Clinical verification of individualized homoeopathic medicine *Lycopodium* in Vitiligo: A case study

Dr. Bhupendra Arya and Dr. Neha Mahawer

Abstract
Vitiligo is a chronic disease characterised by loss of skin colour in patches because of disappearance of melanocytes in the affected area. Homoeopathic medicines are always helpful when given after individualization of the patient and prescribed medicine must be similimum in order to cure the patient. A 39 year old female patient visited OPD on 12/3/2019. She was complaining of depigmented macules on both hands since last 10 years. This patient improved with *Lycopodium* 200C, single dose.

Keywords: Vitiligo, homoeopathy, similimum, *Lycopodium*

Introduction
Vitiligo is a chronic systemic acquired disease that has an unpredictable clinical course, characterized by the appearance of macules and achromic or hypochromic patches on the skin and mucous membranes due to the disappearance of melanocytes in the affected area. These lesions can appear in different shapes and sizes [1]. Vitiligo has a pronounced impact on the physical and mental health of patients, including loss of skin photoprotection, compromised cutaneous immunity, and an appreciable reduction in quality of life [2].

Epidemiology - The disease affects both genders equally, it can appear at any age. The prevalence of vitiligo has been estimated between 0.5% to 1.13% in India. [Vitiligo affects 1% of the general population, the risk of a patient’s sibling developing the disease is 6%, and for an identical twin 23%] [3].

Site - Vitiligo patches can appear anywhere on the skin, but commonly affected sites include the area around the orifices, the genitals or any sun-exposed areas such as the face and hands. The hair and rarely, the eyes may also be affected [4,5].

Aetiology and Precipitating factors
- Family history - 20% patients have positive family history.
- Autoimmune hypothesis - Association with other autoimmune disorder, Presence of antibodies to melanocytes. And Presence to lymphocytes in early lesions.
- Trauma.

Vitiligo pathogenesis [6].
The pathogenesis is complex and involves the interplay of multiple factors. The pathogenesis of vitiligo elaborated by several theories like the neural hypothesis, autoimmune hypothesis and biochemical theory. According these hypothesis in vitiligo melanocytes are destroyed, immunoglobulin G (IgG) and immunoglobulin M (IgM) against melanocytes, Low levels IgA were found.

Clinical features [8].
- Symmetrical, well defined, varied sized depigmented patches.
- Patchy loss of skin color, which usually first appears on the hands, face, and areas around orifices.
- Premature whitening or graying of the hair on scalp, eyelashes, eyebrows or beard.
- Loss of color in the tissues that line the inside of your mouth and nose (mucous membranes).

Diagnosis [8].
Diagnosis of Vitiligo is usually clinical.
- Presence of depigmented macules (milky-white) with scalloped borders.
Lecotrachia on affected area.
Presence of Kobner’s Phenomenon—New lesion of vitiligo at sites of trauma, appearing as linear depigmented macules.

Case profile
A 39 years old female came in our OPD on 12/3/2019 with the complaints of depigmented macules on both hands since last 10 years. Itching on the affected part.

History of present complaints & treatment history
Patient was apparently well 10 years back then depigmentation appear on right hand, gradually depigmentation increased, after that itching started. Thereafter depigmentation started appearing on left hand. Patient took allopathic and ayurvedic treatment for last 9 years but got no permanent relief, so they visited our OPD.

Associated symptoms: Patient also suffered from flatulence and pain abdomen which increase after eating.

Past History: Typhoid 15 years back and no other history of past illness.

Family History: All members healthy and alive with no significant medical history.

Obstetrics & Gynecology: G2P2A0L2 All deliveries well full term normal vaginal deliveries done at home, lactated each child for about 1 year, menstrual cycle-28days, regular

Physical generals: The patient has normal appetite has meals twice daily with sweet desire and flatulence after meal, Thermal Reaction was Hot. Perspiration normal, non offensive, non staining. Drink 1.5 - 2 litres of water per day.

Mental generals: The patient was anxiety about her disease. He use to get irritated and angry very often. Desires alone, weeping without any cause and consolation aggravate it. Anger due to contradiction

Clinical findings: Appearance was ectomorphic, Height-5’3”, Weight- 62kgs. Other general and systematic examination findings were normal.

Provisional Diagnosis: Vitiligo

Miasmatic Analysis of symptoms:

Table 1: Miasmatic analysis of symptoms. \[7, 8, 9, 10, 11\].

