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## CASE-REPORT

### Title: A case report on segmental vitiligo treated with homoeopathy

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## ABSTRACT

Vitiligo is an acquired pigmentary disorder of the skin characterized by the destruction of melanocytes causing loss of pigmentation of the skin. A subtype of vitiligo known as segmental vitiligo contains depigmented macules distributed in a dermatomal or quasi-dermatomal pattern. This is a case report of a 25-year-old female having white patches on the lateral border of the left index finger for 11 years. In this article, a case of segmental vitiligo was treated with a well-selected homeopathic remedy after a detailed case taking and repertorization which improved the physical as well as mental well-being of the patient, is being explained.

**Keywords:** *Homoeopathy, Ignatia amara, Segmental vitiligo, Vitiligo*

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Vitiligo is a pigmentary skin disorder characterized by depigmented or hypopigmented macules. It affects 0.1-2% of the global population, with a 0.5-2.5% frequency in India.<sup>[1]</sup> In India, Gujrat is considered to have the highest prevalence in the world, at about 8.8%.<sup>[2]</sup> It affects both genders and all ages, with a peak occurrence between the ages of 10 and 30. The etiology of vitiligo is unknown, but there may be a genetic tendency. Clinical signs include depigmented macules that are chalky or milky white. In rare circumstances, three shades (trichrome) of pigment loss are found in the same lesion—a depigmented center encircled by a hypopigmented ring bordered by normal-colored skin. Lesions can form in any part of the body, although they are most common in places that are susceptible to friction. There are several types of vitiligo, including vitiligo vulgaris, which is the most frequent; segmental vitiligo, which is common in youngsters; and generalized vitiligo, which has variants such as acrofacial, lip-tip, and vitiligo universalis. The prognosis of vitiligo is determined by criteria such as long-standing disease, leucotrichia, acrofacial lesions, or lesions on resistant areas, that indicate a poor response to treatment. To diagnose a case of vitiligo factors like age of onset, depigmented macules with scalloped borders, leucotrichia, and Koebner's phenomenon are taken into consideration.<sup>[3]</sup>

Some of the previous research recorded is a 2-year multicentric observational research on 432 people done by the Central Council for

Research in Homoeopathy to investigate the role of homoeopathic therapy in vitiligo. Changes in the mean Vitiligo Symptom Score at 6-month intervals were found to be statistically significant. *Sulphur, Arsenicum album, Phosphorus, and Lycopodium clavatum* were among the most often mentioned remedies discovered.<sup>[4]</sup> In a hospital outpatient clinic in West Bengal, India, an open observational pilot research was done on 30 patients to evaluate homoeopathic treatment. Efficacy was evaluated at 3 and 6 months using the Vitiligo Area Scoring Index (VASI), the Vitiligo European Task Force (VETF), and the Dermatological Life Quality Index (DLQI). Individualised homoeopathic medicines significantly improved the above scores.<sup>[5]</sup> A case series of 14 patients of vitiligo treated with individualised homoeopathic treatments were documented over a 58-month period. It was found that the best results were obtained in patients who were treated in the early stages of the disease.<sup>[6]</sup>

Segmental vitiligo has an incidence from 5%<sup>[7]</sup> to 27.9%<sup>[8]</sup> primarily impacting young children and individuals under the age of 30.<sup>[9]</sup> It affects the face followed by the trunk, neck, extremities, and scalp. It is most usually (50%) observed in the trigeminal nerve distribution (mandibular division).<sup>[3]</sup> Once it has affected the dermatomal area, it remains quiescent in the majority. Early vitiligo often manifests as a single oval-shaped white macule or patch progressing steadily. Vitiligo is believed to be caused by physical damage, sunburn, psychological stress, inflammation, pregnancy,

and contraception.<sup>[1]</sup> It is said to be resistant to treatment.<sup>[3]</sup> Epidermal grafting and subsequent PUVA can cure stable segmental vitiligo with leucotrichia.<sup>[1]</sup>

Differential diagnosis of vitiligo can be categorized under the following headings.<sup>[10]</sup>

- Chemically-induced leukoderma (often occupational) Phenols and other derivatives

- Idiopathic:
  1. Idiopathic guttate hypomelanosis
  2. Melasma (caused by the contrast between lighter and darker skin)
  3. Progressive (or acquired) macular hypomelanosis

