taken modern medicine for last 6 months, without any short of improvement. But after well selected homoeopathic medicine within 8 months all lesions completely disappeared. This case was treated as per the strict principles of holistic, individualization approach. As per *Homoeopathy* principles this case is an example of Local malady. From aphorism 187-189 Hahnemann explains this Local malady are the manifestation of internal malady, it should be treated by homeopathically selected medicine administrated internally^[13].

After proper case taking and repertorization Natrium Mur, Sepia, Phos are came as top grade medicines (Fig-3). After consulting with homoeopathic Materia medica Nat-mur was selected as her individualized medicine. It was prescribed in 1M along with proper diet and regimen. After medicine patients physical generals improved and lesions starts fading. Placebo was prescribed in next follow up, Depigmentation again increased Natrum mur10M /1dose was prescribed, after last dose no new Depigmentation, all spots disappeared(Table-1).

The Monarch Inventory (Improved Version of the Modified Naranjo Criteria for Homeopathy) is a valuable score to assess homoeopathic intervention and clinical outcome. Total score was 8, which means homoeopathic intervention show hopeful clinical outcome; (definite :> 9; probable: 5-8; possible: 1-4; doubtful<0) (Table-2).

Vitiligo is multifactorial, autoimmune destruction of melanocytes due to multiple mechanism including metabolic abnormalities. It affects 0.5 to 2 % of total world population; recent studies shows vitiligo cases are rapidly increasing in India

as well. *Homoeopathy* medicine will be better system for this type of diseases.

CONCLUSION:

Where modern medicine is facing challenges in treating vitiligo our holistic approach system homoeopathy successfully treating vitiligo. But still research work is needed on the subject. The youth power should come forward for the best of our system.

Limitation of study:

It is a single case report. More Case report has to record and publish to establish the effectiveness of homoeopathic medicine in the treatment of Vitiligo in future.

Consent of patient:

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

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