



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2025; 9(1): 964-966
Received: 10-01-2025
Accepted: 16-02-2025

Dr. Nimisha Joshi
PG scholar, Department of
Homoeopathic Materia
Medica, SS Agrawal
homoeopathic medical college
& General Hospital, Navsari,
Gujarat, India

Dr. Trupti Joshi
PG scholar, Department of
Homoeopathic Materia
Medica, SS Agrawal
homoeopathic medical college
& General Hospital, Navsari,
Gujarat, India

Role of homeopathy therapeutics in management of vitiligo

Nimisha Joshi and Trupti Joshi

DOI: <https://www.doi.org/10.33545/26164485.2025.v9.i1.N.1461>

Abstract

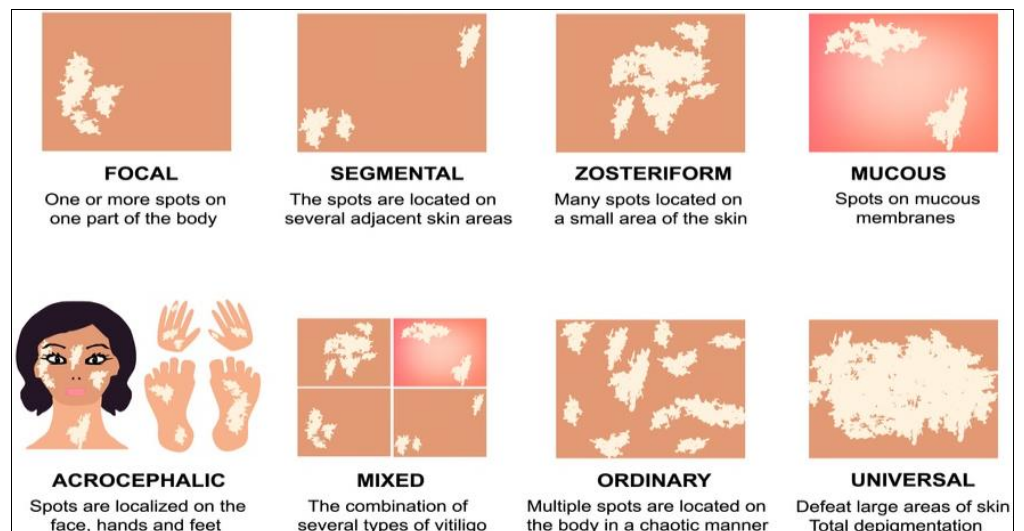
Vitiligo is chronic autoimmune disorder that causes patches of skin to lose pigment or color. The cause of vitiligo is unknown, but related to immune system, Genetic factor, stress, sun exposure Homeopathy is art and science of based on law of nature. The prescription of homeopathic medicine offers a promising and natural approach to treating vitiligo by stimulating the body's self-healing mechanism.

Keywords: Homoeopathic therapeutics, vitiligo, patch on skin

Introduction

To understand vitiligo, one must know about the following terms. Melanocytes these are one of the skin cells found at the bottom layer (stratum basale) of the skin epidermis, middle layer of the eye (uvea), inner ear and vaginal epithelium which functions in the production of melanin. Melanin is dark pigment of the skin primarily responsible for skin coloration. It also acts in the protection of skin cells from DNA1- ANATAGONIST which can lead to skin cancer. Vitiligo is a chronic autoimmune disorder that causes patches of skin to lose pigment or color. The cause of vitiligo is unknown, but it may be related to immune system changes, genetic factors, stress, or sun exposure. It affects around 0.5-1% of the world population as high as 8.8% prevalence have been reported in India, where considerable stigma is attached to the disease. Vitiligo patches can appear anywhere on the skin, but commonly affected sites include the areas such as orifices, genitals, or any sun exposed areas such as the face and hands, the hair and rarely, the eyes may also affect. The proportion of patient with positive family history varies from on part of the world to another .in India in particular, it ranges from 6.25% to 18% some study reveals it as high as 40%.

Classification of vitiligo



Corresponding Author:
Dr. Nimisha Joshi
PG scholar, Department of
Homoeopathic Materia
Medica, SS Agrawal
homoeopathic medical college
& General Hospital, Navsari,
Gujarat, India

Localized vitiligo

It's a type that occurs at one or few areas of the skin and it is divided in three types.

