



Individualized Homoeopathic approach in a case of Vitiligo with Hypothyroidism - A Case Report

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Abstract:

Vitiligo is also known as leukoderma. It is an autoimmune skin condition with familial predisposition, characterized clinically by milky white patches or macules with scalloped margin that causes an immense psychological upset of the affected individual. In the conventional system of medicine, though treatment is not satisfactory, reasonable improvement can be expected in several patients. Here, Homoeopathy 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 together with hypothyroidism. A 15 years lean, thin, girl came to the OPD, presented with white patches on left pre-auricular region and right temple and right infra-auricular region for 4 years with profuse menses for 6-8 months. After a thorough history taking, constitutional homoeopathic medicine *Sepia* 200/2 Doses in aqua dist. was prescribed. Individualized homoeopathic medicine *Sepia* showed a positive role in the treatment of disease vitiligo with hypothyroidism. The outcome was assessed by vitiligo symptom scale (VSS) (developed by CCRH) along with photographs and thyroid profile of the patient at fixed intervals.

Keywords: Homoeopathy, Hypothyroidism, Individualized medicine, *Sepia*, Vitiligo, Vitiligo symptom scale.

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Introduction:

The term vitiligo refers to an acquired, idiopathic and common chronic depigmentation disorder of the skin where melanocytes fail to produce melanin pigment which appear as asymptomatic depigmented macules anywhere in the body including the mucous membrane of lips and genitalia.^[1] It may be autoimmune where there is auto-antibody to melanocytes which results in the destruction of melanocytes but the exact pathogenesis is still to be elucidated.^[2]

The word vitiligo is derived from the Greek word ‘vitellius’, meaning ‘calf’. The white spots of vitiligo resemble white patches on a calf.^[3] Vitiligo may appear at any age but most studies report a peak incidence between 18 and 21 years (mean 24 years)^[4] and affect both sexes.^[5-6] But half of the cases occur before the age of 20, with the disfigurement resulting in psychiatric morbidity in 16%-35% of those affected.^[6,7] However, in children, vitiligo shows a female preponderance, a higher proportion of segmental presentation than acrofacial and mucosal vitiligo.^[7]

Study showed that Vitiligo has major impact on the quality of life of patients. Many patients feel a social stigma, low self-esteem, poor body image, depression, sleep disturbance, and suicidal thoughts.^[2,3,8] The proportion of patients with positive family history varies from one part of the world to another. In India, in particular, it ranges from 6.25% to 18%. Some studies reveal it as high as 40%.^[7,9] Accordingly, the worldwide prevalence of vitiligo ranges between 0.5 and 2%.^[10] And in India, it is

invariably reported between 0.25% and 4%.^[7]

Though it is usually known that vitiligo is only a cosmetic problem, yet it is frequently associated with other autoimmune disorders (alopecia aerata and thyroid disorder) or an endocrine disorder.^[7,8,11] The constitutional treatment is the gold standard of homeopathic prescribing, also called classical homeopathy. Constitutional prescribing aims at the permanent cure of the patient, not just suppression or relief of the troublesome 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.^[2,3,12-17] In the present report, a case of vitiligo with hypothyroidism was successfully treated with constitutional homeopathic remedy. Case studies in Ayurveda and Siddha also showed their effectiveness in the treatment of disease vitiligo.^[18-20]

Case Report:

A 15 years lean, thin, girl came to the OPD, presented with white patches on left pre-auricular region and right temple and right infra- auricular region for 4 years with profuse menses for 6-8 months. The patch was started first on the left pre-auricular region then on the right temple region and then on right infra- auricular region. 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 repertorisation

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 (H/o) Pulmonary Tuberculosis. In general, patient was irritable, nervous and anxious about her disease. Her memory & intellect was good. She was lazy and does not want the company. The appetite was good with desire for fish, sour⁺⁺, and salty things. She drank about 2-3 liters of water per day and tongue was dry. Sweat was moderate with no staining on clothes. Sleep was sound with no particular dream. Her bowel movement was irregular, and the character of the stool was hard and offensive. She was susceptible to cold and her thermal reaction was chilly.

