

A CASE REPORT OF VITILIGO AND ITS PSYCHOLOGICAL IMPACT MANAGED WITH HOMOEOPATHY**^{1*}Dr. Hanuman Ram, ²Dr. Anuradha Singh, ³Dr. Navita Bagdi and ⁴Dr. Prasoon Choudhary**¹Senior Research Fellow (H), Epidemic Cell, Central Council for Research in Homoeopathy (Hq) New Delhi, Ministry Of AYUSH, Govt. of India.²Senior Research Fellow (H), Swasthyan Rakshan Programme, Central Research Institute of Homoeopathy, Sector 26, Pratap Nagar, Jaipur, Rajasthan.³Senior Research Fellow (H), Drug Proving Unit, Dr D.P Rastogi Central Research Institute for Homoeopathy, Noida, Utter Pradesh, India.⁴HOD of Anatomy, Dr MPK Homoeopathic Medical College, Hospital & Research Institute, Jaipur, Rajasthan.***Corresponding Author: Dr. Hanuman Ram, BHMS, MD (Hom.)**

Central Council for Research in Homoeopathy, 61-65, Sewa Marg, Opp 'D' Block, Institutional Area, Janakpuri, New Delhi 110058, India.

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ABSTRACT

Vitiligo is a common dermatological disorder of chronic depigmentation on the skin caused as a result of the systematic destruction of functional melanocytes and is cosmetically and psychologically devastating. Currently, the available treatment options have limited effectiveness, particularly when acral areas are involved and sometimes follow with relapse and side effects which impels the patient to approach alternative therapy. The homoeopathic literature shows that cases of Vitiligo have been treated successfully with homoeopathic medicines. Here, a diagnosed case of Vitiligo of an 11 year old female presented with a history of 2 years of depigmented patch over right upper eyelid with associated symptoms of loss of confidence, fear of crowd and timidity in nature. On consideration of the totality of symptoms, *Sulphur* 200C was prescribed with repetition as per requirement. When complaints came to standstill complementary medicine *Cal.carb* 200C was prescribed to complete the cure. There was significant improvement seen in the domain of sign and symptoms in the context of the whole person physically, mentally and emotionally, and halt the progress of the disease with repigmentation of the white patch over affected part by the end of 10 months, which is evident from the photographs and improvement in baseline Vitiligo Symptom Score of the presentation of the case. Definite causal attribution of changes was explicitly depicted by modified Naranjo Criteria. This case report evidently suggests individualized approach widens the scope of homoeopathy in the management of vitiligo and reducing the psychological impact of disease on patient.

KEYWORDS: Individualized Homoeopathy, Psychological symptoms, Vitiligo, Vitiligo Symptom Score (VSS).**Abbreviations**

B/I - Bilateral, Cal.carb - Calcarea carbonica, Sac.Lac - Saccharum lactis, VSS - Vitiligo Symptom Score, N/A - Not Applicable.

INTRODUCTION

Vitiligo is an acquired, progressive disorder of pigmentation characterized by the development of well-defined white macules on the skin.^[1] Few believed that the word 'vitiligo' is derived from the Latin word 'vitilius' meaning vale, i.e. pink pale flash of calf, since the clinical lesions resembled the white patches of spotted calf, while others think that it is derived from the word 'vitium' meaning blemish. Although, it affects all races worldwide, But the highest incidence of vitiligo is noted in India and Mexico.^[2]

Vitiligo is due to stoppage of melanin formation by the melanocytes and presents as asymptomatic depigmented macules anywhere on the body including mucous membranes of lips and genitalia. There is a marked reduction or even absence of melanocytes and melanin in the epidermis.^[3]

It is the most frequent cause of depigmentation with an estimated prevalence of 0.1 to 2 percent in both adults and children.^[4] It can develop anytime in life, including neonatal period and childhood. Childhood Vitiligo deserves special attention because in 50% patient, the onset of disease is before 20 years of age and in 25% of cases, it starts before the age of 10 years.^[5]