Focal vitiligo: Its type of one or few areas and there is no progression. It's also not in a clear segmental distribution.

Segmental vitiligo: there is unilateral or asymmetrical in distribution of patches. Thus, only one side of body is affected and more common in children.

Mucosal vitiligo: mucosal membrane is affected including the membranes of lips, mouth, lining of genitals (urethra and vagina) and the conjunctiva membrane of eye.

Generalized (non-segmental) vitiligo

It's type of vitiligo that occur a large part of the body. It's also of three types.

- **Vulgaris:** Involves the presence of scattered stains extensively disseminated.
- **Acrofacial:** Contain patches that are localized on distal extremities (hands and feet).
- **Mixed:** Co-existence of both acrofacialis and vulgaris

Universalize vitiligo:

This is the uncommon and the most sever non segmental vitiligo whereas the depigmented lesions completely or almost (> 80% of body surface area) cover the skin.

Pathogenesis

Vitiligo is a multifactorial polygenic disorder with a complex pathogenesis. It is related both genetic and non-genetic factors. Although several theories have been proposed about the pathogenesis of vitiligo, the precise cause remains unknown. These theories include autoimmune and cytotoxicity theory, intrinsic defect of melanocytes, neural hypothesis & oxidant -antioxidant mechanism

Autoimmune and cytotoxicity theory

Autoimmune theory proposes that there is alteration in humoral and cellular immunity in destruction of melanocytes. A theory gives relevance to non-segmental Vitiligo is more frequently associated with autoimmune conditions than in segmental. It is due to circulating antibodies against melanocytes proteins in patients with Vitiligo. Its destruction may also be mediated by CD8+T cells (cellular immunity). Thus activated CD8+T cells have been seen in perilesional Vitiligo skin.

Intrinsic defect of melanocytes

Melanocytes have an inherent abnormal that impedes their growth and differentiation in conditions that support normal melanocytes. This theory focuses on the possibility that intrinsic defects within melanocytes might be responsible for vitiligo. These defects could involve abnormal functioning of melanin production or defective survival mechanisms within melanocytes.

Neural hypothesis

The interaction between neuropeptides, stress, and neurotransmitters in the skin may contribute to melanocyte dysfunction and destruction. The release of neuropeptides like substance P may promote inflammation and immune responses that target melanocytes, while stress can alter neurogenic signaling, potentially triggering the onset or worsening of vitiligo. The Koebner phenomenon also

suggests that trauma or injury could activate neurogenic mechanisms that lead to melanocyte loss.

Oxidant-antioxidant mechanism

Oxidative stress resulting from an imbalance between Reactive Oxygen Species (ROS) and antioxidant defenses is a central mechanism in the pathogenesis of vitiligo. ROS can cause damage to melanocytes, impair melanin synthesis, and lead to their apoptosis. An impaired antioxidant system in vitiligo patients makes the skin more vulnerable to oxidative damage, which can be triggered or exacerbated by UV radiation, environmental stressors, or autoimmune responses

Clinical presentation

- There is no history of preceding inflammation
- Patients are very susceptible to sunburn
- Lesions are often symmetrical and frequently involve the face, hands and genitalia.
- Trauma may induce new lesions
- Spontaneous re-pigmentation can occur and often starts around hair follicles, giving a speckled appearance
- White patches of skin
- Whitening or greying of the hair on your scalp, eyelashes, eyebrows or beard (leukotic - seen in segmental)
- Loss of color in the tissues that line the inside of your mouth
- Loss or change in color of the inner layer

Investigations

- Proper history taking and physical examinations lead to diagnosis of Vitiligo.
- Types of some examinations are,
- Skin biopsy of the affected skin for cytology
- Wood lamp examination
- TSH levels [Thyroid disease]
- CBC [Pernicious anemia]
- Evaluation about Diabetes Mellitus
- Ophthalmological examination

Differential diagnosis

- Cutaneous melanoma
- Dermatologic manifestation of leprosy
- Idiopathic guttate hypomelanosis
- Mycosis fungoides
- Pityriasis Alba
- Tinea versicolor
- Dermatologic aspects of Addison Disease

Treatment

- There is no cure for vitiligo, but there are number of treatments that can improve the condition.
- Sun blocks should be used to prevent burning
- Potent topical steroids or phototherapy help some individuals.
- Betamethasone valerate 0.1% 12 hourly for 2-4 months.
- Finally, referral to a specialist camouflage clinic is often the most helpful 'treatment'.

