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Conjoint case of vitiligo and psoriasis: A homoeopathic case report

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Abstract
Vitiligo and psoriasis are common dermatological conditions, but their co-occurrence in a single patient is rare. This is a report of a conjoint case in a 25-year-old female who developed depigmented patches on her right hand six years ago following a hot oil burn. The depigmented areas gradually spread across her body. Years later, she experienced itching and silvery scaly lesions on areas of skin not affected by vitiligo. Clinically, the case was diagnosed as coexisting vitiligo and psoriasis. The pathogenesis of such conjoint cases remains unclear, as the mechanisms behind their coexistence are not fully understood. The condition was effectively managed with homoeopathy, showing simultaneous improvement in both diseases. Initially, *Arnica montana* was prescribed, followed by *Arsenicum album*. This case highlights the importance of individualisation in homoeopathic treatment, focusing on the patient's unique symptoms rather than disease labels. Understanding such associations may enhance therapeutic approaches in homoeopathy for managing coexisting skin disorders.

Keywords: Homoeopathy, vitiligo, psoriasis, conjoint case, individualization, arsenicum alb

Introduction
Psoriasis is a chronic inflammatory skin disease characterized by abnormal epidermal growth and differentiation, presenting as red, scaly patches, papules, or plaques. It affects about 2-3% of the global population. Vitiligo is a depigmentation disorder caused by melanocyte dysfunction, resulting in well-defined white macules. It affects 0.5-1% of the population and occurs equally in both genders at any age [1].
While both conditions are common, their co-occurrence is rare. Vitiligo may have genetic, autoimmune, or biochemical causes, with family history seen in 6.25-38% of cases. Diagnosis of both conditions relies on history and physical examination [2].
Vitiligo can coexist with other disorders, including psoriasis. Psoriasis lesions may also appear on vitiligo patches, associated with increased IL-17A and regulatory T cells. Genetic loci AISI (vitiligo) and PSORS7 (psoriasis) are located near each other. The Koebner phenomenon, along with genetic and environmental factors, may contribute to their co-existence. This is a case report of both conditions in one individual [3].

Case presentation
A 25-year-old unmarried girl visited our OPD in 2017 for the treatment of big patches on the skin with severe itching and white patches co-existing with itching lesions.

History of presenting complaints
Six years ago, she sustained a hot oil burn on her right hand, which healed with a white patch. Gradually, depigmented patches spread to her hands, legs, neck, back, and head. The patches were irregular, milky white, and well-defined, without itching or pain.
While under treatment from another system for over three years, she developed itching and reddish, scaly lesions on unaffected skin. Thick, silvery-scaled plaques appeared on her scalp, hands, elbows, shins, and knees, clinically diagnosed as psoriasis.

- Depigmented patches: irregular, well-defined, without itching, pain, or numbness.
- Intense itching on scaly patches; scratching leads to bleeding. < afternoon and midnight
- Patches typically worsen during winter.

Personal history
Patient as a person

- **Physical build:** Normal; Weight: 58 kg; Height: 5.5 ft

- **Appetite:** Good
- **Desires/Aversions:** None specific
- **Thirst:** Thirstless; needs reminders to drink water
- **Perspiration:** Offensive, especially from axillae
- **Bowel movements:** Once daily, satisfactory, no abnormal smell
- **Urine:** 3-4 times/day, pale yellow, no issues
- **Menstruation:** Regular but profuse; feels weak, struggles with routine tasks during periods
- **Sleep/Dreams:** Disturbed due to night-time itching; dreams not remembered
- **Mind:** Adamant, disobedient, despairing, believes medication is useless.

Past history
Suffered from Hydrocephalus when she was 3 years old due to a head injury, which impacted her learning too. Apart from this nothing significant.

Family history
Nothing significant.

Vitals
- **BP:** 126/88 mm of Hg pressure
- **Pulse:** 82 bpm
- **RR:** 20 rpm
- **Temp.:** Afebrile

Physical examination
- Irregularly shaped, well-defined depigmented patches on various sites.
- Scaly erythematous plaques present on various sites.

