



A RETROSPECTIVE STUDY ON THE EFFECTIVENESS OF HOMOEOPATHIC TREATMENT OF VITILIGO

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Abstract : Vitiligo, also known as leukoderma, is an autoimmune skin condition that results in the loss of melanin pigment. Vitiligo is not a rare condition but is difficult to treat and is associated with psychological distress. A series of 10 cases of vitiligo are presented that were treated with individualized homeopathic remedies. There were 4 women and 6 men in the case series, with a mean age 35 years. The mean time between the onset of the appearance of vitiligo and the first consultation at our clinic was 96 months. Homeopathic treatment for patients is holistic and was performed on an individualized basis as described in this case series. In 10 patients with vitiligo treated with individualized homeopathy, the best results were achieved in the patients who were treated in the early stages of the disease. We believe that homeopathy may be effective in the early stages of vitiligo, but large controlled clinical studies are needed in this area.

Index Terms - Autoimmune Diseases, Case Reports, Complementary Therapies, Dermatology, Homeopathy, Vitiligo.

INTRODUCTION

Vitiligo is an acquired autoimmune condition that is characterized by the destruction of epidermal melanocytes causing loss of skin pigment [1]. Vitiligo may progress to involve the dermal follicular reserve and to destroy melanocyte stem cells [1]. Although the global prevalence of vitiligo is less than 1%, in some populations, it may be as high as 3% of the population [1]. Classically, vitiligo has been classified into segmental and non-segmental variants, depending on the distribution of skin depigmentation [2]. Vitiligo can cause psychological stress, especially in dark-skinned individuals for whom it causes concerning cosmetic skin changes. Also, in some parts of the world, such as in rural India, vitiligo is considered to be a social stigma, particularly for young girls.

Vitiligo is an autoimmune condition in which multiple immune response genes are believed to be involved [3]. Studies have shown that vitiligo may be caused by a response to oxidative stress, mediated by T-cells and involving mediators such as tumor necrosis factor alpha (TNF α), heat shock protein 70 (Hsp70), and interleukin 1 alpha (IL-1 α) [4–6]. Melanocyte destruction is initiated by an imbalance in the production of reactive oxygen species (ROS) that causes free radical damage to the skin melanocytes, leading to protein structural damage, cell apoptosis, activation of cytokines, and damage to cell endoplasmic reticulum (ER) [4–6]. The severity of vitiligo may be assessed by measuring superoxide dismutase, a byproduct of oxidative stress that increases when vitiligo is active but regresses when the lesions become stable [4–6]. Cytokines and chemokines such as C-C chemokine ligand 5 (CCL5), CXC chemokine ligand 12 (CXCL12), interleukin 1 alpha (IL-1 α), and tumor necrosis factor alpha (TNF α) have been shown to have a major role in inducing autoantigen presentation and recruitment of antigen-presenting cells (APCs) and activated T-cells and to have a role in destruction of the skin melanocytes, supporting the autoimmune etiology of vitiligo [1,7–11].

Currently, the available treatment options for patients with vitiligo have limited effectiveness, particularly for patients with vitiligo of the acral areas, which are resistant to treatment due to the lack of hair follicles that can serve as reservoirs for melanocytes [1,2]. 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 [1,12–14]. However, no therapeutic study has yet shown long-term benefits using these criteria, and further research is required to establish evidence for the effective treatment of vitiligo [1,12–14]. There has been at least one prospective observational clinical study that has investigated the effectiveness of classical homeopathic treatment of vitiligo [15], with a further prospective observational clinical study involving homeopathic treatments given based on characteristic individualized patient symptoms [16,17]. However, to our knowledge, we now report the first retrospective case series describing the long-term effects of the homeopathic treatment of vitiligo.

