

Establishing the Results of Homoeopathic Prescription Through A Case Report of Vitiligo

Sakshi Mewara¹, S. N. Sharma², Hari Shankar Tiwari³, Vikrant Rana⁴

^{1,3,4}PG Scholar, Department of Organon, Dr. M. P. K. Homoeopathic Medical College Hospital

²H.O.D., Department of Organon, Dr. M. P. K. Homoeopathic Medical College Hospital

Abstract:

A common hypo- pigmentation disorder with acquired autoimmune origins, vitiligo can have major psychological effects. According to the distribution of skin depigmentation, vitiligo has been classified into segmental and non-segmental kinds. Case Summary: A 16-year-old male patient complained of a white patch on his scalp, eye, back, and throat that had been there for 2-2.5 years. The diagnosis of miasm and the totality of symptoms led to the prescription of the homoeopathic drug Syphilinum.

Keywords: Vitiligo, Homoeopathy, Anti- miasmatic prescription, Syphilinum, Nosode

Introduction

One common chronic skin depigmentation disease is vitiligo. It appears as asymptomatic depigmented macules anywhere on the body, including the mucous membranes of the lips and genitalia, and is caused by a cessation of melanin synthesis by the melanocytes.^[1] In vitiligo, melanocytes and melanin in the epidermis are significantly reduced, if not absent. The macules differ in size, shape, and color. Rather than being depigmented, some lesions or specific areas within lesions may be hypopigmented. The disease has a highly unpredictable course. Some individuals may see no change in their lesions or very sluggish progression, while others may experience rapid disease progression that covers their entire body in a matter of months. Sporadic repigmentation has been reported in a small number of cases. Typically, it is perifollicular.^[1]

It affects approximately 0.5% to 1% of the global population..^[2,3] There have been reports of a prevalence as high as 8.8% in India, a country where the illness is highly stigmatized..^[4] Although vitiligo patches can develop anywhere on the skin, they are most frequently found on the genitalia, the skin surrounding orifices, and any exposed skin parts including the hands and face. Rarely, the eyes and hair may also be impacted..^[4,5] Fifty percent of cases manifest before the age of twenty, and 16–35 percent of those impacted by the disfigurement experience psychiatric morbidity as a result. Those with vitiligo before reaching adulthood have been known to experience depression, sleep disorders, suicidal thoughts and attempts, relationship problems, and social anxiety.^[6] The percentage of patients who have a positive family history varies widely. In India, for instance, it might be as high as 40%. In other countries, it can range from 6.25% to 18%.^[7]

The pathophysiology of vitiligo remains incompletely understood. It is believed that vitiligo develops as a result of interactions between immune system, metabolic and oxidative stress, genetic, neurological, and outside factors.^[6] Vitiligo is easy to diagnose in general care, although unusual cases might need a dermatologist's professional evaluation. Autoimmune thyroid disease and other autoimmune illnesses

frequently arise in vitiligo patients. Given that autoimmune thyroid illness is more prevalent in vitiligo patients, a blood test to assess thyroid function should be taken into consideration.^[8]

Types- In 2011, a worldwide consensus identified non-segmental vitiligo (NSV) and segmental vitiligo (SV) as the two primary forms of the illness. "Vitiligo" was the term that was selected to describe all forms of NSV (acrofacial, mucosal, generalized, universal, mixed, and unusual variants included). Making the distinction between SV and other forms of vitiligo was one of the consensus's most crucial choices, especially in light of the prognostic consequences.^[9]

The diagnosis of vitiligo is based on^[10]:

- Age of onset: often absent at birth
- Milky white, depigmented macules with jagged edges
- Depigmented hair, or leucotrichia
- The Koebner's phenomenon is characterized by the development of new lesions at the sites of trauma, scratches, surgical wounds, and damage.
- Predilection towards trauma places

CASE REPORT

PATIENT INFORMATION

A 16-year-old male came to the OPD of Dr. Madan Pratap Homoeopathic Medical College and Hospital, Sindhi Camp on 12th August 2022, with complaints of hypopigmentation on right side of head, eyes, back and throat without itching since 3years. He also complaint of Rhinorrhea with sneezing on and off. This complaint gets aggravated in morning and in rainy season²⁺.

The patient was well before 2.5years, then developed small white patches on forehead, Scalp, eye, throat. After a year he took allopathic treatment, but didn't get any marked relief in skin complain as well as Nasal Complain He was worried about social discussion of his condition which led him to homoeopathic treatment.