INFECTIONS	GENETIC SYNDROMES	POST-INFLAMMATORY HYPOPIGMENTATION	NEOPLASTIC
1. Leishmaniasis 2. Leprosy 3. Onchocerciasis 4. Tinea versicolor	1. Hypomelanosis of Ito 2. Piebaldism 3. Tuberous sclerosis	1. Atopic dermatitis 2. Nummular dermatitis 3. Phototherapy and radiotherapy-induced hypopigmentation 4. Pityriasis alba 5. Psoriasis 6. Systemic lupus erythematosus	1. Halo nevus 2. Melanoma 3. Mycosis 4. Fungoid

TABLE 1- DIFFERENTIAL DIAGNOSIS OF VITILIGO<sup>[10]</sup>

**CASE REPORT**

**PRESENTING COMPLAINT**

A female patient of 25 years from an upper-middle-class socio-economic family came with the complaint of white patches on the lateral border of the left index finger for 11 years with no other associated complaint.

**HISTORY OF PRESENTING COMPLAINT**

Her complaints started with wearing an artificial ring in 2008 in the index finger of her left hand. A few months later she saw a few pink patches which later on turned to white and eventually spread in a week or two. Presentation at the beginning of the disease was:

- **Location-** Index finger of left hand and knuckles
- **Sensation-**Burning and intense itching on

- Exposure to sunlight
- **Modalities-** <sun exposure;
- **Concomitant** – N/s

On consultation with a dermatologist, she was diagnosed with vitiligo and treatment continued for a few months with no improvement. She discontinued the treatment and has not been on any drugs since then.

**PAST HISTORY**

In the year 2009 she suffered from chicken pox for which she took allopathic treatment and was cured.

**FAMILY HISTORY**

**Mother-** 51 years old, has had hypothyroidism for 10 years

**Father-** 55 years old, tuberculosis of lung at age

of 25years

**Sibling-** one brother of 30 years, alive and healthy

No history of vitiligo in the family.

**PHYSICAL GENERALS**

- **Thermals** – Chilly
- **Appetite** – Adequate, 3 meals/day; 2 chapatis/meal
- **Thirst** – 2 to 3 liters, at room temperature.
- **Desire-** Cheese
- **Aversion-** Fruits of all kinds
- **Intolerance-** N/S
- **Urine-**D<sub>4</sub>N<sub>2</sub>. Feels an urge to go again; seems as if the bladder has not been emptied fully from a few years. Pale yellow, non-offensive. No associated complaint
- **Stool-** D<sub>1</sub>N<sub>0</sub>, satisfactory and hard stool
- **Taste-** N/S
- **Tongue-** Clean and moist
- **Perspiration-** Scanty;(if it comes then only on face) non offensive, non-staining
- **Sleep-** No specific position nor any movements during sleep.

**GYNECOLOGICAL HISTORY**

Menarche at the age of 13 years.  
 Her last menstrual period was on 5 May 2022.  
 Usually, her cycle has a duration- of 4 to 5 days and at an interval of 28+-4 days  
 The character of flow is moderate, uses 2 to 3 pads/day; dark red in color, with few clots. Stringy, and slightly offensive.

**Associated complaints-** backache during menses for initial 2 days; >allopathic medicines

**MENTAL GENERALS**

The patient’s school life was not pleasant. She had a fight with her only friend in class 9<sup>th</sup> and was isolated by other classmates in school. She felt cheated by her and still thinks of that event. This incident has left a deep impact on her life with the notion that she will be left alone in every relationship. She is impatient and can not tolerate contradictions of any kind. This often lands her in an argument with others.

**LOCAL EXAMINATION**

Inspection  
**Site-** Lateral border of the left index finger  
**Shape-** Circular  
**Symmetry:** Non-symmetrical  
**Border:** Irregular  
**Colour:** Hypopigmented

**GENERAL PHYSICAL EXAMINATION**

She was dark-complexioned and moderately built, weight 58 kgs. And height 155 cms; blood pressure was maintained at 124/80 mm of Hg, Pulse rate of 75/minute, and Respiratory rate of 20/minute.