Menstrual history- The age of menarche was 12 years. Her menses was regular, and character of menses was profuse, reddish with small clots and offensive. (++ indicate more preferred)

On examination:

Assessment of severity of vitiligo was done by vitiligo symptom scale ^[2,3] (Table-1) comprising of 7 domains (Type, Site of the lesion, No. of patches, Hair in patch, Margin of patch, Colour of patch & Re-

pigmentation). Each domain was scored on a 4-point scale that is from 0 to 3. This scale further assigned the value of 2-6 to mild, 7-12 to moderate and 13-19 to severe. On the day of consultation (15/11/2018 Image-1 & 2), the score was 13 which fall into the severe group. The score was assessed at every visit of the patient. Patient was asked to do thyroid profile test which were assessed at fixed intervals. (Table-4)

Methodology/ Treatment Given:

Repertorisation (Table-2) was done using HOMPATH classic version 8.0 (Kent Repertory) giving priority to mental general then physical general then particular symptoms.

After repertorial analysis, *Sepia* was found to cover all the rubrics (9) and scored the highest marks 22. Both *Calcarea carbonica* and *Sulphur* also covered all the rubrics and scored 21 marks. After consulting homoeopathic *materia medica* *Sepia* was prescribed in centesimal scale.

Two doses of *Sepia* 200 were prescribed in aqua dist. on the day of consultation (15/11/2018). The patient was advised to take the medicine in the early morning on an empty stomach for two consecutive days followed by a placebo (globules) for 4 weeks. She was asked for a regular follow-up (Table-3) at an interval of 4 weeks.



Table-1: Assessment by Vitiligo Symptom Scale (VSS):

Type	0 Improving	1 Stationary	2 Resistant	3 Progressive
Site of the lesion		1 Follicular	2 Mucosal	3 Acral
No. of patches	0 Absent	1 Single patch	2 Segmentary	3 Generalized/Universal
Hair in patch	0 Black		2 White	
Margin of patch		1 Normal	2 Inflamed	
Colour of patch	0 Normal (Body colour)	1 Pigment spots on patch	2 Pink/red	3 Milky white
Re-pigmentation	0 Fully pigmented	1 Perifollicular pigmentation	2 Hyperpigmentation of margins	3 No pigmentation
Grading score	2-6 Mild	7-12 Moderate		13-19 Severe

At the time of entry, the grading score of the patient was 13 (sum of 7 circle number) that is severe.

Table-2: Repertorisation chart:

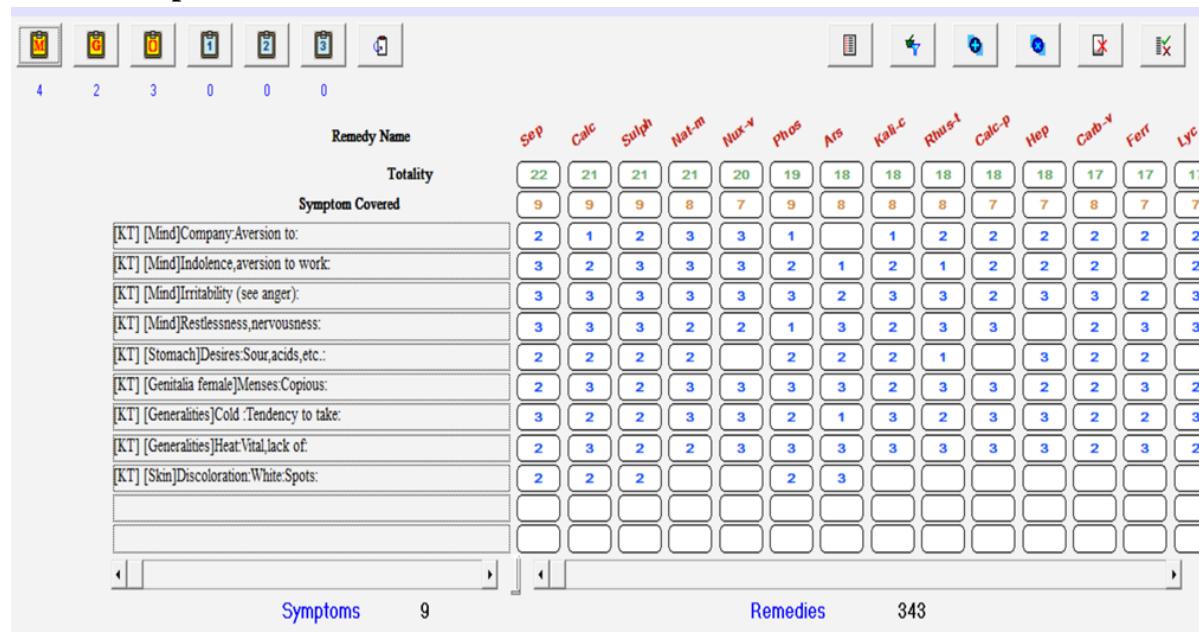


Table-3: Follow up:

Date	Complains	VSS	Thyroid profile	Intervention
13/12/2018	Milky white patch on left pre-auricular region, right temple and right infra-auricular region Profuse menses	13		Placebo
14/02/2019	No re-pigmentation Profuse Menses slightly diminished	13	19/12/2018 (Fig-1) T3- 1.41 ng/ml T4- 7.20 µg/dl TSH- 17.43 µIU/ml	Placebo
11/04/2019 (Image-2)	Re-pigmentation was started Profuse menses further diminished	6		Placebo
13/06/2019	Re-pigmentation was continued Menses further diminished	6	01/05/2019 (Fig-2) T3- 1.77 ng/ml T4- 5.57 µg/dl TSH- 10.71 µIU/ml	Placebo
22/08/2019	Re-pigmentation was continued Menses returned to a normal state (fig)	6	21/08/2019 (Fig-3) T3- 1.70 ng/ml T4- 5.50 µg/dl TSH- 4.57 µIU/ml	Placebo
24/10/2019 (Image-3)	Re-pigmentation covered the whole affected area Menses normal	2		Placebo
03/01/2020 (Image-4)	The normal texture of the affected area was retained Menses normal	2	28/12/2019 (Fig-4) T3- 1.55 ng/ml T4- 5.20 µg/dl TSH- 3.43 µIU/ml	Placebo

The patient was followed every 4 weeks but the changes noted in the visits were given here.

Table-4: Status of Thyroid profile:

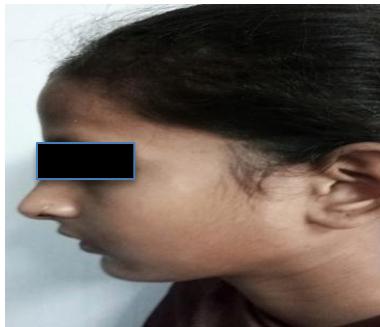
Thyroid profile/ date	19/12/2018	01/05/2019	21/08/2019	28/12/2019
T3 (ng/ml)	1.41	1.77	1.70	1.55
T4 (μg/dl)	7.20	5.57	5.50	5.20
TSH (μIU/ml)	17.43	10.71	4.57	3.43


Figure-1: Thyroid Profile on 19/12/2018

Figure-2: Thyroid Profile on 01/05/2019

Figure-3: Thyroid Profile on 21/08/2019

Figure-4: Thyroid Profile on 28/12/2019

Clinical images:**Image-1: Before treatment lesion at left site on
15/11/2018****Image-2: Before treatment lesion at right site on 15/11/2018****Image-3: (11/04/2019)****Image-4: (11/04/2019)****Image-5: (24/10/2019)****Image-6: (24/10/2019)****Image-7: (03/01/2020)****Image-8: (03/01/2020)**

Result and Discussion:

Here, a case report of the most common acquired depigmentation disorder of skin vitiligo, although it is thought to be autoimmune with most common endocrine disorder hypothyroidism was demonstrated which was successfully treated with homoeopathic medicine. The basis of selection of medicine was on a strict principle of individualization, single medicine, and minimum dose. A marked improvement in the color of the patches (Image 3-8) with gradual correction in the value of serum T3, T4 and TSH level was noted in the subsequent visits (Table 3). Complete pigmentation (Image 7&8) over the white patches and normal thyroid profile (Table 4) was achieved after the complete course of treatment. A marked reduction in vitiligo symptom scale (Table 3) 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 co-operation 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.^[21] 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.

As per literature, an endocrine disorder like hypothyroidism is associated with vitiligo which is corroborated in the study. ^[7,8,11]

Demographic characteristics like age (before 20 years),^[4] sex (female preponderance)^[5,6] support the finding of the study.

Limitation of the study: As this is a case report similar study may be carried out on a large sample size.

Conclusion:

The present case report of vitiligo with hypothyroidism in a girl of 15 years in which the conventional therapy has failed evidently suggest the successful treatment with traditional and non-conventional system of health care and healing, Homoeopathy. The outcome was assessed by vitiligo symptom scale along with photographs and thyroid profile of the patient at fixed intervals. 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. Furthermore, Randomized control trial is suggested to ascertain the result obtained in the present case report.

Declaration of patient consent:

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

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