Homeopathic management

Homeopathy offers a promising and natural approach to treating vitiligo by stimulating the body's self - healing

mechanisms.

With personalized remedies, slow progression, and addresses underlying causes like immune imbalances and stress.

Safe and free from side effects, homeopathy provides long-term benefits making it an excellent choice for those seeking a holistic and effective vitiligo treatment.

Homoeopathic therapeutics

Alumina

Alumina is associated with a specific type of skin condition characterized by dryness and susceptibility to eruptions, thickening, ulceration, and bleeding. The skin exhibits a tettery appearance, with fissures and damage caused by its extreme dryness. The term "tettery" refers to a skin condition characterized by the presence of skin eruptions or lesions. A tettery skin appearance typically involves the formation of small, dry, and often inflamed patches on the skin. These patches may be scaly, cracked, or fissured, contributing to an overall rough and uneven texture. The term is commonly used to describe various skin disorders, including eczema, dermatitis, or other inflammatory skin conditions that manifest with similar visual characteristics.

Sulphur

Burning and itching in depigmented areas. Skin is generally dry and unhealthy, with a history of eruptions.

Worsening from warmth, bathing, and night-time. The patient often has a philosophical or absent-minded temperament. Painfully sensitive to air, wind, washing. Eruptions alternate with other complaints, asthma etc.

Hydrocotyle asiatica

- **Dry eruption:** Great thickening of epidermoid layer and exfoliations of scales.
- **Aggravation:** Skin symptoms worse at night, with increased itching and burning sensation. Worsen in cold temperatures or from exposure to cold air
- **Better from:** warmth.

Lithium carbonicum

Scabby, tettery eruption on hands, head, and cheeks, preceded by red, raw skin. Dull stitch, ending in itching. Barber's itch (use high). Rough rash all over body, much loose epithelium, tough, dry, itchy skin.

Graphitis

Rough, hard, persistent dryness of skin. Eruptions oozing out a sticky exudation unhealthy skin, every little injury suppurate. Aggravation: - worse, warmth, at night.

Sepia

Yellowish - brown spots on skin, especially on the face hands, and feet. Sepia is used to treat vitiligo, especially when accompanied by hormonal imbalances and emotional disturbance.

Worse: heat, better from cold.

Phosphorus

- The eruptions are dry and scaly, numbness of skin, irregular brown spot on skin. Chronic suppurating openings with hectic fever.
- Aggravation from exposure to heat.
- Better by cold.

Natrum muriaticum

Dryness of skin, especially on the face, hands and feet, skin with white patches. Fever blister, greasy skin

Worse by - seashores.

References

1. Jameson JL, Kasper DL, Longo DL, Fauci AS, Hauser SL, Loscalzo J, *et al.* Harrison's principles of internal medicine. 20th ed. New York: McGraw-Hill; 2018. Chapter 342, Vitiligo.
2. Goldsmith LA, Katz SI, Gilchrist BA, Paller AS, Leffell DJ, Wolff K, *et al.* Fitzpatrick's dermatology in general medicine. 8th ed. New York: McGraw-Hill; 2012. Chapter 107, Vitiligo.
3. Boericke W. Boericke's new manual of homeopathic materia medica. 9th ed. Philadelphia: Boericke & Tafel; 1927.
4. Kent JT. Lectures on homeopathic materia medica. Vol. 1-2. Philadelphia: Boericke & Tafel.
5. Clarke JH. A dictionary of practical materia medica. Vol. 1-2. London: The Homeopathic Publishing Company.
6. Allen JH. Homeopathic materia medica.

How to Cite This Article

Joshi N, Joshi T. Role of homeopathy therapeutics in management of vitiligo. International Journal of Homoeopathic Sciences. 2025;9(1):964-966.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.