

**EFFECTIVENESS OF NOSODE PRESCRIPTION IN CASE OF
VITILIGO****¹Dr. S. N. Sharma, ^{2*}Dr. Aayushi Gupta and ²Dr. Sakshi Mewara**

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ABSTRACT

Vitiligo is acquired autoimmune condition and a prevalent hypopigmentation condition that has serious psychosocial consequences. Vitiligo has been categorized into segmental and non-segmental types based on the distribution of skin depigmentation. A case reported was a male of 13 years with the complaint of white patch on left eyelid since 2 years. The homoeopathic medicine *Syphilinum* 1M was prescribed on the basis of totality of symptoms and miasm.

KEYWORDS: Vitiligo, Homoeopathy, Anti- miasmatic prescription, eyelid, periocular, *Syphilinum*.

Vitiligo, a circumscribed hypomelanosis^[1,2] skin disorder in which there is focal failure of pigmentation due to destruction of melanocytes that is thought to be mediated by immunological mechanisms.^[1]

The understanding of the etiology of vitiligo has advanced significantly in recent years. It is now categorically recognized as an autoimmune disorder associated with metabolism and oxidative stress,

including cellular detaching diseases, as well as hereditary and environmental factors.^[3]

This common depigmenting condition affects 0.5%-2% of the global population.^[4]

The understanding of the etiology of vitiligo has advanced significantly in recent years. It is now categorically recognized as an autoimmune disorder associated with metabolism and oxidative stress, including cellular detaching diseases, as well as hereditary and environmental factors.^[5,6]

Clinical features: The principal clinical manifestation of vitiligo is the appearance of acquired well-defined milk-white macules with fairly homogeneous or symmetrical, especially when they are over the limbs and face.^[7]

Odd patterns sometimes occur, as when depigmented patches develop over the location of endocrine glands. It is more noticeable in summer when the surrounding skin is sunburnt. It is a serious cosmetic problem for darkly pigmented people. The condition often starts in childhood and either spreads, ultimately causing total depigmentation, or persists, with irregular remissions and relapses.^[1]

Types: The two main types of the condition recognized by a global consensus in 2011 were non-segmental vitiligo (NSV) and segmental vitiligo (SV). The term "vitiligo" was chosen to refer to all NSV types (including acrofacial, mucosal, generalized, universal, mixed, and rare variants). One of the most important critical decisions made by this consensus was to distinguish SV from other types of vitiligo, especially given the implications for prognosis.^[6]

Diagnosis: ICD 11- 9A06.1 Vitiligo of eyelid or periocular area.^[8]

The diagnosis of vitiligo is based on^[9]:

- Age of onset (usually not present at birth)
- Depigmented macules (milky white) with scalloped borders
- Leucotrichia (depigmented hair)
- Koebner's phenomenon (new lesions of the original disease develop at sites of trauma, scratches, surgical incisions and injury)
- Predilection for sites of trauma

Differential diagnosis^[9]

a. Albinism. b. Piebaldism. c. Nevus achromicus. d. Tuberous sclerosis. e. Pityriasis alba

PATIENT INFORMATION

A 13 year old male child presented in OPD with the complaint of white patch on left eyelid since 2 years.

History of presenting complaints

This patient was apparently healthy until 2 year ago when he developed the complaint of vitiligo having white patch on left eyelid taken allopathic medication but it gives palliative relief in complaint and after sometime patch came back with size increased also.

Family history

Father- asthma.

Personal history

Developmental milestones were on time.

Mental Generals

His memory is weak (Forgets things). Likes doing drawing and painting.

Physical Generals

His thermal reaction is towards chilly. Built is emaciated. Craving for sweets. Thirst: Decreased. Perspiration: scanty perspiration. Dreams of ghost.

General physical examination

Oral- Teeth/ Tongue/ Gums- Teeth are blackish and destructed.

Weight- 30 kg

Regional Examination

White patch over left eyelid.

