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Case Study

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INDIVIDUALIZED HOMOEOPATHIC APPROACH IN THE TREATMENT OF VITILIGO: A CLINICAL CASE REPORT

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ABSTRACT

Vitiligo is an acquired, chronic condition that causes depigmentation of the skin or destruction/loss of melanin. Skin cells (melanocytes) are responsible for producing melanin, which gives pigmentation to the skin. In this condition skin loses its pigment, leading to the development of white patches on various parts of the body. [1] Although there is no specific ethnic group, gender, or skin type that is more prone to vitiligo than others, it can affect anyone and can lead to emotional and psychological conditions for many, as it can affect a person's appearance and self-esteem. Standard treatments for vitiligo include phototherapy, skin camouflage creams, sunscreen with SPF 30 or higher, and steroid creams. Each of these treatments can cause side effects. A personalized homeopathic approach has shown good results

in treating vitiligo. [2] It offers the best traditional and non-conventional therapy. Several case reports and case series have been documented which showed the effectiveness of homoeopathic medicines in the successful treatment of vitiligo. This case report also demonstrated the positive role of individualized homoeopathic medicine in the successful treatment of vitiligo. A 8 year lean thin boy came to the OPD presented with white patches on left eye lid. After complete case taking, constitutional homoeopathic medicine silicea 200/2 Doses in aqua dist. was prescribed. Individualized homoeopathic medicine silicea showed a positive role in the treatment of vitiligo.

KEYWORDS: Homoeopathy, Individualized medicine, silicea, Vitiligo.

INTRODUCTION

Vitiligo is an acquired pigmentary skin disorder caused by the absence of pigment-producing cells in the epidermis, leading to white spots and patches on the body. This condition often occurs alongside some autoimmune disorders, with thyroid issues being the most common. The exact cause of vitiligo is not known, but various theories explain how it develops. Clinically, vitiligo appears as symmetrical white spots on the body, which are more noticeable in people with darker skin. The affected areas have well-defined, pearly white or depigmented spots and patches that can be oval, round, or linear in shape. The edges tend to be convex, and their size can range from a few millimeters to several centimeters, often expanding outward. There are different types of vitiligo, including trichrome, marginal inflammatory, and quadrichrome vitiligo. The Koebner phenomenon, where vitiligo develops at sites of trauma like cuts, burns, or abrasions, is also common. Initial spots usually appear on the hands, forearms, feet, and face, often around the eyes or mouth. [4]

Vitiligo can be classified into three types based on its distribution: generalized, segmental, and localized. The severity of the condition is measured by the affected body surface area. The progression of vitiligo can be unpredictable and varies with treatment. Depigmentation often leads to psychological distress, social stigma, and lowered self-esteem.^[5]

Vitiligo affects 1–2% of the population worldwide, with no predilection for gender or race, and usually starts in childhood or young adulthood. Manifestations begin before 20 years of age in 50% of the cases, while in 25% the onset is before 14 years of age.^[1]

Vitiligo is an intriguing depigmention disorder affecting approximately 1% of the world population. It has significant effects on quality of life and remains a persistent burden for the patients. Vitiligo develops due to progressive disappearance of epidermal melanocytes.^[6]

Historically, the cause of vitiligo has been an extensive topic of debate. A wide range of theories have been put forward including immune-mediated mechanisms, increased oxidative stress, melanocyte growth factors, defective melanocyte adhesion and neurogenic mechanisms. Recent research has focused mainly on the autoimmune-mediated destruction of melanocytes and established this theory as the currently leading hypothesis.^[7]

The etiology of vitiligo is poorly understood. There appears to be a genetic predisposition in a non- Mendelian pattern, with a polygenic and multifactorial inheritance. Numerous factors have been implicated in the development of vitiligo, including: stress, trauma, exposure to sunlight, infections, malignancies, neural abnormalities, melatonin receptor dysfunction, impaired melanocyte migration, some drugs, endocrine diseases and cytotoxic compounds, etc.^[8]

While many see vitiligo as a cosmetic issue, it is often linked to other autoimmune disorders, such as alopecia areata and thyroid disorders. The constitutional treatment is the cornerstone of homeopathic practices, also known as classical homeopathy. This method aims for a lasting cure rather than just easing symptoms. Few case reports and research studies in the past show the effectiveness of homoeopathy in being able to halt the progression, reduce the hypopigmentation/ bring about hyperpigmentation in vitiligo. [9]

In the present report, a case of vitiligo was successfully treated with constitutional homeopathic remedy.

CASE REPORT

A 8 year old lean, thin, boy came to the OPD, presented with white patches on left eye lids for 4 years. Initially, the patch was just like a mustard seed which was increasing day by day instead of medication and local application. A detailed case history was taken and the prescription was done with repertorization together with consulting standard Materia medica.

