

Role of Individualized Homoeopathic Intervention in Management of Vitiligo: An Evidence Based Case Series

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ABSTRACT:

Vitiligo is a common, autoimmune depigmentation disorder of skin due to either destruction of melanocytes or problem in melanin production. It is very difficult to treat and mostly associated with psychological distress. Management of five cases of vitiligo are described in this literature. A case series comprising of five cases of vitiligo were presented here which were treated with individualized homeopathic medicines for 8-10 months. Assessment of cases were done using Vitiligo impact scale – 22 (VIS-22). Individual curative response of a homeopathic medicine was assessed in each case using Modified Naranjo Criteria for Homoeopathy-Causal Attribution Inventory, which further elucidated the role of individualised treatment in *homoeopathy*. Individualized *homoeopathic* medicines showed a positive role in treatment of five cases of vitiligo. Gradual and progressive re-pigmentation was visible in all the cases. Major improvements were observed and there is recurrence of symptoms within seven to eight months of follow-up.

KEYWORDS: Autoimmune disease, Individualized *homoeopathic* medicine, Homeopathy, Vitiligo, Vitiligo impact scale.

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INTRODUCTION:

Vitiligo is a chronic, acquired, autoimmune disorder of skin pigmentation characterized by depigmented patches of skin resulting from loss of melanocytes^[1]. Usually, affected areas of skin become white or pale in colour with sharp margins. Patches might manifest in a localized area or extensive area which is mostly bilaterally distributed^[1]. About 1% - 2% of people, worldwide suffer with vitiligo and the highest incidence was recorded in Indian subcontinent followed by Mexico and Japan^[2]. In India, the prevalence of vitiligo among dermatological outpatients' ranges from 0.25 to 4%, with Gujarat and Rajasthan reporting the highest rates at 8.8%^[3]. It affects individuals of both sexes equally with age of peak incidence is 18-24 years and almost across all the races^[4]. However, in children, vitiligo is more common in girls, more segmentally presented than in acrofacial and mucosal vitiligo, and less frequently associated with other autoimmune or endocrine disorders^[5]. In general, the percentage of patients with a positive family history varies from 6% to 18%^[6]. With multiple theories linking autoimmune, cytotoxic, biochemical, oxidant-antioxidant, viral, and neurological mechanisms to the destruction of melanocyte function in genetically predisposed individuals, the precise aetiology of vitiligo remains poorly understood. Modern researches point to a complicated interaction between autoimmunity, oxidative stress, and genetics as the cause of vitiligo^[7]. In individuals with vitiligo, destruction of melanocytes is mediated by CD8 lymphocytes and the interferon- γ CXCL10 cytokine signalling pathway, as shown in a current study^[8]. Clinically, Vitiligo is presented as asymptomatic macules of varied configuration, e.g., irregular, oval, circular, linear or punctate and discrete or confluent. Inadequate diet, psychological stress, trauma,

medications, infections, sepsis, and exposure to chemicals, toxins, and the sun heat are considered as trigger factors^[9]. It may show association with other autoimmune disorders such as Hashimoto thyroiditis, Celiac disease, Scleroderma, Rheumatoid arthritis, Psoriasis, Addison's disease, Pernicious anaemia, SLE, Diabetes type - I, Alopecia areata etc^[1, 10].

CASE PRESENTATION:

CASE 1

A female patient, aged 16 years, reported on 18th March 2021 at our clinic, complaining of diffuse whitish patchy discoloration on nape of neck (**Figure 1**), throat and right forearm (**Figure 2**) along with face (**Figure 3**). History reveals that the complaint started with a little area of discoloration on the face near the angle of mouth. The case was treated allopathically by a dermatologist. After one year of treatment, they gave a therapy with injection, after two such therapies, the patch burst out to the nape of neck, throat and both upper arms along with face.

