

International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493 P-ISSN: 2616-4485 IJHS 2020; 4(1): 10-13 Received: 10-08-2019 Accepted: 11-09-2019

Dr. Mukesh Solanki Medical Officer, Homoeopathic

Chikitsa Vibhag, Jaipur Govt. of Rajasthan, India

Dr. Chitralekha Tiwari Homoeopathy Physician, CEO-Vipassana Homoeopathy, Jaipur, Rajasthan, India

A case report of vitiligo treated by cina maritima

Dr. Mukesh Solanki and Dr. Chitralekha Tiwari

Abstract

Vitiligo a disease of cosmetic problem has much psychosocial impact. The success rate in treating this condition in conventional medicines is limited and sometimes, treatment follows with side effects. Though a few case records are documented in the past about the success of various homoeopathic medicines, yet they lack proper documentation. The case was treated with Cina maritima (200 and 1 M) as evident from the photographs and follow ups.

Keywords: Homoeopathy, vitiligo, Cina

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 population ^[2]. 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 understood ^[4]. One of the most longstanding and popular hypotheses considers vitiligo as an autoimmune disease ^[5].

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 telangiectasia [4,7].

Case summary

The patient, a boy 4 years old presented (on 1.7.2018) with vitiligo patches on both cheeks since 1 year. Lesion started first on right cheek - two segments (Pic. -1), and later developed in two segments on left cheek (Pic, -3).

Potrait of the case

Mental Generals1. Child Shrieking out
2. Irritable

Corresponding Author: Dr. Chitralekha Tiwari Homoeopathy Physician, CEO-Vipassana Homoeopathy, Jaipur, Rajasthan, India

- 3. Desire to be carried.
- 4. Anger violent
- 5. Clinging to mother

Physical generals

1. Desire- sweets

2. Appetite -increased

The other complaint which he presented with was Worms. There is no family history of vitiligo. His gestational, infancy and childhood history had no significant events. On examination it was found that he had no systemic problem; fair complexion; thin body built.

Table 1: Assessment Score Chart

Type	0 Improving	1 Stationary	2 Resistant	3 Progressive
Site Of 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 spot on patch	2 Pink/Red	3 Milky white
Repigmentation	0 Fully Pigmented	1 Per follicular Pigmentation	2 Hyperpigmentation of margins	3 No pigmentation.
Grading Score	Mild (2-6)	Moderate (7-12)		Severe (13-19)

Table 2: Baseline assessment score of the patient on first visit

Type				3 Progressive
Site Of Lesion		1 Follicular		
No. of Patches			2 Segmentary	
Hair in Patch	0 Black			
Margins of Patch		1 Normal		
Colour Of Patch				3 Milky white
Repigmentation				3 No pigmentation.
Grading Score Total Score-13				

Selection of Similimum

1.7.2018- The case was repertorised to select the Similimum On repertorisation individualized single homoeopathic

medicine – Cina maritima 200/1 dose, P.L. 30/3 was prescribed for 14 days. (Repertorisation sheet displayed below)

Table 3: Repertorization Software Chart: RADAR 10.0

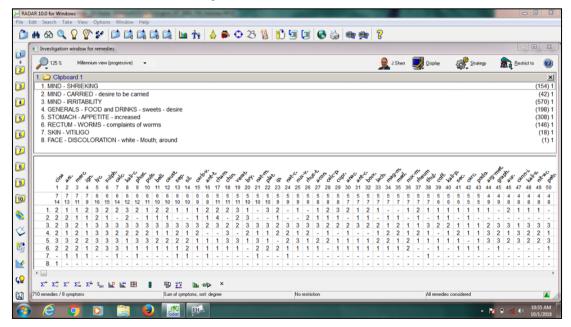


Table 4: Follow -up of the case

Date	Symptomatology	Prescription	
15.7.2018	Vitiligo spots status Q, but child was not shrieking out this time, irritability also much better.	P.L.30/3 prescribed for 14 days.	
1.8.2018	Vitiligo spots showing pigmented patches, child anger, and irritability better.	P.L.30/3 prescribed for 14 days.	
15.8.2018	Child irritability and anger increased this time, no further change in vitilgo spots	Cina1M/2 Dose, P.L.30/3 Prescribed for 14 days.	
1.9.2018.	Child showed much improvement in vitiligo, anger and irritability.	P.L.30/3 prescribed for 14 days.	
15.9.2018	Child showed very much improvement	P.L.30/3 prescribed for 14 days.	
1.10.2019	No visible vitiligo spot seen on patient face.	P.L.30/3 prescribed for 1month.	

Discussion

In this case the importance of mental and physical generals to prescribe homoeopathic medicine is again established, and the principle of Similia similibus Curentur is again proved. The individualized medicine Cina was prescribed after repertorisation with RADAR 10.0 based on dominant mental and physical generals which not only controlled patient's irritability and anger but also cured his vitiligo.

Conclusion

This case shows the positive role of homoeopathic treatment in vitiligo.

- It re-establishes the importance of individualized homoeopathic treatment based on holistic basis.
- It also open up the path of further studies to be done to explore the scope of homoeopathy in such disease conditions.

Financial support and sponsorship Nil

Conflict of interest

None Declared.



Fig 1: Before Treatment-Right Cheek





Fig 3: Before Treatment-Left Cheek

References

- Behl PN. Practice of Dermatology ed CBS Publishers & Distributors. 1990; 7:317-323
- Ortonne Jan Paul, Bose Sumit Kumar. Vitiligo: Where Do We Stand? Pigment Cell Research. 1993; 6:61-72.
- Das SK et al. Studies on Vitiligo I. Epidemiological profile in Calcutta, India; Genetic Epidemiology 2005; 2(1):71-78.

Fig 4: After Treatment-left Cheek

- 4. Forschner T, Buchholtz S, Stockfleth E. Current State of Vitiligo therapy- Evidence Based Analysis of the Literature, JDDG, 2006, 467-476.
- 5. Ongenae K, Vangeel N, Naeyaert JM. Evidence for An Autoimmune Pathogenesis of Vitiligo, Pigment Cell Research, 2003, 90-100.
- Prasad Ravinder, Dogra Sunil, Kanwar Amrinder Jit. Quality of Life in Patients with Vitiligo, Health and Quality of Life Outcomes, 2003, 1:58.

- 7. Jha DK, Debata L, A Case of Vitiligo Treated by Sulphur, Indian Journal of Research in Homoeopathy. 2009; 3(3):34-40.
- 8. Ravi Kumar S. A Case of Vitiligo Treated by Phosphorus, Indian Journal of Research in Homoeopathy. 2008; 2(1):49-57.
- 9. Allen HC. Keynotes and Characteristics with Comparison of some of the leading remedies of the materia medica with bowel nosodes, eighth edition, New Delhi, B. Jain Publishers (P) Ltd, 2008, 96-97.
- 10. Radar 10.0, Synthesis Repertory, SE 92