

CASE RECORD

A Case of Vitiligo Treated by Sulphur

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Vitiligo, as a cosmetic problem, is a source of great embarrassment to dark skinned people. An attempt was made by the Central Council for Research in Homoeopathy (CCRH) to ascertain the role of homoeopathic therapy and to identify homoeopathic medicines useful in the management of Vitiligo. Here is a case from the ongoing clinical research study on vitiligo at Regional Research Institute (Homoeopathy), Puri, treated by Sulphur. The case was followed up over a period of 2 years with marked improvement in white patches which is evident from the photographs.

Key words: homoeopathy; vitiligo; sulphur

Introduction

Vitiligo is an acquired idiopathic depigmentary condition, which though worldwide in distribution, is most common in India, Egypt and other tropical countries.¹

Vitiligo affects approximately 1-4% of the world population². However its incidence ranges from 0.1 to >8.8 across the country and in different countries of the globe. The highest incidence has been recorded in Indians from the Indian sub-continent, followed by Mexico and Japan.³ Adults and children of both sexes are equally affected although the greater number of reports among females is probably due to the greater social consequences to women and girls affected by this condition.

Onset of vitiligo is usually more in childhood or in young adults (20–30 years of age) and in about 30 % there is a positive family history. The cause of vitiligo is not yet fully understood⁴. One of the most longstanding and popular hypotheses considers vitiligo as an autoimmune disease⁵.

The disease appears symmetrically, usually in the face, but also on the nape of neck, axillae, elbows, hands, knees and genitals. Vitiligo usually occurs in a localized or generalized pattern, as well as rarely in a

dermatome. Vitiligo can run a rapidly progressive course or remain stationary.⁴

In India and elsewhere also men, women and children with vitiligo face severe psychological and social problems. It is more acute in the case of young women and children. It is thus an important skin disease having major impact on the quality of life of patients suffering from vitiligo. Appearance of this disease can affect an individual self-image, and any pathological alteration can have psychological consequences. The lesions located on the fleshy regions of the body may show better chance of recovery in contrast to that on bony / friction points.⁶

Depending on the form of vitiligo and its distribution in different locations there are varying rates of success in the treatment of this disease. *Principally, results of any treatment are better on the face and neck, less so on the trunk and poorest on distal extremities.* Vitamin D3 analogues such as calcipotriol do not show convincing results either as monotherapy or in combination treatment. TIM produce results similar to topical corticosteroids and are better tolerated, so they represent a reasonable option. There are side effects too in the above mentioned treatments like erythema, xerodermia, pruritus, acneiform pustules and telangiectasia⁴.

Many cases are documented in homoeopathic journals regarding the therapeutic efficacy of homoeopathic medicines in the treatment of vitiligo.⁷⁻¹⁹ But till date no attempt has been made to assess the improvement of the patches basing on some score or scale.

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Keeping all these previous works in view, Central Council for Research in Homoeopathy has made an effort to establish the usefulness of homoeopathic therapy in the treatment of vitiligo through a multicentric open clinical trial. Here is the summary of an improved case of segmental vitiligo from the ongoing project carried out at Regional Research Institute (H), Puri.

Data Collection

The case was selected from the OPD of Regional Research Institute (Homoeopathy), Puri, where the project of Vitiligo is ongoing. Case was enrolled as per the protocol of the clinical study on vitiligo and baseline assessment was done accordingly. The assessment score chart was developed by the Central Council for Research in Homoeopathy for the project. The photographs were also taken at fixed intervals.

Case summary

A 26 year old young man presented with depigmented patches on face (below the eyes) and neck since 2^{1/2} yrs. Along with this, he also complained of eructation which was worse after food, incontinence of urine with sudden urging and sticky watery discharge from ears since 5 yrs which was worse after head bath.

Lesions first appeared on forehead which disappeared of its own and then gradually appeared

below eyes, on lips and on neck. The lesions were of progressing type. The patient did not receive any treatment for the above complaints prior to this visit.

There was no family history of vitiligo. Childhood history was uneventful. He discontinued studies from Std. IX due to his lack of interest. He started working in a cloth shop from 15 yrs of age.

Patient had desire for sweets and fried food and cold climate; was intolerant to warm weather with profuse perspiration from soles. There was sudden urging for urination.

He was mild, gentle and had a clear conception. He was dark complexioned and moderately built, weight 60 kgs. and height 160 cms; blood pressure maintained at 120/80 mm of Hg, Pulse rate of 75/minute and Respiratory rate 20/minute. On examination: tenderness of left hypochondria on palpation, no other systemic abnormality was detected.

Baseline assessment in the first visit was done using a form with the variables as shown in Table 1 and the same was used for the assessment of improvement during follow ups.