**CLINICAL DIAGNOSIS:** Segmental vitiligo

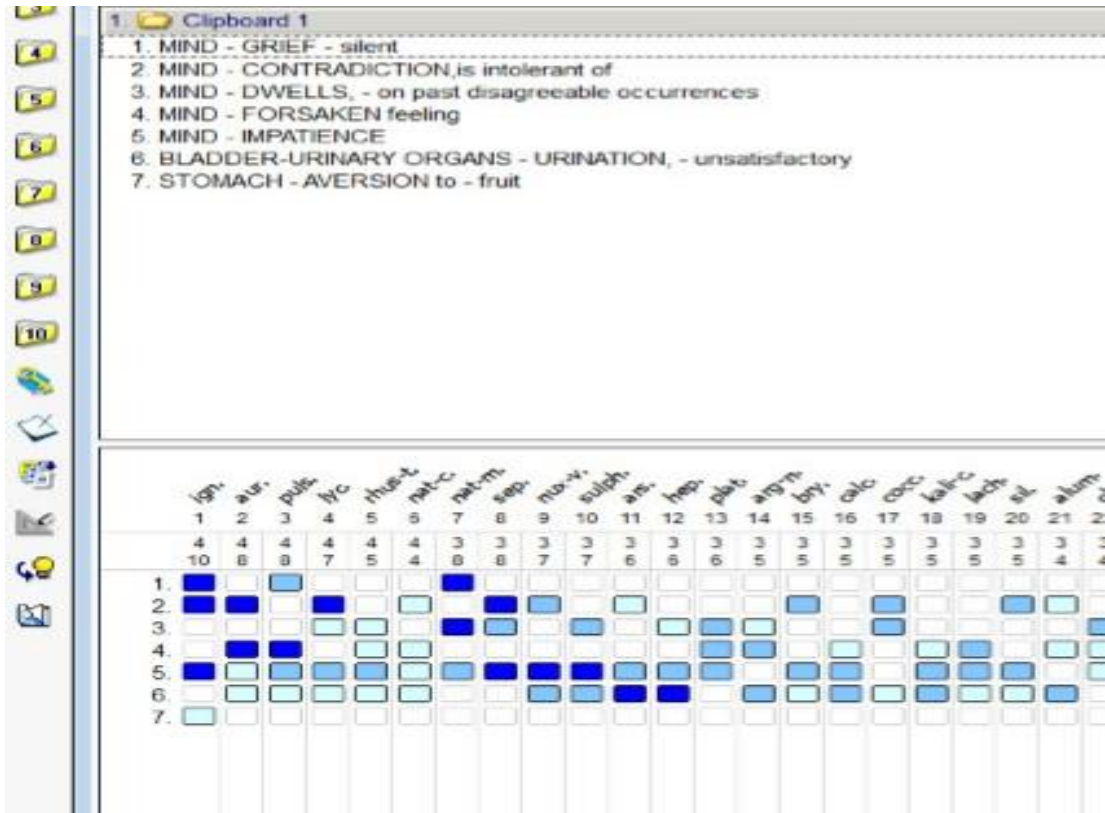
SYMPTOMS OF PATIENT	INTENSITY	MIASM
<b>Mental Generals</b>		
1. Extremely sad and suffered it silently	+3	Sycosis
2. Dwells on past disagreeable events	+3	Sycosis
3. She completes her task in advance and doesn’t like people who work slow	+3	Sycosis
4. Can’t tolerate contradiction		
5. She was left alone in school and thinks will be left by everyone in future	+3	Sycosis
	+2	syphilis

<b>Physical Generals</b>		
1. aversion- fruits	+3	Psoric
2. Urine-Feels an urge to go again; seems as if the bladder has not been emptied fully	+2	Psoric

TABLE-2 ANALYSIS AND EVALUATION OF SYMPTOMS<sup>[11,12]</sup>

**REPORTORIAL TOTALITY**

- Mind- grief- silent
- Mind- contradiction- intolerant of contradiction
- Mind- dwells- past disagreeable occurrences, on
- Mind- forsaken feeling
- Mind- impatience
- Bladder- urination- unsatisfactory
- Generals- food and drinks- fruits- aversion



REPORTORIAL CHART: FIGURE 1

**THERAPEUTIC INTERVENTION**

After analyzing the reportorial totality, it was observed that *Ignatia Amara* covered all the rubrics with the maximum score. On consulting the materia medica, *Ignatia amara* seems to be the nearest minimum of the case. The first prescription was done on 15/05/2023, medicine was given in 200C potency, one dose of four globules of size 30 to be taken on an empty stomach in the morning, on the baseline visit followed by *sac lac 30/BD/15 days*.

**JUSTIFICATION-** since the case had many mental generals so Kent's repertory was used. Medicine was given in 200 potency.