The aim of the study is to have a brief review of the condition of vitiligo and to evaluate the role of Homeopathy as an effective mode of treatment in patients suffering from this condition

II. RESEARCH METHODOLOGY

A series of 10 cases of vitiligo are presented that were treated with individualized homeopathic treatments. There were 4 women and 6 man in the case series, with a mean age 29.8 years, and a mean follow-up from treatment of 58 months. The mean time between the onset of the appearance of vitiligo and the first consultation at our clinic was 96 months. Homeopathic treatment for patients is holistic and was performed on an individualized basis. All patients were treated according to the laws of classical homeopathy. The selection of the homeopathic treatment for these 10 patients was made according to the individual patient symptoms. Initially, each patient was assessed in detail for their psychological and physical symptoms, and the homeopathic treatment was selected for each patient. In most cases, one homeopathic remedy was prescribed and was used sequentially. Patients were followed-up during treatment for a mean time of 58 months. The cases that were treated in the early stages recovered more quickly and completely. However, in other cases, where the skin de-pigmentation had been established for a long period and did not resolve, once the homeopathic treatment began, other health problems improved well while the skin lesion covered very slowly.

III. OBSERVATIONS AND RESULTS:

Vitiligo invariably affects all age groups and both male and females. Among the 10 cases of vitiligo, 3 males, 4 females and 3 children were affected. (Fig-1).

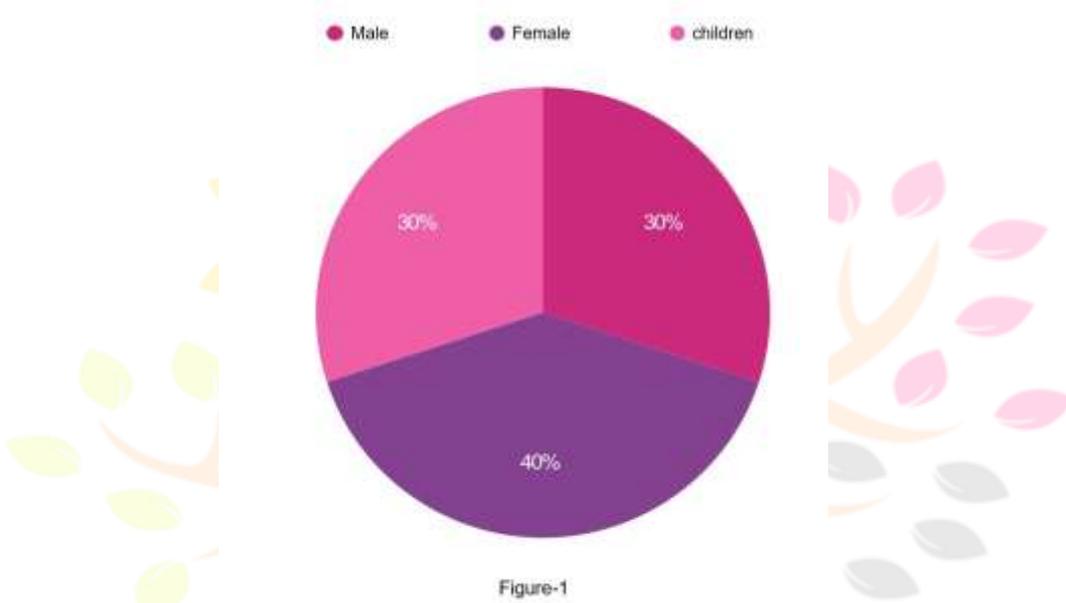


Figure-1

Vitiligo is also associated with many diseases. Among the 10 cases, 2 patients had associated hypothyroidism, 2 patients had conditions of COPD, one patient had allergic rhinitis, one patient had hypertension and one patient had diabetes mellitus. A strong autoimmune association with condition of hypothyroidism has been found. (Fig-2).