The totality of the case was constructed as under:

- Hot patient

Table 1: Assessment of baseline symptoms (Symptoms found in patients as on 8.4.08 are mentioned in italics)

Type	0 Improving	1 Stationary	2 Resistant	3 Progressive
Site of the lesion		1 Follicular	2 Mucosal	3 Acral
No of Patches	0 Absent	1 Single patch	2 Segmentary	3 Generalized/ Universal
Hair in patch	0 Black		2 White	
Margins of patch		1 Normal	2 Inflamed	
Colour of patch	0 Normal (Body colour)	1 Pigment spots on patch	2 Pink/red (exclude mucus membrane)	3 Milky white (pink on mucous membrane)
Re-pigmentation	0 Fully pigmented	1 Perifollicular pigmentation	2 Hyper- pigmentation of margins	3 No pigmentation

- Desires sweets
- Profuse perspiration from soles
- Sudden urging to urinate
- White discoloration of skin
- Eructations <after eating.
- Sticky watery discharge from ear <head bath.

Complete Repertory (Homopath Classic 8.0 version) was referred for repertorisation of the case. The first prescription was Merc. sol. 30/1 dose on 16. 12. 06 after analyzing the reportorial result basing upon the characteristic indications of the medicine. Follow up of the case was done periodically as per protocol.

The patient was followed up for nearly 4 months with no significant changes. A dose of Merc.sol. 30 was repeated on 7. 4. 07. Thereafter patient discontinued the treatment and turned back after 1 year with intensified white patches.

On 8. 4. 08, re-casetaking was done and the symptoms were white discoloration of skin specially marked over face (below eyes, on lips and on neck). The lesions were progressive type. Alongwith this, he also had anorexia, desire for sweets, constipation with unsatisfactory stool, profuse perspiration from soles, yellowish urine, pain in right hypochondrium, < after eating, sleep normal but position was right side and thermal reactions favoured towards hot patient.

His systemic examinations were found to be within normal limits, except pain in right hypochondrium on palpation. The totality was reviewed and medicine was selected after repertorising the present totality as given under.

- Hot patient
- Desires sweets
- Reduced appetite
- Constipation- unsatisfactory stool
- Profuse perspiration from soles of feet
- Yellow discoloration of urine
- Sleep position - right side
- Pain in left hypochondrium <after eating
- White discoloration of skin.

His baseline assessment score was 14 (Table -1) and he was prescribed Sulphur 30/ 1 dose after reportorial analysis (Table -2). Thereafter regular follow up was done and the patient is still under observation. The follow ups and the scoring of the case are given in Table- 3 & 4.

In the last visit it was found that, the white patches under and around the eyes were almost disappeared and there was about 70% improvement in the spots of neck region.

Discussion and Conclusion

In the above case of Vitiligo, initially a medicine was selected (Merc.sol.) basing upon the totality of symptoms and analyzing the case but the patient did not show any improvement after taking that medicine. The patient discontinued treatment thereafter and again came back after one year with depigmented patches but this time it was found intensified although he did not use any other medicine and medication during this period. The case was re-analysed taking the presenting totality and **Sulphur** was the medicine selected. Sulphur in 30C potency, single dose was prescribed.

Table 2 : Repertorization chart

Remedy Name	Sulph	Lyc	Ars	Nit-ac	Aur	Calc	Nat-c	Nat-m	Sep	Alum	Phos	Puls
Totality	18	14	13	13	12	12	12	12	12	12	11	11
Symptom Covered	8	7	8	7	7	7	7	7	7	6	6	6
[C] [Generalities]Food and drinks:Sweets:Desires:	3	3	3	2		2	2	1	2		2	2
[C] [Generalities]Heat:Sensation of:	3	3	1	2	2	2	1	3	1	2	2	3
[C] [Stomach]Appetite:Diminished:	1	2	1		2	1	1	1	1	3	1	1
[C] [Rectum]Constipation:Insufficient, incomplete, unsatis	3	2	1	3		1	3	3	2	2		
[C] [Extremities]Perspiration:Foot:Sole:	2		1	3		2		2				2
[C] [Urine]Color:Yellow:Light:			1	1	3		2		3	1		
[C] [Sleep]Position:Side, on:Right:	1	2	2		1						3	1
[C] [Abdomen]Pain:General:Hypochondria:Left:	1	1		1	1	2	1	1	1	2	1	2
[C] [Abdomen]Pain:General:Hypochondria:Eating, after Agg					1							
[C] [Skin]Discoloration:White Spots, vitiligo:	2	1	3	1	2	2	2	1	2	2	2	

