Case Report

Clinical Improvement of Vitiligo following Individualized Homoeopathic Management: A Case Report

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ABSTRACT

Vitiligo is an autoimmune dermatological disorder characterized by the depletion of melanin pigment. It is a common illness that poses treatment challenges and is linked to psychological suffering. Conventional treatments possess many side effects and do not show long-term results. Individualized homeopathic treatment is an effective alternative for managing vitiligo and helps cure the disease systemically. This case report investigates the efficacy of homeopathy in a 15-year-old male patient with a hypopigmented patch on the left side of his cheeks. The diagnosis of vitiligo was determined using clinical characteristics. Individualized homeopathic treatment with Natrum muriaticum in centesimal potency yielded a favorable outcome. After a three-month follow-up, the objective improvement was verified through the Vitiligo Area Scoring Index (VASI) and clinical photography. The modified Naranjo criteria for homeopathy (MONARCH) framework was employed to establish a causal relationship between the improvement and the provided intervention. This case demonstrates the potential of homeopathy as a supportive therapy for the management of vitiligo.

Key words: Case report, Homoeopathy, Vitiligo.

Vitiligo is an acquired chronic dermatological condition characterized by the progressive loss of functioning melanocytes, leading to depigmented skin macules [1]. More than a cosmetic concern, it significantly impacts patients' quality of life [2]. Vitiligo induces other disorders, including glucose intolerance and lipid abnormalities, affirming the systemic effects of the condition [3]. The elevation of pro-inflammatory cytokines, including tumor necrosis factor (TNF), interleukin 1 (IL-1), interleukin 6, and other inflammatory mediators, is associated with vitiligo, which contributes to insulin resistance and atherosclerosis [4]. The pathophysiology is due to the depletion of epidermal melanocytes by autoimmune, biochemical, oxidant-antioxidant, neurological, viral, and genetic factors [5].

Vitiligo is classified as segmental, acrofacial, generalized, and universal, or by involvement pattern as focal, mixed, and mucosal kinds typically distributed in the oral cavity, tips of the lower limbs, genitalia, and areas subject to friction, facilitating a definitive diagnosis [6, 7]. The lesions are amelanotic macules manifesting as chalky or milk-white in hue without epidermal changes, and the absence of erythema, are typically symmetrical and gradually increase in size centrifugally [5].

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Treatments of vitiligo focus on the topical immunomodulatory management, which never undertakes the systemic pathologic involvement of the lesion. Hence are susceptible to recurrences [6].

Homoeopathy, as a system of individualized medicine, manages the disease as a holistic approach that focuses on restoring internal balance rather than suppressing isolated symptoms [7]. Treating the cause is the primary focus of homeopathy, which contributes to the complete cure of pathology, reducing the chances of recurrence. The present case report shows the effectiveness of homeopathic medicine for vitiligo.

CASE PRESENTATION

A 15-year-old male patient reported to the outpatient department of D.N. De Homoeopathic Medical College and Hospital on 07-03-2024, with a single, well-defined hypopigmented patch over the left cheek measuring approximately the size of a coin. The affected area corresponded to approximately 0.1 hand units, with complete 100% depigmentation, yielding a baseline facial VASI (Vitiligo Area Scoring Index) score of 0.1, without itching and

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pain for 5 years. This condition arose gradually, and the patch has been progressively increasing for a few months. Cutaneous examination revealed well-defined, milky-white depigmented macules and patches over the left cheek, with sharp margins and no associated scaling or erythema. The lesions were asymptomatic.

The patient had a history of suffering from jaundice at 6 years of age, which was treated allopathically. His mother had diabetes, and his father was hypertensive. The patient exhibited a satisfactory appetite and was hungrier at night with regular bowel movements. Preferred cold water, consumed approximately 2 liters of water daily, and experienced increased thirst during meals. There was profuse perspiration, especially on the face. Urine was clear. There were no sleep disturbances.

On psychological examination, the patient was irritable, short-tempered, desired to be alone, disliked crowds and company; there was a weeping tendency, and he disliked consolation. The appearance of the patient was lean, thin, and emaciated, with a desire for salty and bitter foods.

