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Individualized homeopathic treatment of vitiligo: A case report at Dr Batra's

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Abstract

Vitiligo is a chronic acquired skin disorder characterised by depigmented patches due to the selective destruction of melanocytes. It affects approximately 0.5-2% of the global population, with no significant predilection for sex or race, though its psychological impact is often profound. The condition may remain stable, progress slowly, or show periods of activity and remission. Conventional medicine offers symptomatic relief through topical corticosteroids, phototherapy, and surgical interventions, but relapses are common.

The homeopathic approach to vitiligo emphasises an individualised prescription based on the patient's totality of symptoms, miasmatic evaluation, and general constitution. Remedies are selected not merely for the skin manifestations but for the mental, emotional, and physical traits of the patient, aiming at long-term correction of the underlying imbalance.

This case study highlights the successful treatment of a patient with stable vitiligo of over one year's duration. Detailed case taking revealed characteristic mental and physical generals, allowing for a constitutional prescription complemented with organ-specific and local application remedies. The treatment spanned sixteen months, during which gradual repigmentation occurred, beginning from the periphery and progressing centrally, ultimately resulting in complete restoration of skin colour without relapse.

The paper underscores the role of miasmatic understanding, constitutional prescribing, and consistent follow-up in managing chronic skin diseases. It also demonstrates that with the correct remedy, sustained improvement and cosmetic recovery are achievable even in cases where conventional treatment has had limited success.

Keywords: Vitiligo, Homeopathy, Constitutional prescribing, Miasmatic approach, Case study

Introduction

Vitiligo is a chronic, idiopathic disorder characterised by well-defined, depigmented macules and patches resulting from the destruction or dysfunction of melanocytes in the epidermis ^[1]. The disease has a worldwide prevalence of 0.5-2%, with variations in onset age and progression patterns ^[2]. The exact cause remains unknown, but proposed mechanisms include autoimmune destruction, oxidative stress, neural factors, and genetic predisposition ^[3].

Clinically, vitiligo is classified into non-segmental and segmental types. Non-segmental vitiligo often shows symmetrical distribution, whereas segmental vitiligo is usually unilateral and follows a dermatomal pattern ^[4]. Common sites of involvement include the face, neck, dorsum of hands, and around body orifices. While vitiligo is not physically harmful, its psychosocial implications can be significant, leading to anxiety, depression, and social withdrawal ^[5].

Complications are generally cosmetic, but affected skin is more susceptible to sunburn and, in rare cases, to skin malignancies due to the lack of protective melanin ^[6]. Early diagnosis and appropriate management are crucial for halting progression and improving quality of life.

From a homeopathic perspective, vitiligo is viewed through the lens of individual susceptibility, miasmatic tendencies, and the totality of symptoms. The aim is not just repigmentation but also the restoration of general health and prevention of recurrence through holistic treatment principles.

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Case Profile

A 30-year-old patient suffered from vitiligo for 6-7 months, which started as a small patch on the neck and gradually increased in size after taking Ayurvedic treatment. The patches were sometimes associated with itching, which was aggravated in summer. Alongside vitiligo, the patient also had melasma on the face persisting for 7-8 months. There was a past history of cervical pain and back pain for which allopathic treatment had been taken, resulting in relief. During the course of illness, the patient experienced occasional disturbed sleep, episodes of cold and coryza lasting 2-3 days, fever and cough persisting for about 15 days, and periods of disturbed digestion. Laboratory investigations revealed eosinophilia (10.40%) and mildly elevated triglycerides (159 mg/dl), with other parameters within normal limits.

Physical Generals

Examination

Build & Vitals	Body Composition	Examination	Lifestyle & Diet
Thin build, overweight (BMI 27.55), Height 163 cm, Weight 73.2 kg, Pulse 72/min, BP 120/80 mmHg, SpO ₂ 99%	Body fat 14%, Visceral fat 4%, Muscle mass 59.8 kg, Bone mass 3.1 kg, Water% 59.8, BMR 1825 kcal, Metabolic age 18 yrs	NAD in respiratory & joints, Skin - vitiligo patches (neck & forehead)	Student (PhD), Active but no regular exercise, 2 meals/day, vegetarian, breakfast daily, snacks sometimes, outside food once/month

Mental Generals

The patient, the youngest in his family, was born and brought up in a household with his father, three elder brothers, and three elder sisters, all of whom are married. His mother expired in 2020, which marked a turning point in his life emotionally. Childhood was marked by an average schooling performance, with average memory and no significant dominance or strictness at home. He shared cordial relations with his siblings and maintained a friendly nature in school, with no history of bullying or interpersonal conflicts with teachers or friends.