The exact etiology of vitiligo is poorly understood and is often considered as a multifactorial disease with a complex pathogenesis encompassing several postulations

implicating autoimmune, cytotoxic, biochemical, oxidant-antioxidant, viral, and neural mechanisms for destruction of the melanocyte function in genetically predisposed. The presence of autoimmune diseases like autoimmune thyroiditis, Grave's disease, Addison's disease, Diabetes mellitus, Alopecia areata, Psoriasis, and Pernicious anemia in patients and their first-degree relatives favors its autoimmune etiology.^[6]

Factors such as poor nutrition, emotional stress, autoimmunity, trauma, drugs, infections, sepsis, and exposure to the sun, chemicals, and toxins are often considered to trigger it.^[7] An important aspect of vitiligo is the psychological effect of the disease. Vitiligo is often immediately visible to others and those with the condition may suffer social and emotional consequences including low self-esteem, social anxiety, depression, stigmatization and in extreme cases, rejection by those around them.^[8]

Diagnosis of vitiligo is straightforward and can be made in primary care but atypical presentations may require expert assessment by a dermatologist. Wood's lamp may be of use in determining extent and activity of vitiligo, as well as monitoring response to therapy and the progress of lesions over time.^[9] Various systems of medicine have claimed to have good results but not without side effects, like erythema, xeroderma, pruritus, acne form pustules and telangiectasia.^[10]

A review study,^[11] an observational studies,^[12,13] and few case records,^[14-16] have been documented in the past showing the effectiveness of homoeopathy in the treatment of vitiligo.

The homoeopathic literature subsequently suggested a number of medicines for the conditions mentioned as 'vitiligo,' 'leucoderma,' 'hypopigmented spots'.^[3,17-21]

Homoeopathy provides individualized patient treatment, which includes a holistic approach to the understanding of the patient.^[14] Homoeopathy treats the patient not the disease. Homoeopathy does not focus on end results i.e. the white spots, but on the cause of Vitiligo. The best way to treat Vitiligo is through internal medication of homoeopathy rather than by application of local medicines. It is believed that homeopathic medicines moderate the overactive immune system and recovers the destroying melanocyte cells in the skin.^[22] Homoeopathy has given innumerable successful results in the treatment of Vitiligo when prescribed on the basis of totality of symptoms depicting individualization.

CASE REPORT

A diagnosed case of Vitiligo, 11 year old unmarried Muslim female patient visited the OPD of Dr. M.P.K. Homoeopathic Medical College, Hospital & Research Centre, Jaipur, Rajasthan on 10.12.2015 (O.P.D No.-72182/8970) presented with the complaints of depigmented patch above the right upper eyelid with

itching and burning on and off for 2 years (Figure 1). The itching and burning on right upper eyelid were aggravated after bathing and ameliorated from slight rubbing of the affected part. Depigmented patch above the right upper eyelid disappeared gradually as the patient was on conventional treatment (Psoralen ointment for local application and trioxsalen tablets 25 mg for internal medication) since last 18 months on and off, but it appeared again whenever she discontinued her medicines. Along with this she complaints of profuse white discharge and itching per vagina for 1 year. Patient also complaints of bright red colour bleeding from the right nostril which was aggravated in the morning for 6 months. Patient had received conventional treatment without any improvement than finally she opted homoeopathic treatment for the permanent cure.

History of presenting complaints

Patient was apparently well 2 years back but one day in the evening when she was getting ready in front of the mirror for her cousin sister marriage, she noticed mild white spot above her right eyelid after which she was worried and scared. Gradually due to her continuous anxiety, white spot increases and after that patient took allopathic treatment without any remarkable improvement.

Past history

History of Pneumonia 1 year back, she took allopathic treatment and completely recovered. All milestones achieved on time and vaccinated with no adverse effects. Obstetric history was uneventful.

Family history

There was no significant family history of vitiligo.