General symptoms (Physical and Mental): Her appetite was moderate, with thirst for one to one and half litre per day only. She had desire for meat, egg, milk, bitter food and warm food and intolerance to bread. Her tongue was moist with slightly white coating. Her urine was clear with a habit of irregular evacuation on alternate days. Sweat was moderate, non-offensive, more on face and scalp. The patient prefers cold weather and could not tolerate hot weather. The patient was Jealous, had weeping disposition with irritable on any contradiction, wants to stay alone.

Repertorization with remedial analysis : HOMPETH Zomeo pro version was consulted as the case presented with characteristic mental and physical general symptoms. *Natrium muriaticum* (25/9), *Nuxvomica* (23/8), *Staphysagria* (21/7), *Sulphur*

(21/7), *Bryonia* (20/6) were the medicines in the top gradation. *Natrium muriaticum* covered most of the symptoms with highest gradation (**Figure 20**).

Therapeutic intervention: Though, *Natrum muriaticum* achieves highest gradation and most number of symptoms covered, We selected *Apis mellifica* which is an acute medicine of *Natrum muriaticum* after thorough materia medica consultation considering jealousy, thirstlessness, weeping disposition and aggravation from contradiction. One dose of *Apis mellifica* 200 was prescribed. It was followed by *Apis mellifica* 1M, one dose and *Apis mellifica* 10M, one dose prescribed. After nine mnths of treatment marked improvements seen allover (**Figure 4, Figure 5, Figure 6**). A detailed timeline of the treatment has been discussed in (**Table 1**).

CASE 2

A 10 years old boy, reported on 6th June, 2023 at outpatient department, complaining of diffuse whitish discoloration on face (**Figure 7**) and localized large white patch in the anterior part of leg (**Figure 8**) since last 14 months. Past history reveals the complaint starts with slight discoloration on the leg after an injury while playing. After few days the injury was healed but a white discoloration was remained. It then became larger and the spot was spreading. Then his family appointed a dermatologist and started the course of the treatment. Initially no improvements were seen but after few months the spot started to progress again. He changed three physicians in the last nine months but no sign of improvement was seen. Family history of the patients reveals his father suffers from liver disease and hyperlipidaemia; his elder brother also suffers from hypopigmentation.

General symptoms (Physical and Mental): He always feels hungry with thirst

for moderate quantity of water. He had desire for Sour, sweet and cold food, Milk causes loose mucoid stool and sour produces gastric problems. Tongue showed whitish coating with aversion to meat. His urine was clear with a habit of regular evacuation. Sweat was moderate, mostly during excessive heat. The patient talks involuntarily while sleeping. He was Absent minded, Lack of concentration in study and gets angry easily if opposed to him. Anxiety about spread of disease Wants to stay alone even aversion to family members.

Repertorization with remedial analysis: Homopath Zomeo pro version was consulted as the case presented with characteristic mental and physical general symptoms. *Sulphur* (38/11), *Sepia* (36/11), *Arsenicum album* (33/11), *Silicea* (32/11), *Chamomilla* (32/9) were the medicines in the top gradation. *Sulphur*, *Sepia*, *Arsenicum album* and *Silicea* covered most of the symptoms and sulphur achieves highest gradation in numerical totality (**Figure 21**).

Therapeutic intervention: After consultation with *homoeopathic* materia medica, *Sepia* was found to be indicated in this case. Four medicated globule (globule no – 10) of *Sepia* 200 CH potency was dispensed in 20 ml of distilled water added with 10 drops of rectified spirit, two doses were given to take once daily in early morning and empty stomach. 10 ml liquid placebo was also administered to take 5 drops, once a day for consecutive 30 days. After around five months of treatment few little spots were visible in legs and improvement of face observed (**Figure 9, Figure 10**). A detailed timeline of the treatment has been discussed in (**Table 2**).