In past history, Chickenpox at early childhood and Dengue fever a year back (treated allopathically). In family history, Mother was suffering from Type II Diabetes mellitus and Hypertension. Father had History of Pulmonary Tuberculosis.

Mental generals

- Patient was irritable, nervous and anxious about his disease.
- ➤ His memory & intellect was good.
- ➤ He was obstinate, sensitive to noise, nervous and shy.

Physical generals

- ➤ The appetite was good.
- > Desire for cold food and ice cream.
- ➤ Thirst- 2-3 litres of water per day.

- Tongue was dry.
- > Sweat was excessive and offensive.
- > Sleep sound with no particular dream.
- ➤ His bowel movement was irregular, and the character of the stool was hard and offensive.
- ➤ He was susceptible to cold and thermal reaction was chilly.

Methodology/ treatment given

Repertorisation was done using Synthesis Repertory giving priority to mental generals then physical generals then particular symptoms.

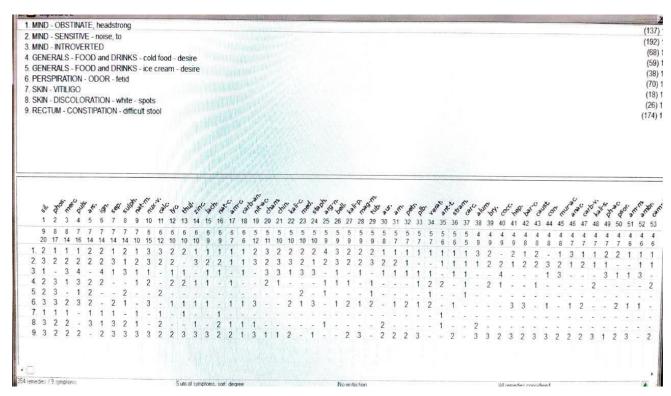


Fig. 1: Repertorisation of the Case.

After repertorial analysis, Silicea was found to cover all the rubrics.

After consulting homoeopathic Materia medica, Silicea was prescribed in centesimal scale. Two doses of Silicea 200 were prescribed in aqua dist. on the day of consultation (8/03/2024). The patient was advised to take the medicine in the early morning on an empty stomach for two consecutive days followed by placebo (globules) for 4 weeks. He was asked for a regular follow up at an interval of 4 weeks.

Table 1: Follow up sheet.

Date	Complaints	Intervention
05/04/2024	 No new patches; existing patch slightly lighter at periphery Irritability less; more confident Appetite good; stool less offensive, more regular; sleep sound 	Sac lac 30 BD/ 1 month
03/05/2024	Margins show faint repigmentation; no spread	Sac lac 30 BD/ 1 month
14/06/2024	 Clear repigmentation at center & edges Cheerful, irritability subsided Energy better; sleep sound 	Sac lac 30/ BD for 1 month
25/07/2024	 Patch almost invisible; near complete repigmentation Cheerful, no irritability/anxiety Appetite & sleep normal 	Sac lac 30/ BD/ for a month

Clinical images



Fig. 2: Fig. 3:



Fig. 4: Fig. 5:

RESULT AND DISCUSSION

Here, a case report of the most common acquired depigmentation disorder of skin. Vitiligo was successfully treated with homoeopathic constitutional medicine. The basis of selection of medicine was on a strict principle of individualization, single medicine, and minimum dose.

A marked improvement in the colour of the patches was seen. A marked reduction in symptoms was also observed which proved the positive effect of constitutional prescribing in homoeopathy.

No complication or recurrence was seen for another 3 months follow up.

Homoeopathy believes that the ailments appearing on the external parts do not arise from any external cause on the contrary their source lies in internal malady. To consider them as mere local affection and to treat them only with the topical applications is quite false.

As per §189 ".....no external malady can arise, persist or grow without some internal cause, without the cooperation of the whole organism, which must consequently be in a diseased state. It could not make its appearance at all without the consent of the whole of the rest of the health. In such a case the whole organism requires dynamic aid to put it in a position to accomplish the work of healing which have to treat with internal (dynamic) aid. It also considers that it is the manifestation of the whole organism that is observed in a part of the body, not the part is affected. Thus drawing the concept of holistic nature of homoeopathy. [10]

CONCLUSION

The present case report of vitiligo on the left eye lid of a boy in which the conventional therapy has failed evidently suggest the successful treatment with traditional and nonconventional system of health care and healing, Homoeopathy. A successful cure of the case proved the importance of holistic approach in the treatment considering the individuality of the patient and not just disease symptoms for remedy selection and outcome assessment. However, it would not be appropriate to generalize on the basis of this case report.

DECLARATION OF PATIENT CONSENT

The authors declare that they have obtained consent from patient for publication of clinical information blinding the identity of individuals.

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