Clinical Findings

General Examination

Plethoric and wheatish complexion

Height – 143 cm

Weight – 34 kg

Blood pressure on first visit: 104/72 mmHg

Pulse rate: - 84/min

Respiratory rate: - 16/min

On local skin examination there was white patch above the right upper eyelid. The skin was moist with excessive perspiration on b/l palms and soles. There was no significant finding present in other systematic and general examinations.

Mental generals

During the case taking patient was very mild and shy⁺⁺. Her mother reported that her daughter was very good in academic activities but academic performance was gradually decreased after her disease condition and later on she lost her self-confidence. She was anxious about her health and sometimes she wanted to live alone. She disregards her elders and does not want to go to school due to the irritability as children of her class always asked

her about the depigmented white patch, which was very clearly visible on her right upper eyelid. She also had fear of darkness and crowd⁺.

Physical generals

Appetite: - Increased, 6-7 times /day, 3-4 chapatis/meal
 Thirst: - 2-3 liters/day, 1 glass at time for small quantities in large intervals
 Desire: - Sweet things
 Stool: - D₁ Regular, semisolid consistency and offensive flatus
 Urine: - Day 4-5 times, Night 0-1times, Normal pale in colour
 Perspiration: - Profuse offensive on b/l palms and soles and there was no staining of linen
 Thermal Reaction: - Ambithermal patient
 Sleep: - 7-8 hours/day, refreshing sleep. She preferably sleeps on her back lying on any other position makes her restless.

Particulars

The patient had bright red colour bleeding from the right nostril < aggravated in the morning. Profuse white discharge and itching per vagina.

Analysis of the case and repertorization

After analyzing the symptoms of the case, the characteristic mental, physical generals and particulars were considered for framing the totality. The case was repertorized with the help of the Synthesis Repertory, version 9.0 of RADAR software.^[23] The repertorial results are shown in (Figure 2).

Totality of Symptoms

1. Mild and shy⁺⁺

Follow up

Table 1: Timeline including follow-up of the case.

Date	Response of the patient	Prescription
18.12.2015	Appetite increased 6-7 times/day - same, Loss of self-confidence as reported by her mother- same, Depigmented white patch above right eyelid with itching and burning on and off – same, Bleeding from right nostril - slight better, White discharge and itching per vagina - slight better	<i>Sac lac</i> 30/TDS x 28 days
15.01.2016	Appetite increased 6-7 times/day - same, Loss of self-confidence as reported by her mother-same, Depigmented white patch above right eyelid with itching and burning on and off, Bleeding from right nostril – better, White discharge and itching per vagina – slight better	<i>Sac lac</i> 30/TDS x 28 days
12.02.2016	Appetite increased 6-7 times/day - same, Loss of self-confidence as reported by her mother- same, Depigmented white patch above right eyelid with itching and burning on and off – same, Bleeding from right nostril- better, White discharge and itching per vagina - slight better	<i>Sulphur</i> 200/ 1 dose <i>Sac lac</i> 30/TDS x28 days
12.03.2016	Appetite increased 6-7 times/day - slight improved now it reduced to 5-6 times / day, Loss of self-confidence as reported by her mother- same, Depigmented white patch above right eyelid with itching and burning- slight better, Bleeding from right nostril- better, White discharge and itching per vagina - better	<i>Sac lac</i> 30/TDS x 28 days
10.04.2016	Appetite slight decreased 5-6 times/day, Loss of self-confidence as reported by her mother-same, Depigmented white patch above right eyelid, Bleeding from right nostril- better, White discharge and itching per vagina - better	<i>Sac lac</i> 30/TDS x 28 days
11.05.2016	Appetite 5-6 times/day- same, Loss of self-confidence as reported by her mother-same,	<i>Calc Carb</i> 200 /1 dose

2. Loss of self confidence
3. Fear of crowd⁺ and darkness
4. Irritability marked
5. Anxiety about disease
6. Ravenous appetite
7. Offensive flatulence
8. Profuse offensive on b/l palms and soles
9. Sleeps on her back position
10. De-pigmented patch above the right upper eyelid
11. The itching and burning on right upper eyelid < after bathing > from slight rubbing of the affected part
12. Profuse white discharge and itching per vagina
13. Bright red colour bleeding from the right nostril< aggravated in the morning.