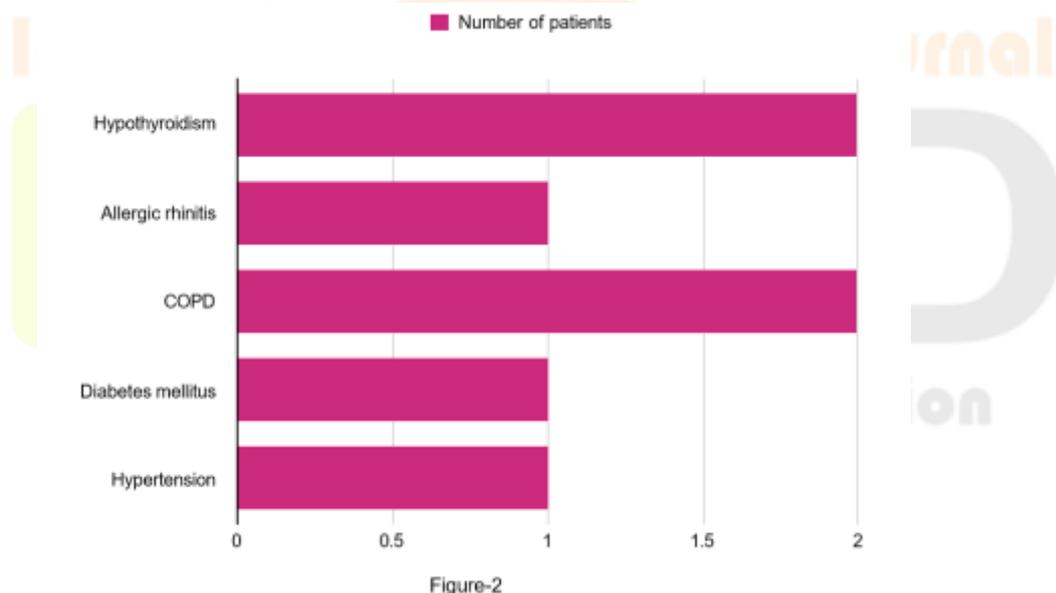


Figure-2

Patient who presented to the OPD in comparatively shorter time from the onset of symptoms had better improvement than others. (Fig-3)

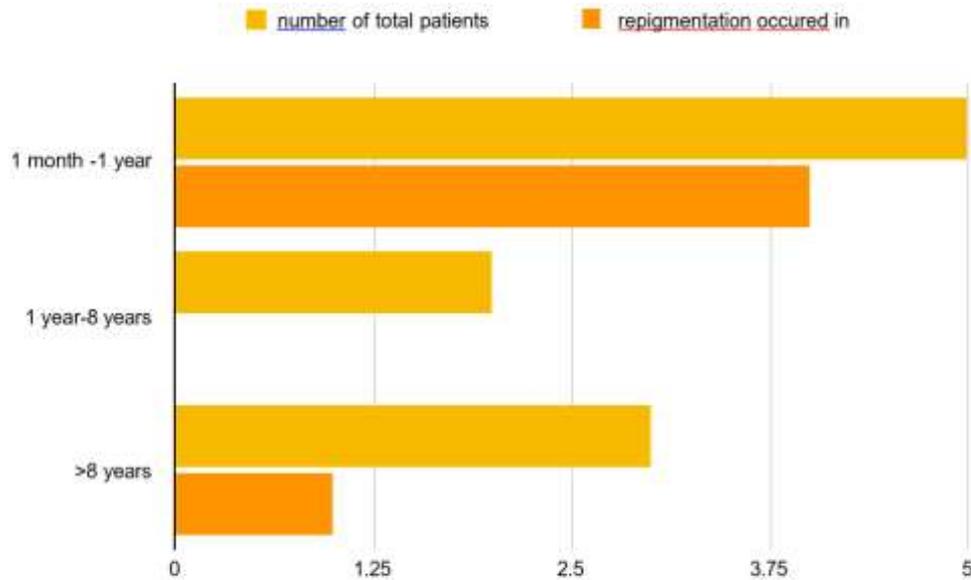


Figure-3

IV. DISCUSSION:

This retrospective study of a series of 10 cases of vitiligo treated with individualized homeopathic compounds showed that although vitiligo is a primary autoimmune disease of the skin, patients with vitiligo may have involvement of multiple systems of the body. This case series showed that prolonged periods of psychological stress might be involved in the onset and progression of the vitiligo. These associations may support the view that psychological stress and the onset of autoimmune conditions are closely connected [17]