CASE 3

A 11 years old boy reported with whitish discoloration on upper eyelids of right eye for last 3 years (**Figure 10**). History revealed at the beginning there was a small eruption with

itching appeared on upper eyelids of right eye and his parents consulted a dermatologist. After medication the itching eruption was reduced and leaving a small whitish spot then gradually the whitish discoloration gradually spread. Family history of patient stated that his father was suffering from hypertension.

General symptoms (Physical and Mental): His appetite was moderate with thirst for adequate quantity of water. He had craving for fish, cold food, seasoned food and intolerance to milk. His tongue was slightly blackish coated. He had a regular habit of evacuation with clear urine. Sound sleep with anxious dreams. He preferred hot weather and can't tolerate winter weather. He was very much forgetful with fears of ghost, thunderstorms and fear of being alone.

Repertorization with remedial analysis: After analysing the case, characteristic mental and physical symptoms taken from the totality of symptoms and we went for Repertorisation Zomeo 3.0 (**Figure 22**).

Remedy selection and administration: Considering the miasm and the totality of the symptom *Phosphorus* 200, 2 Doses were prescribed on 14th October 2022. On the second visit Very, little improvement was seen without much distinct changes, placebo was given. On third visit no further improvement observed but symptoms still indicate *Phosphorus*. 2 doses of *Phosphorus* were repeated on 7th January 2023. On fourth visit still no further improvement observed but, physical and mental symptoms still indicate *Phosphorus*, on 6th march 2023 he was prescribed *Phosphorus* 1M, 1 dose followed by placebo for two months. On fifth visit Improved a lot, only little spots were visible on upper eye lid of right eye (**Figure 11**). A detailed timeline of the treatment has been discussed in (**Table 3**).

CASE 4

A male patient aged 19 years reported on 9th June 2023, complaining of diffuse depigmentation on face and extensor surface of both the forearms for last two years (**Figure 12, Figure 13, Figure 14**). Medical history stated that the complaint started with slight discoloration on back of the right forearm for two years. Initially he neglected it but the discoloration was increasing in size followed by affection of the left forearm then he consulted local quacks and applied some external ointments but without any effective improvement. Facial discoloration started to evolve thereafter he became anxious. He, then consulted to the dermatologist and took medication for one year but no improvement was seen. His family history revealed that his father suffered from chronic bronchitis and respiratory distress earlier.

General symptoms (Physical and Mental): He had a good hunger and his thirst was moderate with moist and clean tongue. He had a desire for sweets, cold drinks and aversion to boiled food, meat and intolerance to cold food and drinks. He had tendency to catch cold easily. The patient was constipated with the irregular habit of evacuation and his urine was clear but there was a frequent desire to pass urine. Profuse perspiration all over the body which was offensive. He was extremely nervous and anxious about the disease and he usually gets irritable after consolation.

Repertorization with remedial analysis HOMPATh Zomeo pro version was consulted as the case presented with characteristic mental and physical general symptoms. *Sepia* (35/11), *Silicea* (35/11), *Sulphur* (32/9), *Lycopodium* (31/10), *Phosphorus* (31/10) were the medicines in the top gradation. *Sepia*, *Silicea* and *Acid nitricum* covered most of the symptoms and *Sepia* and *Silicea* attained highest gradation in numerical totality (**Figure 23**).

Remedy selection and administration:

After consultation with *homoeopathic* materia medica, *Silicea* was found to be indicated in this case. One medicated globule (globule no – 10) of *Silicea* 0/1 potency was dispensed in 100 ml of distilled water added with 10 drops of rectified spirit, fourteen doses were administered. Ten downward succussions were suggested followed by one dose is to be mixed with 30 ml of purified water and take once daily in early morning and empty stomach.

CASE 5

A male patient aged 74 years reported at outpatient department on 15th July 2022, complaining whitish discoloration on right cheek and below the jaw of right side without any itching or burning nor any other complaints for last 5 years (**Figure 18**). It was a known case of hypertension. According to his medical history, he applied a few local ointments without any noticeable improvement; instead, the discoloration around the cheek is getting bigger.

