

## ORIGINAL ARTICLE

# A multicentric observational study to evaluate the role of homoeopathic therapy in vitiligo

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### ABSTRACT

**Background:** Vitiligo has an immense psychological impact on the affected individual and a reason for low self-esteem. Considering the disappointing outcomes, A multicentric open clinical study was undertaken by the Central Council for Research in Homoeopathy, at five institutes and units in India from October 2005 to September 2010.

**Aims and Objectives:** This observational study aimed to see the usefulness of homoeopathic therapy in the management of vitiligo.

**Materials and Methods:** 432 patients of all age groups suffering from vitiligo were enrolled in the study. Out of that, 169 patients completed 2 years of follow-up and were considered for analysis. Homoeopathic medicines, based on the totality of symptoms and repertorization were prescribed. The analysis of the cases was based on the Vitiligo Symptom Score (VSS) and photographs of the patients. Result was analyzed using statistical method of SPSS version 20.

**Results:** The changes in the mean VSS at intervals of every 6 months was found to be statistically significant. Homoeopathic treatment was found to be useful in relieving vitiligo in varying degrees in 126 patients, out of which 4 (2.94%) cases showed marked improvement, 15 (11.03%) cases showed moderate improvement, 77 (56.62%) cases showed mild improvement, and 30 patients although improved, fell in the category of not significant improvement group (below 25% improvement). Ten homoeopathic medicines were found useful in the study of which *Sulphur* ( $n = 27$ ), *Arsenicum album* ( $n = 19$ ), *Phosphorus* ( $n = 19$ ), and *Lycopodium clavatum* ( $n = 10$ ) were the most commonly indicated and useful medicines.

**Keywords:** Homoeopathy, Multicenter open clinical trial, Observational study, Vitiligo

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## INTRODUCTION

Vitiligo is an acquired loss of pigmentation characterized histologically by the absence of epidermal melanocytes. It may be an autoimmune disease associated with antibodies to melanocytes, but the pathogenesis is still not understood. Studies suggest there is some genetic mechanism involved in the etiology of vitiligo and that it is polygenic in nature.<sup>[1]</sup>

Vitiligo is the most prevalent pigmentary disorder occurring worldwide, affecting about 1% of the world population irrespective of age, race, ethnic origin or skin color.<sup>[2]</sup>

Although any part of the skin and/or mucous membranes may be affected, the disease has a predilection for normal hyperpigmented regions such as the face, groin, axillae, areola, and genitalia. Furthermore, lesions may develop in other areas such as the ankles, elbows, knees which are subjected to repeated trauma/friction, an outcome of Koebner's phenomenon.<sup>[3]</sup> White areas are common around the body openings such as the eyes, nostrils, mouth, nipples, umbilicus and anus and beside these, the palms, soles, scalp and mucous membranes may also be affected.<sup>[1]</sup>

The disease is having a major impact on the quality of life of patients. Many patients feel distressed and stigmatized by their condition. Most of the patients report the feelings of embarrassment, which can lead to a low self-esteem and social isolation.<sup>[4]</sup>

Available treatment options are disappointing and sufferers often use various forms of camouflage (remedial cosmetic cover creams) to conceal the blemish of vitiligo temporarily.<sup>[5]</sup> In the surgical method, cellular grafts have an established role in the management of vitiligo. However, possible risk of cancer, the cost of treatment, and the need for special reagents are its disadvantages.<sup>[6]</sup> Instead, phototherapy with narrow band ultraviolet B therapy and psoralen + UVA therapy are the most recent advances in the medical front.<sup>[7]</sup>

Unlike other systems of treatment, Homoeopathy treats the local maladies as the local expression of the internal derangement. The exact treatment is determined only after in depth evaluation of individual case for enhancing the body's own pigment system naturally. The scope of homoeopathic treatment extends beyond the physical symptoms and the approach is more holistic

in nature. Homoeopathy, does not consider any one part as being ill but considers the manifestations of illness in one part in its relation to the whole man.<sup>[8]</sup> The management of vitiligo goes no exception to it.