Clinical diagnosis: Vitiligo.

Selection of remedy

Sulphur was selected and prescribed to the patient on the basis of repertorisation (Figure 2) as the case was repertorised with the Synthesis Repertory, version 9.0 of RADAR software.^[23]

First Prescription

10.12.2015 - *Sulphur* 200/1 dose, *Sac lac* 30 / TDS x 7 days

Diet and regimen

Eat green vegetables
 Early morning sun bath to effected area.

Auxiliary Measure - Yoga and Meditation.

	Depigmented white patch above right eyelid with itching and burning- slight better, Bleeding from right nostril- better, White discharge and itching per vagina - better	<i>Sac lac</i> 30/TDS x 28 days
08.06.2016	Appetite reduced to 4-5 times/day, Loss of self-confidence reported by her mother- better, Depigmented white patch above right eyelid with itching and burning- better, Bleeding from right nostril - better, White discharge and itching per vagina - better	<i>Sac lac</i> 30/TDS x 28 days
06.07.2016	Appetite 3-4 times/day, Loss of self-confidence reported by her mother- better, Depigmented white patch above right eyelid with itching and burning – better, Bleeding from right nostril- better, White discharge and itching per vagina- better	<i>Sac lac</i> 30/TDS x 28 days
03.08.2016	All complaints were better	<i>Sac lac</i> 30/TDS x 30 days
04.09.2016	All complaints were better, No recurrence	<i>Sac lac</i> 30/TDS x 30 days

DISCUSSION

In general, some of our previous case studies indicate that constitutional homeopathic drugs are quite promising in curing several diseases in human subjects.^[24-29] Vitiligo has a major impact on the physical functioning and psychological state relating to social and cultural stigma due to negative evaluation by others as skin integrity is considered relevant in many cultural and religious contexts.^[30]

In this case report, it was a confirmed case of Vitiligo with no family history of depigmentation. Thus, conventional treatment (Psoralen ointment for local application and Trioxsalen tablets 25 mg for internal medication) was considered due to progression of lesion of white spots. However, the conventional treatment showed temporary relief but lesions relapsed after discontinuation of treatment. In this case report, a constitutional mode of homoeopathic approach is considered on the basis of detailed case taking, after case analysis, the characteristic symptoms were considered for framing the totality. The follow-up of the patient was assessed every month and as required. Covering the totality of symptoms of the patient, *Sulphur* 200C/1dose was prescribed and the patient improved markedly with this medicine with very few repetitions (1dose of *Sulphur* 200C) followed by *Sac.lac* 30/TDS for the period of three months. In Homoeopathy, when a particular medicine stops acting (indicated by change of symptoms or worsening of the improved state through previous medication), it is time to reconsider and give the next indicated remedy. This shall complete the action that was initiated by the previous remedy, also remove obstacle to cure or any suppression occurred.^[31] As per chapter Relationship of Remedies given by Dr. R. Gibson miller, Complementary of *Sulphur* is *Cal.carb*.^[32]

As per stated above after subsequent follow-ups condition of the patient came to standstill condition, then *Cal. carb* 200C/1dose followed by *Sac. Lac* 30/TDS (in reportorial analysis it covered 19/8marks) was prescribed and shown positive results in the repigmentation of the patch over upper right eyelid as evident by photographs of the patient depicted in figure 1, focusing vitiligo affected areas at the baseline as well as at the end of the treatment along with marked improvement in other mental, physical general and particular symptoms like loss of self-confidence as reported by her mother, fear of

crowd, profuse perspiration on b/l soles and palms, ravenous appetite, bleeding from right nostril and white discharge and itching per vagina. The patient continued the follow-up for next 6 months with no recurrence of depigmented patch and associated complaints. Treatment and follow-ups with responses are given in detail in Table 1.