From early on, he was extroverted, talkative, vivacious, and smiling, with a tendency to make friends easily. He is known to be soft-natured, trusting, and helpful, sometimes to the extent of being naïve, which has led to people taking advantage of him. His personality is open and cheerful, with loud laughter, a readiness to mix with people, and a tendency to speak the truth plainly. He is emotionally sensitive and deeply sympathetic, though not prone to frequent weeping.

He has a history of epistaxis, likes cold drinks, and enjoys buying and reading books as well as playing badminton. His most stressful period came during his higher studies when he pursued an M.Ed. and later a PhD from Lucknow University. Job-related stress and his desire to clear the JRF exam, especially when friends succeeded and he did not, affected him deeply. The death of his mother in 2020 brought a phase of melancholy and withdrawal, making him prefer solitude for some time. Despite these challenges, before 2018, he recalls most of his life as being filled with

Diet: Vegetarian

Appetite: Normal

Desire: —

Aversion: —

Thermal Reaction: Ambithermal

Covering Preference: —

Bathing Preference: —

Seasonal Preference: Winter

Thirst: Normal; prefers cold water; drinks about 7-8 glasses/day

Stools: Normal

Urine: Normal

Perspiration: Profuse, white stain, non-offensive

Sleep: Restful; 7-8 hours per night; prefers sleeping on left side

Dreams: Not specific

Build: Thin

happy moments.

Past History

- Cervical pain - treated with allopathic medicines, relieved
- Back pain - treated with allopathic medicines, relieved
- History of epistaxis
- No history of pica or worm infestation
- No history of tuberculosis, hypertension, diabetes, or surgery

Family History

- Mother - expired in 2020 due to natural causes
- Father - alive, farmer
- Three elder brothers - married, healthy
- Three elder sisters - married, healthy
- No family history of vitiligo, diabetes, hypertension, tuberculosis, or other major hereditary illnesses

Case analysis Reportorial totality

Repertory used	Rubrics selected
Synthesis Repertory	Mind - Cheerful Mind - Communicative Mind - Extravagance Mind - Sympathetic Skin - Discoloration - White

Repertory screenshot

Remedies	phos.	caust.	lach.	sulph.	nat-m.	am-c.	nat-c.	pod.	aur.	bell.	cann-i.	carc.	croc.	ign.	nit-ac.	sep.	spong.	acon.	aloe.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3
Intensity	10	7	7	7	6	4	7	6	5	5	5	5	5	5	5	5	5	4	4
Result	4/10	4/7	4/7	4/7	4/6	4/4	3/7	3/6	3/5	3/5	3/5	3/5	3/5	3/5	3/5	3/5	3/5	3/4	3/4
Clipboard 3																			
MIND - CHEERFUL	2	1	3	2	1	1	3	3	2	2	3	1	3	2	2	1	1	2	1
SKIN - DISCOLORATION - white	2	2		2	1	1	2		2					1	1	3			
MIND - COMMUNICATIVE	3		2	2				1				1					1	1	
MIND - EXTRAVAGANCE		2	1		2	1				2	1		1						1
MIND - SYMPATHETIC	3	2	1	1	2	1	2	2	1	1	1	3	1	2	2	1	3	1	2

Selection of Remedy Constitutional Remedy

- **Remedy Name:** Phosphorus
- **Potency:** 200C
- **Dose:** 1 dose weekly
- **Reasons:** Extroverted, cheerful, communicative, desire for cold drinks, sympathetic, mild-natured, fits mental and physical constitution of patient.

Acute Remedy

- **Remedy Name:** Arsenicum Sulfuratum Flavum
- **Potency:** 6C
- **Dose:** Twice daily
- **Reasons:** Specific remedy for vitiligo, addresses skin depigmentation and gradual improvement in patches.

Local Application

- **Remedy Name:** Psoralea corylifolia Mother Tincture
- **Potency/Form:** Q (Mother Tincture)

- **Dose/Method:** Local application on patches, with rose water as directed
- **Reasons:** Traditional and specific external application for vitiligo to stimulate pigmentation.

Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Mind - Cheerful	✓			
Mind - Communicative	✓			
Mind - Extravagance		✓		
Mind - Sympathetic	✓			
Skin - Discoloration - White		✓		

Miasmatic predominance: Psora-Sycosis

Materials and Methods

Synthesis repertory was used for repertorization

Results

Month	Progress (Doctor Remarks)	Prescription
1st month (May 2024)	Hb 15.1, Eosinophils 10.4%, HbA1c 4.9%, TSH 1.77 - vitiligo spots as it is, digestion & sleep good	PHOS 200C (2 doses, 1st 2 dose), ARS-S-F 6C (BD)
2nd month (Jun 2024)	Vitiligo spots stable, digestion & sleep good	PSORALIA MT LA (on patches), ARS-S-F 30C (BD)
3rd month (Jul 2024)	Vitiligo stable, digestion & sleep good, hyperpigmentation on face (melasma)	PSORALIA MT LA, ARS-S-F 30C (BD), BERB.AQUA. 30C (BD)
4th month (Aug 2024)	Vitiligo stable, somewhat reduced, digestion & sleep good	PSORALIA MT LA, ARS-S-F 30C (BD), BERB.AQUA. 30C (BD)
5th month (Sep 2024)	Vitiligo patches stable & reduced, digestion good, sleep disturbed (cold & coryza 2-3 days)	PSORALIA MT LA, ARS-S-F 30C (BD), BERB.AQUA. MT LA (BD)
6th month (Oct 2024)	Vitiligo patch reduced, no new patch, digestion & sleep good	PSORALIA MT LA, ARS-S-F 6C (BD), BERB.AQUA. MT LA (rose water), PHOS 200C (tongue dose)
7th month (Nov 2024)	Vitiligo patches reduced & improving, no new spot, digestion good, sleep more	PSORALIA MT LA, ARS-S-F 6C (BD), BERB.AQUA. MT LA (rose water)
8th month (Dec 2024)	Vitiligo stable & reduced, melasma unchanged, digestion & sleep good	PSORALIA MT LA, ARS-S-F 6C (BD), BERB.AQUA. 30C (BD)
9th month (Jan 2025)	Vitiligo better, no new spot, digestion good	PSORALIA MT LA, ARS-S-F 6C (BD), BERB.AQUA. 30C (BD)
10th month (Feb 2025)	Vitiligo better, digestion & sleep disturbed (illness - fever & cough 15 days)	PSORALIA MT LA, ARS-S-F 6C (BD), BERB.AQUA. 30C (BD)
11th month (Mar 2025)	Vitiligo improving slowly, no itching/new patch, digestion & sleep good	PSORALIA MT LA, ARS-S-F 6C (BD), BERB.AQUA. 30C (BD), CALCAREA PHOS 200C (tongue dose)
12th month (Apr 2025)	Vitiligo better, no complaints	PSORALIA MT LA, ARS-S-F 6C (BD), ECHI MT LA (rose water)
13th month (May 2025)	Vitiligo spots much lighter, edges repigmenting, digestion & sleep normal	PSORALIA MT LA, ARS-S-F 6C (BD)
14th month (Jun 2025)	Vitiligo significantly reduced, almost normal skin tone in some areas	PSORALIA MT LA, BERB.AQUA. MT LA (rose water)
15th month (Jul 2025)	Only faint spots left, no new patches, digestion & energy good	PSORALIA MT LA, ECHI MT LA (rose water)
16th month (Aug 2025)	Skin normalised, no visible depigmentation, case considered cured	— (Stopped all remedies, only lifestyle advice)

Discussion and Conclusion

The patient first reported in May 2024 with stable vitiligo patches, mainly showing depigmentation without itching or irritation. There was no active spreading, but the cosmetic impact and emotional stress due to the condition were significant. Digestion and sleep patterns were generally good, and there were no major systemic complaints. Routine blood work was largely normal, except for a mildly raised eosinophil count.

The case was analysed on the basis of physical generals, mental characteristics, and miasmatic evaluation, revealing a predominance of psoric and sycotic tendencies. Repertorisation using rubrics related to cheerfulness, communicative nature, sympathetic disposition, extravagance, and skin discoloration guided the selection of the constitutional prescription along with organ and local remedies to address both the general constitution and the specific skin condition.

The treatment plan aimed first to stabilise the disease and then to encourage repigmentation. Initially, the focus was on halting the spread of depigmentation and improving general vitality. As stability was achieved, measures were introduced to stimulate pigmentation and improve skin tone. Over the course of sixteen months, gradual changes were noted: the borders of the patches darkened, followed by central repigmentation, until the areas blended naturally with the surrounding skin.

Throughout the follow-up, the case was managed according to its underlying miasmatic pattern. The psoric traits were reflected in the patient's cheerful, communicative, and sympathetic nature, while the sycotic traits were seen in tendencies like extravagance and the skin discoloration itself. Addressing these patterns ensured long-term stability and prevented relapses.

By August 2025, the patient's skin had normalised with no visible depigmentation. No new patches appeared after discontinuation of treatment, and the patient reported feeling emotionally uplifted, more confident, and socially comfortable. This case illustrates that with careful constitutional analysis, miasmatic consideration, and regular follow-up, even long-standing non-progressive vitiligo can show complete recovery with sustained results.

The transformation



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Conflict of Interest

Not available

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Not available

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