Many cases are documented in homoeopathic journals regarding the therapeutic value of Homoeopathy in vitiligo by different clinicians.<sup>[9-18]</sup>

## OBJECTIVES

A multicentric open clinical trial was taken up by the Central Council for Research in Homoeopathy, with a primary objective to identify usefulness of individualized homoeopathic medicine in repigmentation of the patches in patients suffering from vitiligo and a secondary objective to identify a group of homoeopathic medicines in the management of this disease.

## MATERIALS AND METHODS

### Design

This was a multicenter, observational study conducted at Regional Research Institute, Gudivada (Andhra Pradesh); Regional Research Institute, Puri (Odisha); Homoeopathic Drug Research Institute, Lucknow (Uttar Pradesh); and Clinical Research Unit, Chennai, (Tamil Nadu), India from October 2005 to September 2010. The study was conducted in accordance with the Declaration of Helsinki on Human Experimentation. The Council's Ethical Committee approved the study protocol. The investigators engaged in the study collected all data as per a pre-designed protocol. These investigators were trained on the protocol before initiation of the study. A dermatologist was engaged as a consultant at each study center to assess the study participants as per the protocol. The study is registered in Clinical Trial Registry of India vide registration number CTRI/2012/04/002591.

### Patient and Settings

Patients of either gender, identified in the outpatient department (OPD) of the respective research centers, fulfilling the inclusion criteria, were enrolled in the study only after getting the written informed consent. In case of minors, written informed consent was obtained from the parents/guardians of the patients. All the patients presenting with vitiligo without any systemic disorder were included in the study. 432 patients, including of 227 males and 205 females were

enrolled in the study after screening 698 patients. Patients with any severe systemic disease, pernicious anemia, alopecia areata, lichen planus, psoriasis, Down's syndrome, hypothyroidism, Hyperthyroidism, Addison's disease, Systemic lupus erythematosus, Graves disease and those unable were excluded from the study.

The investigators made an in-depth interview with each patient and his/her guardian, as per the guidelines laid down by Dr. S. Hahnemann in Organon of Medicine.<sup>[19]</sup> For this purpose, a specially evolved case recording form was used for case taking. Care was taken to record the details of evolution of the complaints, Case processing was done through analysis and evaluation of symptoms, miasmatic diagnosis, and determining the totality of symptoms. A selection of medicine of each patient was done with the Complete Repertory in consultation with Materia Medica. The severity of the vitiligo symptoms were measured by a Vitiligo Symptom Score (VSS) Sheet which was developed by the Council in order to get a quantitative assessment of improvement of all the enrolled cases, at baseline and during each follow-up of the patients [Table 1]. This scale was approved by the Scientific Advisory Committee of the Council. The severity of vitiligo was categorized on the basis of baseline scores as mild (1–6), moderate (7–12) and severe (13–19). Physical examination was done for all the enrolled cases by the consultant dermatologist of every study center, at baseline and at every follow-up visit of the patient. Photographs of the patients were taken, focusing vitiligo affected areas at the baseline as well as during every follow-up.

### Treatment and follow-up

Each patient was administered a single dose of the indicated medicine in 30C potency, consisting of four pills, size 40, on empty stomach and placebo, three times a day for one month, from next day onward. As per the instructions in Hahnemann's Organon of Medicine and Kent's twelve observations, each patient was followed up every month, and subsequent prescriptions were made. Assessment of improvement was done after all the potencies (30, 200, and 1M) of the selected remedy had been used.

The change in symptom score was assessed using the formula:  $\frac{\text{Baseline score} - \text{score at end}}{\text{Baseline score}} \times 100$ . Patients

