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## Sulphur in homeopathic management of vitiligo: A single case report

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#### **Abstract**

Background: Vitiligo is a chronic acquired depigmentary disorder characterized by the selective loss of melanocytes, leading to well-defined hypopigmented patches. It affects about 0.5-2% of the global population, with significant psychosocial implications, particularly in children. Conventional treatment modalities, including corticosteroids, phototherapy, and immunosuppressants, may provide partial relief but are often associated with relapses and adverse effects. Homeopathy, based on individualized constitutional prescribing, offers a holistic approach to management.

Case presentation: A 12-year-old female presented with depigmented patches over both upper limbs (elbows and extensor surfaces of the hands) for the past 9 months. The condition developed following suppression of vesicular eruptions with local ointments. The patient had a history of recurrent constipation, worm infestation, and frequent childhood skin eruptions. Mentally, she was irritable, inquisitive, and conscious of her appearance. Physical generals included craving for sweets and fried food, intolerance to heat, disturbed sleep, and profuse offensive perspiration. Based on the totality of symptoms and Miasmatic background, Sulphur 200 was prescribed, followed by placebo.

Outcome: At one-month follow-up, the vitiligo patches remained stable without progression, and the patient showed improvement in irritability and general well-being. By the third month, signs of repigmentation appeared at the borders of the lesions, accompanied by better bowel movements and reduced heat intolerance. At six months, significant repigmentation was noted with near-normal skin tone, and the patient reported improved confidence, sleep, and overall vitality.

Conclusion: This case illustrates the beneficial role of individualized homeopathic treatment in vitiligo. Sulphur, selected on the basis of constitutional features and totality of symptoms, not only stimulated repigmentation but also improved the patient's general health and psychological state, demonstrating the holistic scope of homeopathy in managing chronic skin conditions.

**Keywords:** Vitiligo, suppressed eruption, sulphur, miasmatic analysis homoeopathy

#### Introduction

Vitiligo is an acquired pigmentary skin disorder caused by the absence of pigmentary cells from the epidermis that results in white macules and patches on the body [1]. It is a chronic skin condition, can affect any part of the body, including hair and mucous membrane. It affects 0.5 to 1 % of the world's population. India is amongst the countries with highest prevalence rates varying from 0.46 % in Calcutta to 2.16 % in Chandigarh. It is a disorder of great cosmetic significance and a source of considerable psychological distress and social isolation especially in dark races [2].

The exact etiopathogenesis of vitiligo remains multifactorial and complex. Several hypotheses have been proposed, including the autoimmune hypothesis (antibody-mediated destruction of melanocytes), oxidative stress theory, neural theory, and genetic predisposition. The autoimmune hypothesis currently has the strongest support, with associations seen between vitiligo and other autoimmune disorders such as thyroid disease, type 1 diabetes, and alopecia areata. Psychosomatic stress and environmental triggers (trauma, sunburn, infections, chemical exposure) are also considered contributory factors in susceptible individuals [3].

Clinically, vitiligo is classified into two major categories: segmental vitiligo (unilateral, localized, usually with early onset and rapid stabilization) and non-segmental vitiligo (bilateral, progressive, and often associated with a family history). The course of the disease is unpredictable, with some cases showing spontaneous repigmentation, while others progress relentlessly [4].

For paediatric patients, vitiligo carries a profound psychosocial for paediatric patients, vitiligo carries a profound psychosocial impact, often leading to low selfesteem, social withdrawal, and emotional distress due to cosmetic disfigurement.

Conventional treatment options include topical corticosteroids. calcineurin inhibitors, phototherapy (narrowband UVB), systemic immunosuppressants, and surgical grafting in stable cases. However, many patients either show incomplete responses, experience relapses, or face adverse effects from long-term therapy. This has led to increasing interest in complementary and alternative systems of medicine, including homeopathy, which emphasizes constitutional treatment based on the totality of symptoms and individual susceptibility.

Homeopathy has been explored as an alternative therapeutic approach for vitiligo. Several case reports, observational studies, and a small randomized controlled trial suggest that individualized homeopathic medicines may help arrest the spread of depigmentation and, in some cases, stimulate repigmentation, particularly in early-stage disease <sup>[5,8]</sup>.

Remedies are selected according to the patient's physical, mental, and constitutional symptoms, with the belief that they act by modulating immunity, reducing stress-related triggers, and supporting melanocyte regeneration <sup>[6]</sup>.

Homeopathy views vitiligo not merely as a local skin condition but as a systemic disorder reflecting deeper constitutional imbalance. Suppression of natural skin eruptions often leads to chronic manifestations. Miasmatic analysis is essential in such cases, helping to identify the underlying chronic predisposition and guiding the choice of the similimum.

#### **Case Report**

A 12-year female presented with diagnosed vitiligo, hypopigmented patches on the dorsal aspect of both hands and left elbow for nine months, slightly pink in color, without itching, in OPD 2 Of State National Homoeopathic Medical College and Hospital, Viraj Khand Gomtinagar, Lucknow on 12/ April / 2024.

### **History of Present Illness**

The condition began after the healing of a vesicular eruption, treated externally with ointment, and creams. Depigmented macules subsequently developed over the same regions and gradually spread. Previous therapies included topical steroids and Ayurvedic creams, without significant improvement.

#### **Family and Past History**

Mother has Hypothyroidism, father is Hypertensive, no family history of vitiligo.