DATE	COMPLAINT	PRESCRIPTION	REMARKS
25/05/2022	All the complaints were the same	<i>Sac lac30/BD/15 days</i>	Don't disturb the action of medicine
10/07/2022	Presentation was the same as last visit	<i>Ignatia amara</i> 200/OD/1 day Empty stomach <i>Sac lac30/BD/15 days</i>	Repetition of last potency used before changing to next higher potency
12/08/2022	No change	<i>Ignatia amara</i> 1M/OD/1 day <i>Sac lac30/BD/20 days</i>	Since there was no change, a higher potency of same medicine that acted before was given
2/09/2022	Patches were turning pink	<i>Sac lac30/BD/20 days</i>	Wait and watch
18/10/2022	Stand still condition	<i>Tuberculinum bovinum</i> 1M/OD/1 day	F/H of tuberculosis was present
9/12/2022	The skin was turning to its normal color. Patches were coalescing	<i>Sac lac30/BD/30 days</i>	Let the medicine complete its action
3/02/2023	Condition is gradually improving	<i>Sac lac30/BD/30 days</i>	

**TABLE-3 TIMELINE INCLUDING FOLLOW-UP OF THE CASE**

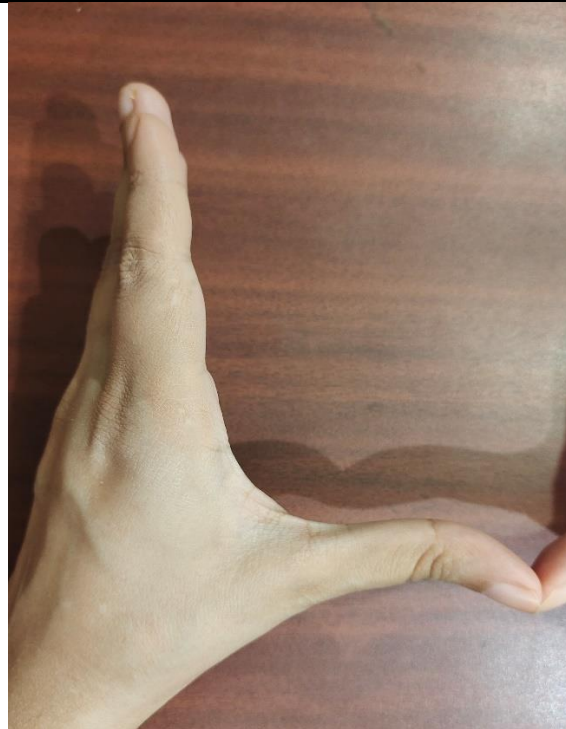
**FIGURE-2**

**BEFORE TREATMENT**



**FIGURE-3**

**AFTER TREATMENT**



## DISCUSSION

Segmental vitiligo usually responds less to oral medication and takes a long time to treat as other vitiligo. Unlike conventional treatment local application is not used in homoeopathy as it only obscures the physical symptoms of the patient. There has been previous research that looked at the effectiveness of individualised homoeopathic medications in the treatment of vitiligo, namely in non-segmental vitiligo. A double-blind randomised placebo-controlled pilot trial on sixty vitiligo patients was conducted at the National Institute of Homoeopathy in India to evaluate individualised homoeopathic medications (IHM). At baseline, 3 and 6 months later, feasibility issues and scores from the Vitiligo Area Scoring Index (VASI), Vitiligo-specific Quality-of-life instrument (VitiQoL), and Dermatology Life Quality Index (DLQI) were assessed. The IHM group had greater mean reductions in outcome measures than the placebo group<sup>[13]</sup>. Another case report on vitiligo showing the importance of mental symptoms was treated with *Ignatia amara* in different potencies.<sup>[14]</sup> In this case, special emphasis was laid on the mental symptoms of the patient along with physical generals. Among the general symptoms (i.e. those symptoms pertaining to the whole person), the mental/emotional symptoms rank higher than the physical general as has been noted by Dr. Hahnemann and Dr. Kent.<sup>[15]</sup> The main symptom of "bad effect of grief," which is represented by the single medicine, *Ignatia amara*, under the heading "ailment grief from, recent," may have served as the basis for the prescription. However, Hahnemann deems focusing exclusively on one symptom. Homoeopathy deals with symptoms of patients irrespective of the diagnosis and hence has a great scope in the majority of conditions suffered by humanity.

## CONCLUSION

In this case, through holistic approach of homeopathy, the condition of segmental vitiligo has improved along with mental well-being. This case report confirms the effectiveness of homeopathic medicine in the cases of segmental vitiligo. It further proves the

effectiveness of *Ignatia amara* in cases of vitiligo.

The consent of the patient was obtained.

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