**Table 1: Baseline data**

	n (%)	
	Per protocol (n-169)	ITT (n-432)
<b>Institute/Unit</b>		
CRU, Chennai	58 (34.2)	82 (19)
RRI, Gudivada	62 (36.69)	246 (56.9)
HDRI, Lucknow	12 (7.10)	53 (12.3)
RRI, Puri	37 (21.89)	51 (11.8)
<b>Sex</b>		
Male	93 (55)	227 (52.5)
Female	76 (45)	205 (47.5)
<b>Age</b>	34.4±18.8	34.7±18.3
<b>Symptoms</b>		
Type		
Improving	1 (0.6)	20 (4.6)
Static	20 (11.8)	78 (18.1)
Resistant	12 (7.1)	18 (4.2)
Progressive	136 (80.5)	316 (73.1)
<b>Lesion</b>		
Follicular	36 (21.3)	96 (22.2)
Mucosal	27 (16.0)	92 (21.3)
Acral	106 (62.7)	244 (56.5)
<b>Patches</b>		
Single patch	21 (12.4)	34 (7.87)
Segmentary	40 (23.6)	76 (17.59)
Generalized	108 (63.9)	153 (35.41)
<b>Hair in patch</b>		
Black	125 (74)	332 (76.9)
White	37 (21.9)	85 (19.7)
No hair	7 (4.1)	15 (3.4)
<b>Margin of patch</b>		
Normal	168 (99.4)	423 (97.9)
Inflamed	1 (0.6)	9 (2.1)
<b>Colour of patch</b>		
Normal	0 (0.0)	13 (3.0)
Pigment spots	14 (8.3)	34 (7.9)
Pink/red	55 (32.5)	112 (25.9)
Milky white	100 (59.2)	273 (63.2)
<b>Re-pigmentation</b>		
Fully pigmented	0 (0.0)	13 (3.0)
Perifollicular pigmentation	3 (1.8)	15 (3.5)
Hyper pigmentation of margins	9 (5.3)	25 (5.8)
No pigmentation	157 (92.9)	379 (87.7)

ITT: Intention to treat

with 75–100% improvement were considered as marked, 50–74% as moderate improvement, 25–49% as mild improvement, <25 as not significant improvement, no change in base line score as static, an increase in symptoms score was considered as worse.

### Statistical analysis

The statistical analysis of all the baseline components such as type of lesions, patches, hair in patch, margin of patch and re-pigmentation of the patches were compared at the end of treatment by Friedman test and the baseline score values and all the mean values were compared by using repeated ANOVA test and McNemar test, wherever applicable, by using the SPSS 20 software.  $P < 0.05$  was considered as significant.

### RESULTS

Out of 698 patients screened, 266 patients were excluded due to various reasons and 432 patients were included in the study. Out of these included patients, 169 patients (93 males and 76 females) completed 2 years treatment and follow-up as per protocol and were analyzed after the conclusion of the study. At the end of the study, it was seen that some patients did not turn up for the complete follow-up; instead, they were followed up partially for 6 or 12 or 18 months with some improvement. Those cases were analyzed separately under intention to treat (ITT) group and the results were compared and it was identified that even in a short-term follow-up, those patients did show a positive result with homoeopathic medicines.

It was found that generalized type ( $n = 108$ , 50.9%) was the most common type of vitiligo, followed by segmental type ( $n = 40$ , 36.7%) and single patch lesions ( $n = 21$ , 12.4%). Similarly in the ITT group generalized type was found in 153 (38.9%) patients, segmental type found in 76 (48.4%) patients, and single patch lesions in 34 (12.7%) patients [Table 1].

The changes in VSS variables with the outcome status, of the cases with complete 2 years follow-up were studied (before and after treatment). The results of all the variables were found statistically significant at  $P < 0.05$  [Table 2].

As per the distribution of site of lesion, it was found that the acral variety was the most common ( $n = 106$ , 62%) form of vitiligo followed by follicular ( $n = 36$ , 21.3%) and mucosal ( $n = 27$ , 16%) [Table 2]. Post treatment results showed significant improvement in the per protocol group that is, treatment group ( $P = 0.001$ ,  $<0.05$ ) [Table 2].

On analyzing the type of patches, progressive type was the commonest of all ( $n = 136$ , 80.5%).

The patches were found to be stationary in 20 patients (11.83%) and resistant in [12 (7.1%) patients. It was also seen in the ITT group that 180 cases (73.1%) were of progressive type, 58 cases (18.1%) of stationary type, and 6 cases (4.2%) of resistant type. Post treatment results showed significant improvement in both the groups. The number of progressive cases reduced to 30 after treatment in the per protocol group whereas 103 cases were in the improving category.

Out of 169 cases, 78.1% ( $n = 132$ ) patients were found to be of severe intensity and 21.9% ( $n = 37$ ) patients of moderate intensity at baseline. A significant difference was found when improvement rate was measured within the intensity sub-groups [Table 3]. In ITT group too, it was found that most of the symptoms showed a consistent improvement and was statistically significant.