Analysis of symptoms

Mental general	Physical generals	Particular
<ul style="list-style-type: none">Weak memoryLikes drawing and painting	<ul style="list-style-type: none">Thermal chillyEmaciatedCraving for sweetsThirst DecreasedScanty perspirationDreams of ghost	White patch on left eyelid

Prescription

Sulphur 10M/1D/Early morning empty stomach, *Nihilium* 30/TDS for 15 days on 26 Oct 2022.

Follow-ups

Date	Change in symptoms	Prescription
23/11/2022	Status Quo	<i>Phytum</i> 200/1D/STAT <i>Nihilium</i> 30/TDS for 15days
07/12/2022	Status Quo	<i>Rubrum</i> 200/1D/STAT <i>Phytum</i> 30/TDS for 30days
04/01/2023	Status Quo	<i>Sulphur</i> 10M/1D/EMES <i>Rubrum</i> 200/TDS for 30days
01/02/2023	Re- case taking done	<i>Syphilinum</i> 1M/1D/HS <i>Phytum</i> 30/TDS for 30days
8/03/2023	Weight: 30 kg, health weak, patch Status Quo	<i>Sac lac</i> 200 /1D <i>Nihilium</i> 30/TDS for 7days
22/03/2023	Slight improvement in the margins of patch Having mild cold and coryza	<i>Syphilinum</i> 1M/1D <i>Nihilium</i> 30/TDS for 30 days <i>Ferrum Phos</i> 6x/4tabs (SOS)
5/04/2023	Slight improvement in margins	<i>Phytum</i> 30/OD/HS <i>Nihilium</i> 30/TDS for 30 days
26/04/2023	Status Quo, no change in patch	<i>Rubrum</i> for 15 days
10/05/2023	Skin colour pigmentation is appearing in spots over left eyelid	<i>Rubrum</i> 200/TDS for 30 days
7/06/2023	Improving, skin colour pigmentation is coming over the patch	<i>Sac lac</i> 30/TDS for 15 days
21/06/2023	Better in complaint	<i>Phytum</i> 30/TDS for 30 days
05/07/2023	Better in skin patch, normal Skin appearing in between	<i>Phytum</i> for 15 days
19/07/2023	Better	<i>Sac lac</i> 30/TDS for 30 days
16/08/2023	Weight increased, health got better, 38 kg and patch is better	<i>Sac lac</i> 30 /TDS for 28days
13/09/2023	Normal skin is appearing in between patch	<i>Rubrum</i> 30/TDS for 28days
11/10/2023	As per patient's father his patch is standstill from previous 3 prescriptions	<i>Syphilinum</i> 1M/1D/HS <i>Phytum</i> 30/TDS for 15days
25/10/2023	White patch diasappeared	<i>Phytum</i> for 15 days
08/11/2023	White patch diasappeared	<i>Phytum</i> for 42 days
20/12/2023	White patch diasappeared	<i>Phytum</i> for 28 days
17/01/2024	White patch diasappeared	<i>Phytum</i> for 28 days
14/02/2024	White patch diasappeared	<i>Phytum</i> for 15 days

DISCUSSION

Hahnemann's principle three miasms are in particular Psora, Sycosis, and Syphilis. Psora is the first and oldest known miasmatic chronic disease. Psora, like other chronic disorders, can endure a lifetime unless completely treated. A psoric constitution is so deep and complex that even the most powerful individual cannot destroy or eliminate it with their own might. Psora is regarded as the most hydra-headed of all miasmatic diseases.^[10] This is the reason we started this case with the king of anti psoric that is *Sulphur*. We gave *Sulphur* 10M twice and waited for almost 3 months but failed to get desired response. Then re case taking was done and we gave *Syphilinum* because it a great syphilitic miasmatic remedy which is characterized by degeneration also known as "miasm of destruction" (destruction of melanocytes). *Syphilinum* gave the best results in this case.

Before treatment



After Treatment**REFERENCES**

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