Homeopathic medicine includes a holistic approach to the understanding of the patient and integrates this approach to provide individualized patient treatment [18,19]. Certain diseases may manifest when genetic predisposition combines with stress, and homeopathy recognizes these factors [18]. Homeopathy considers the patient's susceptibility to certain kind of stress, which means that homeopathy can be more successful during the early development of a disease, even before conventional medicine usually begins [18,19]. The range of action of homeopathic medicine aims to strengthen the action of the immune system through the primary understanding that symptoms are an attempt by the immune system to achieve balance [18,19]. Through the application of the principle of resonance, the basis of homeopathic medicine is that if a substance is capable of producing a similar symptom profile in a healthy organism, then the likelihood of its strengthening of the body's defense mechanisms in a diseased body with the same symptoms is great [18,19]. The fundamental pillar of the science of homeopathy is that 'like cures like' [19]. The basis for homeopathy is that any substance (plant, animal, mineral, or metal) that can affect the human health can serve as a medication, when in the right form. Homeopathic medicines are prepared through serial dilutions and using a frictional process called 'succussion' or potentization, resulting in no traceable 'material' left in the solution, therefore enabling a safe use of toxic substances that may otherwise prove fatal [20]. The symptoms obtained through 'proving' of the homeopathic compounds on healthy humans serve as the basis for their prescription in diseased individuals. Because the main therapeutic rule in homeopathy is *Similia Similibus Curentur (let like be treated by like)*, homeopathy has the advantage of taking the causes of diseases and their effects into account [20]. Therefore, homeopathic treatment, when given in a timely fashion, may bring lasting improvement for autoimmune disease, when homeopathy is applied in the early stages [20].

The experience of a homeopath treating vitiligo is that the lesions may firstly stop spreading, and existing lesions do not increase in size, and no new lesions appear. Secondly, re-pigmentation may occur, and the borders of the lesions that were formerly diffuse become more clearly marked, indicating cessation of spread. The quality of life for the patient may improve and the symptoms of associated diseases, such as thyroid dysfunction, may also improve [21,22]. These clinical responses to homeopathic treatment in patients with vitiligo may be considered to be an ideal response to treatment [13]. However, for an optimal response to homeopathic treatment to occur, treatment should begin when the body has not suffered the effects of the disease for long and before the immune response becomes irreversible. In the 10 cases of vitiligo treated with homeopathy and presented in this case series, the longer the time that elapsed between the onset of vitiligo and the homeopathic consultation, the more difficult it was to obtain a good clinical response. The cases of vitiligo that presented in the advanced stages required more homeopathic remedies and in a correct sequence to see clinical change. An explanation of these findings may have been that the health level of the patients had worsened with time and that the immune system needed more stimulation and time to bring about a positive clinical effect on vitiligo [23].

V. CONCLUSION:

In 10 patients with vitiligo treated with individualized homeopathy, the best results were achieved in the patients who were treated in the early stages of their disease. We believe that homeopathy may be effective in the early stages of vitiligo, but large controlled clinical studies are needed in this area.

References

1. Jain A, Mal J, Mehndiratta V, et al. Study of oxidative stress in vitiligo. *Indian J Clin Biochem.* 2010;26(1):78–81.

[PMC free article] [PubMed] [Google Scholar]

