

Research Article

Vitiligo: A Social Stigma & It's Homoeopathic Approach

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Abstract Vitiligo is chronic disorder of the skin characterized by white spots and patches. Lesions may remain stationary, self – healing or progressive or recurrence may occur. It mainly affects young adults and it can become a problem of beauty. Incidence of the disease is increasing day by day. There is no particular treatment for vitiligo in modern medicine and has only suppressive treatment. So, to give total cure & to study the efficacy of homoeopathy. This article stress upon the risk factor, pathophysiology, types, management in concise manner as well as emphasises how homoeopathy can manage in such cases with the use of repertory, miasmatic approach.

Keywords *Vitiligo; Homoeopathy; Repertory*

Introduction

It is an acquired disorder due to loss or decrease in melanocytes in the epidermis Smooth glowing uniformly pigmented skin adds to personality of any individual. However when the appearance gets disfigured due to altered pigmentation, it results in discoloration of skin & later developed into psychological trauma. Moreover in India, depigmented macules have a lot of social stigma.

Skin is the mirror on which nature reflects at the earliest certain disorders taking place inside the body. So skin diseases can be considered as external manifestation of internal disorder.

Vitiligo, also called leukoderma, is relatively common skin disease in which there is loss of pigment from Areas it's the skin resulting in irregular white patches. An auto-immune disease, it is not clear how vitiligo chooses its victims. Probable triggers could be either one or a combination of factors like heredity, emotional disturbance, in jury, exposure to sunlight. Homeopathy stimulates the body's own healing mechanism minimizes recurrence and offence and a long lasting solution

Classification of Vitiligo

a. Generalized

- Acrofacial (distal extremities & face)
- Vulgaris (scattered macules)
- Mixed
- Universal (complete or nearly complete depigmentation)

b. Localised

- Focal
- Segmental
- Mucosal

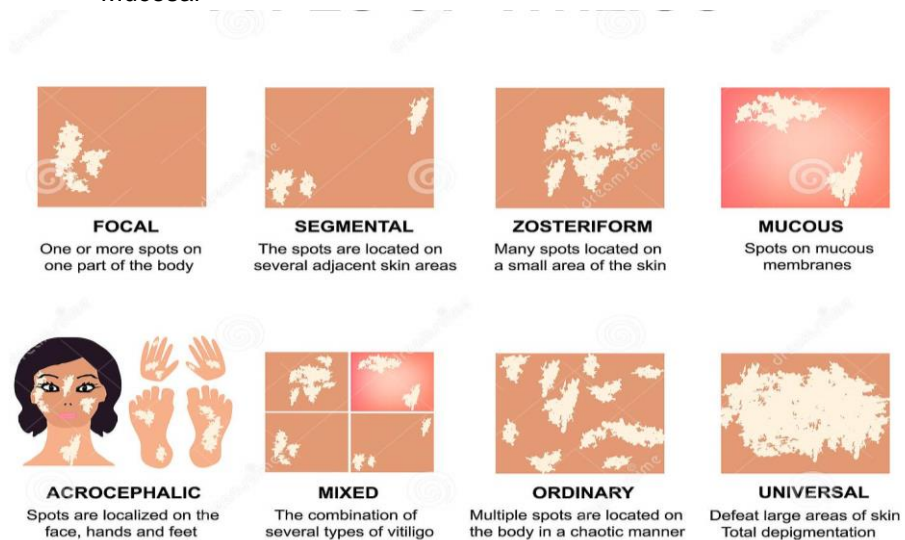


Figure: Types of Vitiligo

Pathophysiology

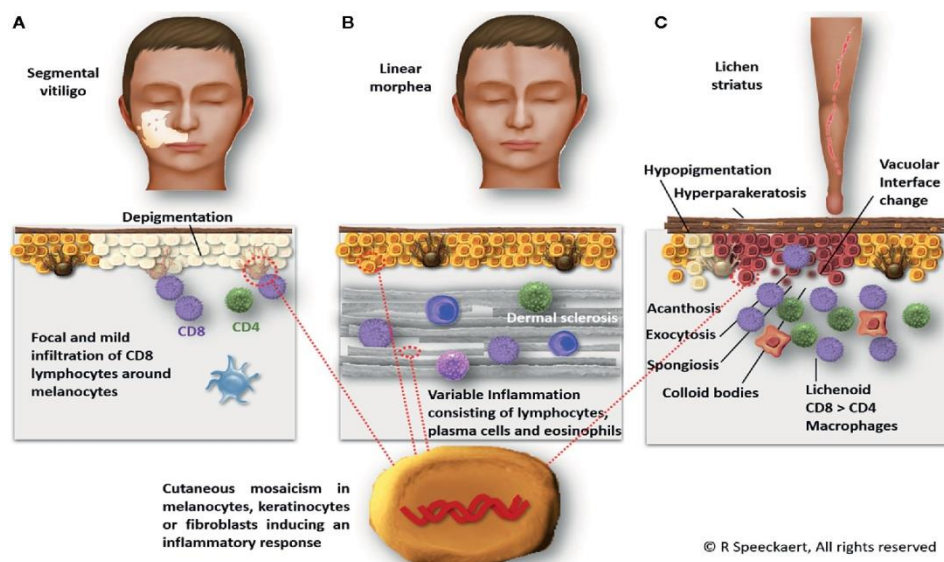


Figure: Pathogenesis of vitiligo

Causes

- Genes
- Emotional trauma such as tension, fear, worries and anxiety
- Associated with diseases like
- Thyroid
- Diabetes or
- Any other auto-immune disease