Outcome parameters used for the assessment of improvement of severity of the Vitiligo symptoms at baseline and at the end of the treatment was measured by a Vitiligo Symptom Score (VSS) and was categorized on the basis of baseline scores as mild (1-6), moderate (7-12) and severe (13-19).^[12] In this case report the VSS of the patient at baseline was 13 (Table 2) and it was reduced to 1 (Table 3) after the continuous follow ups for 10 months. This VSS shows marked improvement in overall condition of patient. This reaffirms the importance of individualization approach of homoeopathy in treating the patients. This also confirms the observations of Samuel Hahnemann in aphorism 18 Organon of Medicine in treating the chronic illnesses, which laid emphasis on totality of symptoms of a patient which ultimately becomes the only guide to select a similar medicine from *Materia Medica*.^[33] The modified Naranjo criteria score of the patient after treatment was 9, which indicates there is a definite association between the result observed and the prescribed medication.^[34] (Table 4)

In previous studies,^[11-16] as documented in the past showing the effectiveness of homoeopathy in the treatment of vitiligo and Drugs such as *Calcarea carbonica*, *Arsenicum album*, *Sulphur*, *Phosphorus*, *Natrum muriaticum*, *Thuja*, *Lycopodium*, *Mercurius solubilis* were most frequently prescribed which are identified as constitutional medicine. This has been corroborated in this case.

The positive outcome in the study is validated scale for the assessment of the disease severity as well as photographs of the patient alone limits the possibility to draw firm conclusions on the effectiveness of Homoeopathy in vitiligo depicting individualization.

Table 2: Vitiligo Symptom Score (VSS) at baseline.

Type	Improving (0)	Stationary (1)	Resistant (2)	Progressive (3)
Site Of Lesion	No lesion (0)	Follicular (1)	Mucosal (2)	Acral (3)
No. of Patches	Absent (0)	Single Patch (1)	Segmentary (2)	Generalized /Universal (3)
Hair in Patch	No Hair (0)	Black (0)	White (2)	
Margins of Patch	Normal (1)		Inflamed (2)	
Colour Of Patch	Normal (Body colour) (0)	Pigment spot on patch (1)	Pink/Red (2)	Milky white (3)
Repigmentation	Fully Pigmented (0)	Per follicular Pigmentation (1)	Hyperpigmentation of margins (2)	No pigmentation (3)
Grading Score		Mild (2-6)	Moderate (7-12)	Severe (13-19)

Table 3: Vitiligo Symptom Score (VSS) after treatment.

Type	Improving (0)	Stationary (1)	Resistant (2)	Progressive (3)
Site Of Lesion	No Lesion (0)	Follicular (1)	Mucosal (2)	Acral (3)
No. of Patches	Absent (0)	Single Patch (1)	Segmentary (2)	Generalized /Universal (3)
Hair in Patch	No Hair (0)	Black (0)	White (2)	
Margins of Patch	Normal (1)		Inflamed (2)	
Colour Of Patch	Normal (Body colour) (0)	Pigment spot on patch (1)	Pink/Red (2)	Milky white (3)
Repigmentation	Fully Pigmented (0)	Per follicular Pigmentation (1)	Hyperpigmentation of margins (2)	No pigmentation (3)
Grading Score	1	Mild (2-6)	Moderate (7-12)	Severe (13-19)

Table 4: Assessment by Modified Naranjo Criteria Score.^[34]

S. No.	Criteria	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 time frame relative to the drug intake?	+1		
3.	Was there an initial aggravation of symptom?		0	
4.	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1		
5.	Did overall wellbeing improve?	+1		
6.	Did the course of improvement follow Hering's Rule?		0	
7.	Did old symptoms (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8.	Are there alternate causes (other than the medicine) that-with a high probability could have caused the improvement? (e.g. known course of disease, other forms of treatment and other clinically relevant intervention)?		+1	
9.	Was the effect confirmed by objective evidence as measured by external observation(s)?	+2		
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1		
Total Score		09		



Fig. 1: Vitiligo patch at right upper eyelid at baseline (A), during (B) and after treatment (C).