Systemic examination
- CNS: well oriented with time and place
- CVS: S1, S2 heard rhythmically
- RS: Clear; No ronchi, no rales
- GIT: Normal; no tenderness

Investigation advised
Hb%, TC, DC, AEC

Diagnosis: Conjoint case of vitiligo and psoriasis

Management
In this case, the diagnosis of vitiligo and psoriasis was established based on history and physical examination. Psoriasis was the subsequent lesion following the occurrence of the vitiligo lesion after three years.
Based on the ill effects of injury, considering the presenting complaint of white patches started after scalding with hot oil as well as, a past history of hydrocephalus after head injury, Arnica 200 was given.

10th September 2017
- Arnica 200 - 4 pills x 3 times x 1 day
- SL 40 x 3 times a day x 1month

Local application - advised not to apply anything over the lesions.
Diet control, avoid artificial colour/flavour food.

Follow-up criteria
- No new depigmented patches or scaly erythematous plaques
- Existing depigmented patches reduce in size and black spot should appear.
- Existing scaly erythematous plaques reduce in size.

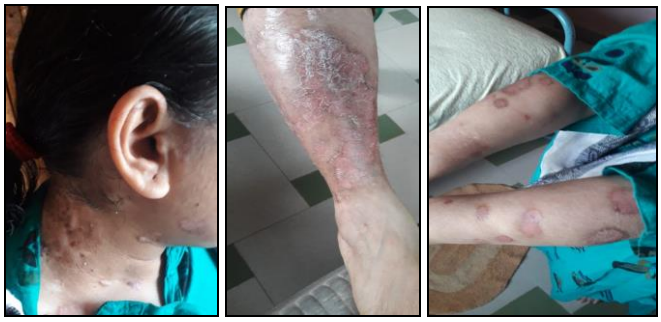
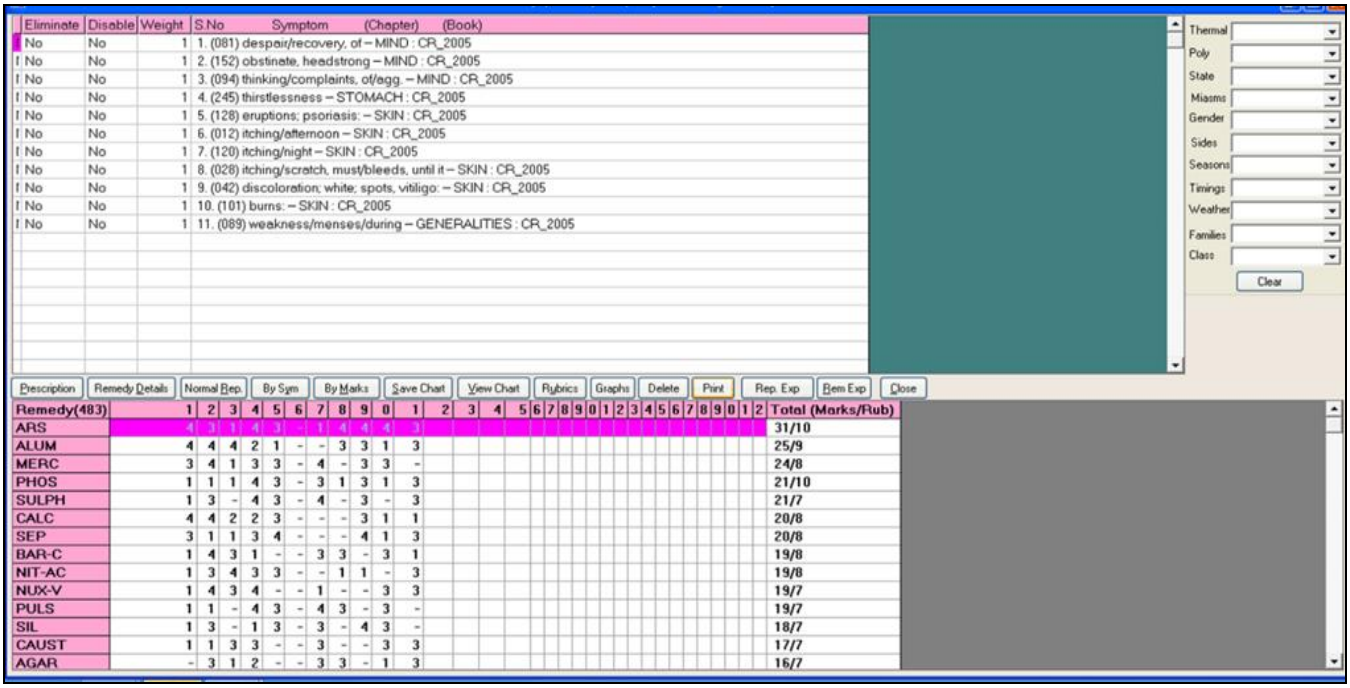