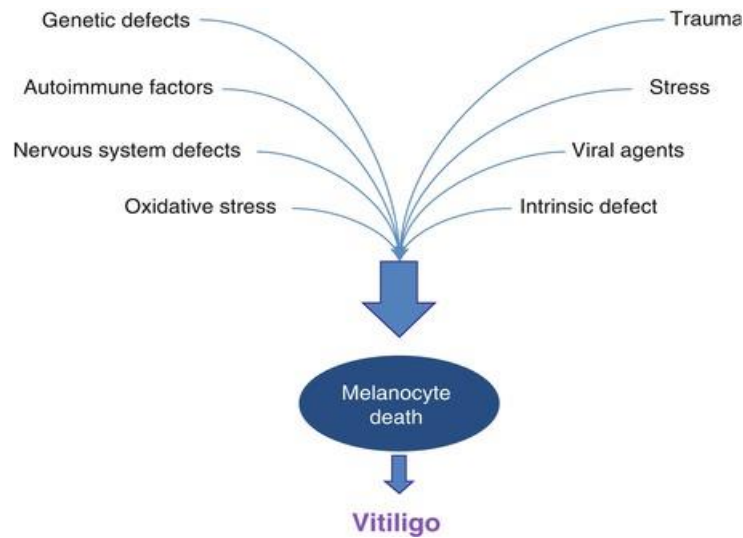


Figure: How vitiligo developed

Alarming signs and symptoms

Multiple-ill-defined de-pigmented patches
 ↓
 Coalesce together
 ↓
 Spreading vitiligo

Diet and Management

Diet

A copper rich diet is recommended for vitiligo serum copper levels were determined in a study by Gublet et al (1952) using 20 normal persons and 30 vitiligo patients. The levels in vitiligo patient (126.75+-27.07

Micrograms %) were lower than in normal persons (121.70+-29.24 microgram %). Green leafy vegetables like spinach are rich in copper

Pantothenic acid, b12 and folic acid

In a study of people with vitiligo, supplementation with folic (10 mg per day) and vitamin B12 (2,000 mcg per day) with sun exposure supplementation or sun exposure alone folic acid /B12/pantothenic the following are recommended sources:

Management

Sunshine: Expose affected areas to early morning sunlight, just after sunrise. Morning sunlight consists of ultra violet a-rays (320 to 400 nm)

Soap Opera: Use a mild preferably glycerin based soap for bathing do not rub the towel vigorously on the skin as this causes friction which can trigger vitiligo.

Dress Coad: Any kind of trauma or friction can trigger vitiligo. Choose full sleeve cotton shirts and full length cotton trousers to protect elbows and knees from friction.

Patient Evaluation in Vitiligo

The evaluation of the patient with vitiligo involves a detailed history and a complete skin examination to assess disease severity and individual prognostic factors.

Factors that may influence the approach to treatment include:

- Age at onset of lesions
- Type of vitiligo (segmental, nonsegmental)
- Mucosal involvement, Koebner phenomenon
- Rate of progression or spread of lesions
- Previous episodes of repigmentation
- Type and response to previous treatments
- Family history of vitiligo and/or autoimmune diseases
- Presence of concomitant diseases
- Current medications and supplements
- Occupation, exposure to chemicals
- Effects of disease on the quality of life

Homoeopathic Repertorial Approach

Therapy depends on totality of symptoms and should be therefore individualized. However, the response to therapy is highly variable.

Whatever may be the nature and type of vitiligo, we must first of all, try to ascertain the miasmatic background of the patient. The next step is to select a medicine which covers the constitutional totality of the patient including the miasmatic background. At the same time we must take care of the environmental or precipitating factors. Unless the exciting factors are properly dealt with, no cure, in the truest sense of the term, is possible in spite of proper antimiasmatic treatment. Here, I suggest few rubric which was written in different repertory. This rubric & its medicine helps to differentiate, but final selection should be done with the help of individualistic feature of the patient.

Synthesis Repertory 9.1.

- **Vitiligo (Discoloration-white-spots) –**

Alum, ant-t, ars, ars-s-f, cal, cob-n, ign, kres, merc, nat c, nat caust, nat m, ozone, phos, pitu-a, pitu-gl, pitu-p, Sep, sil,thuja, moly-met, oxyg, stann,

- **Skin –discoloration, WhiteSpots:**

Alum Am-c., Ant-t., Ars., Ars-s-f., Aur., Berb., Calc., Calc-f., Calc-sil., Carb-ac., Carb-an., Cob-n.,Coca., Graph., Kali-c., Kres., Lyc., Med., Merc., Mica., Nat-c., Nat-m., Nit-ac., Ozone., Phos., Pip-m., Pitu-a., Pitu-p., Prot., Pyrar., Sel., Sep., Sil., Sulph., Sumb., Syph., Thuj., Zinc.