General symptoms (Physical and Mental): He had a great appetite and was particularly hungry in the morning Along with thirst for moderate quantity of water per day. He had a craving for sweets, fried food, meat and aversion to cold food. He had an irregular habit of evacuation and difficulties while passing stool. His perspiration was offensive. Even after a minor sleep interruption, he grew agitated. He was quickly agitated and furious.

Repertorization with remedial analysis: After analysing the case, characteristic mental and physical symptoms taken from the totality of symptoms and we went for Repertorisation by using Zomeo 3.0 (**Figure 24**).

Remedy selection and administration: After consultation with *homoeopathic* materia medica and considering the miasm and the

totality of the symptom *Sulphur* 200, 2 doses were prescribed on 15th July 2022. On the second visit, very little improvement was seen without much distinct changes. As the mental and physical symptoms were still indicative of *Sulphur*, he was followed up by placebo for one month. After 3 months *Sulphur* 200, 2 doses were repeated on 7th October 2022. On fifth visit whitish discoloration of right cheek and below the right jaw was improved (**Figure 19**). A detailed timeline of the treatment has been discussed in (**Table 5**).

Evaluation of Cases Using Vitiligo Impact Scale – 22 (VIS-22):

The 22 items in VIS-22 are divided into several domains viz., attitude (questions 1, 4, 17, 19), anxiety (2, 11), social interactions (3, 12, 13), self-confidence (5, 18), depression (6, 9, 10, 14), treatment (7, 15, 16), family (8), marriage (20), employment (21) and education (22). On a scale of 0 to 3, each question is worth 0 for not at all, 1 for a little, 2 for a lot, and 3 for very much. Higher total scores suggest a greater impact on life, and the score ranges from 0 to 66^[11]. In these case series, VIS-22 scores were reduced from 41 to 16 in 1st case, 43 to 18 in 2nd, 39 to 13 in 3rd case, 49 to 15 in 4th case and 40 to 13 in 5th case respectively.

Assessment of Case According to Modified Naranjo Criteria^[12]:

Q1. Was there an improvement in the main symptom or condition for which the *Homoeopathic* medicine was prescribed?

Q2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?

Q3. Was there an initial aggravation of symptoms?

Q4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?

Q5. Did overall well-being improve? (Suggest using a validated scale)

Q6. Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?

Q7. Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms: from organs of more importance to those of less importance, from deeper to more superficial aspects of the individual, from the top downwards?

Q8. Did ‘old symptoms’ (defined as non-seasonal and non-cyclical that were previously thought to have resolved)

reappear temporarily during the course of improvement?

Q9. with a high probability could have caused the improvement? (e.g., known course of disease, other forms of treatment and other clinically relevant intervention)

Q10. Was the health improvement confirmed by any object evidence? (Lab test, clinical observation, etc)

Q11. Did repeat dosing, if conducted, create similar clinical improvement?

Detailed score of all five cases mentioned in (Table 6)

Table 1: Therapeutic intervention and detailed treatment timeline of Case-1

Date of visit	Observation	Prescribed medicine with potency and doses
18/03/2021	Whitish patchy discoloration on nape of neck, throat and both forearms along with face	<i>Apis mel</i> 200/1 dose, followed by placebo for 28 days
15/04/2021	Discoloration more or less same. Subjectively better.	Placebo for one month
26/05/2021	Not much improved; Symptoms still indicate <i>Apis</i> ; higher potency given.	<i>Apis mel</i> 1M/1 dose, followed by placebo for 28 days
23/06/2021	Slight normal skin is appers on nape of neck.	Placebo
30/07/2021	No further improvements. Symptoms still indicates <i>Apis melifica</i> .	<i>Apis mel</i> 10M/1 dose, followed by placebo for 2 months.
30/09/2021	Patient was largely improved. Re-pigmentation noticed.	Placebo for 2 months.
14/11/2021	Marked re-pigmentation seen all over.	Placebo given and she is still under treatment.