Fig 1: Before treatment (10/09/2017)

12th October, 2017 (1st follow up)
- No new patches or plaques appeared
- At the same time, old plaques and patches remained unchanged.
- Arnica 1M - 4 pills x 2 times x 1day
- SL 40 x 3 times a day x 1month

11th November, 2017 (2nd follow up)
- No changes in either patches or plaques
- So, the case was analysed and repertorised and Arsenicum album 200 was given.

Analysis and evaluation of symptoms
- **Mental generals:** Adamant, disobedient, despairing, believes medication is useless
- **Physical generals:** Thirstless, Offensive sweat, weak during menses
- **Particulars:** Irregularly shaped, well-defined depigmented patches; scaly erythematous plaques; itching at mid-day and midnight, burns-from injury,
- Arsenicum alb 200 - 4 pills x 2 times x 1day
- SL 40 x 3 times a day x 1month.



Eliminate	Disable	Weight	S.No	Symptom (Chapter) (Book)
No	No	1	1.	(081) despair/recovery, of – MIND : CR_2005
No	No	1	2.	(152) obstinate, headstrong – MIND : CR_2005
No	No	1	3.	(094) thinking/complaints, of/agg. – MIND : CR_2005
No	No	1	4.	(245) thirstlessness – STOMACH : CR_2005
No	No	1	5.	(128) eruptions; psoriasis: – SKIN : CR_2005
No	No	1	6.	(012) itching/afternoon – SKIN : CR_2005
No	No	1	7.	(120) itching/night – SKIN : CR_2005
No	No	1	8.	(028) itching/scratch, must/bleeds, until it – SKIN : CR_2005
No	No	1	9.	(042) discoloration; white; spots, vitiligo: – SKIN : CR_2005
No	No	1	10.	(101) burns: – SKIN : CR_2005
No	No	1	11.	(089) weakness/menses/during – GENERALITIES : CR_2005

Thermal, Poly, State, Miasms, Gender, Sides, Seasons, Timings, Weather, Families, Class, Clear

Prescription | Remedy Details | Normal Rep. | By Sym | By Marks | Save Chart | View Chart | Rubrics | Graphs | Delete | Print | Rep. Exp | Rem Exp | Close

Remedy(483)	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	Total (Marks/Rub)
ARS	4	3	3	4	3	-	1	4	4	4	3																						31/10
ALUM	4	4	4	2	1	-	-	3	3	1	3																						25/9
MERC	3	4	1	3	3	-	4	-	3	3	-																						24/8
PHOS	1	1	1	4	3	-	3	1	3	1	3																						21/10
SULPH	1	3	-	4	3	-	4	-	3	-	3																						21/7
CALC	4	4	2	2	3	-	-	-	3	1	1																						20/8
SEP	3	1	1	3	4	-	-	-	4	1	3																						20/8
BAR-C	1	4	3	1	-	-	3	3	-	3	1																						19/8
NIT-AC	1	3	4	3	3	-	-	1	1	-	3																						19/8
NUX-V	1	4	3	4	-	-	1	-	-	3	3																						19/7
PULS	1	1	-	4	3	-	4	3	-	3	-																						19/7
SIL	1	3	-	1	3	-	3	-	4	3	-																						18/7
CAUST	1	1	3	3	-	-	3	-	-	3	3																						17/7
AGAR	-	3	1	2	-	-	3	3	-	1	3																						16/7

Fig 2: Repertorial analysis (Kent's Repertory)

11th December, 2017 (3rd follow up)

- Black spots appeared on the white patches
- No new patches of either vitiligo or psoriasis appeared.
- Psoriatic and vitiligo patches were reduced in size.
- Lot of relief in itching
- Able to carry her routine work even during the menstrual cycle as weakness reduced.