On analyzing the color of the patches, it was found that at baseline, milky white patches were seen in 59.2% ( $n = 100$ ) patients, pink/red patches in 32.5% ( $n = 55$ ) cases, and pigment spots in 8.3% ( $n = 14$ ) patients. Post-treatment results showed a significant improvement in the color of patches where milky white patches were found in 15.4% ( $n = 26$ ), pink/red patches in 27.2% ( $n = 46$ ), and pigment spots were seen in 55% ( $n = 93$ ) patients which was statistically significant. Also in 4 patients, the normal skin color (complete re-pigmentation) was restored after treatment [Table 2].

At entry level, 92.9% ( $n = 157$ ) patients showed white patches without any pigmentation, 9 cases (5.3%) showed hyperpigmentation of margins and 3 (1.8%) cases showed perifollicular pigmentation [Table 2]. Post-treatment results showed highly significant and consistent improvement with 122 cases having re-pigmentation [Figures 1-4].

On analyzing the improvement status, Post-treatment results showed a significant and consistent improvement in the symptom score [Table 3]. Of the 169 cases, 69 cases (40.8%) showed mild improvement, 15 cases (9%) showed moderate improvement and 4 patients (2.36%) showed marked improvement. There was no significant change in 35 cases whereas 7 cases were worsened after treatment. A total of 102 (60.35%) patients out of 169 showed improvement in the patches [Table 4]. Of these 169 cases, 136 patients (80.5%) showed positive result with single medicine and there was change of



**Table 2: Changes in VSS variables with the outcome status of per protocol cases**

	Entry	End	Improved	Static	Worse	P
<b>Type</b>						
Improving	1 (0.6)	103 (60.9)				
Stationary	20 (11.8)	33 (19.5)	135	29	5	0.001
Resistant	12 (7.1)	3 (1.8)				
Progressive	136 (80.5)	30 (17.8)				
<b>Lesion</b>						
Follicular	36 (21.3)	44 (26.0)				
Mucosal	27 (16.0)	22 (13.0)	13	150	6	0.001
Acral	106 (62.7)	103 (60.9)				
<b>Patches</b>						
Absent	0	4 (2.4)				
Single patch	21 (12.4)	23 (13.6)	11	156	2	0.001
Segmentary	40 (23.6)	82 (48.5)				
Generalized	108 (63.9)	60 (35.5)				
<b>Hair in patch</b>						
Black	125 (74)	121 (71.6)				
White	37 (21.9)	38 (22.5)	18	142	9	0.001
No hair	7 (4.1)	10 (5.9)				
<b>Margin of patch</b>						
Normal	168 (99.4)	169 (100)	2	167	0	0.001
Inflamed	1 (0.6)	0				
<b>Colour of patch</b>						
Normal	0 (0.0)	4 (2.4)				
Pigment spots	14 (8.3)	92 (54.4)	96	68	5	0.001
Pink/red	55 (32.5)	44 (26.0)				
Milky white	100 (59.2)	29 (17.2)				
<b>Repigmentation</b>						
Fully pigmented	0 (0)	4 (2.4)				
Perifollicular pigmentation	3 (1.8)	67 (39.6)	122	43	4	0.001
Hyper pigmentation of margins	9 (5.3)	56 (33.1)				
No pigmentation	157 (92.9)	42 (24.9)				

McNemar test (cases with complete 2 year follow up data). Statistical significant with  $P < 0.05$ . Improved: Decrease the score from baseline to 24 month; Static: No change from the baseline score; Worse: Increase score from baseline; VSS: Vitiligo Symptom Score

**Table 3: Changes in VSS score**

VSS score	Per protocol (n-169)	ITT (n-432)	Without imputation
At baseline	14.2±1.9	13.9±2.4	13.4±2.6
At 6 months	10.6±3.1	11.4±3.5	10.2±3.0
At 12 months	10.4±3.1	11.4±3.3	10.19±2.8
At 18 months	10.1±3.1	11.4±3.7	9.99±2.9
At 24 months	10.1±3.1	11.8±3.3	9.32±2.5
F value	3395.79	120.81	74.9
P value	0.001*	0.001*	0.001*

Repeated measure ANOVA. Significant at  $P < 0.05$ . VSS: Vitiligo Symptom Score; ITT: Intention to treat

medicine in the remaining 33 patients since there were no signs of improvement even after all the potencies of the first medicine were exhausted. By using repeated measure ANOVA, both per protocol

and ITT group showed the mean changes from baseline to end of the treatment [Table 3]. These changes were also statistically significant.