Table 2: Therapeutic intervention and detailed treatment timeline of Case-2

Date of visit	Observation	Prescribed medicine with potency and doses
06/06/2023	Diffuse whitish discoloration on face and localized large white patch in the anterior part of leg.	<i>Sepia</i> 200/02 dose, followed by placebo for 30 days
02/07/2023	Very little improvement was seen without much distinct changes.	Placebo for one month

08/08/2023	No further improvements. Symptoms still indicate <i>Sepia officinalis</i> .	<i>Sepia officinalis</i> 1M/ 1 dose, followed by placebo for 2 months.
14/09/2023	Patient improved a lot especially in the leg portion, changes in hand are also visible, not so significant improvement in face.	Placebo for one month
26/10/2023	Only little spots were visible in legs, very little improvement of face.	Placebo for one month

Table 3: Therapeutic intervention and detailed treatment timeline of Case-3

Date of visit	Observation	Prescribed medicine with potency and doses
14/10/2022	whitish discoloration on upper eyelids of right eye	<i>Phosphorus</i> 200/02 dose, followed by placebo for 30 days
09/12/2022	Very little improvement was seen without much distinct changes.	Placebo for one month
07/01/2023	Same as previous follow-up, no further improvement. Symptoms still indicate <i>Phosphorus</i> .	<i>Phosphorus</i> 200/02 dose, followed by placebo for 30 days
06/03/2023	No further improvements. Symptoms still indicate <i>Phosphorus</i> .	<i>Phosphorus</i> 1M/ 1 dose, followed by placebo for 2 months.
17/05/2023	Improved a lot. only little spots were visible on upper eye lid of right eye	Placebo for one month

Table 4: Therapeutic intervention and detailed treatment timeline of Case-4

Date of visit	Observation	Prescribed medicine with potency and doses
09/06/2023	Whitish discoloration on back of both forearm and face.	<i>Silicea terra</i> LM 1, 14 Doses, OD for 14 days.
26/06/2023	Improvement not marked, still symptomatology suggests <i>Silicea terra</i> .	<i>Silicea terra</i> LM 2, 14 Doses, on alternating days for 28 days.
04/08/2023	Right elbow pigmentation is slightly improved but, no improvement in face and left forearm.	<i>Silicea terra</i> LM 3, 14 Doses, on alternating days for 28 days.
08/09/2023	Whitish discoloration of right elbow and face reduced but, comparatively less improvement on left elbow.	<i>Silicea terra</i> LM 4, 14 Doses, on alternating days for 28 days.
06/10/2023	Facial whitish discoloration markedly improved, left elbow pigmentation is less gross than earlier and right elbow was improved significantly.	<i>Silicea terra</i> LM 5, 14 Doses, on alternating days for 28 days.

Table 5: Therapeutic intervention and detailed treatment timeline of Case-5

Date of visit	Observation	Prescribed medicine with potency and doses
15/07/2022	Whitish discoloration on right cheek and below the jaw of right side	<i>Sulphur</i> 200, 02 dose, followed by placebo for 30 days
26/08/2022	Very little improvement was seen without much distinct changes.	Placebo for one month
07/10/2022	No further improvements. Symptoms still indicate <i>Sulphur</i> .	<i>Sulphur</i> 200, 2 doses, followed by placebo for 2 months.
13/01/2023	Whitish discoloration of right cheek and below the right jaw was improved.	Placebo for one month

Table 6: Evaluation of cases as per Modified Naranjo Criteria

Domain	Case 1			Case 2			Case 3			Case 4			Case 5		
	Yes	No	Not Sure												
Q1	2			2			1			1			2		
Q2	1			1			1			1			1		
Q3		0			0			0			0			0	
Q4	1			1			1			1			1		
Q5	1			1					0	1			1		
Q6			0		0		1			1				0	
Q7		0		1				0			0		1		
Q8	1			1				0		1				0	
Q9		1			1			1			0				0
Q10	2			2			2			2			2		
Q11		0			0		1			1					0
Total	9			10			8			9			8		

Clinical images:



Figure 1



Figure 2



Figure 3

Figure 1, Figure 2 and Figure 3 Showing whitish patchy discoloration on nape of neck and right forearm along with face (**Case 1**).