Systemic examination showed normal findings. Patient was alert, conscious, oriented to time, place, and person; thin build and poor nourishment; pulse was 80/minute, regular; respiratory rate 20/min; temperature afebrile.

Differential diagnoses, including Pityriasis alba, Tinea versicolor, post-inflammatory hypopigmentation, and Hansen's disease, were excluded based on clinical features and examination findings. Based on these observations, a diagnosis of non-segmental vitiligo was established.

Intervention

Repertorization was conducted using Kent's repertory with the help of Hompath Zomeo elite software. The repertorial result is shown in Figure 1.

Remedy	Nat-m	Ign	Calc	Lyc	Verat	Nux-v	Sulph	Puls	Calc-p	Phos	Carb-v	Sep	Calc-s	Hell
Totality	19	13	12	12	12	11	11	11	10	10	10	10	9	9
Symptoms Covered	7	5	6	5	5	5	5	4	5	5	4	4	5	5
Kingdom														
[Kent] [Mind]COMPANY:Aversion to: (98)	3	3	1	2	1	3	2	2	2	1	2	2	1	2
[Kent] [Mind]WEEPING, TEARFUL MOOD, ETC.: (166)	3	3	3	3	3	2	3	3	2	2	2	3	3	2
[Kent] [Mind]CONSOLATION :Agg: (23)	3	3	1	1		1			2			3		2
[Kent] [Stomach]DESIRES:Salt things: (30)	3		2		3		1		2	3	3		1	
[Kent] [Stomach]DESIRES:Bitter food: (2)	2													
[Kent] [Generalities]HEAT:Sensation of: (86)	3	1	2	3	2	2	3	3		2			3	1
[Kent] [Face]PERSPIRATION: (114)	2	3	3	3	3	3	2	3	2	2	3	2	1	2

Figure 1: Repertorization chart of the case.

Among the competing medicines, considering the totality of symptoms, and consulting Homoeopathic Materia Medica Natrum muriaticum 30, two doses on 07-03-2024 for 1 month were selected, followed by placebo on 15/04/2024 and further by Natrum muriaticum 200, 1 dose on 18/05/2024 [8,9,10]. Patient was advised to take the medicine orally once daily, early in the morning on an empty stomach. Prescribing was guided by the ODAC principle (One remedy, minimum Dose, Allowing sufficient time for Action, and Change of remedy only when indicated).

Follow-up and Outcomes

Following 3 months of treatment (Table 1), the patient reported being well, and clinical evaluation demonstrated 75% re-pigmentation, predominantly diffuse in pattern. The degree of residual depigmentation was estimated to be 25%, resulting in a post-treatment facial VASI score of 0.025. This was supported by clinical photographs showing marked improvement in pigmentation. The patient did not experience any unanticipated event in the form of an aggravation (homoeopathic aggravation) or increase in any complaint during the treatment. Figure 2a and 2b show the respective pre- and post-treatment appearances of the lesion.

Table 1: Outcomes and follow-up

Follow-up	Changes in symptomatology	Prescription
07/03/2024 (Baseline)	Single, well-defined hypopigmented patch over the left cheek, gradually increasing in size without pain and itching.	Natrum muriaticum 30, two doses

	VASI score was calculated to be 0.1.	ODAC for 2 days
15/04/2024 1st follow-up	No new hypopigmented patches noted. The margins appeared slightly reduced from before.	Placebo for 1 month
18/05/2024 2nd follow-up	The margins appeared to be the same as on the last visit.	Natrum muriaticum 200, one dose, ODAC for 1day
08/07/2024 3rd follow-up	Significant improvement. Borders of the lesion became ill-defined. Hypopigmentation of the surrounding tissue faded. VASI score of 0.025	Placebo for 1 month