Past history of recurrent skin eruptions, constipation, and worm infestations

#### **Physical Generals**

Patient's thermal reaction **is** Hot, prefers cool environment, appetite good with desire for sweet and fried food, thirsty patient prefers cold drinks, Stool is Hard and offensive, Sweat is offensive, sleep disturbed.

#### **Mental Generals**

Patient is Sensitive, easily hurt, curious, obstinate angry when contradicted, fear of dark and ghost, conscious of physical appearance and avoids social gatherings because of embarrassment

#### **Physical Examination**

Lean, thin build; earthy complexion Depigmented macules on dorsum of hands and left elbow No associated scaling or inflammation

#### **Analysis of Case**

The case was analysed with due importance to the characteristic mental general followed by physical general and particulars. Anger from contradiction, sensitive, offended easily, curious, Conscious about appearance, desire for sweets and fried food, discoloration of skin, skin eruptions suppressed and perspiration offensive.

#### **Miasmatic Analysis**

The case reflected a multi-Miasmatic background:

- Psora: Suppressed eruptions, itching vesicles in past, hypersensitivity, inquisitiveness, and daydreaming tendency.
- Sycosis: Offensive perspiration, craving for fried food, constipation with offensive stool, recurrent worm infestations.
- **Syphilis:** Destructive tendency evident in progressive depigmentation.
- **Tubercular:** Restless sleep, excitability, craving for sweets, lean build.

Thus, the case was predominantly psoric with tubercular and sycotic traits, confirming the indication of Sulphur—the chief anti-psoric remedy that also covers tubercular tendency.

#### Repertorial Analysis

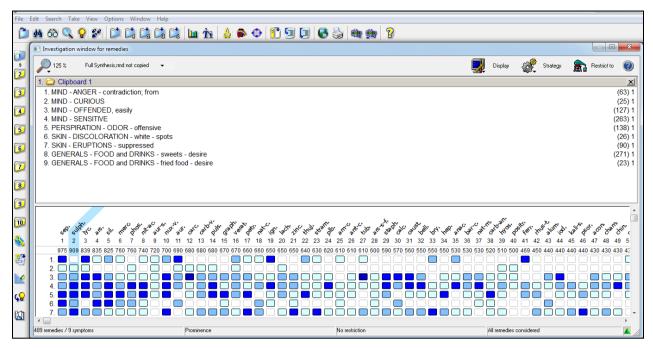


Fig 1

As this case presented a good number of mental and physical general symptoms, Dr. Kent's approach was followed for repertorization. The repertorization was done using the synthesis repertory.

#### **Basis of Prescription**

On repertorial analysis (Figure 1), many medicines were competing with each other, Sepia, sulphur, lycopodium, arsenic album. So, after consultation with Materia Medica, considering the Miasmatic background and constitutional generals, SULPHUR was selected.

It was prescribed in 200 CH potency in three doses; medicine should be taken in morning empty stomach.

Advice: Avoid coffee, sour foods, pickles, and camphor

Follow- Up

| S.No. | Date of Follow up | Indication of prescription                                | Medicine with Doses                                 |
|-------|-------------------|---|---|
| 1.    | 22/4/2024         | No change in the spots                                    | Sac. Lac 30 /TDS for 15 days                        |
| 2.    | 30/4/2024         | Slight change in color of spots                           | Sac. Lac 30/ TDS for 15 days                        |
| 3.    | 18/5/2024         | Condition is improving marked reduction in spots          | Sac. Lac 30 /TDS for another 15 days                |
| 4.    | 28/5/2024         | Condition is improving                                    | Sac. Lac 30/ TDS for 15 days                        |
| 5.    | 25/6/2024         | Condition is standing still no further reduction in spots | Sac. Lac 30/ TDS for 15 days                        |
| 6.    | 16/7/2024         | Spots are not further improving from last two follow-up   | Sulphur 200 CH 1 dose<br>Sac. lac 3/TDS for 15 days |
| 7.    | 8/8/2024          | Spots are reduced   | Sac. Lac. 30/ TDS for 15 days                       |
| 8.    | 27/8/2024         | No spots are seen   | Sac. Lac 30 /TDS for 30 days                        |
| 9.    | 20/9/2024         | No spots are seen   | Sac. Lac 30 /TDS for 30 days                        |
| 10.   | 26/10/2024        | No spots are seen   | No further medication                               |

#### **Photographic Presentation**



Fig 2: (Date 12/April/2024)



Fig 3: (Date 18/may/2024)



Fig 4: (Date 8/Aug/2024)

#### **Discussion**

The case demonstrates the role of Miasmatic evaluation in remedy selection. Vitiligo following suppressed eruption strongly indicates psoric miasm, with sycotic and tubercular traits adding to the constitutional background. Sulphur, covering suppressed eruptions, offensive discharges, heat intolerance, irritability, and craving for sweets, was curative in this case.

This highlights the importance of understanding disease evolution from a Miasmatic perspective. Correct remedy selection not only halted the spread but also initiated repigmentation, showing homeopathy's effectiveness in managing chronic skin disorders.

#### Conclusion

This case report illustrates that individualized homeopathic treatment, guided by totality of symptoms and Miasmatic analysis, can successfully manage vitiligo following suppression of skin eruptions. Sulphur 200C proved to be an effective remedy, demonstrating the enduring value of Hahnemannian principles in modern clinical practice.

#### **Conflict of Interest**

Not available

#### **Financial Support**

Not available

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#### **How to Cite This Article**

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