- Extremities-Discoloration, White spots : ozone
- Ankle, White in spots: calc
- Finger, White-gins, helo-s, lache, vip
- Finger-Tips, White: alum, der fl-ac
- Foot- spots ,White: apis, morg –p
- Sole- White spot: nat m
- Fore arm- white spots: berb, ozone
- Hand- white spots: ozone
- Leg-white spots : calc
- Thigh-white spots: calc, ozone
- Thumb- white: vip
- Upper limb -white spots in : apis
- Face-Discoloration, white spots : ars, calc, merc, nat c, pip-, sil, sulph, tor

Kent's Repertory –

- Skin Discoloration- White: Apis, Arsenic; calc, carbo-v, fl-ac, Kali-c, lac-c, sumb
- Becoming bluish: calc
- With dark borders: calc
- *Extremities Discoloration*
Forearm: berb
Finger White: Gins, lache,
- Thigh-White, in spot: calc
- Leg-White spot in: calc
- Foot-White spot: apis
- Sole: nat mur
- Face-White: ars, merc, nat-c

Boenninghausen's Therapeutic Book –

- Skin-spot white: Alum, amn carb, ARS, Aur, Carb an, coca, phos, sep, SIL, Sul

Boger' Synoptic Key –

- Generalities (whiteness): Ant t, Ars, CAL C, Carbo v, Chel, China, Cina, Dig, Fer,Grap,Kali mur, Lac c, MERC,Nat m, Phos, Phos ac, pul, sep, Sul, Vera

Boericke's Repertory –

- SKIN-Leucoderma: Ars. S.fl, Nat mur, Nit acid Sumb, Zinc.p

Dr. Phatak' Repertory:

- LEUCODERMA:Alum; Ars; Ars s flv; Cal fl; Merc; Nat c; Nat mur; Sele; Sep; Sil.

Complete Repertory:

- SKIN- DISCOLORATION, WHITE SPOTS, VITILIGO: Alum ,Am c, Ant t, Ars,Ars-s-f, Aur, Berb, Cal, Cal f, Cal Sil, Carb an, Con m, Coca, Graph,Kali c, Kres, Lyco,Med, Merc, Mica, Nat c, Nat mur, Nit ac, Ozone, Phos, Pip m, Pitu, Prot, Pyrar, Sel, Sep, Sil, Sulph, Sumb, Syph, Thuja, Zinc, Zinc phos

Homoeopathic Medical Repertory (Murphy):

- VITILIGO-Sep, Thuja

Miasmatic Approach of Vitiligo

In Aphorism 185 – “Among the one-sided diseases an important place is occupied by the so-called local maladies, by which term is signified those changes and ailments that appear on the external part of the body.....”

Homoeopathically vitiligo is a one sided disease having its-chief or only manifestation on the skin to start with. Naturally, it is very difficult to cure, because we do not get the exact-sensations, modalities or concomitants in such cases. But if we understand miasmatic concept of diseases and treat these patients with suitable antimiasmatic medicines, supplemented by proper hygienic measures and removal of the possible obstacles in the way of cure, then, in most cases, we may be able to cure these patients. But it must be remembered that melanisation of the patches from where melanocytes have completely disappeared is a most difficult task to perform and requires a prolonged course of treatment and patience both on the part of the patient and the physician.

A complete diagnosis offers a full comprehension of patient's personality, his constitution and the mechanism of production of symptoms (subjective and objective). It gives an idea of locations (tissues and organs affected), the pathological changes (type, degree, and extent), the pathogenic agent, the physiological disturbances induced, the psychological accompaniments, and the pathogenesis.

Homoeopathy does not consider vitiligo as only skin disease-but a disturbed dynamic disorder having its chief manifestation on the skin. Like all other chronic diseases, two factors are necessary to cause vitiligo — (i) Inherited and / or acquired miasmatic dyscrasia (ii) Environmental factors in the form of physical trauma, chemical irritants, emotional upset etc.

Homoeopath knows that all true chronic diseases are nothing but the products of three basic miasmatic states, — *Psora*, *Sycosis* and *Syphilis*.

In aphorism-79, Dr. Hahnemann says “syphilis is such a chronic miasmatic disease which when uncured ceases only with the termination of life”⁹. The miasmatic concept of all the chronic diseases is the only answer of all problems related to obstinate and so called incurable organic chronic diseases.

Conclusion

Vitiligo is an auto-immuno disease that can be very frustrating condition to treat. Homoeopathic medicine includes a holistic approach to understand of the patient. The homoeopathic medicine strength the immune system by its dynamic power. Hence, it helps to cure such kind of case with great success. Our aims to treat the patient & remove the symptom. So, in such case, we have lots of weapon in our hand with kill the enemy.

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