An analysis of the prescribed medicines in the 169 cases of treatment group, the use of 12 homoeopathic medicines for the treatment of vitiligo was found, among which Sulphur ( $n = 51$ ) was the commonest followed by *Arsenicum album* ( $n = 38$ ), *Phosphorus* ( $n = 30$ ), *Lycopodium clavatum* ( $n = 12$ ), *Natrum muriaticum* ( $n = 12$ ), *Calcarea carbonica* ( $n = 10$ ), *Mercurius solubilis* ( $n = 5$ ), *Silicea* ( $n = 4$ ), *Pulsatilla nigricans* ( $n = 2$ ), *Sepia* ( $n = 2$ ), and *nitric acid* ( $n = 1$ ). All these medicines were found to have statistically significant results ( $P < 0.05$ ) except *Silicea*, *P. nigricans* and *Nitric acid*, and *Nux vomica* where statistical assessment

**Table 4: Homoeopathic medicine and the improvement status of per protocol cases**

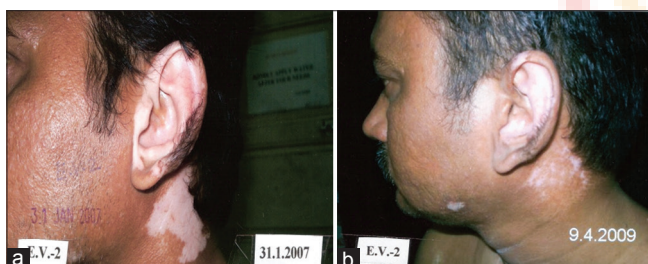
Name of medicine	n	%	Marked	Moderate	Mild	Not significant	Worse	Static
<i>Ars. alb</i>	38	22.5	0	4	17	12	3	2
<i>Calc.carb</i>	10	5.9	0	1	8	1	0	0
<i>Lycopodium</i>	12	7.1	0	2	8	2	0	0
<i>Merc. sol</i>	5	3.0	0	0	4	0	0	1
<i>Nat. mur</i>	12	7.1	0	1	9	1	0	1
<i>Nit. acid</i>	1	0.6	0	0	0	0	0	1
<i>Nux vomica</i>	1	0.6	0	0	0	0	0	1
<i>Phosphorus</i>	30	17.8	3	2	15	7	0	3
<i>Pulsatilla</i>	2	1.2	0	0	2	0	0	0
<i>Sepia</i>	2	1.2	0	0	1	1	0	0
<i>Silicea</i>	4	2.4	0	2	1	0	0	1
<i>Sulphur</i>	51	30.2	1	3	27	11	4	5



**Figure 1:** (a) Before treatment (b) After treatment



**Figure 2:** (a) Before treatment (b) After treatment



**Figure 3:** (a) Before treatment (b) After treatment



**Figure 4:** (a) Before treatment (b) After treatment

could not be done due to less number of patients covered under these medicines [Table 4].

## DISCUSSION

This multicentric observational study is one of its kinds in India for treating the most common pigmentary disorder in the world that is, vitiligo, with homoeopathic medicines in a systematic way which reflects positive results of homoeopathic treatment. This study was conducted on the basis of homoeopathic principles of individualization, single medicine, and minimum dose.

Most of the cases (80.5%) included in the study were of the progressive type that is, vitiligo patches were gradually increasing and spreading before the treatment. But during the course of homoeopathic treatment, progression of the disease was arrested as noted in 79.41% (108 out of 136) cases, which identified usefulness of homoeopathic medicines in controlling progress of the disease.