2. Taieb A. Intrinsic and extrinsic pathomechanisms in vitiligo. *Pigment Cell Res.*2000;13(S8):41–47. [PubMed] [Google Scholar]
3. Jin Y, Birlea S, Fain P, et al. Variant of TYR and autoimmunity susceptibility loci in generalized vitiligo. *New Engl J Med.* 2010;362(18):1686–97. [PMC free article] [PubMed] [Google Scholar]
4. Alghamdi KM, Khurram H, Taieb A, Ezzedine K. Treatment of generalized vitiligo with anti-TNF- α agents. *J Drugs Dermatol.* 2012;11(4):534–39. [PubMed] [Google Scholar]
5. Manga P, Elbuluk N, Orlow SJ. Recent advances in understanding vitiligo. *F1000Research.* 2016;5:F1000. Faculty Rev-2234. [PMC free article] [PubMed] [Google Scholar]
6. Eleftheriadou V, Whitton M, Gawkrödger D, et al. Future research into the treatment of vitiligo: where should our priorities lie? Results of the vitiligo priority setting partnership. *Br J Dermatol.* 2011;164(3):530–36. [PMC free article] [PubMed] [Google Scholar]
7. Maresca V, Roccella M, Roccella F, et al. Increased sensitivity to peroxidative agents as a possible pathogenic factor of melanocyte damage in vitiligo. *J Invest Dermatol.* 1997;109(3):310–13. [PubMed] [Google Scholar]
8. Rezk A, Kemp D, El-Domyati M, et al. Misbalanced CXCL12 and CCL5 chemotactic signals in vitiligo onset and progression. *J Invest Dermatol.* 2017;137(5):1126–34. [PubMed] [Google Scholar]
9. Yang L, Wei Y, Sun Y, et al. Interferon-gamma inhibits melanogenesis and induces apoptosis in melanocytes: A pivotal role of CD8+ cytotoxic T lymphocytes in vitiligo. *Acta Derm Venereol.* 2015;95(6):664–70. [PubMed] [Google Scholar]
10. Xie H, Zhou F, Liu L, et al. Vitiligo: How do oxidative stress-induced auto- antigens trigger autoimmunity? *J Dermatol Sci.* 2016;81(1):3–9. [PubMed] [Google Scholar]
11. Singh M, Shoab Mansuri M, Parasrampurua MA, Begum R. Interleukin 1- α : A modulator of melanocyte homeostasis in vitiligo. *Biochem Anal Biochem.* 2016;5:2. [Google Scholar]
12. Whitton M, Pinart M, Batchelor J, et al. Interventions for vitiligo. *Cochrane Database Syst Rev.* 2015;(2):CD003263. [PMC free article] [PubMed] [Google Scholar]
13. Parsad D. A new era of vitiligo research and treatment. *J Cutaneous Aesthetic Surg.* 2013;6(2):63–64. [PMC free article] [PubMed] [Google Scholar]
14. Alsubait N, Mulekar S, Al Issa A. Failure of non-cultured melanocyte – keratinocyte transplantation in periungual vitiligo: A case report. *J Dermatol Dermatol Surg.* 2015;19(2):123–25. [Google Scholar]
15. Ganguly S, Saha S, Koley M, Mondal R. Homeopathic treatment of vitiligo: An open observational pilot study. *Int J High Dilution Res.* 2013;12(45):168–77. [Google Scholar]
16. Swami S, Dasgupta S, Basu S, Swarnakar G. Significant remission of vitiligo by ultradiluted alternative medicines. *Asian Journal of Pharmaceutical Clinical Research.* 2012;5(2):33–35. [Google Scholar]
17. Trapp E, Trapp M, Sampogna F, et al. Autonomic nervous tone in vitiligo patients – a case-control study. *Acta Derm Venereol.* 2015;95(2):169–72. [PubMed] [Google Scholar]
18. Vithoulkas G, Carlino S. The “continuum” of a unified theory of diseases. *Med Sci Monit.* 2010;16(2):SR7–15. [PubMed] [Google Scholar]
19. Vithoulkas G. *Homeopathy: The Energy Medicine.* 1st ed. Athens: International Academy of Classical Homeopathy; 2013. The basic principles of homeopathy. [Google Scholar]
20. Vithoulkas G. *The science of homeopathy.* New York: Grove Press; 1980. pp. 91–92. [Google Scholar]
21. van Geel N, Speeckaert M, Brochez L, et al. Clinical profile of generalized vitiligo patients with associated autoimmune/autoinflammatory diseases. *J Eur Acad Dermatol Venereol.* 2013;28(6):741–46. [PubMed] [Google Scholar]
22. Xianfeng C, Yuegen J, Zhiyu Y, et al. Pediatric patients with vitiligo in Eastern China: Abnormalities in 145 cases based on thyroid function tests and immunological findings. *Med Sci Monit.* 2015;21:3216–21. [PMC free article] [PubMed] [Google Scholar]
23. Vithoulkas G, Woensel E. *Levels of health.* Alonissos, Greece: International Academy of Classical Homeopathy; 2010. [Google Scholar]