Table 3 : Follow- ups

Date	4. 01. 07	7. 04. 07		8.4. 08	13. 05. 08	18. 07. 08
Type	Stationary	No change in the parameters	Patient did not turn up thereafter till 1 year. Reported on 8.04.08 and 'Totality of symptoms' reviewed	Progressive	Resistant	Improving
Site of lesion	Acral			Acral	(There was no change in other parameters)	Acral
No. of patches	Segmentary			Segmentary		Segmentary
Hair in patch	Black			Black		Black
Margins of patch	Normal			Normal		Normal
Color of patch	Pink/red			Pink/red		Pigment spots on patch
Repigmentation	No pigmentation			No pigmentation		Hyperpigmentation of margins
Baseline score	12	12		14	13	8
Medicine	Placebo	Merc.sol. 30/1d		Sulphur 30/ 1 dose	Sulphur 30/ 1 dose	Placebo

Table 4 : Follow- ups (Contd.)

Date	26. 08. 08	3. 10. 08	4. 11. 08	16. 12. 08	6. 2. 09	15.10.09
Type	Improving	Improving	Improving	Improving	Improving	Improving
Site of lesion	Acral	Acral	Acral	Acral	Acral	Acral
No. of patches	Segmentary	Segmentary	Segmentary	Segmentary	Segmentary	Segmentary
Hair in patch	Black	Black	Black	Black	Black	Black
Margins of patch	Normal	Normal	Normal	Normal	Normal	Normal
Color of patch	Pigment spots on patch	Pigment spots on patch	Pigment spots on patch	Pigment spots on patch	Pigment spots on patch	Pigment spots on patch
Repigmentation	Hyperpigmentation of margins	Perifollicular pigmentation	Perifollicular pigmentation	Perifollicular pigmentation (white spots are improving, spots on left eye cleared off)	Perifollicular pigmentation.	Although there is no change in baseline score but there is marked improvement in the patches of affected parts as evidenced from the photographs.
Baseline score	8	7	7	7	7	7
Medicine	Placebo	Placebo	Placebo	Placebo	Placebo	Placebo

The patient improved markedly with this remedy with very few repetitions (2 doses of Sulphur 30) followed by placebo in a very short period. The depigmented spots on his face were almost completely disappeared and repigmentation marked on the neck. The patient has

been continuing Placebo till date with steady improvement.

The results of the case re- established the strength of homoeopathic principles and philosophy along with

Photographs showing the vitiligo patches of face and neck at entry, during and after treatment.



Pic. 1 (At entry) Dec. '06



Pic. 2 Dec. '06



Pic. 3 Aug. '08



Pic. 4 Aug. '08



Pic. 5 Dec. '08



Pic. 6 Dec. '08

Photographs showing the vitiligo patches of face and neck at entry, during and after treatment.



Pic. 7 Feb. '09



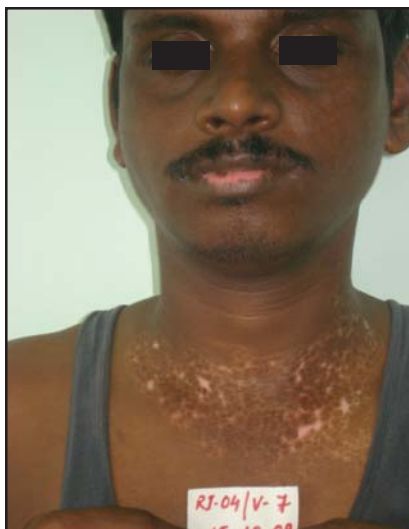
Pic. 8 Feb. '09



Pic. 9 Oct. '09



Pic. 10 Oct. '09



the concept of Individualization. Along with the chief complaint (vitiligo), all other associated complaints of the patient (like pain in hypochondrium, anorexia, yellowish urine and constipation with unsatisfactory stool, profuse perspiration from soles) were also improved. This reconfirms the holistic concept of homoeopathy and individualization advocated by Hahnemann.

This case again serves as an example of external one sided disease (Local disease) as mentioned in the Organon of medicine. As stated by Hahnemann local diseases are not the manifestations of the local part but of the whole individual²⁰. It's the person who is sick, not the part of the body and therefore it is the sick person who is to be treated not a single part. In this study an attempt has been made to evaluate the problems of the patient in the context of the whole person- physically, mentally and emotionally. Unlike the conventional system, homoeopathic philosophy states that if the organism is brought back into balance, the symptoms of disease will resolve accordingly.

It was found that though there was marked improvement in the hypopigmented patches of the patient but as per baseline score the quantitative estimation of improvement puts the patient in the moderate improvement category due to the unchanged variables.

However, this case speaks about the success of homoeopathy in the treatment of vitiligo. The outcome of the multicentric clinical study after its completion will further reveal the effect of homoeopathic medicines in the patients suffering from vitiligo.

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