The present study finds that the generalized type of patches were more common than the segmental type as reported.<sup>[20]</sup>

There was a significant reduction in intensity of white patches after the treatment. Initially, there were 78.1% patients in severe intensity group and 21.9% patients in moderate intensity group. But after treatment it was identified that only 24.3% patients were in severe intensity group, 66% in moderate intensity group, and 10% in mild intensity group.

There was marked improvement in the color of the patches. Only 14 patients were noticed with pigment spots on the white patches before commencement of treatment, and it increased to 55% ( $n = 92$ ) after treatment which is noteworthy.

Vitiligo treatment encompasses various strategies depending on the form of vitiligo and its anatomical locations with varying rates of success. Principally, results of treatment are better when the patches are within relatively short time on the face and neck, and constitute the so called 'bland areas;' next proximal extremities and trunk respond effectively constituting the 'intermediate areas;' and poorest on the acral part of extremities or 'hard area'.<sup>[21,22]</sup> In this study too, similar patches were identified. There was a marked improvement in the patches of face and neck, trunks and flexor aspect of the extremities whereas unsatisfactory results were noticed in extensor aspect of extremities, bony areas and joints. However, numerical assessment of these cases is not done since this was not an objective of the study.

In an earlier pilot study on vitiligo, it was seen that out of 560 patients with vitiligo on homoeopathic treatment, a total of 328 patients (58.57%) showed significant improvement of which 4 patients showed complete re-pigmentation, 17 of them showed more than 90% improvement, and 307 patients were in the improving category.<sup>[23]</sup>

This study showed significant improvement in 70.6% cases with varying improvement status such as marked improvement in 4 cases, moderate improvement in 15 cases, and mild improvement in 77 cases.

The study also identified frequently indicated medicines which are *Sulphur*, *Arsenicum album*, and *Phosphorus* are also seen in earlier studies.<sup>[17,18]</sup>

Apart from the 169 cases which were followed completely for 2 years, the rest 263 cases were also followed for a period varying from 6 months

to 18 months but did not complete the 2 years follow-up. The improvement status of those patients (under ITT group) was also studied basing upon the VSS score in their last follow-up. To sum up, the improvement status and medicines used in all the 432 cases were studied together of these, 7 cases showed marked improvement, 16 moderate, and 126 mild improvements in the patches. In 121 cases, there were no significant changes, 109 patients did not show any change, and in 53 patients the patches were worsened.

In this study, it was seen that a considerable number of patients were dropped out after some months of continuing treatment. They were followed up for some months and then did not turn up. This was due to the reason that it was a long continued treatment for two years and, the disease has an unpredictable course.

The above discussion shows that the patients kept in the ITT group who could not be followed up completely due to a longer follow-up period, showed positive results even in their short-term follow-ups of 6, 12, and 18 months. In the majority of patients, even though no complete repigmentation was seen, the progression was checked, which could have given better results from a long continued follow-up.

There were no adverse events noticed during the study. This reaffirms the importance of individualization approach of Homoeopathy in treating the patients. This also confirms the observations of Samuel Hahnemann in aphorism § 18 Organon of Medicine in treating the chronic illnesses, which laid emphasis on totality of symptoms of a patient which ultimately becomes the only guide to select a similar medicine from Materia Medica.<sup>[19]</sup>

## CONCLUSION

The results of current observational study suggests the usefulness of homoeopathic medicines in the management of vitiligo. The approach and methodology adopted in this study will definitely help to design further clinical trials in Homoeopathy, focusing on the symptom totality which makes it possible to stress upon the individualization of homoeopathic treatment and obtain better results. It is suggested to undertake a randomized controlled trial to study the efficacy of Homoeopathy in the treatment of vitiligo for further scientific validation of results.

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Nil.

## Conflicts of Interest

The authors have obtained appropriate patient consent for the information published in this article.