Figure 4



Figure 5



Figure 6

Figure 4, Figure 5 and Figure 6 After nine mnths of treatment marked improvements seen of nape of neck, right forearm and face (**Case 1**).



Figure 7



Figure 8

Figure 7 & Figure 8 Showing whitish discoloration on face and large white patch in the anterior part of leg before treatment (**Case 2**).



Figure 8



Figure 9

Figure 8 & Figure 9 Showing improvements of whitish discoloration after treatment (**Case 2**)



Figure 10: Showing whitish discoloration on right upper eyelid before treatment (**Case 3**).



Figure 11: Showing a small whitish discoloration on right upper eyelid after five months of treatment (**Case 3**).



Figure 12



Figure 13



Figure 14

Figure 12, Figure 13 & Figure 14 Showing diffuse de-pigmentation on face and extensor surface of both the forearms before treatment (**Case 4**)



Figure 15



Figure 16



Figure 17

Figure 15, Figure 16 & Figure 17 Showing improvements of whitish discoloration of face and both elbow after treatment (**Case 4**)



Figure 18: Showing whitish discoloration on right cheek and below the jaw of right side before treatment (Case 5).



Figure 19: Whitish discoloration of right cheek and below the right jaw was improved after treatment (Case 5).

Remedy	Nat-m	Nux-v	Staph	Sulph	Bry	Ars	Ign	Lach	Phos	Puls	Sep	Lyc	Ph-ac	Aur	Merc
Totality	25	23	21	21	20	19	19	19	19	18	17	17	16	15	15
Symptoms Covered	9	8	7	7	6	7	7	6	6	6	7	5	5	5	5
[Complete] [Mind]Company:Aversion to:	4	4	4	3	3	4	4	4	3	4	4	4	3	4	3
[Complete] [Mind]Irritability:Contradiction, from:	1	1	0	3	3	0	4	0	0	0	0	0	0	4	0
[Complete] [Mind]Jealousy:	1	4	3	1	0	1	3	4	3	4	2	3	3	0	0
[Complete] [Mind]Weeping, tearful mood:Looked at, when:	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Generalities]Food and drinks:Bitter:Desires:	3	1	0	0	0	0	1	0	0	1	1	0	0	0	0
[Complete] [Generalities]Food and drinks:Bread:Agg.:	4	3	3	4	4	1	2	3	3	4	4	3	3	0	3
[Complete] [Generalities]Food and drinks:Milk, milk products:Desires:	3	3	3	3	3	3	1	3	3	0	1	0	3	3	3
[Complete] [Generalities]Food and drinks:Meat:Desires:	3	3	3	3	3	3	0	1	3	1	1	3	0	1	3
[Complete] [Stomach]Thirstlessness:	3	4	4	4	4	4	4	4	4	4	4	4	4	3	3
[Kent] [Skin]Discoloration:White:	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0