He suffered from pneumonia at the age of 2years and from tinea cruris 1.5 year back. His Mother and father are alive and healthy.

Physical Generals

His thermal reaction was chilly. Built was emaciated and had craving for sweets²⁺ with decreased thirst²⁺.

DIAGNOSIS: International Classification of Diseases code ICD- 10; L80. Generalised vitiligo¹¹.

ANALYSIS AND EVALUATION OF SYMPTOMS

Physical generals	Particular
<ul style="list-style-type: none">• Thermal chilly• Emaciated• Craving for sweets²⁺• Thirst Decreased²⁺	<ul style="list-style-type: none">• White patch over forehead, scalp, eye, throat.³⁺• Allergic Rhinitis < morning, rainy season²⁺

Prescription: *Syphilinum* 1M/1D/HS, *Phytum* 30/TDS for 15 days on 12thAug 2022.

Follow-ups

Date	Change in symptoms	Prescription
13/01/2023	Status Quo	Phytum 30/1D/STAT Nihilium 30/TDS for 30days
10/02/2023	Status Quo	Sac Lac 30/1D/STAT Nihilium 30/TDS for 15days
24/02/2023	Status Quo Re- case taking done	<i>Syphilinum</i> 1M/1D/HS Phytum 30/TDS for 30days
24/03/2023	Slight improvement in the margins of patch	Rubrum 30/1D/STAT Phytum30/TDS for 15days
07/04/2023	Status Quo	Sac Lac 30/1D/STAT Nihilium 30/TDS for 21days
05/05/2023	Status Quo, no change in patch	<i>Syphilinum</i> 1M/1D/HS Phytum 30/TDS for 7 days
12/05/2023	Status Quo	Sac Lac 30/1D/STAT Nihilium 30/TDS for 15days
26/05/2023	Improving , skin colour pigmentation is coming over the patch	Sac Lac 30/1D/STAT Nihilium 30/TDS for 15days
09/06/2023	Better in patches	Sac Lac 30/1D/STAT Nihilium 30/TDS for 15days
23/06/2023	Better ³⁺	Rubrum 30/1D/STAT Phytum30/TDS for 21 days
14/07/2023	Better	Rubrum 30/1D/STAT Phytum30/TDS for 30 days
18/08/2023	Status Quo	<i>Syphilinum</i> 1M/1D/HS Phytum30/TDS for 21 days
08/09/2023	Better in eruptions	Sac Lac 30/1D/STAT Nihilium 30/TDS for 30days

13/10/2023	Better ³⁺	Sac Lac 30/1D/STAT Nihilium 30/TDS for 30days
12/11/2023	Normal skin is appearing in between patch	Nihilium 30/TDS for 21 days
08/12 /2023	Marked improvement in patches	Phytum30/TDS for 15days
23/12/2023	Patches disappeared	Sac Lac 30/TDS for 15days
08/01/2024	Patches disappeared	Sac Lac 30/TDS for 15days
26/01/2024	Patches disappeared	Nihilium 30/TDS for 15days

DISCUSSION

Due to paucity of symptoms specifically generals we chose to start this case with a nosode and a prescription where Miasm was taken under consideration. *Syphilinum* 1M was considered by taking help of Materia Medica^{12,13} and previous homoeopathic studies^{14,15} which also have established the effectivity of this drug. This vitiligo case reaffirmed the strength of homeopathy and proved the homeopathic principles and philosophy taught by Dr Hahnemann. It has also become clear that homeopathy can treat such chronic diseases.