## REFERENCES

1. Habif TP. Clinical Dermatology. 5<sup>th</sup> ed Mosby, Elsevier. Edinburgh; 2004. p. 764.
2. Majid I, Masood Q, Hassan I, Khan D, Chisti M. Childhood vitiligo: Response to methylprednisolone oral minipulse therapy and topical fluticasone combination. Indian J Dermatol 2009;54:124-7.
3. Osman AM, Elkordufani Y, Abdullah MA. The psychological impact of vitiligo in adult Sudanese patients. Afr J Psychiatry (Johannesbg) 2009;12:284-6.
4. Aghaei S, Sodaifi M, Jafari P, Mazharinia N, Finlay AY. DLQI scores in vitiligo: Reliability and validity of the Persian version. BMC Dermatol 2004;4:8.
5. Sarveswari KN. Cosmetic camouflage in vitiligo. Indian J Dermatol 2010;55:211-4.
6. Mysore V, Salim T. Cellular grafts in management of leucoderma. Indian J Dermatol 2009;54:142-9.
7. Majid I. Vitiligo management: An update. Br J Med Pract 2010;3:a332.
8. Roberts HA. The Principles and Art of Cure by Homoeopathy. New Delhi: B. Jain Publishers; 1996. p. 21.
9. Koppikar SP. Vitiligo and psoriasis. Homoeopath Herit 1991;16:183-4.
10. Kasim C. Leucoderma: A challenge. Natl J Homoeopathy 1993;2:19-20.
11. Farida T. The little lady. Natl J Homoeopathy 1993;2:30-1.
12. Gnanasambandam K. A case of vitiligo. Homoeo Times 2004;1:13-4.
13. Wadia SR. Leucoderma treated with bowel nosodes. Homoeopathic Updates 1995;3:207-8.
14. Wadia SR. Leucoderma: A social stigma for ladies. Natl J Homoeopathy 1993;2:10-7.
15. Wadia SR. Leucoderma (vitiligo), brief history and the homoeopathic view point. Homoeopath Herit 2004; 29:38-43.
16. Prabha P. The wild cat. Natl J Homoeopathy 1993; 2:32-3.
17. Khan LM. Fixity does not pay. Natl J Homoeopathy 1993;2:24.
18. Jaiswal GD. The stubborn child. Natl J Homoeopathy 1993;2:24.
19. Samuel H. Organon of Medicine. 5<sup>th</sup>, 6<sup>th</sup> ed. New Delhi: B. Jain Publishers; 1995. p. 33.
20. Boissy RE, Manga P. On the etiology of contact/occupational vitiligo. Pigment Cell Res 2004; 17:208-14.
21. Forschner T, Buchholtz S, Stockfleth E. Current state of vitiligo therapy – Evidence-based analysis of the literature. J Dtsch Dermatol Ges 2007; 5:467-75.
22. Falabella R, Barona MI. Update on skin repigmentation therapies in vitiligo. Pigment Cell Melanoma Res 2009; 22:42-65.
23. Gupta G, Gupta N, Singh V. Efficacy of Homoeopathic Drugs in cases of Leucoderma: Vitiligo; 2009. Available from: <http://www.medicone.com>. [Last accessed on 2011 Jan 11].

## वितिलिगो में होम्योपैथिक चिकित्सा की भूमिका का मूल्यांकन करने हेतु एक पुरोलक्षी, बहुकेंद्रीय, प्रेक्षणमूलक अध्ययन

सार

**पृष्ठभूमि:** वितिलिगो के उपचार परिणाम निराशाजनक रहे हैं और यह प्रभावित व्यक्ति की शारीरिक छवि को तुच्छ एवं उसके आत्मसम्मान को घटा कर उस पर अतिविशाल मनोवैज्ञानिक प्रभाव डालता है। केंद्रीय होम्योपैथी अनुसंधान परिषद द्वारा भारत में उसके विभिन्न संस्थानों एवं इकाइयों में अक्तूबर 2005 से सितंबर 2010 तक एक बहुकेंद्रीय, खुले नैदानिक अध्ययन का उपक्रम किया गया था।

**लक्ष्य एवं उद्देश्य:** यह प्रेक्षणमूलक अध्ययन वितिलिगो के प्रबंधन में होम्योपैथिक चिकित्सा की उपयोगिता देखने पर लक्षित था।