Figure 20: Repertorial analysis of Case 1

Remedy	Sulph	Sep	Ars	Sil	Cham	Calc	Lyc	Puls	Ign	Phos	Nat-m	Nux-v	Bell	Verat	Alum
Totality	38	36	33	32	32	31	31	31	30	30	29	29	27	27	27
Symptoms Covered	11	11	11	11	9	10	10	9	10	10	10	9	10	10	9
[Complete] [Mind]Company:Aversion to:	3	4	4	3	4	3	4	4	4	3	4	4	4	3	4
[Complete] [Mind]Anger:Contradiction, from:	3	4	1	3	4	0	4	0	4	0	1	3	1	3	0
[Complete] [Mind]Anxiety:Health, about:	4	4	4	3	4	4	3	4	4	4	4	4	4	4	3
[Murphy] [Mind]Absentminded, (see Forgetful):	4	3	1	2	3	1	2	3	2	2	2	2	2	3	2
[Complete] [Generalities]Food and drinks:Milk, milk products:Agg.:	4	4	3	4	3	4	4	3	2	3	3	3	1	1	3
[Complete] [Generalities]Food and drinks:Meat:Aversion:	4	4	3	4	3	4	4	4	3	3	3	4	4	1	3
[Complete] [Generalities]Food and drinks:Sour, acid:Desires:	4	3	4	1	3	3	1	3	3	4	4	0	1	4	4
[Complete] [Generalities]Food and drinks:Cold:Drinks:Desires:	3	3	4	3	4	3	3	3	3	4	3	3	3	4	3
[Complete] [Mind]Talk, talking, talks:Sleep:During:	4	3	4	4	4	4	3	4	4	3	3	4	4	1	3
[Kent] [Skin]Discoloration:White:Spots:	2	2	3	3	0	2	0	0	0	2	0	0	0	0	2
[Kent] [Skin]Discoloration:Pale:	3	2	2	2	0	3	3	3	1	2	2	2	3	3	0

Figure 21: Repertorial analysis of Case 2

Remedy	Phos	Lyc	Ars	Chin	Kali-c	Sep	Nux-v	Puls	Sulph	Hep	Nat-m	Arg-n	Carb-v	Merc	Crot-c
Totality	21	11	10	9	9	8	8	8	8	7	7	7	7	6	6
Symptoms Covered	8	5	4	4	4	5	4	4	4	4	4	3	3	3	2
[Kent] [Mind]Fear (see Anxiety):Ghosts, of:	2	2	2	1	1	1	0	2	2	0	0	0	2	0	0
[Kent] [Mind]Fear (see Anxiety):Thunder storm, of:	3	0	0	0	0	2	0	0	1	1	2	0	0	0	0
[Kent] [Mind]Fear (see Anxiety):Alone, of being (see Company):	3	3	3	0	3	2	1	2	0	1	0	3	0	1	3
[Kent] [Stomach]Desires:Fish:	1	0	0	0	0	0	0	0	0	0	2	0	0	0	0
[Kent] [Stomach]Desires:Cold:Food:	3	2	0	0	0	0	0	3	0	0	1	0	0	0	0
[Kent] [Stomach]Desires:Highly seasoned food:	3	0	0	3	0	1	2	1	3	2	0	0	0	0	0
[Kent] [Mouth]Discoloration:Tongue:Black:	3	2	2	3	2	0	2	0	0	0	0	2	3	3	0
[Kent] [Generalities]Heat:Vital,lack of:	3	2	3	2	3	2	3	0	2	3	2	2	2	2	3