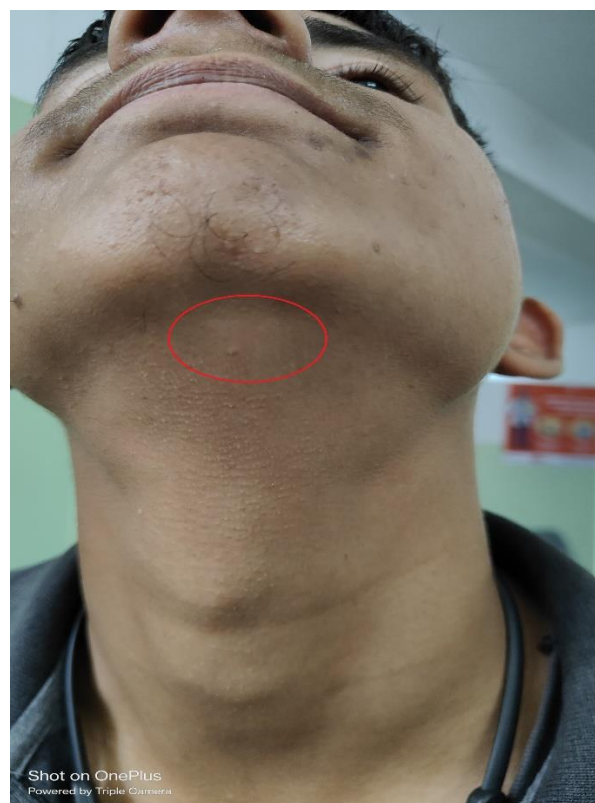
REFERENCES

1. Gupta R, Manchanda RK. Textbook of Dermatology for Homeopaths. 3rd ed. Delhi: B.Jain Publisher; 2009.
2. Eleftheriadou V. Which outcomes should we measure in vitiligo? Results of a systemic review and a survey among patients and clinicians on outcomes in vitiligo trials. Br J Dermatol 2012;167:804-14. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22591025>. [Last accessed on 2017 Jun 25].
3. Ezzedine K, Eleftheriadou V, Whitton M, Geel NV. Vitiligo. Lancet 2015;386:74-84. Available from: <https://www.vitiligosociety.org.uk/files/Lancet%20vitiligo%20article.pdf>. [Last accessed on 2017 Jun 25].
4. Whitton ME. Interventions for Vitiligo (Review); The Cochrane Collaboration, Published by John Wiley & Sons, Ltd. Available from: <http://www.onlinelibrary.wiley.com/doi/10.1002/14651858.CD003263.pub4/pdf>. [Last accessed on 2017 Jun 25].
5. Soni P, Patidar R, Soni V, Soni S. A review on Traditional and Alternative for Skin Disease “Vitiligo”; International Journal of Pharmaceutical & Biological Archives; 2010;1(3):220-7; Available from: <http://ijpba.info/ijpba/index.php/ijpba/article/view/84/71>. [Last accessed on 2017 Jun 25].
6. Szczurko O, Shear N, Taddio A, Boon H. Ginkgo biloba for the treatment of vitiligo vulgaris: An open label pilot clinical trial. BMC Complement Altern Med 2011;11:21 Available from: <http://www.biomedcentral.com/1472-6882/11/21>. [Last accessed on 2017 Jun 25].
7. Sehgal VN, Srivastava G. Vitiligo: Compendium of clinico-epidemiological features; review article. India J Dermatol Venereol Leprol 2007;73:149-56. Available from: <http://www.ijdv1>.

com/article.asp?issn=03786323;year=2007;volume=73;issue=3;spage=149;epage=156;aulast=Sehgal. [Last accessed on 2017 Jun 25].

8. Gawkrödger DJ. Guidelines for the diagnosis and management of Vitiligo. *Br J Dermatol* 2008;159:1051-76. Available from: [http:// www.bad.org.uk](http://www.bad.org.uk). [https://www.vitiligosociety.org.uk/files/Lancet%20 vitiligo%20article.pdf](https://www.vitiligosociety.org.uk/files/Lancet%20vitiligo%20article.pdf). [Last accessed on 2017 Jun 25].
9. Krüger C, Schallreuter KU: A review of the worldwide prevalence of vitiligo in children/adolescents and adults. *Int J Dermatol.* 2012, 51:1206-12. 10.1111/j.1365-4632.2011.05377.
10. Khanna N, Illustrated synopsis of dermatology and sexually transmitted diseases,6th edition, New Delhi, Elsevier, 2020.
11. 2024 ICD <https://www.icd10data.com/ICD10CM/Codes/L00-L99/L80-L99/L80-/L80>
12. Boericke W. Boericke's New Manual of Homeopathic Materia Medica with Repertory. New Delhi, India, B. Jain Publishers; 2010. p. 885.
13. Clarke JH. Dictionary of practical materia medica. New Delhi: B. Jain; 2015.
14. Dewan D, Taneja D, Singh U, Mittal R, Khurana A. Homoeopathic research in vitiligo: Current scenario. *Indian J Res Homoeopathy* 2017;11:226-36.
15. Ganguly S, Saha S, Koley M, Mondal R Homoeopathic treatment of vitiligo: an open observational pilot study. *Int J High Dilution Res*[online]. 2013 [cited 2024-03-01]; 12(45):168-177. Available from: <http://www.feg.unesp.br/~ojs/index.php/ijhdr/article/view/638/683>

[Before Treatment]





[After Treatment]