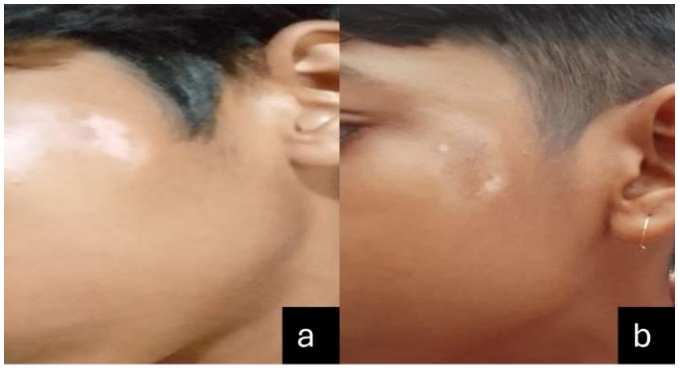

Figure 2. a. Pre-treatment and b. post-treatment of the lesion

Possible Causal Attribution

The potential causal attribution was evaluated using the Modified Naranjo Criteria for Homeopathy (MONARCH) [11, 12]. This was conducted to ascertain the probability of a correlation between the patient's clinical improvement and homeopathic intervention Natrum muriaticum in centesimal potency. The clinical improvement of the patient may have been attributed to the homeopathic intervention administered, as indicated by the score (+8) obtained at the conclusion of the treatment, which is given in detail in Table 2.

Table 2. MONARCH: Total score (Maximum: +13, Minimum: −6)

SL NO	Domains	Yes	No	Not sure or NA
1.	Was there an improvement in the primary symptoms or condition for which the homeopathic medicine was prescribed?	+ 2		
2.	Did clinical improvement occur within a plausible timeframe relative to the drug intake?	+ 1		
3.	Was there an initial aggravation of symptoms?			
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+ 1		
5.	Did overall well-being improve?	+ 2		
6. A	Number of cures: Did some symptoms improve in the opposite order of the development of symptoms of the disease?			
6. B	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?			
7.	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?			
8.	Are there alternate causes (other than medicine) that, with a high probability, could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions.)			
9.	Did any objective evidence confirm the health improvement? (e.g., laboratory test, clinical observation, etc.)	+ 1		
10.	Did repeat dosing, if conducted, create similar clinical improvements?	+ 1		
	Total Score	8		

DISCUSSION

In the current case of vitiligo, following a thorough evaluation of the clinical presentation and the entire case history, repertorization and consultation of the materia medica, Natrum muriaticum 30, two doses, placebo for one month, followed by Natrum muriaticum 200, one dose was advised. There was symptomatic improvement over a 3-month follow-up period, indicated by the VASI and clinical photography.

Miasmatic analysis was performed at both baseline and throughout follow-up. Psora and sycosis were the primary chronic miasms identified by Hahnemann [13]. In miasmatic prescription, Natrum muriaticum addresses both psora and sycosis miasm. In this case, individualized homeopathic medicine chosen based on the similimum ensured not only a 'gentle' but also a rapid recovery.

Homeopathic medicine employs a holistic perspective on patient understanding and incorporates this approach to deliver personalized treatment. Some disorders may emerge when hereditary predisposition intersects with stress, and homeopathy acknowledges these elements [7].

Many case reports show the efficiency of individualized homeopathic treatment for vitiligo. A case series of 14 cases of vitiligo with homeopathic management, primarily with medicines like Datura stramonium, Natrum muriaticum, Phosphorus, etc., showed marked improvement in 3-4 months' time, similar to the present case results [14]. A prospective study of 27 vitiligo patients treated with individualized homeopathic medications for 6 months also had a significant reduction in the symptoms, which was also measured by VASI score [15]. Another study in 361 patients also showed evident lowering in the extent of depigmentation and spread, along with improvement in quality of life with homeopathic treatment for one year [16]. These studies support the present study results of homeopathic treatment of vitiligo. Yet the long-term efficiency of the treatment needs to be explored further.

The case report adhered to the Homeopathic Clinical Case Reports Supplement (HOM-CASE) requirements for outcome reporting [17]. The primary restriction of this case study is that a single case cannot yield a definitive conclusion. Consequently, additional clinical trials with a larger sample size and longer follow-up are necessary to determine the efficacy of individualized homeopathic remedies in the treatment of vitiligo.

CONCLUSION

The present case results show that individualized homeopathic remedies can be used as an effective management for vitiligo.

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Informed consent- The patient and his parents provided written informed consent. The patient is cognizant of the fact that his identity and initials will not be disclosed. The information will be disclosed, and every precaution will be taken to safeguard his identity. Nevertheless, complete anonymity cannot be guaranteed.

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