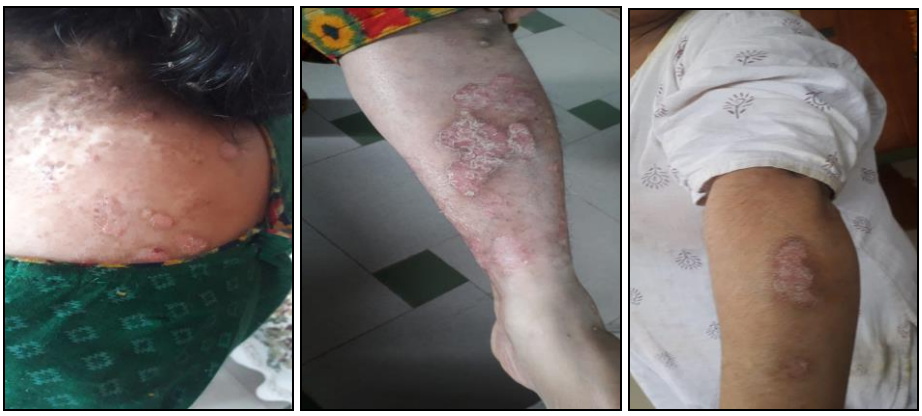


Fig 3: During treatment (11-12-2017)

As per the need of the case, in between, Nitric acid, Sulphur, were also prescribed according to symptom similarity. Overall patient felt better and hoped of recovery during span of treatment.

13th June, 2018 (last follow up)

- Arsenicum alb 1M - 4 pills x 2 times x 1day
- SL 40 x 3 times a day x 1month

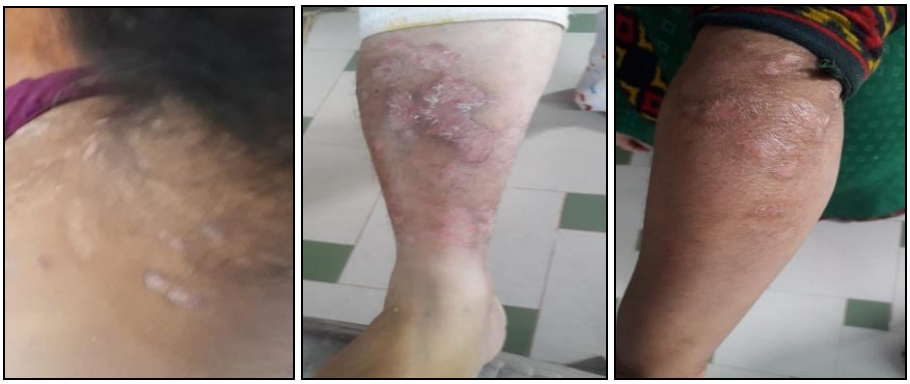


Fig 4: Last follow up (13-06-2018)

Due to her personal constraints, patient left visiting clinic. The last follow-up showed marginal improvement in both plaques and patches, highlighting the importance of individualisation in homoeopathy. In this case, the totality of symptoms was prioritised over the nosological diagnosis of coexisting vitiligo and psoriasis.

Conclusion

Vitiligo and psoriasis are common dermatological conditions, but their co-occurrence is rare, and the underlying triggers remain unclear. This challenging conjoint case was effectively managed with homoeopathy, showing simultaneous improvement in both conditions. The case highlights the importance of individualisation and treating based on the totality of symptoms rather than disease labels. Understanding such associations may broaden future homoeopathic therapeutic options. Homoeopathic physicians should focus on each case individually, as personalised treatment can lead to better outcomes, even in rare presentations like the coexistence of vitiligo and psoriasis.

Conflict of Interest

Not available

Financial Support

Not available

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