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Psora</th>
<th>Sycosis</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irascibility</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desire alone</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety about her complaint</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weeping without any cause</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>consolation aggravate</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anger due to contradiction</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweet desire</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>depigmented macules on both hands</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Itching on the affected part</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flatulence after eating</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal pain due to flatulence</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Heaviness in abdomen</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Predominant miasm: PSORA

Repertorial totality:
The following rubrics were selected from RADAR 10.0: \[11\]

- Mind - IRRITABILITY, general
- Mind - COMPANY, general – aversion to
- Mind - ANXIETY, general - diseases, about
- Mind - CRYING, weeping – causeless
- Mind - CRYING, weeping - consolation, agg.
- Mind - ANGER, general - contradiction, from
- Food - SWEETS, general - desires
- Skin - DISCOLORATION, skin - white
- Skin - ITCHING
- Intestines - FLATUS, intestinal - eating, after
- Abdomen - PAIN, abdomen - flatus, incarcerated, as from
- Abdomen - HEAVINESS, sensation, as from a load, etc.

Fig 1: Repertorisation of case from Murphy’s Repertory using RADAR software \[11\].
Justification of selection of remedy and potency

*Lycopodium* 200/1dose/stat followed by *Phytum* for 10 days was first prescription because it covered maximum rubrics with maximum marks after repertorization. After comparison of symptoms from various books of materia medica, *Lycopodium* appears to be most similar remedy to the totality of symptoms of the patient. Moderate susceptibility and the medicine covered maximum symptoms, hence 200 potency was selected.\(^{[12]}\)

**Prescription**

Rx – *Lycopodium* 200 /1dose

*Phytum* 30/TDS 10 days

<table>
<thead>
<tr>
<th>Date</th>
<th>Follow up Interpretation</th>
<th>Prescription</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/3/2019</td>
<td><em>Anxiety about her disease</em> weeping without any cause and consolation aggravates</td>
<td><em>Lycopodium</em> 200/1dose</td>
<td>After repertorisation and comparison of symptoms from various books of</td>
</tr>
<tr>
<td>(1(^{st}) visit, case taking done)</td>
<td><em>depigmented macules on both hands. Itching on the affected part. Flatulence after eating. Abdominal pain and heaviness due to flatulence.</em></td>
<td><em>Phytum</em> 30/TDS/20 days</td>
<td><em>materia medica, Lycopodium</em> appears to be most similar remedy.</td>
</tr>
<tr>
<td>01/04/2019</td>
<td><em>Some black dots appear in affected area, itching still present. Mental condition as it is, slight relief in flatulence and pain abdomen.</em></td>
<td><em>Phytum</em> 30/TDS/20 days</td>
<td><em>Improvement in patient’s symptoms.</em></td>
</tr>
<tr>
<td>22/04/2019</td>
<td><em>More black dots appear, relief in itching, anger decrease, no weeping tendency present. No heaviness and pain in abdomen and flatulence decrease.</em></td>
<td><em>Phytum</em> 30/TDS/20 days</td>
<td><em>Improvement in patient’s symptoms.</em></td>
</tr>
<tr>
<td>13/05/2019</td>
<td><em>Relief in almost all symptoms. Discoloration filled with black dots. On and off episodes of flatulence.</em></td>
<td><em>Phytum</em> 30/TDS/30 days</td>
<td><em>Improvement in patient’s symptoms.</em></td>
</tr>
<tr>
<td>13/06/2019</td>
<td><em>General amelioration in all symptoms. Discoloration filled and almost healthy skin appear.</em></td>
<td><em>Phytum</em> 30/TDS/30days</td>
<td><em>Improvement in patient’s symptoms.</em></td>
</tr>
<tr>
<td>22/07/2019</td>
<td><em>General amelioration in all symptoms. Discoloration filled and almost healthy skin appear.</em></td>
<td><em>Phytum</em> 30/TDS/10 days</td>
<td><em>Improvement in patient’s symptoms.</em></td>
</tr>
</tbody>
</table>

**Discussion and conclusion**: Physical appearance related issues have become almost important for young individuals in this modern era and competitive world. Homoeopathic medicines have a positive effect on various skin disorders. This case confirms significance of single dose and repertorial approach on the basis of totality of symptoms. Homoeopathy is a specialized system of medicine which treats the patient and not the disease.

Fig 2, 3: Patient before taking homoeopathic treatment

Fig 4: Follow up on 22.04.2019

Fig 5: Follow up on 13.05.2019

Fig 6: Follow up on 13.06.2019
Fig 7: Follow up on 22.07.2019

References: