

Treatment Of Vitiligo By Homeopathy: A Case Report

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ABSTRACT-

Vitiligo, is a chronic inflammatory autoimmune disease that results in skin depigmentation due to the loss of melanocytes and is a source of great embarrassment to people. Vitiligo, resulting in a macular or hypopigmented patch all over the body. vitiligo primarily affects the skin, it can also involve other areas of the body, such as Mucous membranes of lips, genitalia, sun-exposed areas such as the face, hands and rarely hair and eyes may also be affected. Hair located within vitiligo-affected areas may also lose its pigment, leading to white or prematurely graying hair. vitiligo can affect anyone, irrespective of ethnic group, gender, or skin type. Homoeopathy is the good choice of treatment here is a case of female, 48 years old suffering from white discoloration in spots since 12 yrs get cured by homeopathic constitutional medicine.

KEYWORDS- Vitiligo, Hypopigmentation, Natrum Muriaticum, Constitutional Prescription, Homoeopathy

INTRODUCTION-

Vitiligo is the most common and acquired pigmentary skin disorder presented as melanin or pigmented cells depletion inside the damaged skin regions from the epidermis that results in amelanotic, non-scaly, chalky-white macule and patches on the body.^[1] It is described as an autoimmune disease characterised by depigmented macules as well as patches appears symmetrically of various shapes on the face, the nape of neck, axillae, elbows, hands, knees and genitals in a localized or generalized pattern, as well as rarely in a dermatome that are driven by the destruction of melanocytes or loss of their functioning in the skin.^[2] The exact cause of vitiligo is not fully understood, but it is believed to be a multifactorial condition involving genetic, autoimmune, and environmental factors. The autoimmune theory suggests that the body's immune system mistakenly targets and destroys melanocytes, leading to depigmentation. Genetic factors are also thought to play a role, as vitiligo often runs in families. The psychological impact of vitiligo can be significant, with many individuals experiencing low self-esteem, depression, and social stigma due to their appearance.^[3]

Epidemiology-

The prevalence of vitiligo varies widely across different populations. It is estimated to affect about 0.5% to 2% of the global population. It can appear at any age from child to adulthood but peak incidence is reported in the second and third decade. vitiligo in India is estimated to be around 0.5% to 2.5%, which is consistent with global estimates.^[4]

Pathophysiology-

Vitiligo is commonly known as multifactorial polygenic disorder and has complex pathogenesis, commonly associated with both non-genetic and genetic factors. various theories have been proposed about its pathogenesis but the exact etiology is still unknown. It generally appear by the absence of melanocytes (melanocytes are responsible for producing melanin, the substance that gives pigmentation to the skin) in vitiligo skin with melanocytes loss, owing to their destruction. The destruction results in progressive melanocytes decreases. Theories about the melanocyte destruction include cytotoxic mechanisms, autoimmune mechanisms, intrinsic melanocyte defects, neural mechanisms, and oxidant-antioxidant mechanisms.^[5]

Clasification-

- 1. Generalized Vitiligo:** This is the most common type of vitiligo, characterized by widespread depigmentation that can occur symmetrically on both sides of the body. The depigmented patches often progress over time and may affect large areas of the body, including the face, hands, arms, and feet.
- 2. Segmental Vitiligo:** Segmental vitiligo typically occurs at a younger age and is characterized by depigmented patches that are localized to one side or segment of the body. This type of vitiligo tends to stabilize or improve on its own and is less likely to spread to other areas.
- 3. Localized (Focal) Vitiligo:** Localized vitiligo is characterized by a few scattered depigmented patches that are limited to a specific area of the body. These patches may remain stable or expand slowly over time.

- 4. Acrofacial Vitiligo:** Acrofacial vitiligo refers to vitiligo that is localized to the extremities (hands and feet) and the face. This type of vitiligo can be challenging to treat due to the involvement of areas with thicker skin.
- 5. Mucosal Vitiligo:** Mucosal vitiligo involves depigmentation of the mucous membranes, such as the lips, mouth, and genitals. This type of vitiligo can occur in conjunction with other types or independently.
- 6. Universal:** In this rare type of vitiligo, depigmentation covers most of the body.
- 7. Mixed:** This type of vitiligo is also rare. It can cause a person to have both segmental and nonsegmental vitiligo.
- 8. Rare variants:** This includes other rare variations of vitiligo
- 9. Non-Segmental Vitiligo:** Non-segmental vitiligo is a term used to describe vitiligo that is not limited to a specific segment or area of the body. This term is often used interchangeably with generalized vitiligo, which is the most common form of the condition.^[6,7]

DIAGNOSIS-

Diagnosing vitiligo can sometimes be challenging, especially in its early stages or when it presents with atypical features. Healthcare providers need to be aware of the different clinical presentations of vitiligo to make an accurate diagnosis and initiate appropriate management. The physical presence of developed, amelanotic, non-scaly, chalky-white macules with transparent edges around the mouth, tips of the lower extremity, genitalia, and segment and sites of friction usually yields an distinguishing feature of vitiligo. A skin biopsy or additional testing is rarely required other than to rule out other illnesses. Non-invasive methods for determining whether a condition lacks melanocytes include in vivo confocal imaging and a skin sample.^[8]

Treatment Options-

Healthcare providers play a crucial role in determining the most appropriate treatment options for individuals with vitiligo. This may include topical corticosteroids, phototherapy, immunomodulators, or surgical interventions. The choice of treatment depends on various factors, including the extent and severity of the disease, patient preferences, and potential side effects.

- 1. Patient Education and Counselling:** Healthcare providers play a vital role in educating patients about vitiligo, its causes, treatment options, and with the emotional and psychological aspects of the condition.
- 2. Monitoring and Follow-up:** Regular monitoring and follow-up are essential for individuals with vitiligo to assess treatment efficacy, monitor disease progression, and address any complications or adverse effects. Healthcare providers play a key role in coordinating care and ensuring that patients receive timely and appropriate interventions.
- 3. Research and Innovation:** Healthcare providers are involved in ongoing research and innovation in the field of vitiligo. This includes studying the underlying mechanisms of the disease, exploring new treatment modalities, and investigating the impact of vitiligo on quality of life and psychosocial well-being.
- 4. Psychological Support:** Healthcare providers, including dermatologists, psychologists, and counsellors, provide psychological support to individuals with vitiligo. This may include counselling, cognitive-behavioural therapy, and support group referrals to help patients cope with the emotional challenges of the condition.
- 5. Public Health and Awareness:** Healthcare providers also play a role in public health initiatives aimed at raising awareness about vitiligo, reducing stigma, and promoting early diagnosis and treatment. This includes educational campaigns, community outreach programs, and collaboration with advocacy groups.

Overall, the impact of vitiligo in the health sector highlights the importance of a multidisciplinary approach to care that addresses the physical, emotional, and social aspects of the condition. Healthcare providers play a crucial role in providing comprehensive care to individual with vitiligo and improving their quality of life.^[9]

CASE REPORT- A female Name xyz, 48 years old housewife from Gujrat comes to my OPD on 25 April 2023 with the complaint of white discoloration in spots over right elbow and knuckle since 12 years. Aggravation by sun exposure (itching, redness). No treatment was taken previously for this complaint.

ASSOCIATED COMPLAINT. – Headache

FAMILY HISTORY- Father- T2DM, Mother- Hypothyroidism

PERSONAL HISTORY:

Thermal	Hot
Thirst	Thirsty
Desire	Salt++, cold drinks,
Aversion/Aggravation	Oily food
Bowel	Constipated, hard stool
Urine	5D/3N duration
Perspiration	Profuse, not offensive
Sleep	Sleep disturbed, right sided position
Dream	Daily routine, frightful

MENSTRUAL HISTORY: Menopause
OBSTETRIC HISTORY- G3P3A0

MIND:

- Origin of cause / any -triggering factor Lossing her children
- Childhood history/ -impression Nothing specific
- Family issue - Lived separated from children, living alone
- Company - Wants to be alone
- Extrovert/introvert - Introvert
- Anger - Easily
- Memory - Average
- Weeping- Easily, weeping not in front
- Fear - Loosing loved one, dark
- Others – Dwelling in past, contradiction intolerance, consolation aggravation

GENERAL EXAMINATION:

- Height- 160 cm
- Weight- 57 kg
- Temperature - Afebrile
- Pulse rate – 80/min
- Blood pressure –130/80 mmHg
- Respiratory Rate- 18/ min
- Lymphadenopathy- Absent
- Others-pallor , icterus ,cyanosis ,clubbing , oedema,- Absent

LOCAL EXAMINATION- white discoloration over right elbow and knuckles.

DIAGNOSIS- Vitiligo

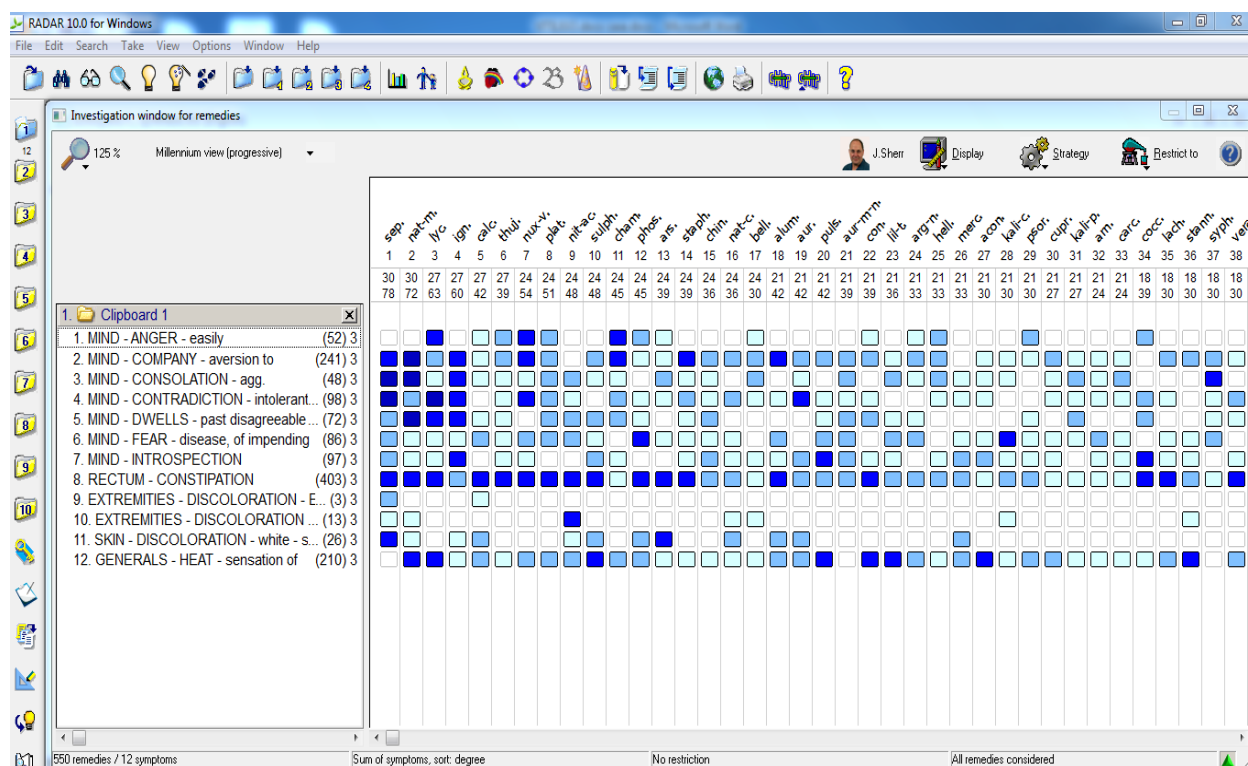
REPERTORIAL TOTALITY-

- Wants to be alone
- Contradiction intolerance
- Consolation aggravation
- Anger easily

e) Dwelling in past events
f) Introvert
g) Fear of disease

h)Hot
i)Thirsty
j)Constipated
k)Headache
l)White discoloration over right elbow and knuckles
m)Vitiligo

REPERTORIAL ANALYSIS-



MIASMATIC DIAGNOSIS-

Psora-syphilitic

SELECTION OF REMEDY-

Natrum mur 200

PRESCRIPTION-

Rx
Natrum mur 200 1 dose
SL 30 4pills TDS x 15 days

FOLLOW -UP –

Follow Up-Date	Symptoms presented	Prescription	Remark
4/5/23	No change in white discolouration Anxiety++	Rx, Natrum mur 200 1 dose SL 30 x tds x15 days	No Change
22/5/23	Slight improvement in white spot Anxiety++	Rx SL 30 x tds x 1 month	Mild improvement
23/6/23	Slight improvement in white spot Anxiety+	Rx Natrum mur 200 1 dose SL 30x tds x 1month	Moderate improvement
24/7/23	improvement in white spot Anxiety+	Rx SL 30x tds x1month	Moderate improvement
28/8/23	improvement in white spot patient feels better Anxiety diminished	Rx SL 30 x 1month	Improvement in complaints

DISCUSSION AND CONCLUSION-

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.

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.

On the fourth visit, almost 70% improvement observed in the hypopigmented patch. Once the patient is improving both subjectively and objectively it is better to wait and watch as said by Dr. JT kent, and after cessation of the improvement, we repeat the same remedy in the same potency in the next visit. After fifth visit, Eventually, the white patch regained pigmentation without any adverse events during the entire treatment. The improvement also helped the patient to gain confidence and feel good about his looks, thereby improving his quality of life.

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