Figure 22: Repertorial analysis of Case 3

Remedy	Sep	Sil	Sulph	Lyc	Phos	Calc	Puls	Nit-ac	Graph	Merc	Nux-v	Rhus-t	Ars	Chin	Nat-m
Totality	35	35	32	31	31	30	30	29	29	28	28	28	27	27	26
Symptoms Covered	11	11	9	10	10	9	9	11	8	10	9	8	10	8	8
[Complete] [Mind]Irritability:Consolation agg.:	4	4	0	1	0	1	0	3	0	1	1	0	1	1	4
[Complete] [Mind]Anxiety:Health, about:	4	3	4	3	4	4	4	4	4	3	4	4	4	3	4
[Complete] [Generalities]Food and drinks:Sweets:Desires:	3	1	4	4	3	4	3	3	4	3	1	3	1	4	1
[Complete] [Generalities]Food and drinks:Cold:Drinks:Desires:	3	3	3	3	4	3	3	1	3	4	3	4	4	4	3
[Complete] [Generalities]Food and drinks:Meat:Aversion:	4	4	4	4	3	4	4	3	4	3	4	3	3	4	3
[Complete] [Generalities]Food and drinks:Cold:Drinks:Agg.:	4	4	4	4	3	4	4	3	4	4	4	4	4	4	4
[Complete] [Bladder]Urging to urinate, morbid desire:Frequent:	4	3	4	4	3	4	4	3	4	4	4	4	2	3	4
[Complete] [Sleep]Sleepiness:Eating:After:	1	4	4	4	4	4	3	3	3	0	4	4	3	4	3
[Kent] [Perspiration]Odour:Offensive:	3	3	3	3	2	0	3	3	3	3	3	2	2	0	0
[Kent] [Skin]Discoloration:White:Spots:	2	3	2	0	2	2	0	1	0	2	0	0	3	0	0
[Kent] [Skin]Discoloration:Red:Spots:Stinging:	0	3	0	1	0	0	2	2	0	1	0	0	0	0	0
[Complete] [Extremities]Discoloration:Spots:Elbows:	3	0	0	0	3	0	0	0	0	0	0	0	0	0	0

Figure 23: Repertorial analysis of Case 4

Remedy	Sulph	Sep	Lyc	Carb-v	Merc	Graph	Nit-ac	Nux-v	Petr	Rhus-t	Cycl	Arg-n	Chin	Kali-c	Mag-c
Totality	11	10	9	8	7	7	7	7	7	7	6	6	6	6	6
Symptoms Covered	5	4	3	4	4	3	3	3	3	3	5	3	3	3	3
[Kent] [Mind]Irritability (see Anger):	3	3	3	3	2	3	3	3	3	3	2	2	2	3	3
[Kent] [Stomach]Appetite:Wanting:Morning:	1	2	0	1	0	0	1	0	0	0	1	1	1	0	0
[Kent] [Stomach]Desires:Sweets:	3	2	3	2	1	0	0	1	1	2	0	3	3	2	0
[Kent] [Stomach]Desires:Fried food:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Stomach]Desires:Meat:	1	0	0	0	1	1	0	0	0	0	1	0	0	0	2
[Kent] [Stomach]Aversion:Food:Cold:	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
[Kent] [Perspiration]Odour:Offensive:	3	3	3	2	3	3	3	3	3	2	1	0	0	1	1

Figure 24: Repertorial analysis of Case 5

DISCUSSION:

The criteria for assessing the response to the treatment of vitiligo include cessation of spread; the appearance of skin re-pigmentation; and overall quality of life during treatment [9]. Homeopathic medicine includes a holistic approach to the understanding of the patient and integrates this approach to provide individualized patient treatment. Certain diseases may manifest when genetic predisposition combines with stress, and we homoeopaths also recognise these factors [10]. Homoeopathy, since the beginning proved itself as effective system to treat various dermatological conditions, even depigmentation disorders. Follow-ups were also maintained and no adverse events were evident during the treatment. Overall individual curative responses were assessed using Modified Naranjo Criteria [12]. Each case followed up for seven to eight months and there was no recurrence of symptoms. More and more such cases will establish the claim of the treatment of vitiligo using more profoundly and strongly.

CONCLUSION:

After following the trend for the last few months' treatment, it was clearly visible that individualised *homoeopathic* medicines act astonishingly well on five cases as the evidence of significant re-pigmentation was observed and there was no recurrence of any symptoms for 7-8 months of follow-up. Although this case series is a well-documented proof of treatment of vitiligo using individualised *homoeopathic* medicine, but more such strong cases or higher studies is needed to improve the concept.

Declaration of patient consent:

The authors declare that they have obtained patient consent form for the publishing of

clinical data that obscures individual identities.

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