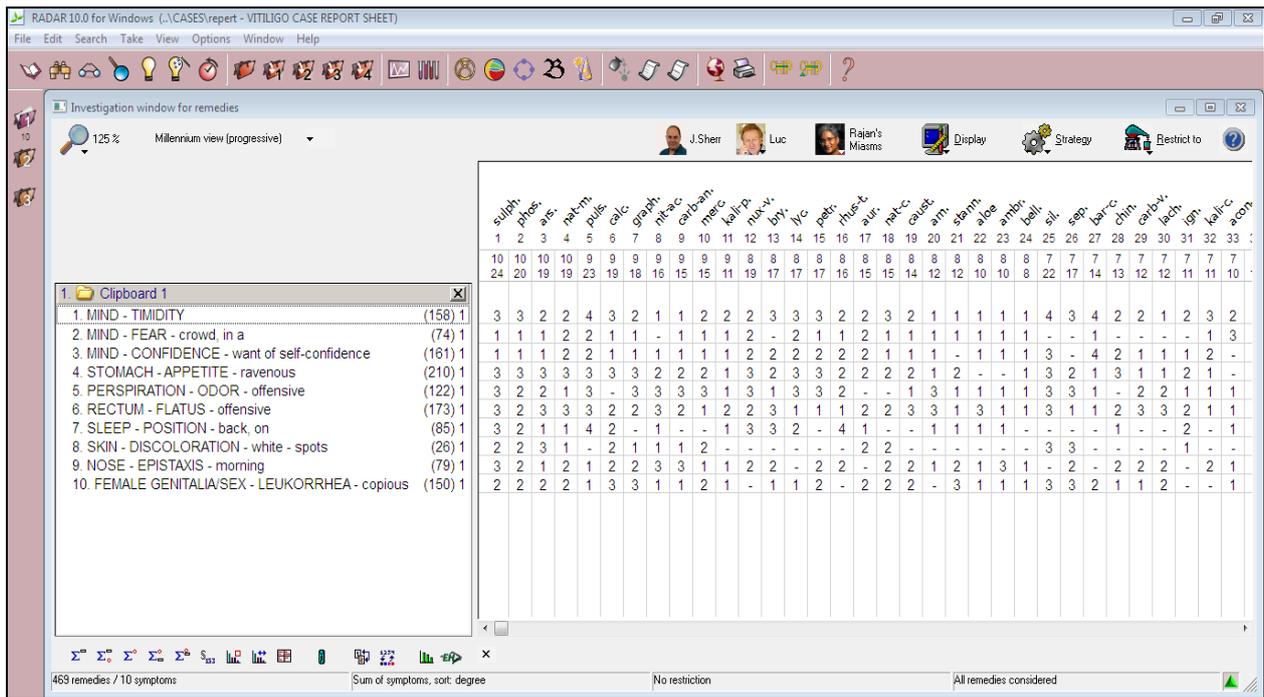


Fig. 2: Repertorization chart from synthesis repertory using RADAR software.^[23]

CONCLUSION

Homoeopathy offers a holistic approach as well as emphasize on that if the organism is brought back into balance, the symptoms of disease will resolve accordingly. Thus this case report shows rationale significance of individualization in treating the cases of vitiligo where *Sulphur* 200C and complementary medicine *Cal.carb* 200C was found to be effective. The outcome of this case report will improve the knowledge of the clinicians in suggesting proper patient management with consideration in context of reducing psychological morbidity, which will benefit the patients suffering from vitiligo. It is suggested to undertake a double blind randomized controlled trial to study the efficacy of Homoeopathy in the treatment of vitiligo for further scientific validation of results.

Conflict of Interest of Each Author/Contributor

The authors declare that they have no competing interest.

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