**सामग्रियां एवं विधि:** वितिलिगो से पीड़ित सभी आयु वर्गों के 432 रोगियों को अध्ययन में नामांकित किया गया। इनमें से 169 रोगियों ने दो वर्षों का अनुवर्तन पूर्ण किया था एवं इन्हें ही विश्लेषण हेतु चुना गया। लक्षणों की सकलता एवं लक्षणसूचीबद्धन के आधार पर होम्योपैथिक औषधियां विहित की गई थीं। प्रकरणों का विश्लेषण वितिलिगो लक्षण अंक, (वी.एस.एस.) एवं रोगियों के फोटोग्राफ पर आधारित था। एस.पी.एस.एस. संस्करण 20 की सांख्यिकीय विधि का उपयोग करके परिणाम का विश्लेषण किया गया था।

**परिणाम:** हर 6 महीने के अंतराल पर माध्य वितिलिगो लक्षण अंक (वीएसएस) में सांख्यिकीय दृष्टि से महत्वपूर्ण परिवर्तन देखे गए। होम्योपैथिक उपचार 126 रोगियों में वितिलिगो से भिन्न-भिन्न स्तर की मुक्ति प्रदान करने में उपयोगी ज्ञात हुई। इन 126 रोगियों में से 4 (2.94%) प्रकरणों में उल्लेखनीय सुधार दिखा, 14 (11.03%) प्रकरणों में मध्यम सुधार दिखा, 77 (56.62%) प्रकरणों में हलका सुधार दिखा, और 30 रोगी उल्लेखनीय सुधार नहीं मिलने के समूह में श्रेणीबद्ध हुए (25% से कम सुधार), यद्यपि उनमें भी सुधार मिला। 10 होम्योपैथिक औषधियों के साथ उल्लेखनीय परिणाम ज्ञात हुए। सल्फर ( $n = 27$ ), आर्सेनिकम एल्बम ( $n = 19$ ), फॉस्फोरस ( $n = 19$ ) एवं लायकोपोडियम क्लेवाटम ( $n = 10$ ) सर्वाधिक निर्दिष्ट एवं उपयोगी औषधियां ज्ञात हुईं।

**मुख्य शब्द:** वितिलिगो; बहुकेंद्रीय खुला नैदानिक परीक्षण; प्रेक्षणमूलक अध्ययन; होम्योपैथी;



## Estudio observacional multicéntrico prospectivo para evaluar la función del tratamiento homeopático en el vitiligo

### Resumen

**Fundamentos:** El vitiligo posee una influencia psicológica en la persona afectada, provocando una mala imagen del propio cuerpo y una baja autoestima. Presenta resultados terapéuticos decepcionantes, por lo que entre octubre de 2005 y septiembre de 2010, el *Central Council for Research in Homoeopathy* (CCRH, Comité central de investigación en homeopatía) efectuó un estudio clínico abierto multicéntrico en diferentes centros y unidades del CCRH en la India.

**Objetivos:** El propósito de este estudio observacional fue comprobar la utilidad del tratamiento homeopático en el control del vitiligo.

**Materiales y métodos:** En el estudio, se incluyeron 432 pacientes de todos los grupos de edades que padecían vitiligo. De este grupo, 169 pacientes concluyeron los dos años de seguimiento y fueron considerados en el análisis. Los medicamentos homeopáticos se prescribieron a partir de la totalidad de los síntomas y de la repertorización. El análisis de los casos se basó en la puntuación de síntomas de vitiligo (VSS, *Vitiligo Symptom Score*) y en las fotografías de los pacientes. Los resultados se analizaron utilizando el método estadístico del software SPSS versión 20.

**Resultados:** Se observó que los cambios en la puntuación media de VSS a intervalos de cada seis meses eran estadísticamente significativos. El tratamiento homeopático fue útil en aliviar diferentes grados de vitiligo en 126 pacientes, de los que 4 casos (2.94%) mostraron una mejoría considerable, 15 casos (11.03%) una mejoría moderada, 77 casos (56.62%) una mejoría leve y 30 pacientes fueron incluidos en la categoría del grupo sin mejoras significativas (inferior a un 25% de mejoría), pese a haber mostrado mejorías. Se obtuvieron resultados significativos con 10 medicamentos homeopáticos. Los medicamentos más habitualmente indicados y útiles fueron *Sulphur* ( $n=27$ ), *Arsenicum album* ( $n=19$ ), *Phosphorus* ( $n=19$ ) y *Lycopodium clavatum* ( $n=10$ ).

